Multi-Agency Levels of Need and Response Framework

April 2015

Delivering effective support for children, young people and families
1.1 This Multi-Agency Levels of Need and Response Framework has been developed to assist those who work with children, young people and their families in Manchester.

1.2 It aims to assist practitioners to identify the level of need of a child or young person (in the context of their family, environment and experiences) and provides simple guidelines on how to respond with the most appropriate and proportionate intervention at the right time.

1.3 This guidance has been co-produced with partners from the statutory and voluntary sectors, and children, young people and families in Manchester. The guidance provides a number of potential indicators that may highlight additional needs across a broad spectrum, and can be used to enhance collective understanding of risk.

1.4 Whatever their level of need, children and young people should always have access to universal services, and for most children this will provide all the opportunities they need to reach their potential. However, there are times when their needs mean they require an enhanced level of support, either due to their own increasing complexity of need, or the impact of external factors.
The five levels have been set out to reflect that children often move in a non-structured way between levels. The removal of the previous definitive tiered ‘thresholds’ (which were often directly linked to specific service delivery thresholds) will support the aspiration to formulate bespoke sequenced interventions that are able to quickly flex if individuals move up and down the continuum. It also supports the awareness that, whatever level the child’s needs, they continue to be supported at a Universal level throughout.
Manchester’s approach is based on the following guiding principles:

2.1 The child’s wellbeing and safety are paramount.

2.2 Safeguarding and promoting the wellbeing of children and young people is everyone’s responsibility.

2.3 Wherever possible we will seek to identify needs early, so that children, young people and families receive the necessary support to prevent escalation of need into crises.

2.4 We will work across agencies in partnership to meet any complexity of need, identified at the lowest level of intervention, so that children, young people and their families reach their potential and achieve good outcomes.

2.5 We will aim to reduce unnecessary intrusion and duplication in the lives of those with additional needs by delivery of outcome-based interventions using lead professional/key worker models and integrated responses.

2.6 In many cases the presenting need is a symptom of complexity within the family, and a bespoke whole-family approach addressing a number of factors will be required to sufficiently meet the entirety of the need. (The revised Early Help Assessment (EHA) tools (to replace the MCAF) have been designed so that practitioners will gather a whole picture of the child, young person and family.)

2.7 We recognise that in most cases, parents and carers are best placed to meet the needs of children with the support of universal services and extended family; this understanding will underpin our work, but good parenting is challenging, and additional support – in some cases statutory intervention – is required.

2.8 Involvement of parents, carers and children (unless this poses a risk, thereby ensuring the child’s safety) will be a priority. We will ‘do with, not to’, as this will facilitate change and build resilience for sustainable improvement.

2.9 The voice of the child is vital and must be sought when considering their needs. (This may take place without the presence of a child’s parents/carers. Additional age-appropriate self-assessment tools have been designed to ensure the voice of the child is captured. The child/young person will be involved directly where this is possible and appropriate.)
3.1 The following level on a page’ tables represent a summary of indicators that will assist workers to establish the levels of need and the requisite response. This list is not exhaustive.

3.2 To support the delivery of Early Help, this document contains a broad range of indicators that will be explored during the Early Help assessment. The presence of some of these indicators may highlight need within a family household. For example, zero hours contracts and/or intergenerational worklessness may result in poverty of aspiration and ambition, potentially depriving children of future opportunities to achieve their full potential. Indicators are signs that support may be needed, and most are not standalone indicators that families are failing and/or child protection issues are present (eg. a parent who is not working may need help applying for a nursery place for his/her child and then access to advice about tax credits). Practitioners should use professional judgment when considering the range of indicators.

3.3 It should be highlighted that individual need should not be based upon receiving a particular service or welfare benefit. While these indicators may provide a useful insight, their absence should not be used as evidence of there being no need (eg. a child’s Disability Living Allowance being stopped).

3.4 The indicators below are suggestive of what practitioners might see at each level, and in most cases gradually escalate in severity. However, some indicators do not ‘read across’ all five levels, as needs may only present at certain points. In addition, regard has to be given to the fact that if children and/or families are engaging well with services and are being supported, presenting need could be ‘held’ at a lower level.

