



Multi Agency Levels of Need:

Guidance to help support children, young people and families in Worcestershire

June 2021 (Updated)

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1. Introduction

Working Together to Safeguard Children (2018) requires the safeguarding partners to publish a threshold document which sets out the local criteria for action when an early help response and the criteria for making a referral to local authority children's social care. Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency co-operation to improve the welfare of all children

The terms 'early help' and 'early intervention' are often used interchangeably and this can cause confusion. The Department for Education and Ofsted both use the term 'Early Help' and this has also been adopted by Worcestershire. The term refers to the support which is needed for children and families at the first sign of additional unmet needs, at any point in the child's life from pre-birth through to 18 years. Providing the right help at the earliest opportunity can help to solve problems before they become more pressing and complex, and avert the need for statutory intervention later on in their life.

This document is intended to assist professionals to make decisions about how to respond to the needs of the children, young people and families they are in contact or working with. It is not intended to be prescriptive or exhaustive or is a definitive way to open or close a gateway to a particular service or range of services. Every child and family are unique, and their needs should be considered on a case by case basis and decisions made using professional judgement, supported by this guidance.

2. A Shared Responsibility

Safeguarding and promoting the welfare of children, protecting them from significant harm, is dependent upon effective joint working between practitioners with different roles and expertise. Individual children, especially some of the most vulnerable children, may need co-ordinated help from a range of services such as police, health, education, children's social care, youth justice services, and sometimes the independent or voluntary sector.

Practitioners who work for specialist services for adults, such as mental health or substance misuse services, should always consider the needs of any children and young people in the family. In particular the ability of parents or carers to meet the needs of the children but also to safeguard and protect children and young people from harm. This should always be a consideration when addressing an adult's on-going care plan, treatment programme or discharge from their care setting into the community.

3. Making a professional judgement about levels of need

Professionals who work with children and young people make judgements about children's needs every day as part of their core responsibilities and they will help children and families to access their agencies own resources as a normal part of their everyday work. In some situations, your agencies resources will not be sufficient or appropriate and consideration will need to be given to involving other partner or voluntary agencies with the agreement of the child, young person or family. In many cases this will involve engaging one other agency to provide a specific service or meet a need. In other cases, more than one other agency might need to be involved, but it is still a straightforward process in engaging other services to work together with the family as part of a multi-agency early help offer.

However, as a child's situation becomes increasingly complex or professionals become more concerned about emerging risks or vulnerability, a more structured approach will be required to co-ordinate how agencies work together, how they engage with the family and how they ensure they keep the child at the centre of their approach.

Learning from case reviews suggests that when a number of agencies are involved it is especially important to ensure that professionals talk to each other, share information and fully understand each other's roles in order to avoid assumptions being made about what information is known and who will do what and by when.

A number of agencies provide specialist services and have statutory responsibilities. When a child is assessed

as having level 4 needs and becomes a Child in Need, including a child in need of Protection, or a Looked After Child as defined by the Children Act 1989, the Local Authority has a statutory duty to that child which includes working with partner agencies in a co-ordinated way. Other specialist services for example is Youth Justice when a child has committed an offence and CAHMS mental health services when a child has an acute mental health need.

When making these decisions, the following questions are generally found to help:

- What additional needs does this child have?
- What is the child and young person telling me?
- What is their Parent / carer saying about the situation?
- Is this something I can support them with or help them access?
- Who can work with me or help me support this child / young person?
- Who is already involved with the child / young person or parents /carers?
- Is this a child at risk or likely to be at risk of serious harm?
- Is the child a Child in Need as defined by the Children Act 1989? This includes children in need of protection.

Any professional who considers that a child needs multi-agency help or support should always consider discussing this with their safeguarding lead or a line manager/supervisor. Professionals may wish to discuss this with a colleague from another agency who is also involved with the child or family to gain a better understanding of the child's situation before deciding on a course of action. This should generally be with the consent of the child, if appropriate, or the family.

If you believe a child is at risk of significant harm, the child must always be referred to children's social care without delay via Worcestershire's Family Front Door using the Referral to Children's Social Care (see Appendix 2 – Safeguarding Children Social Care Pathway).

