



# Level of Need Guidance

If children are not safe, they cannot be healthy,  
happy, achieve or reach their full potential.

October 2017

# Introduction from Sefton LSCB Chair

Dear Colleagues,

What was commonly known as the 'threshold' document has been purposely renamed to 'Level of Need' which is a more accurate description of this document's intention for supporting the work force in their practice considerations.

We want to support a workforce that does not feel the need to 'break through a *threshold* barrier' to gain access to a particular service but rather a workforce that is successful in meeting the needs of our community members through appropriate interventions.

Our collective drive is to have ***one plan, the right plan, at the right time for the right reasons.***

We expect all children, young people and families to receive the support and interventions that they are entitled to based on their level of need identified through evidence based practice.

Although this guidance is of significant importance to support the decision making process it should not be used in isolation. It does not replace peer discussion, management oversight or consultation with a professional safeguarding lead.

To paraphrase Lord Laming – Chairman of the Victoria Climbié Inquiry (2003)

*“.....practitioners' responsibilities do not end at the point of referral to children's social care, but ends at the point where their professional concern is resolved....”*

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# Welcome

## Local Safeguarding Children Board – Level of Need Guidance

Children, young people and their families have different levels of need and these may change over time. This guidance has been compiled by the Sefton Local Safeguarding Children Board to meet requirements of the Government's statutory guidance "Working together to safeguard children 2015" and replaces all previous threshold information. It is designed to help identify when a level of need – or trigger – has been reached, indicating when a child, young person or family might need support and then to identify where best to get this support from.

It is an illustrative guide and not a comprehensive list of indicators. The examples of indicators can only offer a sense of the level of need. Degrees of severity and combinations of indicators for individual children need to be understood and assessed.

The examples contained within cannot be a substitute for professional judgement. Any safeguarding indicators of concern should always be considered alongside any related needs. It should be remembered that some children will have additional vulnerability because of their disability or complex needs and the parental response to the vulnerability of the child must be considered when assessing needs and risks.

## Escalation Policy

All those using this guidance document are reminded of the LSCB Escalation Policy which outlines the process to be followed if you identify a need to escalate a concern about a child or young person.

This policy can be found on the LSCB website: [www.seftonlscb.co.uk](http://www.seftonlscb.co.uk)

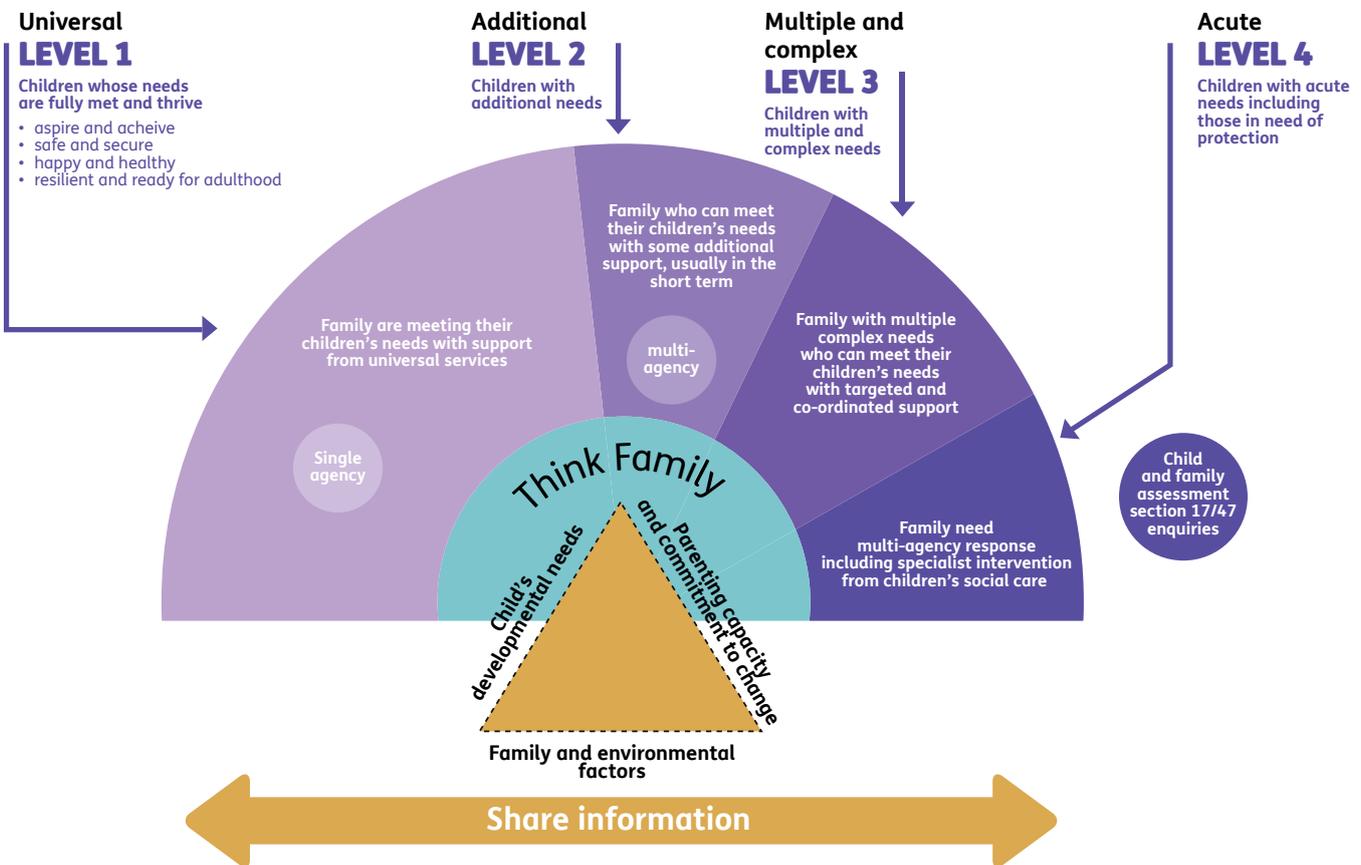
**Remember – where there is an urgent and immediate need to protect a child, dial 999 to contact the Police. Otherwise for all other children who may be at risk of significant harm, contact Children's Social Care as soon as possible (telephone 0345 140 0845).**