3.5 Where there is uncertainty or a disagreement, then professionals should seek guidance from their safeguarding representative/manager in their own agency, and the matter should be escalated until resolved (at all levels). If the concern is about child protection, than please see the Escalation Policy at manchesterscb.org.uk
<table>
<thead>
<tr>
<th>LEVEL</th>
<th>NEED</th>
<th>ASSESSMENT</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Child, young person or family whose needs are being met, or whose needs can be met by universal services</td>
<td>Universal Services</td>
<td>At this level, needs are met by parents, carers, communities and universal services.</td>
</tr>
<tr>
<td>2</td>
<td>Child, young person or family with additional needs that can be met by a single agency providing additional information, support and guidance, or by signposting to an additional agency</td>
<td>Consider an Early Help Assessment (EHA)</td>
<td>Consider using the EHA tool as a means of identifying needs and plan a response, either single agency or with the support of other agencies. Contact the Safeguarding Lead with your agency for further support and guidance at this level. Visit the Early Help Zone of Help and Support Manchester (Manchester City Council webpage) for further information and advice. Signpost family to Help and Support Manchester/SEND local offer.</td>
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<tr>
<td>3</td>
<td>Child, young person or family that needs a co-ordinated programme of support from more than one agency</td>
<td>Complete an Early Help Assessment (EHA)</td>
<td>An EHA must be undertaken to identify and show evidence of the level of need, and to plan the holistic multi-agency response. This is done with parental consent via a Team Around the Family meeting co-ordinated by the nominated lead professional. Ensure the family understand the benefits of engaging in an EHA. Make it clear that Early Help is about being supportive. If the family still refuse consent, you should contact an Early Help Co-ordinator. If you have any safeguarding concerns, ring Contact Manchester on 0161 234 5001. Visit/Signpost to Help and Support Manchester/SEND local offer.</td>
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<tr>
<td>4</td>
<td>Child, young person or family who requires intensive and co-ordinated support for complex issues via Targeted Services/Early Help hubs, and/or where support at Level 3 has not improved outcomes</td>
<td>An Early Help Assessment (EHA) should have already been completed, but has not improved outcomes. Contact your Early Help hub, which will advise if a Statutory Assessment is required</td>
<td>An EHA may have previously been completed, but the needs have not been met by the multi-agency action plan. The child, young person and/or their family may require long-term intervention from statutory and specialist services. Please contact your local Early Help hub, which will advise if a Statutory/ Specialist Assessment is required and will support in co-ordinating more specialist and targeted interventions if appropriate. Visit/Signpost to Help and Support Manchester/SEND local offer.</td>
</tr>
<tr>
<td>S17</td>
<td>Child in Need</td>
<td></td>
<td>Some CIN will be well supported and have their needs met at Level 4 without the requirement for Social Work Intervention. Other CIN will have more acute needs and will require Social Work support within Level 5. There will be social workers within the Early Help hubs who will screen and escalate cases where the threshold for Sec 17 assessment and intervention is met.</td>
</tr>
<tr>
<td>5</td>
<td>Child or young person at risk of or suffering from significant harm due to compromised parenting, or whose needs require acute services or care away from their home</td>
<td>Statutory/ Specialist Assessment</td>
<td>Call the police if a child is in immediate danger. Otherwise, urgently refer to the MASH on 0161 234 5001 where practitioners can access specialist advice on safeguarding concerns. Follow up the referral in writing in 48 hours. Visit/Signpost to Help and Support Manchester/SEND local offer. Discuss your intention to refer to social care with the child (if old enough to understand) and their parents/carers, unless it’s not appropriate to discuss with them beforehand, ie, if doing so would put you or the child at risk, or if seeking consent could lead to a loss of evidence (ie. disclosure of physical or sexual abuse.)</td>
</tr>
</tbody>
</table>
## Level 1

Child, young person or family whose needs are being met, or whose needs can be met by universal services