4. Information Sharing and consent

For advice and guidance on information sharing please refer to the Worcestershire Safeguarding Childrens Board (WSCB) information sharing guidance located at:

<http://westmidlands.procedures.org.uk/pkphs/regional-safeguarding-guidance/information-sharing-and-confidentiality>

Practitioners should always seek the consent of the parents/ carers and the child, if the child is over 13 years old and has capacity, before proceeding to share information with partner agencies. Engaging parents, carers, children, and young people in accessing help and support is an important part of working in partnership with families.

In some circumstances, there may be a crime committed or a child is at risk of significant harm and therefore the child or young person will need to be referred to another agency or agencies. In situations where parents may refuse consent and the child is deemed to be at risk of significant harm or a crime has been committed the information must still be shared despite consent being refused. Also, in rare circumstances, whereby the seeking of consent might increase or pose a risk of significant harm to the child or jeopardise a police criminal enquiry the referral should be made without consent as this is a child protection referral. When making a referral like this, it is important to explain why consent was not established and/or why the referrer considered that it would pose a risk to the child to seek consent at this time.

A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer and agency. Where the parent refuses to give permission for the referral to children's social care, unless it would cause undue delay for the child, further advice should be sought from your line manager or the nominated safeguarding lead and the outcome recorded.

5. Equality and Diversity

Some families (perhaps the child or young person, or maybe a carer) will need professionals to ensure their communication and information-sharing processes are accessible. This could happen where English is not their first language, or where they have a learning disability or sight or hearing loss for example. In these circumstances an interpreter may be required, or information provided in EasyRead or an alternative format (such as large, clear print).

Effective communication is essential in supporting children, young people and their families and it is important that children and young people are fully informed so that they can engage in decisions about them. Possible consequences of not meeting communication needs are that:

- they cannot give their informed consent to something they don't fully understand.
- they are disadvantaged if they can't access the information they need.
- They lose trust and confidence in professionals
- They will not be able to fully engage with services or support

All partner agencies should have arrangements in place for providing language interpreters (including British Sign Language), translated text and information in alternative formats.

If you require further information and advice you can contact the Equality Manager at the County Council:

equality@worcestershire.gov.uk

6. Levels of Need

Children may have additional or unmet needs at any age or stage of development (0-18 years). In addition, their circumstances and needs may change over time which means that the process of assessment needs to be a responsive one. Appendix 1 contains a set of tables giving examples of possible presenting needs at each different level.

An accumulation of a number of these examples could increase a child's vulnerability and, as such, the type of response required from agencies. It should be noted that the levels of need described in this guidance does not necessarily directly correlate with those applied within individual agencies to their levels of service delivery / provision or response, this is child and young person focused not service specific.

Level 1 represents children with no identified additional needs. Their needs are met through the routine services they receive from early years services, for example: education establishments, GP's, health visitors, hospitals some may also be receiving services from housing and voluntary sector organisations. Most children will successfully develop and thrive at this level of need. These are known as **universal services** available to all children and young people.

Level 2 represents children with additional presenting needs which can include parenting support, emotional wellbeing, housing, finances, and vulnerabilities in their community known as contextual safeguarding. These additional needs can be met by a universal service providing single agency additional support and/ or co working with one or more partner or voluntary agencies to address the identified additional needs. An offer of early help and support will build on a family's existing strengths and focussing on whole family working to respond to the child's identified needs, safety and wellbeing with a focus on addressing and preventing an escalation of those needs and vulnerabilities.

Level 3 represents children and young people who have complex needs themselves and/ or their family do, which impacts upon their safety, wellbeing and family life adversely. This may include multiple adverse childhood experiences, risk of family breakdown, poor emotional and mental health, inadequate parenting, domestic and/ or substance misuse, inappropriate chastisement. They will require several agencies working together with the family in a co-ordinated way to help the family make changes and improve the family functioning and outcomes for the children.

Levels of Need continued:

Level 4 represents children who need statutory and/or specialist interventions including:

- Children in need, including those in need of protection.
- Children Looked After and privately fostered.
- Young people who have committed an offence.
- Children with acute mental health needs.

The definition of '**child in need**' is defined by the Children Act 1989 s17 (10), which provides that a child is to be taken as 'in need' if

- (a) s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority; or
- (b) her/his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) s/he is disabled. You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities.

A child in need of protection is described in Section 47 of the Children Act 1989, Paragraph (1):

'Where a local authority has reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare'.

Children and young people who are looked after children under section 20 or section 31 of the Children Act 1989 will all be receiving services from children's social care at level 4.

This document does not specifically address the criteria for accessing other specialist services at level 4, for example youth justice services or acute mental health services.