# Levels of Need

## Who is this document for?

- Professionals who are in contact with children and families who have a concern about an unborn/ child or young person and want to know how they should help them.
- All children's service providers to support clarity on levels of need and to enable them to be consistent in how they support children who are referred to them.
- Anyone who has concerns about an unborn/child or young person.

It should be noted that professionals from all agencies working with children and young people and families have a shared responsibility to keep them safe and provide effective, efficient and co-ordinated services to support their health and wellbeing.



## Understanding Levels of Need

The diagram above illustrates the different levels of need and appropriate responses.

**Level 1 - Children whose needs are fully met and thrive:** aspire and achieve, safe and secure, happy and healthy, resilient and ready for adulthood – The family are meeting their children's needs with support from universal services

- Level 2 - Children with additional needs:** The family who can meet their children's needs with some additional support, usually in the short term (single agency)
- Level 3 - Children with multiple and complex needs:** The family with multiple complex needs who can meet their children's needs with targeted and coordinated support
- Level 4 - Children with acute needs includes those in need of protection** – The family need multi-agency response including specialist intervention from children's social care

Understanding levels of need and how they relate to the support of identified needs is vital to providing a solid, integrated intervention that will help children and young people achieve their full potential. As the needs of children and young people change we must provide 'the right intervention and help at the right time'. A smooth transition through the continuum is essential to support their journey from needing, to receiving the help and support they require. It is vital that children, young people and their families receive the support they need regardless of where they live or how accessible services are to them.

Children can move from one level to another, and as they do, their needs, as well as supplemental services, will either increase or decrease. Movement between levels of services should happen fluidly by ensuring that information is shared appropriately and that evidence of involvement and interventions are recorded systematically.

# Early Help

## Level 2 - Single agency intervention

## Level 3 - Identifying children and families who would benefit from an Early Help Assessment

Intervening early can be critical to achieving positive outcomes for children. The Children Act (2004) states our Statutory Duty to co-operate, it emphasises the need for Local Authorities and relevant partners to work together to meet children's needs. Early Help Assessment is Sefton's response to this statutory duty to co-operate and it replaces the CAF process.

The Early Help Assessment process can be instigated by anyone who has concerns about a (unborn) child/young person, or by anyone who identifies emerging needs or more complex needs, where a single agency has been unable to meet that need. This process involves carrying out an Early Help Assessment which will help to identify the needs of the child and the whole family, to determine what needs can be met via a single agency or coordinated response by a number of agencies.

If a multi-agency response is required an Early Help Assessment Meeting will need to be arranged by the agency completing the assessment to coordinate the delivery of support services set out in the form of a multi-agency action plan. It is important that the child and parent's voice is captured as part of the Early Help Assessment process and that they have ownership of their action plan. The plan should then be reviewed at regular periods, but not beyond six weeks, until outcomes have been achieved.

If at any point during the Early Help Assessment process risk is increased, and you are concerned that the child or young person that you are supporting is suffering significant harm or is likely to suffer significant harm then a referral must be made to Children's Social Care (CSC) following consultation with the designated/named officer within the agency. However if this is an issue around child protection a referral must be made without delay straight to CSC.

If you require any further information about the Early Help Assessment process in Sefton please contact the Early Help Gateway on 0151 934 3506 or at [EIP.Gateway@sefton.gov.uk](mailto:EIP.Gateway@sefton.gov.uk)

Professionals should consider the need for an Early Help Assessment for a child or young person who is for example:

- Showing early signs of neglect.
- Has unmet health needs.
- Is in a family facing substance misuse, domestic abuse and/or adult mental health problems.
- Disengaged from education, has poor attendance.
- Displaying behaviours which impact on their emotional and physical wellbeing such as alcohol misuse or missing from home.
- Is showing signs of being at risk of child exploitation.

- Is showing signs of engaging in anti-social, risk taking or criminal behavior including their social media activity
- Living in a family where there are challenges for the child, such as substance misuse, adult mental health and domestic abuse.
- Has a disability or specific additional needs.
- Has special education needs
- Is taking on caring responsibilities in the family
- Living in a family where there is worklessness/financial exclusion

If a family does not consent to an Early Help Assessment, the professional involved in the child or young person's case will speak with their manager or safeguarding lead who must decide whether a referral to Children's Social Care is necessary based on the families current needs and the risk of these needs escalating

More information about Early Help Assessments in Sefton can be found at [www.sefton.gov.uk/ehprofessionals](http://www.sefton.gov.uk/ehprofessionals) (if you are not recording on the Early Help Module)

# Disabled Children

## Level 4

### Aiming High

The Aiming High Family Support Team has been established to assess and work with children and young people who have complex disabilities requiring 'exceptional levels of support'.

The Assessment and Locality based Social Work Teams will work with all other disabled children where there are safeguarding concerns to ensure that they have the ability to have opportunities to be 'safe', 'equal' and 'achieve'. All teams who support disabled children will also engage in the development of the social care aspect of a child's Education, Health and Care Plan.