### Home life

#### Housing
- Living in a clean and safe environment
- Access to transport and material goods
- Living near family and support network

#### Money
- Sufficient income to finance family needs
- Family managing their finances to ensure needs of family are met
- Appreciation of the value of money
- Access to bank account and credit
- Regular income

### Work life

#### Employment
- In employment, training or undertaking voluntary work
- Parents and young people actively seeking work or engaging with services that support them back to work
- Parent/carer in employment or training
- Short-term unemployed (less than one year)
- Full-time carer

### School/College Life

#### Education and skills
- Attends school/college/educational provision at appropriate age and is on track to achieve educational milestones
- Interacts with peers in play and learning in an appropriate manner, developing positive relationships
- Supported to learn to develop independence
- Family members engage with their children’s education to support learning and development
- Young person engaging well in education, employment or training post-16
- Children and young people with SEND reach their potential
Social and community life

Behaviour/Social/Relationships
- Engages in positive law-abiding behaviour in a socially acceptable manner
- Develops appropriate relationships with peers/family/community
- Develops self-confidence to address and deal with life challenges and decision-making
- Children and young people who have effective support networks of family and peers
- Children’s cultural needs are met
- Behaviour management is age-appropriate
- Parent/Carer positive role model instilling a good code of ethics

Safety
- Safeguarded from crime and antisocial behaviour
- No exposure to domestic abuse, violence or harassment
- Aware of the law and boundaries of behaviour
- Parents/Carers set boundaries and safeguard from exposure to criminality
- Developing an understanding about risk and their own personal safety in line with age expectations
- Prescribed medication/alcohol is stored safely so children have no access to it

Health and emotional wellbeing

Health and wellbeing
- Meets developmental physical, emotional and mental health milestones, and attends health and development appointments
- Healthy lifestyle and promotes healthy choices – good mental health, appropriate sexual activity, healthy eating, physical activity, healthy weight. Safe and healthy sexual development characterised by age-appropriate knowledge and behaviours
- Appropriate hygiene, appearance and self-care
- Appropriate support and guidance from parent/carer
- Safe from maltreatment, neglect, emotional/sexual abuse and exploitation
- Young carers with some caring responsibility but well supported
- Engagement with universal services
- Safe, secure and stable environment/network
- Attends health and development appointments
- No alcohol use during pregnancy

Lifestyle choices
- Child does not use alcohol, drugs, tobacco or other substances; receives age-appropriate education in universal setting (eg. school)
- Parent does not drink or drinks at lower risk levels without impact on child(ren)
- Parent does not use illicit drugs or misuse prescribed/over-the-counter medication

RESPONSE: At this level, needs are met by parents, carers, communities and universal services.
Home life

Housing
- Poor housing: facilities in disrepair
- Not managing tenancy due to antisocial behaviour, rent arrears, property condition
- Overcrowding
- Young people who need support or advice in relation to housing
- Families seeking asylum/asylum status unclear but no suspicion of trafficking
- Pregnant teenager/teenage parent accommodated and receiving support

Money
- Parents or carers struggling to manage their finances
- Families affected by low income, irregular income or debt. May be at risk from high-risk borrowing and developing rent arrears
- Families are failing to prioritise needs of children

Work life

Employment
- Young people disengaging from education training and employment post-16 years
- Households where no-one works, adults are long-term unemployed (over 12 months) with low skills and not actively engaged in education, training or back-to-work programmes
- Intergenerational worklessness/lack of role models in work impacting on child/young person's ability to progress, attend school or training
- Lack of access to childcare creating a barrier to employment

School/College Life

Education and skills
- Children requiring additional/special educational support to meet their educational needs
- Inappropriate home schooling; children at risk of fixed-term exclusion
- Pattern of attendance at school is causing concern
- Not making expected progress, or an unexplained change in progress
- Parents/Carers need support to engage in child's learning
- Child requires additional support to build positive relationships with peers and/or adults
- Requires additional support to develop independence skills
- Young people at risk of not accessing education, training or employment post-16 years
### Social and community life