The diagram below displays the Levels of Need, and the appropriate professional response:



Figure 1: Levels of Need

However, a child’s needs can change at any time and they can move between levels of need in either direction, which reinforces the importance of effective, seamless processes to ensure continuity of help and support.

7. Early Help in Worcestershire

‘Early help’ is used to describe help and support offered to children and families at level 2 (additional support) and level 3 (targeted support) of the levels of need framework. Effective early help relies upon local agencies working together to:

- Identify children, young people and their families who would benefit from an offer of early help and support.
- Undertake an assessment of the need for early help; and
- Provide targeted early help services to address the assessed needs of a child and family which focuses on activity to improve outcomes for the child (Working Together, 2018:13)

Professionals should be alert to the potential need for early help for a child or young person who:

- Has a disability and has specific additional needs
- Has special educational needs
- Child has specific additional health needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health problems, and domestic abuse
- Family conflict, parenting support
- Has returned home to their family from care, family care arrangement
- Children or young people experiencing problems with peers and peer relationships
- Domestic abuse or parental conflict, separation
- At risk of exclusion and / or poor attendance or engagement in education.
- Where there is identified contextual safeguarding concerns.
- Is showing early signs of possible abuse or neglect.

Multi Agency Levels of need guidance to help support children, young people and families in Worcestershire.

In Worcestershire professionals are encouraged to use the **Early help pathway** and the **Worcestershire Early Help Assessment** to identify children and young people in need of additional or targeted support. Some agencies may have their own service specific early help assessment or needs assessment that they use to deliver early help support using the whole family approach.

A lead professional may be identified following consultation with the child, young person and their family, and it will be their role to co-ordinate the Early Help Assessment, involve the family and bring together the agencies/ services to work together to co-ordinate the delivery of early help support services as part of the Family Plan.

If the child, young person, parents or carers do not consent to an Early Help Assessment, then the lead professional will need to make a judgement as to whether, without help and support, the needs of the child will escalate and be adversely affected / impacted, reviewing what is already in place for the child and young person. A discussion with your safeguarding line manager is recommended to think through ways in which help and support can be offered via advice or signposting or is a safeguarding referral to children's social care necessary at level 4 needs.

Appendix 3 outlines the Early Help Pathway for Worcestershire.

If at any time it is considered that the child may require a statutory assessment because they are a Child in Need as defined in the Children Act 1989, or that the child has suffered or is at risk of suffering significant harm, a referral should be made immediately to children's social care via the Family Front Door (see Appendix 2 – Safeguarding Children Social Care Pathway).

Further information about early help in Worcestershire is located at:

www.worcestershire.gov.uk/earlyhelpfamilysupport

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Appendix 1 - Levels of Need Examples

LEVEL ONE Level of Need: Universal Services

No additional support needed beyond that which is already available and provided by their family, school and health services

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ Meeting development milestones, including speech and language ■ Physically and psychologically well ■ Adequate diet/hygiene/clothing ■ Mental Health managed effectively by child or young person ■ Accesses health services, including dental and optical care ■ Participating in general healthy and safe relationships 	
	Education	<ul style="list-style-type: none"> ■ Attends school / college regularly ■ No barriers to learning ■ Achieving key stages ■ Receives government grants / support e.g. free school meals 	
		Emotional and Behavioural Development	<ul style="list-style-type: none"> ■ Good quality early attachments ■ Growing competencies in practical and emotional skills ■ No substance misuse
		Identity	<ul style="list-style-type: none"> ■ Positive sense of self and abilities ■ Demonstrates feelings of belonging and acceptance
Family & Social Relationships	<ul style="list-style-type: none"> ■ Stable and affectionate relationships with care givers ■ Good relationships with siblings ■ Positive relationships with peers ■ Play, stimulation and positive activities, hobbies opportunities 		
	Social Presentation	<ul style="list-style-type: none"> ■ Appropriately dressed for different settings ■ Good level of personal hygiene ■ Positive interaction with people, peers, family etc 	
FAMILY & ENVIRONMENTAL FACTORS	Family History & Functioning	<ul style="list-style-type: none"> ■ Supportive family relationships, including when parents are separated ■ Extended family members provide support to the child 	
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Housing has basic amenities and appropriate facilities ■ Parents aspirational for their child ■ Not living in poverty, sufficient income 	
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Social and friendship networks are strong, and the family will seek / demand services if they are needed ■ Family able to access community services 	
PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Carers able to provide for the child's physical needs and protect from danger and harm 	
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Carers provide warmth, praise and encouragement and a stable environment ■ Carers support development through interaction and play ■ Carers provide appropriate guidance and boundaries 	

