# Levels of Need when working with Children and Families

## Introduction

This document is designed to provide guidance to professionals when they encounter children who they believe may be in need or at risk of harm. The overarching intention is to have an effective system in place to ensure that children get the right response from the right service at the time they need it, at any point in the journey from early help to risk of harm.

To achieve this, agencies need to work together to promote children’s welfare and prevent them from suffering harm. Safeguarding is the action we take to promote the welfare of children and protect them from harm and it is everyone’s responsibility. Everyone who comes into contact with children and families has a role to play (*Working Together guidance*).

This document seeks to clarify levels of need and processes and the relationship between early help processes and child protection procedures. Having clear thresholds for action which are understood by all professionals, and applied consistently, should ensure that services are commissioned effectively and that the right help is given to the child at the right time (*Working Together guidance*).

Professionals in any agency who work with children and/or adults who have parenting responsibilities share a commitment to safeguard and promote the welfare of children. This includes a responsibility to ensure they are equipped with the appropriate level of knowledge and support to be able to judge when they need to seek further information about a child’s circumstances or need to seek advice from a manager, their designated lead or another agency.

Provision designed to support children and families can only work effectively if limited resources are used wisely and targeted appropriately. It is the responsibility of all referring agencies, as far as is possible and reasonable, to ensure that children and families are not escalated unnecessarily into the higher, more resource-intensive service areas. Where this does happen, systems become overloaded and children and families may be labelled as having more intractable problems than they really have, making solutions much more difficult.

## Early Help Assessment (EHA) in Milton Keynes

The Early Help Assessment should be completed by professionals across universal and community services where there are emerging concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being and when the child’s needs are unclear or broader than a single service can address.

The Early Help Assessment should include a plan to support the child and family and identify who will be responsible for following through actions. Where possible, a Lead Professional should be assigned to be a central contact for the family and to review progress being made.

To support professionals using the Early Help Assessment, three new Early Help Advisor roles have been established who can be contacted to provide support and guidance. This could include guidance with undertaking assessments and suggestions regarding possible interventions as well as some assistance with facilitating Team Around Families (TAF) meetings.

## Making a referral

If the Early Help Assessment identifies support is needed beyond what has been provided by universal services, the family should be referred to the Milton Keynes Multi-Agency Safeguarding Hub (MASH). To make a referral, the professional will need to complete an online Multi Agency Referral Form (MARF). A copy of the completed Early Help Assessment form will need to be uploaded to the online MARF. You will also need to include information about what interventions have been tried and how these have not worked.

The MASH will then assess the child’s needs to see if they now require support at Level 3 or Level 4 and will make the decision as to whether support is required from either the Targeted Early Help Team (Children and Families Practice) or Children Social Care. A statutory assessment, called a Children and Families Assessment may be undertaken. Please note that the decision could also be that support and interventions remain with universal provision.

Whenever there are child protection concerns a section 47 enquiry is undertaken. This will involve liaison with police, health and other agencies and will include a strategy discussion, usually in the form of a meeting, to decide on and plan the actions needed. An assessment of the child’s circumstances, including risks and needs, is undertaken following the strategy discussion. This may lead to a decision that there are no concerns, or to a voluntary Child In Need (Family Support) plan.

**The Early Help Assessment should not delay the process if a professional is concerned that a child is, or may be, at risk of significant harm. In such cases, the professional must make a telephone referral directly to the MASH followed by a completed MARF in an email. If a child or other person is at immediate risk, the first response should be to call the Police on 999.**

Referrals on open social care cases should be made to the allocated social worker for the case (or in their absence the manager or the duty social worker). The referrer can always ask to discuss their concerns with a qualified social worker.

## Sharing Information

Knowing when and how to share information is not always easy – but it is important to get it right. Children and their families need to feel reassured that their confidentiality is respected. In most cases you will only share information about them with their consent, but there may be circumstances when you need to override this. Whilst the law rightly seeks to preserve individuals’ privacy and confidentiality, it should not be used (and was never intended) as a barrier to appropriate information sharing between professionals. The safety and welfare of children is of paramount importance and agencies may lawfully share confidential information about the child or the parent, without consent, if doing so is in the public interest. A public interest can arise in a wide range of circumstances, including the protection of a child from harm and the promotion of child welfare.

Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral.

## Level 1: UNIVERSAL NEEDS:

Children who make good overall progress in most areas of development and receive appropriate universal services, such as health care and education.