#### Behaviour/Social/Relationships
- Children who have suffered loss/bereavement and are not accessing relevant support
- Child experiences bullying, including online, but has support
- Some difficulties with peer group relationships
- Child or young person suffering from a lack of self-confidence
- Sudden worsening of child’s behaviour or bad language
- Parents/Carers with additional needs but are engaging with services
- Parents/Carers struggling with child’s behaviour
- Lack of support and encouragement by parent and carer
- Radicalisation: at risk of being exposed to extremist language or extremist ideas

#### Safety
- Exposed to environments where there is domestic abuse
- Child beginning to have involvement in antisocial behaviour
- Low-level indicators of child or young person at risk of CSE, eg. truancy, overuse of the internet, secrecy
- Parent/Carer in custody
- Parents requiring additional support to provide safe and effective care
- Parental disclosure of female genital mutilation but no risk to child
- Lack of awareness about risk and own personal safety in line with age-related expectations
- Children left home alone (can cross all levels of need categories depending on age of child, time left, frequency etc)
- Parent/Carer not taking adequate precautions around safe storage of medication/alcohol

### Health and emotional wellbeing

#### Health and wellbeing
- Children not meeting some developmental milestones
- Children with well-managed chronic long-term illness
- Emerging unhealthy lifestyle: poor hygiene, unhealthy diet, and inactive lifestyle/overweight and engaging with services
- Non-engagement with some services. Missing/cancelling routine and non-routine appointments and increased attendance at ED/GP
- Low levels of stress, anxiety and depression, and is receiving support
- Parents/Carers with additional needs but engaging with services. Child/Young person with caring responsibilities
- Children who are suffering loss/bereavement/trauma
- Lack of own physical development, or excessive knowledge of and/or interest in, puberty or sex
- Pregnant teenager accessing support and healthcare

#### Lifestyle choices
- Child/Young person experimenting with alcohol/drugs/solvents/smoking and actively engaged with support
- Parent/Carer drinks above lower risk levels and/or uses illicit drugs/misuses prescription or over-the-counter medicines and is actively engaging with support to understand impact on child(ren) and make positive changes

**RESPONSE:** Consider using the Early Help Assessment (EHA) tool as a means of identifying needs and plan a response, either as a single agency, or with the support of other agencies. Contact the Safeguarding Lead within your agency for further support and guidance at this level. Visit the Early Help Zone of Help and Support Manchester. Signpost family to Help and Support Manchester/SEND local offer.
Home life

Housing
- Home environment or hygiene is beginning to place the child in an unsafe environment
- Child/Young person or family in temporary or overcrowded housing
- Disrepair of property and landlord not engaging
- Pregnant Teenager/Teenage parent in inappropriate accommodation
- Immigration status and access to official documents not clear, raising suspicions of trafficking/modern day slavery

Money
- Parent/Carers consistently unable to meet child’s basic needs due to poverty/lack of employment
- Lack of budgetary skills or inappropriate spending impacting on ability to meet child/young person’s needs
- Rent arrears put family at risk of eviction, or proceedings initiated
- Family finances further impacted by high-interest loans and high repayments
- Family at risk of violence due to non-payment of unregulated loans
- Families transitioning from temporary homeless accommodation due to limited resources to set up home
- Families without access to public funds/benefit sanctions/money controlled by other, eg. benefit in the wrong name/partner’s name

Work life

Employment
- Not engaged to find employment or go into further education
- Teen parents/carers where caring responsibilities impact on availability for work
- Lack of supportive network leading to an impact on the availability to work
- Not work ready (no bank account/ID etc)
- Stress from unemployment, recent job loss or overworking having impact on other aspects of family life
- Parents find it difficult to gain employment due to poor basic skills
- Parents unable to discuss their finances with agencies