LEVEL TWO Level of Need: Additional Support

Children and young people with emerging vulnerabilities whose needs require support

CHILD' S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ Slow in reaching development milestones, short interventions make improvements ■ Minor concerns re: diet/dental health/hygiene/clothing ■ Mild to moderate mental health problems including - low mood, anxiety ■ Missing health checks/immunisations ■ Child with a disability and requiring support services ■ Sexually active/ risk of pregnancy (age and capacity of child / young person dependent) ■ Healthy relationship advice/ sexual health ■ Child has additional health needs that require health input ■ Pre-birth additional support required due to vulnerabilities / health needs of mother or baby.
	Education	<ul style="list-style-type: none"> ■ Occasional truanting or non-attendance, poor punctuality, including sickness. ■ Not in education, employment or training (NEET) ■ Child identified as having additional learning needs ■ At risk of exclusion and on a school attendance plan ■ Few opportunities for play /socialisation/ peer relationships ■ Identified language and communication difficulties ■ Not achieving educational potential ■ Struggling with reading and writing given age and development needs. <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Low level mental health or emotional health issues ■ Involved in behaviour that is seen as anti-social (low-level) ■ Bereavement support / loss of parent /carer /sibling ■ Peer relationships of concern/ unhealthy / conflicts /bullying <p>Identity</p> <ul style="list-style-type: none"> ■ Some insecurities and worries around identity ■ Child or young person needs support around their own self-identity e.g. race, culture, sexuality, religious beliefs. ■ Poor self-image / body confidence ■ May experience bullying/isolation around perceived difference, or bully others
	Family & Social Relationships	<ul style="list-style-type: none"> ■ Undertaking some caring responsibilities ■ Young/ vulnerable parent in need of some practical advice and support ■ Low parental aspirations for themselves or their child ■ Child worried about sibling rivalries /conflict ■ Some difficulties/ concerns with peers ■ Parenting support 0-18years ■ Managing teenage behaviours <p>Social Presentation</p> <ul style="list-style-type: none"> ■ Inappropriately dressed for weather / occasion. ■ Poor personal hygiene ■ Withdrawn / loss of interest in self and others ■ Avoids interaction / loss of confidence/ self esteem

FAMILY & ENVIRONMENTAL	Family History & Functioning	<ul style="list-style-type: none"> ■ Parents have relationship difficulties which may affect the child (Parental harmony) ■ Parental separation and impact on child/ young person ■ Parenting advice, support, guidance and boundaries ■ Isolation from wider family / lack of personal support networks ■ Child has support from key extended family such as grandparents and aunts / uncles. ■ Emerging concerns about substance misuse or mental health ■ Domestic abuse identifying level 2 needs for help and support.
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Family affected by low income / unemployment / redundancy ■ Poor housing / home conditions ■ Budget and financial management help needed ■ Support to access training / find employment
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Some social exclusion problems ■ Family unable to engage / unaware of local support services ■ Family live in rural community isolated from local support services ■ Parents with additional needs and vulnerable themselves ■ Language and communication needs ■ Vulnerability in the community for young person (Contextual safeguarding) ■ A parent serving a custodial sentence. ■ Low level concerns about missing from home /school. ■ Peer pressure / influences of concern ■ Peer group identify of concern ■ Police involvement / calls for low level / nuisance activity/ offences
PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Parent requires advice on parenting issues 0-18 years ■ Online safety and contextual safety concerns. ■ Some basic needs unmet but most of the time a good quality of care is provided ■ Professionals suspect possibility of low-level substance misuse by adults within the home ■ Age appropriate boundaries needed ■ Home safety /adaptations/ equipment needed
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Sometimes inappropriate expectations of child / young person for age/ability ■ Inconsistent parenting but parents respond well to advice and support ■ Parents need help to understand the importance of activities and play in the child's development ■ Vulnerability to known extra familiar risks outside the family and home that support is needed with e.g. peer relationships. (contextual safeguarding). ■ May have different carers where inconsistent boundaries offered. ■ Advice on parenting strategies, boundaries and physical chastisement needed.