Social Workers will contribute to the EHC Plans by sharing the most recent assessment information and discussing the child's experiences within the home environment, parenting, school and any other issues that are relevant to the family. Where an assessment is not up to date or is in need of review, or where it is considered that a new referral should have a social care assessment, this will be allocated to a Social Work team as outlined above.

Aiming High do not support every child or young person with an EHC plan; for example some children have emotional and behavioural difficulties which inhibit their learning but does not prevent them from accessing universal or targeted services.

Disabled children and identified safeguarding issues are managed within the team up to and including the strategy discussion. If, following the strategy discussion a child protection conference is being arranged the allocated worker from Aiming High will work alongside a social worker from the Locality team until the Child Protection plan ends. Aiming High will continue to support the family regarding the impact of the complex disability up to, and if appropriate, the child or young person becomes looked after when the case transfers to the Corporate Parenting Team.



## Children in Need

### Level 4

#### Children in Need of Help

**The Children Act (1989) Section 17,  
States that a child shall be considered  
in Need if:**

They are unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority.

Their health and development is likely to be significantly impaired, or further impaired, without the provisions of such services and / or;

They are disabled.

Complex or serious needs, where without Social Care Intervention a child would be at risk of significant harm, require a specialist in-depth assessment and case co-ordination by a social worker.

This can include issues that need to be resolved urgently or may include support for vulnerable children and young people who are Section 20, in private fostering arrangements, disabled children and children with complex needs. It might also include children or young people, who have special educational needs, are vulnerable young carers or who have committed a crime. This is known as a Child & Family Assessment.

Before serious or complex needs are identified, most children or young people will have an Early Help Assessment Plan and be reviewed as part of the work to address identified issues at an earlier stage. If positive change has not been achieved or sustained by this support a referral to Children's Social Care would be appropriate. In cases such as this, the Early Help Assessment and subsequent action plan and review documents will contribute to the Local Authority's Child & Family Assessment, and analysis of the current individual or family situation.

### Private Fostering

A Private Fostering Arrangement is a private arrangement made for the care of a child under the age of 16, or 18 if disabled, to be cared for by someone other than a parent or a close relative with the intention of the arrangement lasting 28 days or more. It is deemed private as it does not involve the local authority. However, being cared for within a private fostering arrangement means that these are children in need, as their own family are no longer providing care. As such, Children's Social Care need to be informed of arrangements so they can assess the situation and put strategies in place to support the arrangement. It is a requirement of national guidance that all children subject to private fostering arrangements must have an allocated social worker with statutory visiting requirements.

# Children in Need of Protection

## Level 4

### Section 47 Enquiries of the Children Act 1989

#### The Children Act (1989), Section 47 states that where a Local Authority:

- a) Is informed that a child who lives or is found in their area;
  - i) Is subject of an emergency protection order;

**or**

  - ii) Is in police custody;
- b) Has reasonable cause to suspect that a child who lives or is found in their area is suffering, or 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 action to safeguard or promote the child's welfare.

Evidence shows that a single traumatic event can cause significant harm to a child or young person but more often it is a build up of significant events, both severe and long-term, which interrupt, change or damage the child's physical and psychological development. It may also include serious events such as forced marriage, female genital mutilation or serious self-harm and any form of child exploitation.

Where there is an immediate need to protect a child because there is reasonable cause to suspect that the child or young person is at risk then contact must be made with Children's Social Care and the Police (if judged necessary). This must be done immediately by the professional or individual with the concern. Parents/carers must be informed by the referring professional of the concerns and actions to follow unless the professional considers that this would place the child at risk of greater harm.

Child protection concerns include where there is reason to believe that a child or young person is being:

- Subjected to physical abuse.
- Subjected to emotional abuse.
- Subjected to sexual abuse.
- Subjected to or witnessing domestic abuse.
- Subjected to neglect which has impacted on the physical and emotional wellbeing of the child or young person.
- Subjected to any form of Child Exploitation.

In all of these circumstances an Early Help Assessment would not be an appropriate initial response.

Where there are child protection concerns a strategy meeting involving the Local Authority, Police, Health and if needed, other agencies must take place within 24 hours to decide whether a Section 47 enquiry is required.

The Section 47 enquiry is undertaken by the Local Authority, with the help of other organisations to find out what is happening to the child and to consider whether protective action is required, including the need for legal action.

## How to make a referral

Advice and support on how to meet the needs of a child or young person at level 1, 2 or 3 can be obtained from the Early Help Gateway on Tel. **0151 934 3506** or at **EIP.Gateway@sefton.gov.uk**

### Child in Need

To make a referral for a child or young person in need, you must complete a professional referral form which can be found at: <https://www.sefton.gov.uk/social-care/report-a-child-or-young-person-at-risk.aspx>

Before making a referral for a child in need it is important that parental consent is obtained. Where this is refused, the professional must still inform the parent of the referral.

Following a referral a specialist assessment known as a Child & Family Assessment will be undertaken by a Social Worker to identify the specific needs of the child or young person and to ensure that there is a co-ordinated response by relevant services.

### Child Protection Concerns

Where there is reason to suspect a child or young person is suffering, or likely to suffer, significant harm because of abuse or neglect, under Section 47 of The Children Act (1989) the Local Authority Children's Social Care Service must make enquiries and decide if any action must be taken to protect the child or young person.

To make a referral for a child or young person in need of protection, you must complete a professional referral form which can be found at: <https://www.sefton.gov.uk/social-care/report-a-child-or-young-person-at-risk.aspx>

If you have concerns about a child or young person who may be at immediate need of protection please contact the Police on 999.

Professionals working with children and young people should make referrals in partnership with parents or carers by involving them and working with them - unless this is likely to cause more risk to the child or young person.