School/College Life

Education and skills
- Children who meet threshold for persistent absence from school
- Child in danger of permanent exclusion
- Child or young person underachieving significantly at school because of an underlying special educational need
- Parents not responding to support provided to help them engage in child’s learning
- Child or young person underachieving significantly compared to age-related expectations without an underlying special educational need
- Child lacks age-appropriate independent skills
- Young people not accessing appropriate education, training or employment post-16 years and has limited or no qualifications
Social and community life

**Behaviour/Social/Relationships**

- Evidence of inappropriate age-related sexual behaviour
- Children with increasing behaviour, emotional and social difficulties that parents are finding difficult to manage
- Parent/Carer is not ensuring that the child has a secure, stable and affectionate relationship
- Family has poor relationship with extended family or little communication
- Child is unable to develop positive relationships with peers and/or adults and is becoming isolated as a result
- Child, young person and/or family suffering isolation
- Signs of radicalisation

**Safety**

- Children in families where there is evidence of domestic abuse
- Child regularly missing from home
- Increasing indicators of child/young person at risk of CSE – truancy, overuse of internet, secrecy, unsupervised access to social media
- Child or young person living in an environment where there is prolonged mental and emotional abuse
- Children associating with offenders and regularly exposed to criminal behaviour
- Parental/sibling/self-disclosure of FGM within the community
- Child is beginning to engage in inappropriate risk-taking behaviour and/or involved in antisocial behaviour

Health and emotional wellbeing

**Health and wellbeing**

- Child not achieving age-appropriate developmental milestones and requires additional support services
- Children/Parents who have unmet complex health needs or terminal illness, eg. child with disabilities (or children with lifelong disabilities)
- Children who are consistently not brought for medical appointments/do not engage with treatment plans
- Ongoing concerns re hygiene, weight, appearance, and self-care
- Young carer with unmet needs impacting on education and social community life
- Parents who have additional need that impacts on their ability to meet their children’s needs

**Lifestyle choices**

- Sexual behaviour that is age-inappropriate or unusual for the particular child or young person
- Pregnant teenager not engaging with appropriate support services
- Young person at risk from own alcohol/substance use and is not engaging with support
- Parent/Carer drinks above lower risk levels and/or uses illicit drugs/misuses prescription or over-the-counter medicines and is not engaging with support to understand impact on child(ren) and make changes
- Child is exposed to unsuitable adults/carers or left unsupervised while parent/carer is intoxicated or suffering effects

RESPONSE: An EHA must be undertaken to identify and evidence the level of need, and to plan the holistic multi-agency response. This is done with parental consent, via a Team Around the Family Meeting (TAP) co-ordinated by the nominated Lead Professional. Ensure the family understand the benefits of engaging in an EHA. Make it clear Early Help is about being supportive. If the family still refuse consent, you should contact an Early Help Co-ordinator. If you have any safeguarding concerns, ring Contact Manchester. Visit/signpost to Help and Support Manchester.
Child in need and/or child, young person or family who requires intensive and co-ordinated support for complex issues via Targeted Services/Early Help hubs, and/or where support at Level 3 has not improved outcomes

**Home Life**

**Housing**
- Child is living independently in unsuitable accommodation, eg. B&B, hostel
- 16 or 17 year old asked to leave the family home
- Child/Young person/Family evicted or homeless resulting in children in temporary accommodation and risk of no replacement
- Property in significant state of disrepair and landlord not engaging
- Pregnant teenager/Teenage parent at risk of homelessness

**Money**
- Child/Young person constantly presents with no funds for transport, food etc
- Parent/Carers unable to meet their children’s long-term basic needs as a result of poverty/ lack of budgeting skills/ other vulnerabilities
- Reliant on food banks and other charitable donations to subsist
- Chronic unemployment affecting adults, combined with other factors such as significant household debt and multiple impact of welfare reforms (bedroom tax, Invalidity Benefit reassessment, household cap etc)
- Someone else appears to control family finances indicating possible trafficking/modern day slavery

**Work Life**

**Employment**
- No expectations that young person will work or lack of confidence to cope with the workplace, anxiety/agoraphobia
- Needing Education Health and Care Plan to access High Needs Funding
- Long-term unemployment. Significant barriers to accessing employment, ie. criminal record, disabilities, mental ill health