LEVEL THREE Level of Need: Threshold to work with partners as Targeted Support

Children or young people with identified vulnerabilities and needs that require a multi-agency coordinated approach

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ There is an impact on the developmental milestones due to family or environmental factors ■ Has some chronic / recurring health problems or terminal illness ■ Concerns about diet/hygiene/clothing impacting on child's emotional well-being acute, severe and enduring mental health problems including conduct and oppositional defiant disorder, compulsive / obsessive disorder, eating disorder, suicide ideation ■ Non engagement with ante-natal appointments ■ Missing routine and non-routine health appointments for child / young person ■ Parents not responding appropriately to child's health needs impacting upon the wellbeing or development of the child ■ Child with a disability that requires multi-agency support services ■ Conception aged under 16 ■ Children with autism / ADHD or going through assessment process ■ Sexual health needs or advice required to a young person. ■ Concerns around healthy and safe relationships
	Education	<ul style="list-style-type: none"> ■ Persistent truanting, poor school attendance, previous fixed term exclusions ■ Persistently not in education, employment or training (NEET) despite previous early help support at level 2 needs. ■ Permanently excluded from school or at risk of permanent exclusion ■ Education Health & Care Plan or under assessment ■ Vulnerable learner ■ Young carers needing additional help and support. <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Difficulty coping with anger, frustration and upset ■ Starting to go missing from home or school ■ Offending or regular anti-social behaviour ■ Problematic substance misuse ■ Hostile and/ or physically aggressive to other children and adults ■ Self-harming/ risky behaviours. ■ Carrying weapons to defend self / others requiring preventative work. ■ Peer violence/ aggression <p>Identity</p> <ul style="list-style-type: none"> ■ Subject to discrimination and or bullying ■ Child experiencing difficulties with their own or their family's race, culture, religion, sexuality, gender. ■ Poor self-image/ self-worth impacting upon their day to day functioning, engagement and interactions with others. ■ Young persons use of social media or online activity causing concern for their vulnerability / risks.
	Family & Social Relationships	<ul style="list-style-type: none"> ■ Regularly needed to care for another family member impacting on them. ■ Child experiencing difficulties with separation, bereavement and loss. ■ Young parent's (under 18's) who need additional support. ■ Child on parent aggression and violence.

	<ul style="list-style-type: none"> ■ Parental breakdown and conflict adversely affecting the child/ young person. ■ Parental friends/ family / associates/ partner negatively impacting the physical / emotional care of the child / young person. ■ Domestic abuse ■ Mental health of parent / child ■ Substance misuse not being addressed or supported.
	<p>Social Presentation</p> <ul style="list-style-type: none"> ■ Persistently inappropriately dressed for the weather ■ Persistent poor hygiene resulting in social isolation from peers

FAMILY & ENVIRONMENTAL FACTORS	<p>Family History & Functioning</p>	<ul style="list-style-type: none"> ■ Persistent disputes and hostility between parents, domestic abuse impacting on the child ■ Family seeking asylum / refugee ■ Parents require specific intervention regarding boundaries, discipline and routines for their children ■ A parent repeatedly offending and police involvement/ involved in criminal activity. ■ Emergency services being called to the home numerous times in a short period (within 12months) ■ Parental mental health and the impact this has on the child / young person. ■ Parental substance misuse and their ability to provide, meet the needs of their children. ■ Fleeing domestic abuse/ honour-based violence/ forced marriage and needing help to settle in area. ■ Families in refugees requiring support due to complex needs/ risks. ■ Family repatriation support
	<p>Housing, Employment & Finance</p>	<ul style="list-style-type: none"> ■ Overcrowding, temporary accommodation, risk of homelessness ■ Gambling or other financial risks impacting on the family e.g. alcohol / drug misuse ■ Home conditions need improving for the child / young persons safety and welfare. ■ Serious debts / poverty impacting on ability to care for the child, finance the home, food etc
	<p>Families Social Integration / Accessing Community Services</p>	<ul style="list-style-type: none"> ■ Family socially excluded ■ Escalating victimisation ■ Criminal activity due to drug, alcohol, aggression, mental health ■ Concern about peer on peer abuse and harm ■ GET SAFE concerns (vulnerable to child criminal exploitation) ■ Online harm and abuse or vulnerability. ■ Hate crimes impacting on the family and their safety. ■ Emerging concerns of radicalisation
<p>PARENTING CAPACITY</p>	<p>Basic Care, Safety and Protection</p>	<ul style="list-style-type: none"> ■ Parent is unable to provide adequate care without needing support from a number of agencies ■ Parents not reporting the child / young person missing from home. ■ Parents with learning disabilities or cognitive functioning additional needs ■ Parental learning disability is impacting on ability to provide care ■ Parents have a substance misuse problem (including alcohol) impacting on parenting ability ■ Parents under the age of 18 years old who have additional support needs given their family circumstances / relationships.