# Important factors to consider when requesting advice, support or making a referral

**This is only a guide – individual cases need judgement and when in doubt contact your local Named or Designated Safeguarding Professional**

When deciding to request advice, support or make a referral, it is useful to consider:

1. What support or interventions can your organisation offer? Could this meet the needs of the child, young person and their family, or is help needed from another agency? What additional support or intervention is needed to help protect them?
2. What is life like for this child, young person and their family? What are the child's or young person's wishes and feelings?
3. What are the parents or carer's feelings towards the situation?  
To what extent do they understand that they need help and support?
4. What are the child's, young person's and family's strengths? Can these be used to help the situation?
5. What support or intervention has been offered previously? Did these make a difference? If not, why not?

If you have a non-urgent concern, it is important to talk to other professionals connected to the child and their family, to help you decide on the best way to meet their needs. If you are a professional working with the child, young person and their family, and you are unsure about the level of need, you should speak to your safeguarding lead within your organisation.

Where there is concern about an unborn baby, you should also consider Sefton LSCB Inter-Agency Procedures on [www.seftonlscb.co.uk](http://www.seftonlscb.co.uk) (Sections 3 & 4)

Professionals in all organisations have a responsibility to refer a child or young person to Children's Social Care if:

- There are serious concerns about the child or young person's wellbeing.
- The child or young person is suffering significant harm.
- The child or young person is likely to suffer significant harm.

Information contained within the referral must include relevant case history and explicit detail about the risk and concerns. Details must also include what has been done to address the risk and what specific help is required.

Where reference is made to any specific area within the level of need guidance then you must provide supporting evidence to validate your concerns.

Local Safeguarding Children procedures should be followed, which can be found at:  
[www.seftonlscb.co.uk](http://www.seftonlscb.co.uk) (Interagency Procedures)

## Useful Numbers

Children's Social Care – Sefton Council	0345 140 0845
Emergency Out of Hours Duty	0151 934 3555
Gateway – Sefton Council	0151 934 3506
NSPCC National Helpline	0808 800 5000
Citizens Advice Bureau	0151 288 5683 01704 385627
FGM Helpline	0800 028 3550
Designated Officer for the Local Authority	0151 934 3783
Partners Automated Intelligence Recording (PAIR)	0151 777 8100
Bully Busters confidential helpline	0800 169 6928
Childline	0800 1111



# Level of Need



# Level of Need

## Examples of Escalating Need across LSCB Key Areas

L1	<b>Level 1</b> Children whose needs are fully met and who thrive: they aspire and achieve, they are safe and secure, happy and healthy resilient and ready for adulthood – The family are meeting their children's needs with support from universal services	
	Child's developmental need (inc unborn)	<p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>■ Physically well</li> <li>■ Adequate diet/hygiene/clothing</li> <li>■ Achieving milestones.</li> <li>■ Developmental checks/immunisations up-to-date</li> <li>■ Regular dental and optical care</li> <li>■ Health appointments are kept</li> <li>■ Speech and language development met</li> <li>■ Sexual activity appropriate for age</li> <li>■ Good state of mental health</li> </ul> <p><b>Education and Learning, e.g.</b></p> <ul style="list-style-type: none"> <li>■ Skills/interests</li> <li>■ Success/achievement</li> <li>■ Cognitive development</li> <li>■ Access to books/toys, play</li> <li>■ Positive engagement with education</li> <li>■ Engaged in full time education, training or employment</li> </ul>

<p style="text-align: center; font-size: 2em; font-weight: bold;">L1</p>	<p><b>Level 1</b></p> <p>Children whose needs are fully met and who thrive: they aspire and achieve, they are safe and secure, happy and healthy resilient and ready for adulthood – The family are meeting their children’s needs with support from universal services</p>	
	<p>Parental Capacity</p>	<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>■ Appropriate feeding, diet, nutrition resulting in age appropriate growth. Parent is coping well emotionally following the birth of their baby and accessing universal services</li> <li>■ Provision for child’s physical needs, e.g. appropriate clothing, medical and dental care</li> <li>■ Accesses services appropriately e.g. health and education</li> <li>■ Attends for antenatal care appropriately</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>■ Protect from danger or significant harm, in the home and elsewhere</li> <li>■ Prepared home for newborn</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>■ Show warm regard, praise and encouragement</li> </ul>
<p>Family and environmental factors</p>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>■ Good relationships within family, including when parents are separated</li> <li>■ Few significant changes in family composition</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>■ Sense of larger familial network and good friendships outside of the family unit</li> <li>■ Good family relationships</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>■ Accommodation has basic amenities and appropriate facilities meets the child’s needs</li> <li>■ Secure tenancy</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>■ Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful</li> </ul>	<p><b>Income</b></p> <ul style="list-style-type: none"> <li>■ Reasonable income over time, with resources used appropriately to meet individual needs</li> <li>■ Family are able to manage financially using resources to meet needs</li> </ul> <p><b>Family’s Social Integration</b></p> <ul style="list-style-type: none"> <li>■ Family feels integrated into the community</li> <li>■ Good social and friendship networks exist</li> <li>■ The family members are not involved in gangs</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>■ Good universal services in neighbourhood</li> <li>■ Access to positive activities.</li> <li>■ No missing episodes</li> </ul> <p><b>Sexual Exploitation</b></p> <ul style="list-style-type: none"> <li>■ Young person does not display any vulnerabilities to being sexually exploited.</li> </ul> <p><b>Criminal Exploitation</b></p> <ul style="list-style-type: none"> <li>■ Young person does not display any vulnerabilities to being criminally exploited</li> </ul>

