



# Sefton Safeguarding Children Partnership Level of Need Guidance



# Introduction from Sefton's Safeguarding Partners

*“Nothing is more important than children’s welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified.”*

## **Working Together to Safeguard Children (DfE)**

We are pleased to present the Sefton ‘Level of Need’ Guidance. It sets out an agreed approach to provide timely support for children and families. This is for all children irrespective of their care status. It is the local framework to assist everyone working with children. It provides information with examples to support all practitioners from all agencies so that you can identify when it will be appropriate to work individually with a child and family and when it will be better to coordinate skills and call upon other agencies to work together to support children.

The guidance details some of the most common indications of additional needs and risks for vulnerable children. For each level there are identified planning responses and a range of possible services.

It is important to work honestly with children and their families to identify their strengths and needs, to find practical and achievable solutions and to provide the right amount of information advice and support at the right time.

Above all, please use this guidance consistently, communicate well and work effectively together in order to meet those identified needs and reduce the risks that vulnerable children may face.

## **Sefton Safeguarding Children Partnership Vision:**

*“Every child and young person in Sefton should be able to grow up free from fear of abuse or neglect. We are committed to improving the safety of all children and young people in Sefton. If children are not safe, they cannot be healthy, happy, achieve or reach their full potential. We recognise and strongly promote that keeping children safe is everybody’s responsibility.”*

*“...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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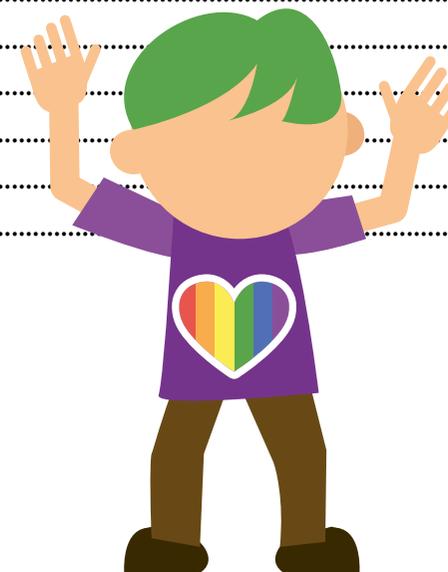
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## What is this guidance? who is it for?

This document, developed and agreed by the partners of Sefton Safeguarding Children Partnership is intended to assist Sefton's children's workforce, professionals and all those who come into contact with children, young people and families, to respond appropriately to concerns and make timely decisions, about how to respond to the needs of the children, young people and families they are working with.

The guidance should not be used in isolation. All professionals must consider the lived experience of the child and consider the 'voice of the child'.

## Safeguarding: A Shared Responsibility

Everyone, who comes into contact with children and families, has a role to play in safeguarding and promoting the welfare of children.

Safeguarding and promoting the welfare of children is defined (Working Together to Safeguard Children 2018 page 5):

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

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

A number of agencies provide specialist services and have statutory responsibilities. When the child is a child in need, including a child in need of protection, as defined by the Children Act 1989, the Local Authority has a statutory duty to make an assessment or to undertake enquiries. Other specialist services are available, for example when a child has become involved in the criminal justice system and emotional health and wellbeing services when a child is experiencing emotional difficulties.



## Escalation for Resolution: Sefton's Escalation Procedure

Working together and safeguarding children effectively depends on resolving disagreements to the satisfaction of workers and agencies. Effective challenge is a positive action. Any disagreements between agencies should be resolved as simply and quickly as possible. Practitioners and managers should always be prepared to review decisions and plans with an open mind.

All those using this guidance document are reminded of Sefton Safeguarding Children Partnership's Escalation Procedure which outlines the process to be followed if you identify a need to escalate a concern about a child or young person.

The escalation procedure supports staff to resolve inter-agency professional disagreement and escalate where they have concerns about a decision made by another professional, group or organisation and ensures that all professionals have a quick and straightforward means of resolving professional differences in order to safeguard the welfare of children and young people.



## Escalating Concerns: Step by Step The Process

Escalation can be via telephone, face-to-face or internet meeting. All escalations should be recorded to ensure that the procedure is effective, transparent and for SSCP auditing purposes. Escalation via e-mail is not recommended as effective multi-agency working requires professional challenge in a suitable format and escalation is to resolve conflict and areas of concern relating to children and their families. Any escalation should follow the steps detailed within the timescales stated.

*At every stage of the discussion the actions should take place within the stated timescales and be followed up in writing between the agencies and in the single agency record.*

Note: For Appendix Documents see Sefton SCP Escalation Procedure:

**SEFTON SCP Safeguarding Policies and Procedures Online Manual - <https://seftonscp.safeguardingpolicies.org.uk/scp/sec-17-escalation-procedure-resolution-of-professional-disagreement/17-escalating-concerns>**

### Step 1 Direct Professional to Professional Discussion

Differences of opinion or judgment should be discussed amongst frontline professionals to attempt to achieve a shared understanding and agree a local resolution, in line with the plan, or to ensure a plan is developed if needed. This must occur immediately with an acknowledgement and mutually agreed plan of action, including timescales within 2 working days

### Step 2 Direct Manager to Manager Discussion

If Step 1 does not resolve the issue then each professional should discuss the issue with their line manager or safeguarding supervisor. The line manager should review the concerns and ensure that they are justified and meet the purpose of this protocol. The line manager should then liaise with the other professional's line manager in an attempt to reach a resolution. Consultation with senior managers within each organisation can be used if this would be felt to assist resolution. The discussion between managers must occur within a further 2 working days of step 1, with a mutually agreed plan of action including timescales.