	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none">■ Child is often scapegoated by parents / family■ Child receives inconsistent care / has multiple care givers■ Child is rarely comforted when distressed■ Parents lack empathy for child■ Parents lack of interest or support to a child / young person.
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LEVEL FOUR Level of Need: Criteria for Statutory Social Work Intervention

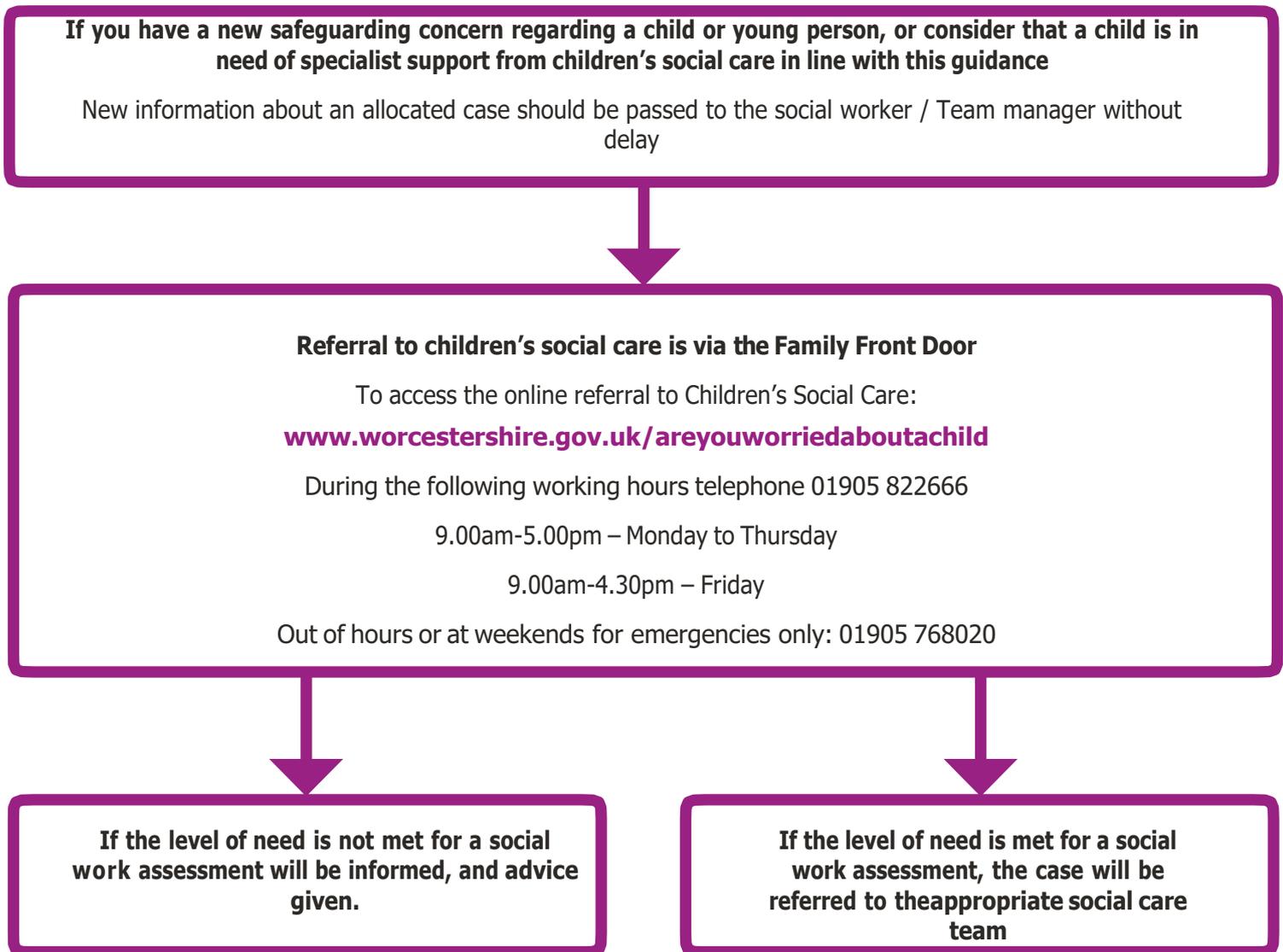
Children requiring formal statutory intervention under either section 17 of the Children Act 1989 (Children in Need) or Section 47 of the Children Act (Safeguarding Children)