**Parents/Carer have long-term worklessness (three years plus) with very poor literacy and numeracy skills/inability to communicate in English, which has severely affected parents’ family identity**

**School/College Life**

**Education and skills**
- Parent/Carer has received support but is still struggling to support the child in terms of attendance/behaviour/progress and emotional wellbeing
- Child or young person underachieving significantly at school because of an underlying SEND and may need a statutory assessment of their needs or lack of engagement from parents/persistent absence

**Child in danger of permanent exclusion/or has been permanently excluded**
- Young people refusing to access appropriate education, training or employment post-16 years and has limited or no qualifications
Social and community life

Behaviour/Social/Relationships
- Chaotic and inconsistent family support networks
- Child persistently neglected/socially isolated
- Child or young person with severe disruptive/challenging behaviour.
- Persistent sexual texting (sexual exploitation). Cyber bullying with no protective factors
- Child has no positive relationships with peers and/or adults and is isolated as a result
- Children previously on Child Protection Plan in the past six months
- Heightened concerns re radicalisation

Safety
- Indicators and concerns of forced marriage/honour-based violence/female genital mutilation (FGM) that requires further assessment and parental/sibling disclosure of FGM within the family
- Child continually missing from home, or child at risk of sexual exploitation
- Frequent accidental injuries as a result of inadequate supervision
- Significant incidents of domestic abuse
- Child is engaged in inappropriate risk-taking behaviour, antisocial behaviour and/or criminal activity, which may impact on their safety and that of others

Health and emotional wellbeing

Health and wellbeing
- Children not achieving developmental milestones despite additional services and support
- Children with mental health issues needing significant support
- Children with complex health needs or terminal illness and needs that cannot be met by their parent/carer
- Children who are persistently neglected, which is impacting on a child's development
- Missed/Cancelled appointments, which have a significant impact on the child's health
- Non-compliance with treatment plans/medication regimes/treatment not sought
- Parents, carers who have multiple health/social/environmental needs that significantly impact on their child’s health and development
- Young carers with inappropriate caring responsibilities that significantly impair their development

- Concerns about risk to unborn
- Children with acute disabilities and/or disabilities that cause a complex range of difficulties (and/or not responding to/accessing support)
- Sexual behaviour that is potentially harmful to the child or young person and/or their peers
- Pregnant teenager not accessing health care

Lifestyle choices
- High-risk indicators that the child or young person is at risk from own alcohol/substance use (frequency/circumstances/route of administration – depending on age and substance) or signs of dependence
- Parent/Carer unable to meet child's basic needs (or child left with inappropriate carers) due to intoxication, effects the next day. Parent/Carer persistently does not recognise impact of own use on child's needs and consequences of continuing to use
- Both parents/carers misusing. Potential for impact on finances and/or housing

RESPONSE: An EHA may have previously been completed, but the needs have not been met by the multi-agency action plan. The child, young person and/or their family may require long-term intervention from statutory and specialist services. Please contact your local Early Help hub, which will advise if a statutory or specialist assessment is required, and will support in co-ordinating more specialist and targeted interventions if appropriate. Visit/Signpost to Help and Support Manchester/SEND local offer
Home life

Housing
- Unaccompanied asylum-seeking children
- Unsafe home conditions present serious health risk to child
- Children who are privately fostered
- Emergency housing needs as a consequence of fleeing domestic violence, gang reprisal or other life-threatening situations
- Evicted families where adults unable to safely accommodate children and lack of immediate potential housing offer due to arrears/debt etc
- Children who have been abandoned
- Pregnant teenager/Teenage parent experiencing homelessness

Money
- Extreme poverty or debt impacting on ability to function normally in society
- Lack of financial means/support leading to acquisitive crime, illegal borrowing or other illegal activity, eg. sex work
- No recourse to public funds and no access to other means of support, or families not in receipt of benefits
- Families in crisis without the means to meet their children’s basic needs in terms of food, utilities, nappies
- Adult/Parent has no control over their money but is controlled by another, eg. an abusive partner