### Development of the baby or child

**Health**

* Physically well
* Nutritious diet
* Adequate hygiene and dress
* Physically well
* Nutritious diet
* Adequate hygiene and dress
* Physically well
* Nutritious diet
* Adequate hygiene and dress
* Developmental and Health checks are not identifying concern
* Developmental milestones & motor skills appropriate
* Good height/weight
* Sexual activity appropriate for age
* Developmental milestones & motor skills appropriate
* Good height/weight
* Sexual activity appropriate for age
* Good mental health

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| **Behavioural developments*** Takes responsibility for own behaviour
* Responds appropriately to boundaries and constructive guidance

Plays positively |

**Behavioural developments**

* Takes responsibility for own behaviour
* Responds appropriately to boundaries and constructive guidance
* Plays positively

**Identify and self-esteem**

* Positive sense of self and abilities
* Sense of belonging and acceptance by others
* Confident in social situations
* Can discriminate between safe and unsafe contacts

**Family and social relationships**

* Stable and affectional relationships with carers
* Good relationships with siblings and peers
* Developing independent and self-care skills

**Learning**

* Access to books and toys
* Acquires a wide range of skills and interests
* Enjoys and participate in learning activities
* Has experiences of success and achievement
* Sound links between home and school
* Planning for career and adult life

**Emotional development**

* Good quality early attachments
* Able to adapt to change
* Able to understand others’ feelings

### Parents and Carers

**Basic care, safety and protection**

* Provide for child’s physical needs, e.g., food, drink, appropriate clothing, medical and dental care
* Protection from dander or significant harm, in the home and elsewhere

**Emotional warmth and stability**

* Shows warm regain, praise and encouragement
* Ensures stable relationships
* Provides consistency of emotional warmth over time

**Guidance boundaries and stimulation**

* Encourages learning and development through interaction and play
* Enable child/young person to experience success
* Ensure the child can develop a sense of right and wrong
* Child/young person accesses leisure facilities as appropriate to age and interests

### Family and Environment Elements

**Family functioning and well-being**

* Good relationships within family, including when parents are separated
* Sense of wider family, friends and community networks

**Housing, work and income**

* Accommodation has basic amenities and facilities
* Parents/carers able to manage the working or unemployment arrangements
* Reasonable income being used appropriately to meet the needs of the child

**Social and community including education**

* Affective support networks

## Level 2: ADDITIONAL NEEDS

Children whose needs require some extra support. A single universal or targeted service or two services are likely to be involved. The Early Help Assessment should be used to assess and plan the delivery of interventions.

### Development of the baby or child

**Health**

* Missing/poor attendance at medical appointments or frequent attendance or admissions to hospital
* Slow in reaching developmental milestones
* Minor concerns re diet, hygiene, clothing
* Weigh not increasing at rate expected, or obesity
* Dental care not sufficient
* Vulnerable to emotional problems, perhaps in response to live events such as parental separation e.g., child seems unduly anxious, angry or defiant
* Early sexual activity or awareness
* Experimenting with tobacco, alcohol or illegal drugs

**Emotional development**

* Some difficulties with family relationships inside and outside the family
* Some evidence of inappropriate responses and actions
* Starting to show difficulties expressing empathy
* Limited engagement in play with others
* Victim of abuse, but risk now managed

**Identify and self-esteem**

* Some insecurities around identity expressed e.g., low self-esteem
* May experience or exhibit bullying around difference
* Misuse of social media (bullying, abusive comments, images)
* Receiving abuse over social media (bullying, abusive comments, images)

**Family and social relationships**

* Lack of positive role models
* Unresolved issues arising from parents’ separation, step parenting or bereavement
* Link to and on periphery of gangs

**Self-care skills and independence**

* Not always adequate self-care, e.g., poor hygiene
* Child slow to develop age-appropriate self-care skills

**Learning**

* Child/young person presenting increasing problem behaviour where parents and/or school are finding it difficult to manage
* Language and communication difficulties
* Poor punctuality/pattern of regular school absences
* Not though to be reaching his/her education potential, including unmet learning needs
* Reduced access to learning
* Not in education, training or employment (NEET) – less than six weeks

### Parents and Carers

**Basic care, safety and protection**

* Basic care is not provide consistently
* Parent/carer engagement with services is poor
* Parent/carer requires advise on parenting issues
* Young parents struggling to cope
* Inappropriate childcare arrangements and or too many carers
* Some exposure to dangerous situations in the home or community
* Parent/carer stresses starting to affect ability to ensure child’s safety

**Emotional warmth and stability**

* Inconsistent responses to child/young person by parent/carer
* Parents struggling to have their own emotional needs met
* Starting to show difficulties with attachments

**Guidance, boundaries and stimulation**

* Parent/carer offers inconsistent boundaries
* Lack of routine in the home
* Child/young person spends considerable time alone e.g., watching television
* Child/young person is not often exposed to new experiences; has limited access to leisure activities
* Child/young person engaging in low level offending or anti-social behaviour