L2	<b>Level 2</b> Children with additional needs: The family who can meet their children's needs with some additional support, usually in the short term	
	Child's developmental need (inc unborn)	<p><b>Health</b></p> <ul style="list-style-type: none"> <li>■ Defaulting on immunisations/checks</li> <li>■ Is susceptible to minor health problems</li> <li>■ Slow in reaching developmental milestones ,</li> <li>■ Needs not consistently attended to low level mental health issues, self-harm without suicidal thought or intent.</li> <li>■ Minor concerns re diet/hygiene/clothing</li> <li>■ Smokes</li> <li>■ Some concern about use of drugs and/or alcohol</li> <li>■ Starting to default on health appointments</li> <li>■ Contenance problems</li> <li>■ Some missed antenatal appointments</li> <li>■ Over/underweight</li> <li>■ Teenage pregnancy (targeted service)</li> <li>■ Young person beginning to experience sexual health issues</li> </ul> <p><b>Emotional and Behavioural Development, e.g.</b></p> <ul style="list-style-type: none"> <li>■ Poor attachments</li> <li>■ Some difficulties with peer group relationships and with adults</li> <li>■ Single episode of self-harm (inc. substance misuse)</li> <li>■ Some evidence of responses and actions</li> <li>■ Can find managing change difficult</li> <li>■ Starting to show difficulties expressing empathy</li> </ul>

**Identity, e.g.**

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around "difference"
- Some sense of own and others' sexual rights
- Young carers responsibilities

**Family and Social Relationships, e.g.**

- Some support from family and friends
- Has some difficulties sustaining relationships

**Social Presentation, e.g.**

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance and behaviour
- Personal hygiene starting to be a problem
- Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour.
- Underage sexual activity.

**Self-care Skills, e.g.**

- Not always adequate self-care, e.g. poor hygiene
- Slow to develop age-appropriate self-care skills
- Minor concerns regarding self-care

**Education and Learning e.g.**

- Unexplained but infrequent absence from school
- Persistently absent – over 10%
- Poor punctuality
- Poor parental engagement with school
- Cognitive developmental delay
- Identified low level learning difficulties (eg. Language and communication difficulties)
- Not making expected educational progress
- Access to books/toys, play is restricted
- Skills/interests are not present
- At risk of fixed term exclusion or previous fixed term exclusion
- Not engaged in full time education, training or employment

<b>L2</b>	<b>Level 2</b> Children with additional needs: The family who can meet their children's needs with some additional support, usually in the short term	
	<b>Parental Capacity</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>■ Parental engagement with services is poor</li> <li>■ Parent requires advice on parenting issues</li> <li>■ Professionals are beginning to have some concerns around child's physical needs being met</li> <li>■ Stays out late, no missing episodes</li> <li>■ Poor response to emerging need.</li> <li>■ Missed health appointments with unscheduled attendances at GP and walk in clinics.</li> <li>■ Parent is struggling to adjust to the role of parenthood</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>■ Some exposure to dangerous situations in the home or community</li> <li>■ Parental stresses starting to affect ability to ensure child's safety</li> <li>■ Poor supervision of the child.</li> <li>■ Anti-social behaviour.</li> <li>■ Risk of relationship breakdown.</li> <li>■ Reported domestic violence where the child is not present</li> <li>■ Some poor preparation for unborn.</li> </ul> </div> <div style="width: 48%;"> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>■ Inconsistent responses to child by parent(s)</li> <li>■ Able to develop other positive relationships</li> <li>■ Concerns about attachment / interaction ,including to pregnancy/unborn</li> <li>■ Limited understanding and positive communication</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>■ Spends considerable time alone, e.g. watching television</li> <li>■ Child is not often exposed to new experiences</li> <li>■ Some positive stimulation, new experiences.</li> </ul> <p><b>Guidance and Boundaries</b></p> <ul style="list-style-type: none"> <li>■ Can behave in an anti-social way in the neighbourhood, e.g. petty crime</li> <li>■ Parent/carer offers inconsistent boundaries</li> <li>■ Some concerns raised about influence on their young people or young person being influenced</li> </ul> <p><b>Inconsistent parenting.</b></p> <ul style="list-style-type: none"> <li>■ Parent carer struggles to maintain their child's routine and set age appropriate boundaries</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>■ Key relationships with family members not always kept up</li> <li>■ May have different carers / inconsistent care arrangements.</li> <li>■ Starting to demonstrate difficulties with attachments</li> </ul> </div> </div>

<p style="text-align: center; font-size: 2em; font-weight: bold;">L2</p>	<p><b>Level 2</b></p> <p>Children with additional needs: The family who can meet their children's needs with some additional support, usually in the short term</p>	
	<p>Family and environmental factors</p>	<p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>■ Parents have some conflicts or difficulties that can involve the children</li> <li>■ Has experienced loss of significant adult, e.g. through bereavement or separation</li> <li>■ Has experienced bereavement of another child and experiencing increased anxiety as a result</li> <li>■ May be needed to look after younger siblings</li> <li>■ Parent has physical/mental health difficulties</li> <li>■ Multiple changes of address /some moving around during pregnancy</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>■ Some support from friends and family</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>■ Inadequate/poor housing</li> <li>■ Home environment impacting on the child's health.</li> <li>■ Family seeking asylum or refugees</li> <li>■ Accommodation meets most of the needs of child. Some concerns about longer term stability</li> </ul>

# L3

## Level 3

Children with multiple and complex needs: The family with multiple complex needs who can meet their children's needs with targeted and coordinated support

Childs developmental need (inc unborn)