Health and emotional wellbeing

Health and wellbeing
- Child disclosing sexual, emotional or physical abuse, or suffering persistent, chronic neglect
- Children with unexplained inconsistent injuries
- Children with significant mental health concerns
- Evidence of child at risk/experiencing fabricated and/or induced illness
- Unborn babies where previous significant child protection concerns have been identified
- Parents refuse or do not access medical care, resulting in significant harm to child
- Parental mental health, substance misuse, learning difficulties or physical health present significant risk of harms to their child and cannot maintain their safety (including harm to unborn child)

Parents/Carers not able to meet physical, emotional and developmental needs
- Sexual behaviour that is harmful to the child, young person and/or their peers

Lifestyle choices
- High-risk indicators that child or young person is at risk from own alcohol/substance use (frequency/circumstances/route of administration – depending on age and substance) or signs of dependence and serious risk to safety
- Parent/Carer cannot maintain safety of child/young person, meet basic needs, or causes extreme poverty due to their alcohol/drug misuse
- Parents’ chronic non-attendance, lack of engagement or recurring relapse in adult treatment services/evidence of superficial compliance

School/College Life

Education and skills
- Persistent non-attendance at school despite a range of interventions, eg. penalty notice
- Child has been permanently excluded from school
- Parents are inappropriately or intermittently engaged with their child’s education and lack awareness of their responsibilities
- Young people refusing to engage with any services
Work life

Employment
- Child/Young person in custody or on licence
- Child/Young person failing to gain employment due to long-term issues, including chronic health, mental health, or substance misuse
- Chaotic lifestyle meaning that young people and adults can’t enter into or sustain employment
- Never worked and/or unable to gain employment, which may impact on financial crisis, extreme poverty or child/adult aspiration/achievement

Social and community life

Behaviour/Social/Relationships
- Child/Young person with extreme behaviour, significant risk to themselves or others and are at risk of removal
- Online grooming
- Participate in gang activities/Children who are risk of causing significant physical or sexual harm to another child
- Participates in extremist actions in language and behaviour
- Child is isolated and lacks self-care and self-worth
- Child appears guarded of questions regarding personal details once familiar relationship has been established – an indicator of trafficking

Safety
- Evidence of child at risk of forced marriage/ (honour-based violence (HBV)
- Evidence that female genital mutilation (FGM) has taken place or of intent that child will undergo FGM
- Lack of supervision results in child suffering significant harm
- Child under 13 years engaged in sexual activity/child has sexually transmitted disease
- Children who are sexually exploited/trafficked
- Child disclosing sexual, emotional or physical abuse
- Child/Young person living in an environment where there is prolonged mental and emotional abuse
- Child involved in criminal/gang activities and/or significant antisocial behaviour
- Young person is living in prison/secure accommodation
- Children subject to proceedings initiated by the local authority
- Children persistently missing from home regularly for long periods
- Children who are privately fostered who are at risk/inappropriate arrangements
- Children who are fire setting and are placing themselves and others at risk
- Domestic abuse results in child/unborn at risk of significant harm
- Child is engaged in inappropriate and dangerous risk-taking behaviour, which impacts on their health and safety and that of others

RESPONSE: If a child is in immediate danger, then an urgent referral should be made to the police. Otherwise, urgently refer to the MASH 0161 234 5001 where practitioners can access specialist advice on safeguarding concerns. You must follow up the referral in writing in 48 hours.
4.1 The indicators listed within the tables provide information about ‘what you might see’ at each level of need. However, there will often be a number of indicators present that cover the scope of several levels. Practitioners should use their professional judgement, and consider the following when determining the need of the child, young person and their family:

- What is working well, and what is not working well for this child/young person/family?
- Are this child’s/young person’s/family’s needs being met?
- Have I ensured that the child has had an opportunity to speak, be observed, heard and listened to meaningfully?
- What are the relevant factors at the core of the child’s/young person’s/family’s needs?
- Have I asked about what matters to the person? The starting point for maximising a person-centred approach is to work with the individual to define what is important to them, and to plan activities and support from there.
- Do I have a picture of the family as a whole?
- Have I used the framework prompts to make me think more clearly and understand the situation?
- Have I considered any previous history of support, service involvement, patterns and the current risk and protective factors within the family?
- Am I sure about my understanding of the information? If not, take advice in the first instance from your line manager or your agency’s safeguarding adviser.
- Have I discussed my analysis of the identified needs with other professionals involved with the child to achieve a more holistic approach?
Have I discussed my concerns with the child/young person/family and offered advice and support?