### Family and Environment elements

**Family function and well-being**

* Parents/carers have some conflicts or difficulties that can involve the child/young person
* A child or young person has experience loss of significant adult, e.g., through bereavement, separation, parent in custody/prison
* Parent/carer has physical/mental health difficulties
* A child/young person is taking on a caring role in relation to their parent/carer, or is looking after younger siblings
* Limited friends and family support

**Housing, work and income**

* Inadequate poor housing/home conditions due to overcrowding, lack of heating or structure
* Some problems over basic facilities
* Periods of unemployment/low income may affect the wider family unit
* Financial/debt problems

**Social and community including education**

* Family new to the area with risks of isolation

## Level 3: CONSIDERABLE

Children whose needs are more complex and require a more intensive targeted intervention. If a child’s situation has not improved despite early help support and intervention delivered through the EHA, you should submit a MARF through the MASH attaching the EHA, stating what interventions have already been tried.

**Development of the baby or child**

**Health**

* Concerns re diet, hygiene, clothing struggling to be met and impacting on child’s well-being
* Child has some chronic/recurring health problems, not treated, or badly managed
* Non-attendance at essential medical appointments
* Child/young person for who there are emotional/physical/behavioural and mental health concerns
* Dental decay
* ‘Unsafe’ sexual activity
* Significant speech language difficulties/delay or disordered development
* Child has significant disability here needs are not being met
* Mental health issues deteriorating e.g., conduct, disorder, ADHA, anxiety, depression, eating disorder, self-harming
* Lack of supervision resulting in frequent accidents

**Emotional development**

* Child/young person finds it difficult to cope with or express emotions e.g., anger, frustration, sadness, grief
* Child appears regularly anxious, stressed or phobic
* Caring responsibilities affecting development
* Child lacks confidence or is watchful or wary of carers / people

**Behavioral development**

* Challenging or disruptive behaviour impacting on daily life, achievements and relationships
* Staring to commit offences/re-offend
* Increasing risk of vulnerability to child sexual exploitation activity/teenage pregnancy/suspected involvement in gangs/county lines and risk of radicalisation
* Child young person is withdrawn, isolated/unwilling to engage
* Regular missing episodes
* Indecent images child to child
* May be aggressive in behaviour / appearance / self-esteem / confidence in range of situations

**Family and social relationships**

* Lack of stability with inconsistent carers

**Self-care skills and independence**

* Disability prevents self-care in a significant range of tasks
* Child lacks a sense of safety and often puts him/herself in danger
* Child is main carer or has significant care responsibilities for parent/sibling

**Learning**

* Escalating poor nursery/school attendance and punctuality
* Some fixed-term exclusions
* Not in education, employment or training (NEET) – more than six weeks

**Identity and self-esteem**

* Child subject to persistent discrimination, e.g., racial, sexual or due to disabilities
* Demonstrates significantly low self-esteem / confidence in a range or situations
* Signs of deteriorating emotional well-being / mental health
* Persistent misuse of social media (bullying, abusive comments, images)

**Parents and Carers**

**Basic care, safety and protection**

* Parent/carer is struggling to provide adequate consistent care
* Parents have found it difficult to care for previous child/young person
* Inappropriate care arrangements
* Instability and domestic abuse in the home
* Parents mental health problemts or substance misuse significantly affect care of child/young person
* Non-compliance of parents/carers with services
* Experiencing unsafe situations
* Child/young person may be subject to neglect
* Child/young person previously looked after by Local Authority

**Emotional warmth and stability**

* Parents/carers mental health issues which are impacting on their ability to parent
* Child has multiple carers; may have no significant relationship with any of them

**Guidance, boundaries and stimulation**

* Parents struggle/refuse to set effective boundaries e.g., too loose/tight/physical chastisement
* Child/young person behaves in anti-social way in the neighbourhood
* Parent/carer does not offer a good role model e.g., by behaving in an anti-social way

**Family and Environment Elements**

**Family functioning and well-being**

* Incidents of domestic abuse between parents/carers
* Acrimonious divorce/separation negatively impacting on the child
* Parent/carer has physical/mental health difficulties
* Family has serious physical/mental health difficulties

**Housing, work and income**

* Poor state of repair, temporary or overcrowded, or unsafe
* Intentionally homeless
* Serious debts/poverty impact on ability to have basic needs met
* Rent arrears put family at risk of eviction or proceedings initiated
* No Recourse to Public Funds and presenting as homeless

## Level 4: SPECIALIST NEEDS

At all times if you become concerned that a child may be at risk of immediate harm then you should contact the MASH for advice. This could lead to a child being referred to the Targeted Early Help Team (Children and Families Practice) or be made subject to a Child In Need, Child Protection or Looked After Child Plan for intensive targeted interventions.