### Health, e.g.

- Concerns re obesity, diet, hygiene, clothing
- Has some chronic health problems
- Experiencing problems in pregnancy
- Missing routine and non-routine health appointments
- Late booking for pregnancy
- Suspected drug and/or alcohol use or dependency
- Developmental milestones are unlikely to be met
- Concerns around mental health
- Teenage pregnancy (multi agency response)
- No engagement with sexual health issues/health is at risk
- Regular missed appointments affecting developmental progress

### Education and Learning, e.g.

- Persistently absent at school - 10%-20%.
- Significant identified learning needs and may have a EHC
- Poor school attendance and punctuality.
- Little parental engagement with education provider
- Brief, sporadic contact with pastoral network
- Some fixed term exclusions
- Not engaged in Education or reaching Educational potential
- Not engaged in education, training, or employment, BUT shows an interest in accessing educational or training opportunities
- Identified additional needs are not being met
- Barriers to learning are evident
- Age expected progress not being met
- Access to toys/books/play
- Unable to access full time education

### Emotional and Behavioural Development, e.g.

- Developmental milestones not being met due to persistent parental failure / inability.
- Finds it difficult to cope with anger, frustration and upset
- Disruptive/challenging behaviour at school or in neighbourhood and at home
- Cannot manage change
- Unable to demonstrate empathy
- Self harm with suicidal thoughts.
- Regular missed appointments affecting developmental progress
- Difficulty coping with anger, frustration or upset.

### Identity, e.g.

- Is subject to discrimination, e.g. racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations
- No awareness of own rights and sexual risk awareness, some sense of others
- Social exclusion.
- **Young carers responsibilities**

### Family and Social Relationships, e.g.

- Has lack of positive role models
- Misses school or leisure activities
- Recurrent short term episodes of going missing from home
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/siblings
- Regularly needed to care for another family member

### Social Presentation, e.g.

- Provokes unhealthy attention through behaviour/appearance
- Displays challenging disruptive, offending behaviour.
- Risky sexual behaviour / activity.
- Clothing is regularly unwashed
- Concerns regarding presentation, hygiene/ basic care of self could lead to non-provision to new-born
- Multiple attendance's to maternity unit for non-specific complaints/problems
- Transferring care to different maternity units in pregnancy resulting in lack of stability/consistency

### Self-care Skills, e.g.

- Poor self-care for age, including hygiene
- earlier age ability to care for self

<p style="text-align: center; font-size: 2em; font-weight: bold;">L3</p>	<p style="text-align: center;"><b>Level 3</b></p> <p style="text-align: center;">Children with multiple and complex needs: The family with multiple complex needs who can meet their children's needs with targeted and coordinated support</p>	
	Parental Capacity	<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>■ Difficult to engage parents with services</li> <li>■ Parent is struggling to provide adequate care</li> <li>■ Previously looked after by Local Authority</li> <li>■ Professionals have concerns regarding e.g. parental drug and alcohol misuse, learning difficulties, mental health etc</li> <li>■ Frequent and short missing episodes – possible indicator of sexual exploitation</li> <li>■ Substance misuse or mental health issues which impact on parenting including post natal depression</li> <li>■ Poor supervision from the parent resulting in unmet need</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>■ Perceived to be a problem by parents</li> <li>■ May be subject to neglect</li> <li>■ Intentionally placing children in risky or vulnerable situations</li> <li>■ No preparation for unborn</li> </ul>

L3	<p><b>Level 3</b></p> <p>Children with multiple and complex needs: The family with multiple complex needs who can meet their children's needs with targeted and coordinated support</p>	
	Family and environmental factors	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>■ Incidents of domestic violence between parents</li> <li>■ Acrimonious divorce/separation / relationship breakdown</li> <li>■ Family have serious physical and mental health difficulties</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>■ Family has poor relationship with extended family or little communication</li> <li>■ Family is socially isolated</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>■ Poor state of repair, temporary or overcrowded</li> <li>■ In temporary accommodation</li> <li>■ Tenancy at risk</li> </ul> <p><b>Employment</b></p> <ul style="list-style-type: none"> <li>■ Parents experience stress due to unemployment or "overworking"</li> <li>■ Parents find it difficult to obtain employment due to poor basic skills</li> </ul> </div> <div style="width: 48%;"> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>■ Serious debts/poverty impact on ability to have basic needs met</li> </ul> <p><b>Family's Social Integration</b></p> <ul style="list-style-type: none"> <li>■ Parents socially excluded</li> <li>■ Lack of a support network</li> <li>■ Transient families; frequent moves impacting on the child's integration.</li> <li>■ Community harassment / discrimination.</li> <li>■ There is a known involvement in gang activity</li> </ul> <p><b>Community Resources</b></p> <ul style="list-style-type: none"> <li>■ Poor quality universal resources and has difficulties accessing these and targeted services</li> </ul> <p><b>Child Exploitation</b></p> <ul style="list-style-type: none"> <li>■ Child is vulnerable to being exploited through missing episodes, drug and/or alcohol misuse or other similar vulnerabilities</li> </ul> </div> </div>