CHILD'S DEVELOPMENTAL NEEDS	Health	<ul style="list-style-type: none"> ■ There is likelihood of significant harm to child's health and development ■ Have severe chronic/recurring health problems, including severe obesity and dental decay unresolved by early help interventions. Fabricated/induced illness ■ Non-organic failure to thrive ■ Female Genital Mutilation (FGM) ■ Concerns about diet/ hygiene / clothing, persistent and severe and not improving following early help interventions at level 3 ■ Immediate or imminent risk to the child or young person's life or the life of others due to mental health problems e.g. self-harm, suicide ideation or attempts, eating disorders ■ Persistent non-compliance even though parents are aware of short and long term implications which are likely to cause significant harm – Physical and / or emotional ■ Child with disabilities meeting the criteria for social care intervention ■ Sexual activity under the age of 13 ■ Sexual exploitation. CSE risk screened as experiencing CSE ■ Risk of injury through weapon carrying/ presented with a suspected/ known stab wound.
	Education	<ul style="list-style-type: none"> ■ Persistent exclusions for behaviour, non-attendance, co-operation in school ■ Drug and alcohol abuse / suspected dealing ■ Significant development delay due to neglect / poor parenting <p>Emotional and Behavioural Development</p> <ul style="list-style-type: none"> ■ Puts self or others in danger ■ Child abuses other children e.g. physically, sexually ■ Young people who are charged with a crime and go to court and/or are convicted of a crime and given a sentence ■ Endangers own life, serious risk of harm. <p>Identity</p> <ul style="list-style-type: none"> ■ Persistently demonstrates extremist views e.g. radicalisation ■ A child or young person's association with others places them at risk e.g. contextual safeguarding / criminal exploitation, child protection.
	Family & Social Relationships	<ul style="list-style-type: none"> ■ Multi-agency interventions are not working, and the child is suffering or likely to suffer significant harm ■ Child in care or care leaver ■ Family breakdown and need for edge of care / accommodation ■ Deceased parents and no arrangements to care for the child ■ Privately fostered children / young people ■ Teenage parent who is a subject of Child protection plan or is a child looked after ■ High criticism, low warmth resulting in emotional harm ■ Domestic abuse impacting on the safety and welfare of children ■ Frequent aggression and violence ■ Criminal activity <p>Social Presentation</p> <ul style="list-style-type: none"> ■ Poor hygiene persistent and chronic despite advice and support at level 3 ■ Persistent ongoing mental health needs impacting on the ability to safely and appropriately care for children.

FAMILY & ENVIRONMENTAL FACTORS	Family History & Functioning	<ul style="list-style-type: none"> ■ Honour based violence/forced marriage ■ Evidence of ongoing domestic abuse impacting upon the care and wellbeing of the children / young person. ■ Person posing a risk to children (PPRC) in contact with children ■ Special Guardianship Order applied for ■ Radicalisation ■ Toxic trio: mental health, drugs/ alcohol and domestic abuse ■ Child privately fostered cared for by non-relative ■ Previous history of children removed/ adopted / Child Protection Plan.
	Housing, Employment & Finance	<ul style="list-style-type: none"> ■ Physical accommodation places child in danger. ■ No fixed abode or homeless ■ Homeless young people - Southwark ■ No recourse to public funds
	Families Social Integration / Accessing Community Services	<ul style="list-style-type: none"> ■ Family chronically socially excluded likely to cause significant harm to the child ■ Children from families experiencing a crisis likely to result in a breakdown of care arrangements. ■ Anti-social behaviour in community of parents ■ Family have not engaged / not demonstrated significant or sustainable changes in the timescales for the child given level 3 intervention and support
PARENTING CAPACITY	Basic Care, Safety and Protection	<ul style="list-style-type: none"> ■ Parents unable to protect their children and cannot prioritise the child's needs over their own ■ Severe or long-term harm has been or is likely to be done to the child and/or the parents / carers are unwilling or unable to engage in work to improve care provided. ■ Children subject to care proceedings including children / young people subject to care order, wardship, EPO, supervision order or remanded to LA care. ■ Failure to provide good quality care across most of the child's needs most of the time ■ Transferring in cases from other Local Authorities e.g. CIN and CP, Final Court orders ■ Child or young person is likely to suffer significant harm or the likelihood of this happening due to the level of care being given them by their parents or carers
	Parent & Carers Basic Care, Safety & Protection	<ul style="list-style-type: none"> ■ Missing from home or care ■ Child is rejected or abandoned including subject to police protection. ■ Parents are negative and abusive, verbally, emotionally and/or mentally and / or sexually, towards the child. ■ Physical abuse of child/ young person. (section 58 Children Act 2004) ■ Parental anti-social and criminal activity that has an impact on the child / young person.