**Development of the baby or child**

**Health**

* Child/young person has severe/chronic health problems
* Child/young person’s weight and height causing significant concern
* Other developmental milestones unlikely to be met; failure to thrive
* Lack of food may be linked with neglect
* Refusing medical care endangering life/development
* Seriously obese
* Dental decay and no access to treatment
* Persistent and high-risk substance misuse
* Dangerous sexual activity and/or early teenage pregnancy
* Suspected imminent risk of FGM (female genital mutilation)
* Sexual abuse
* Non-accidental injury
* Acute mental health problems e.g., severe depression, threat of suicide, psychotic episode
* Disclosure of abuse rom child/young person
* Evidence of significant harm or neglect
* Disclosure of abuse/physical injury caused by a professional
* Physical learning disability requiring constant supervisions

**Behavioural development**

* Cannot maintain peer relationships e.g., is aggressive, bully, bullied
* Regularly involved in anti-social/criminal activities
* Prosecution of offences resulting in court orders, custodial sentences, ASBOs
* Professional concerns but difficulty accessing child/young person
* Unaccompanied refuge/asylum seeker
* Privately fostered
* Abusing other children
* Young sex offenders

**Identity and self-esteem**

* Child/young person experiences persistent discrimination; internalised and reflected in poor self-image
* Failed Education Supervision Order – three prosecutions for non-attendance: family refusing to engage
* Victim of crime; may fear persecution by others
* Child/young person likely to put self at risk

**Family and Social relationships**

* Relationships with family experienced as negative (‘low warmth, high criticism’)
* Rejection by a parent/carer; family no longer want to care for – or have abandoned – child young person
* Periods accommodated by Local Authority
* Subject to physical, emotional or sexual abuse or neglect
* Suspected imminent risk of FGM (female genital mutilation)
* Suspected imminent risk of forced marriage
* Suspected imminent risk of honour-based violence
* Suspected imminent risk of radicalisation

**Self-care skills and independence**

* Severe disability – child/young person relies totally on other people to meet care needs
* Child neglects to use self-care skills due to alternative priorities, e.g., substance misuse

**Learning**

* Puts self or others at risk through behaviours
* Child/young person is being refused access to an educational provision

**Emotional development**

* Children who disappear or are missing from home regularly for a long period of time
* Severe emotional behavioural challenges

**Parents and Carers**

**Basic care, safety and protection**

* Parents/carers unable to provide ‘good enough’ care
* Parent/carer’s mental health or substance misuse significantly affect care of child
* Parents/carers unable to care for previous children
* Instability and violence n the home continually
* Parents/careers involved in crime
* Parents unable to restrict access to home by dangerous adults
* Parents/carers own needs mean they are unable to keep child/young person safe
* Chronic and serious domestic abuse involving child/young person
* Unexplained injuries
* Allegation or reasonable suspicion of serious injury, abuse, or neglect
* Unable to manage severe challenging behaviour without support – high risk of family breakdown
* Suspected/evidence of fabricated or induced illness
* Unable to meet child/young person’s physical or emotional needs
* Disclosure from parent of abuse to child/young person
* Escalating or serious domestic abuse which is placing the child at significant risk of harm

**Emotional warmth and stability**

* Parents/carers inconsistent, highly critical, rejecting or apathetic towards child
* Child/young person beyond parental/carer’s control
* Child has no-one to care for him/her
* Child young person threatened with rejection from home
* Requesting young child be accommodated
* Adaption breakdown

**Guidance, boundaries and stimulation**

* Parents/carers unable to set effective boundaries to keep the child/young person safe from significant harm
* Child regularly behaves in an anti-social way in the neighbourhood

**Family and Environment Elements**

**Family functioning and well-being**

* Family characterised by conflict or serious chronic relationship difficulties
* History of rejection
* Destructive/unhelpful involvement from extended family
* Child/young person has been identified as a child young person in need, but parents/carers have refused support
* Family involved in criminal activity; parent or sibling received custodial sentence
* Individual posing a risk to children in, or known to household
* Unsafe family home
* Family home used for drug taking, prostitution, illegal activities

**Housing, work and income**

* Homeless – or imminent
* Housing dangerous or seriously threatening to health
* Extreme poverty significantly impacting on ability to meet the child’s basic needs and leading to neglect

**Social and community including education**

* Family chronically socially excluded
* Community is hostile to family