<p style="text-align: center; font-size: 2em; font-weight: bold;">L4</p>	<p style="text-align: center;"><b>Level 4</b></p> <p style="text-align: center;"><b>Children with acute needs includes those in need of protection – The family need multi-agency response including specialist intervention from children's social care</b></p>	
	<p><b>Childs developmental need (inc unborn)</b></p>	<ul style="list-style-type: none"> <li>■ Non-mobile child with injury.</li> <li>■ Non-medical reason for failure to thrive.</li> <li>■ Complex multiple disabilities.</li> <li>■ Sexual exploitation –Offending behaviour resulting in risk of significant harm.</li> <li>■ Frequently missing from home.</li> <li>■ High level emotional health issues.</li> <li>■ Drug / alcohol misuse affecting development.</li> <li>■ Sexual activity under 13 years of age</li> <li>■ Complex mental health issues affecting development.</li> <li>■ Hygiene and presentation concerns resulting in isolation.</li> <li>■ Challenging behaviour resulting in serious risk.</li> <li>■ Child has contacted the police after witnessing domestic abuse.</li> </ul> <p><b>Health, e.g.</b></p> <ul style="list-style-type: none"> <li>■ Has severe/chronic health problems</li> <li>■ Experiencing problems in pregnancy</li> <li>■ Persistent substance misuse. Appears to be dependent on drugs and/ or alcohol</li> <li>■ Significant developmental delay</li> <li>■ Teenage pregnancy</li> <li>■ No engagement with sexual health issues/health is at risk</li> <li>■ Serious mental health issues</li> </ul> <p><b>Education and Learning, e.g.</b></p> <ul style="list-style-type: none"> <li>■ Poor attendance at school – persistently absent – over 20%</li> <li>■ Is out of school. No engagement or contact with pastoral networks in school</li> <li>■ Permanently excluded from school or at risk of permanent exclusion</li> <li>■ History of exclusions</li> <li>■ No parental engagement with education provider</li> <li>■ Has no access to leisure activities</li> <li>■ Not engaged in education, training or employment. Shows no interest in accessing educational or training opportunities</li> </ul>

<p style="text-align: center; font-size: 2em; font-weight: bold;">L4</p>	<p style="text-align: center;"><b>Level 4</b></p> <p style="text-align: center;"><b>Children with acute needs includes those in need of protection – The family need multi-agency response including specialist intervention from children's social care</b></p>	
	<p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center; font-weight: bold;">Parental Capacity</p> <ul style="list-style-type: none"> <li>■ Failure to access services likely to result in significant avoidable impairment to the child/concealed pregnancy</li> <li>■ Persistent reports of child presenting as hungry / scavenging for food, at risk due to being overweight / underweight.</li> <li>■ Child witness to domestic abuse resulting in risk of significant harm/ unborn victim of domestic abuse.</li> <li>■ Child sustains an injury due to lack of supervision.</li> <li>■ Suspected non-accidental injury.</li> <li>■ Child abandoned / rejected / persecuted.</li> <li>■ Private fostering arrangements.</li> <li>■ Non-compliance / lack of engagement.</li> <li>■ No positive stimulation.</li> <li>■ Extreme poverty impacting on parental ability to care for the child/unborn</li> <li>■ Significant substance / alcohol misuse.</li> <li>■ Significant mental health concerns.</li> </ul>	<p><b>Basic Care</b></p> <ul style="list-style-type: none"> <li>■ Parents unable to provide “good enough” parenting that is adequate and safe, including unborn children</li> <li>■ Parents’ mental health problems or substance misuse significantly affect care of child/unborn including severe post natal depression</li> <li>■ Parents unable to care for previous children</li> <li>■ Frequent and prolonged missing episodes</li> </ul> <p><b>Ensuring Safety</b></p> <ul style="list-style-type: none"> <li>■ There is instability and violence in the home continually</li> <li>■ Parents involved in crime</li> <li>■ Parents unable to keep child safe</li> <li>■ Victim of crime</li> <li>■ Parent/carer is unable to judge dangerous situations</li> </ul> <p><b>Emotional Warmth</b></p> <ul style="list-style-type: none"> <li>■ Parents inconsistent, highly critical or apathetic towards child/pregnancy /surrogacy/adoption</li> <li>■ Poor communication, low warmth, attachment or trust</li> </ul> <p><b>Stimulation</b></p> <ul style="list-style-type: none"> <li>■ No constructive leisure time or guided play</li> </ul> <p><b>Guidance and Boundaries</b></p> <ul style="list-style-type: none"> <li>■ No effective boundaries set by parents</li> <li>■ Regularly behaves in an anti-social way in the neighbourhood</li> </ul> <p><b>Stability</b></p> <ul style="list-style-type: none"> <li>■ Beyond parental control</li> <li>■ Has no-one to care for him/her</li> </ul>

<p style="text-align: center; font-size: 2em; font-weight: bold;">L4</p>	<p><b>Level 4</b></p> <p><b>Children with acute needs includes those in need of protection – The family need multi-agency response including specialist intervention from children’s social care</b></p>	
	<p><b>Family and environmental factors</b></p>	<ul style="list-style-type: none"> <li>■ Unaccompanied asylum seeking children</li> <li>■ Edge of care</li> <li>■ Fabricated Induced Illness (FII)</li> <li>■ Suspicion of physical, emotional or sexual abuse or neglect.</li> </ul> <p><b>Family History and Functioning</b></p> <ul style="list-style-type: none"> <li>■ Significant parental discord and persistent domestic violence</li> <li>■ Poor relationships between siblings</li> </ul> <p><b>Wider Family</b></p> <ul style="list-style-type: none"> <li>■ No effective support from extended family</li> <li>■ Destructive/unhelpful involvement from extended family</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>■ Physical accommodation places child in danger</li> <li>■ Homeless -alone</li> <li>■ Homeless -family</li> <li>■ Homeless in pregnancy</li> </ul>