Appendix 2 - Safeguarding Children's Social Care Pathway (level 4 needs)

The early help pathway is for both level 2 and 3 needs. See appendix 3.



Forms and guidance can be found at www.worcestershire.gov.uk/safeguardingchildren

In an emergency always dial 999

Please note: The Family Front Door act as points of referral and advice. It does not collect and analyse intelligence and such information **should not** be passed through this route.

Managing Professional Disagreements

Disagreements over the handling of concerns can impact negatively on positive working relationships and consequently on the ability of professionals to safeguard and promote the welfare of children. All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter-agency concerns and disagreements about a child or young person's well-being.

For more information please refer to the WSCB Escalation procedure located at:

<http://westmidlands.procedures.org.uk/local-content/4gjN/escalation-policy-resolution-of-professional-disagreements>

For further information please refer to the Worcestershire Safeguarding Children Board's procedures at:

<http://westmidlands.procedures.org.uk>

Appendix 3 – Early Help Pathway

Early help means providing support as soon as a problem appears, to stop it from getting worse. This could be at any point in a child's life, from birth to the age of 18 years. Early help involves identification, assessment, planning, providing service(s) and working together to review the plan.

Identification and decision on what response is needed

- Professional observes or is informed that the child has a need
- Professional has a conversation with their line manager, safeguarding lead, Special Educational Needs Coordinator (SENCO) as applicable, to identify the way forward
- If the needs can be met by professional's own setting's early help offer, organise the support directly.
- For additional early help resources, including the Early Help in Worcestershire visit the early help webpages at www.worcestershire.gov.uk/earlyhelp

Completing an Early Help Assessment

- Discuss their needs with the child/young person and family and gain their consent to have conversations with other professionals involved in their life.
- Identify other agencies who can help and support the family with consent and consider a multiagency meeting to inform the assessment and family plan.
- Professionals with the family complete an Early Help Assessment of needs, identifying the strengths and the needs of the family.

Create a plan

- Using the identified needs in the early help assessment put a support plan together along with the child/young person and their family. Identify SMART actions to achieve the outcomes or goals and track progress and so everyone knows who is doing what and when.
- Involve other agencies if additional needs are identified following the assessment
- If more than one agency is involved, agree who the lead professional will be (this may not be the person who wrote the assessment)
- Set a date to review the plan
- Share the plan with the professionals who attended the multi-agency meeting as well as the child/young person and family

Meet the needs in the plan

- Everyone has a responsibility to carry out their agreed actions from the plan
- Conversations can take place between meetings as required to progress the plan or change what is not working for the family.

Review progress

Hold a multi-agency meeting with the child, young person and family (in person or virtually) every 6-12 weeks to review the plan. This might just be a conversation between a single agency and the child/young person or family. The review is led by the lead professional

The early help review meeting will discuss progress against the plan and what's changed for

the child, young person and their family has there been 1) positive change 2) no change/improvement or 3) deterioration in the situation or concerns increased.

The decision is made to continue with the plan /amend the plan/ or to end the plan as the needs are fully met, or to end the plan and a single agency will meet the need or that only universal services are required.

If the plan continues, further reviews take place in 6-12 weeks.

If the plan is not progressing, review and update the assessment, develop a new plan and consider who else may need to be involved.

The review can be brought forward if the plan is not progressing or the needs escalate

End of the plan

When the child/young person, family and multi-agency meeting agree that the needs have been met, or universal services can continue to support the child then the plan will end and all those involved should be informed.

The child/young person and family have clear information about where they can access support moving forward or if their needs change.