Have I asked the parents for written consent to my involvement, my assessment and/or referral and to information sharing to help engage services quickly?

Have I been sufficiently professionally curious?

Have I thought about the needs of any siblings?

Have I fully considered the role of both parents-absent parents/grandparents?

Remember

- Put yourself in the child’s place
- Think about what the child’s/young person’s/family’s experience really is
- If you think a family needs support, act. Never do nothing
- Get involved and help make a difference.
5.1 It is acknowledged that children will move up and down on the continuum of need and the necessary response will need to flex accordingly.

5.2 Universal and Targeted Services will meet the needs of the majority of children and families. It is an expectation that where families need support, their needs should be identified and addressed through an Early Help Assessment, Team Around the Family (TAF) Meeting and a multi-agency action plan. The decision to close the plan or escalate, or reduce the level of intervention must be agreed at a TAF review meeting without exception.

5.3 If the needs have not been fully met, the Lead Professional/Key Worker (LP/KW) will continue with the role until the plan has been closed. Where the need continues to escalate despite the plan, then the LP/KW should liaise with their local Early Help hub, which should be able to provide further support and guidance. The Plan remains with the LP/KW until there is a formal handover to another appropriate key worker. This decision will be made in agreement with the TAF members and will be centrally documented.

5.4 Child in Need (CIN) under Section 17 of the Children Act 1989 is about the local authority’s responsibility to provide services through Early Help and a statutory duty to assess children where there is a belief that they are in need.

Child in Need as defined by Section 17 of the Children Act 1989: ‘as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development are likely to be significantly or further impaired, without the provision of services; or a child who is disabled.’ CIN may be assessed, in relation to SEND, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a social worker.

Some CIN will be well supported and have their needs met at Level 4 without the requirement for Social Work Intervention. Other CIN will have more acute needs and will require social work support within Level 5. There will be social workers within the Early Help hubs who will screen and escalate cases where the threshold for Section 17 assessment and intervention is met. The Early Help hubs will be closely aligned with the Multi-Agency Safeguarding Hub (MASH), so that cases can be swiftly assessed and escalated/de-escalated.
5.5 Level 5 Step Down: In situations where the child’s need for protection has been met at Level 5 through a Child Protection Plan, and the plan is no longer needed, Children’s Social Care will continue to lead on the intervention for as long as is deemed necessary. This will be decided at a review meeting and recorded on the Case File.

5.6 Step Down from social work/SW Assessment to Early Help

When a family has been assessed as no longer requiring statutory social work intervention, the social worker’s role is to establish if the family would benefit from the family being supported from either a universal service or a targeted service. It is crucial to offer families timely support to prevent their difficulties escalating and therefore prevent them from requiring further statutory social work intervention at a later date. Step Down arrangements should be documented by the social worker on the child/young person’s records. The social worker should identify a lead professional and ensure the family have sufficient support. The same applies when a referral is made for assessment in localities, but a decision is made not to continue to a Social Work Intervention. The social worker should identify a lead professional and ensure Early Help is in place. Social workers only need to speak to the Early Help team if there is difficulty in engaging a lead professional.

5.7 Where a referral to the MASH or localities results in a social work manager deciding the case is not to progress for social worker assessment, then the referral must be sent to the Early Help team, who will assess whether a lead professional needs to be identified.

5.8 In situations where the child’s needs escalate and social care intervention is required, the statutory assessment will supersede the Early Help Assessment and therefore the Early Help Assessment should be closed.