# Key Area Examples of Escalating Need

	Level 1	Level 2
	<p><b>Children accessing universal services, having needs met via universal provision via single agency intervention.</b></p>	<p><b>Children with emerging needs that can be met with through partnership working via Early Help Assessment and Planning.</b></p>
<b>Child Sexual Exploitation (CSE)</b>	<ul style="list-style-type: none"> <li>Sexual activity appropriate for age and access to appropriate information.</li> <li>Young person's health and development is not being affected</li> </ul>	<ul style="list-style-type: none"> <li>Emerging CSE concerns.</li> <li>Young person's health or development may be affected.</li> <li>Previous CSE with significant protective factors.</li> </ul>
<b>Child Mental Health</b>	<ul style="list-style-type: none"> <li>Ability to manage and cope with everyday emotional and relationship difficulties.</li> <li>All difficulties can be managed in the community.</li> </ul>	<ul style="list-style-type: none"> <li>Superficial self-harming or the onset of deliberate self-harm without suicidal thoughts or intent. Can be managed in the community.</li> </ul>
<b>Neglect</b>	<ul style="list-style-type: none"> <li>Clean and appropriately dressed for setting.</li> </ul>	<ul style="list-style-type: none"> <li>Minor concerns about cleanliness, hygiene and / or clothing.</li> </ul>
	<ul style="list-style-type: none"> <li>Accesses health services appropriately and effectively.</li> </ul>	<ul style="list-style-type: none"> <li>Occasionally missing routine health appointments.</li> <li>Excess attendances to unscheduled care settings.</li> </ul>
	<ul style="list-style-type: none"> <li>Age appropriate nutrition resulting in age appropriate growth.</li> </ul>	<ul style="list-style-type: none"> <li>Some concerns regarding nutrition resulting in the child being under or over weight and requiring review.</li> </ul>
	<ul style="list-style-type: none"> <li>Child is adequately protected from harm or danger by parent / carer.</li> </ul>	<ul style="list-style-type: none"> <li>Poor supervision of the child by the parent / carer.</li> </ul>
<b>Domestic Abuse</b>	<ul style="list-style-type: none"> <li>Good relationships within the family, few significant changes to family composition.</li> </ul>	<ul style="list-style-type: none"> <li>Parents / carers have some conflicts and/or low level incidents of domestic abuse have been reported which have not been witnessed by children.</li> </ul>
<b>Parental Mental Health</b>	<ul style="list-style-type: none"> <li>Parent / carer is generally in good emotional health and accesses services appropriately.</li> </ul>	<ul style="list-style-type: none"> <li>Parent / carer has a mental health problem which is being addressed and has minimal impact upon the child.</li> </ul>
<b>Parental Substance Misuse</b>	<ul style="list-style-type: none"> <li>Parent / carer is not known to misuse substances.</li> </ul>	<ul style="list-style-type: none"> <li>Parent / carer has a substance misuse problem which is being addressed and has minimal impact upon the child.</li> </ul>

The following is an illustrative guide and not a comprehensive list of indicators. The examples of indicators can only offer a sense of the threshold. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgment.

<b>Level 3</b> <b>Children with multiple needs which require a multi-agency and coordinated response with support from targeted services.</b>	<b>Level 4</b> <b>High level of unmet/complex need requiring statutory intervention under either Section 17 or Section 47 of the Children Act 1989.</b>
<ul style="list-style-type: none"> <li>■ Young person is vulnerable to CSE but not at immediate risk.</li> <li>■ Young person's health or development is being impaired.</li> </ul>	<ul style="list-style-type: none"> <li>■ Sexual activity in child under 13 years or with someone in position of trust.</li> <li>■ Young person discloses current CSE or behaviour strongly suggests CSE.</li> <li>■ Child at risk of, or suffering significant harm.</li> </ul>
<ul style="list-style-type: none"> <li>■ Significant and ongoing deliberate self-harm with some suicidal thoughts without plans and intent. Can be managed in the community.</li> </ul>	<ul style="list-style-type: none"> <li>■ Severe mental health concerns with high risk deliberate self-harm and suicidal thoughts, intents and attempts. Cannot be managed in the community.</li> </ul>
<ul style="list-style-type: none"> <li>■ Frequently presenting as unkempt, wearing inappropriate or inadequate clothing for setting.</li> </ul>	<ul style="list-style-type: none"> <li>■ Chronic persistent presentation as unkempt, wearing inappropriate or inadequate clothing for setting impacting on child's self-esteem.</li> </ul>
<ul style="list-style-type: none"> <li>■ Frequently missing routine / non-routine healthcare appointments including ante-natal.</li> <li>■ Excess inappropriate attendances to unscheduled care settings.</li> </ul>	<ul style="list-style-type: none"> <li>■ Failure to access healthcare which is likely to cause significant avoidable impairment to child / unborn.</li> </ul>
<ul style="list-style-type: none"> <li>■ Inadequate nutrition resulting in the child being significantly under or over weight requiring referral to a targeted service.</li> </ul>	<ul style="list-style-type: none"> <li>■ Child persistently presenting as hungry and / or scavenging for food.</li> <li>■ Child at risk of or suffering significant harm due to being under or over weight.</li> </ul>
<ul style="list-style-type: none"> <li>■ Persistently poor supervision of the child by parent / carer which may result in numerous preventable accidents.</li> </ul>	<ul style="list-style-type: none"> <li>■ Child suffers numerous minor injuries and / or a significant injury as a result of lack of supervision by parent / carer.</li> </ul>
<ul style="list-style-type: none"> <li>■ Incidents of domestic abuse between parents / carers have been witnessed by children and / or caused them distress.</li> </ul>	<ul style="list-style-type: none"> <li>■ Significant parental discord and domestic abuse that is witnessed by children, who appear to have been affected.</li> </ul>
<ul style="list-style-type: none"> <li>■ Parent / carer has an acute mental health problem that impacts upon child's wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Parent / carer has a severe mental health problem that poses a significant risk to the child's wellbeing.</li> </ul>
<ul style="list-style-type: none"> <li>■ Parent / carer has a substance misuse problem that impacts on the child's wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Parent / carer has a severe substance misuse problem that poses a significant risk to the child's wellbeing.</li> </ul>





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