**Respective Managers should record cases escalated using the Agency Escalation Summary Log (Appendix 1)**

### Step 3 Direct Head of Service to Head of Service for Discussion

If Step 1 and 2 do not reach a mutually agreeable resolution then the agencies' Head of Service should be contacted immediately to liaise with the other Head of Service or assist as appropriate to resolve the conflict. A mutually agreeable plan of action including timescales should be in place within a further 2 working days. This may involve a resolution meeting to ensure the learning points are recorded and brought forward.

**Respective Heads of Service should report to SSCP using the Report to SSCP (Appendix 2)**

### Step 4 Urgent resolution required- SSCP Independently Chaired Meeting

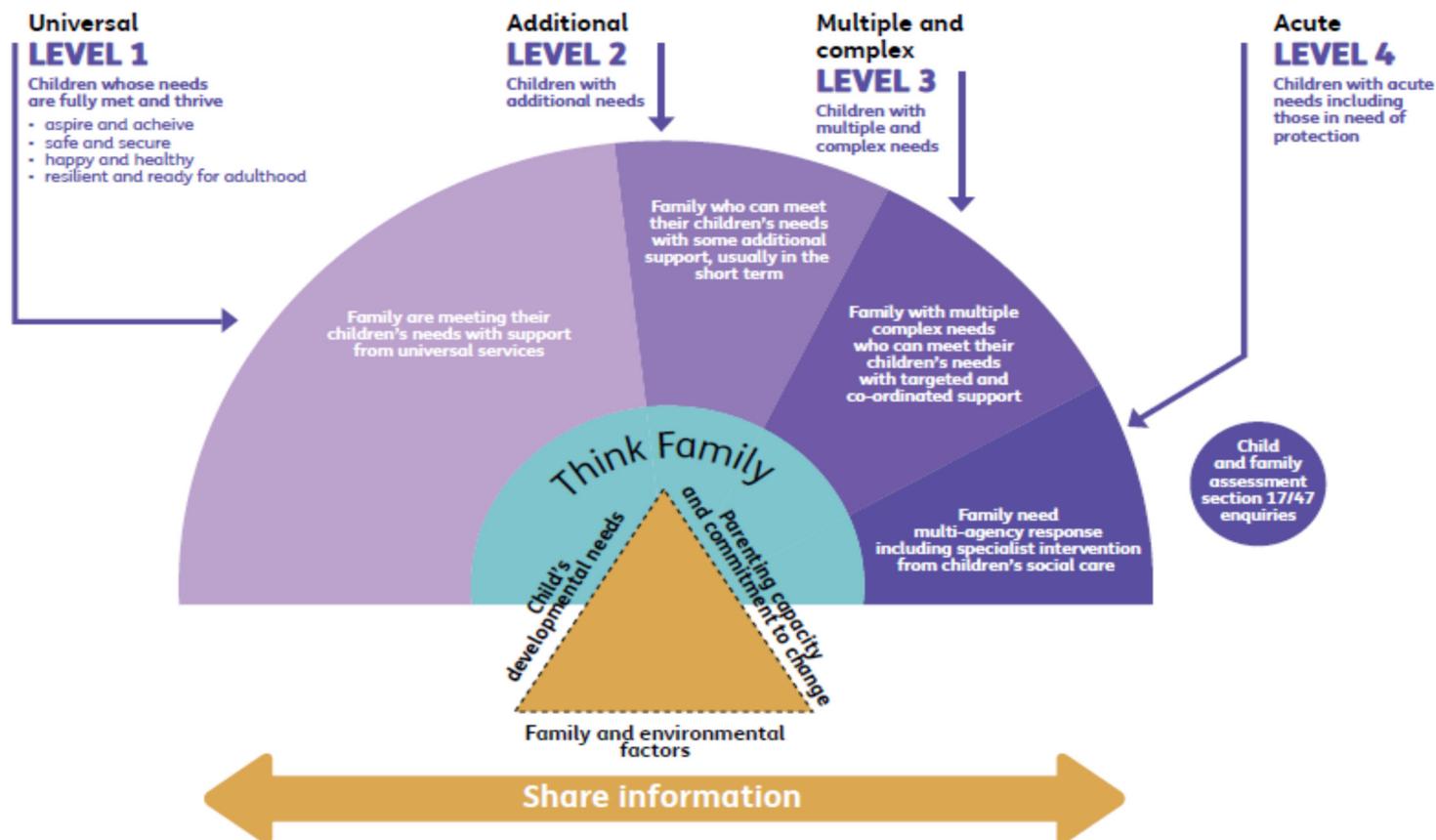
If the Senior Managers cannot resolve the issue that is causing conflict between professionals and agencies, then a meeting should be convened with an independent chair selected from the SSCP partner organisations. SCP Chaired Meeting will make final and binding decision for resolutions and communicate this to all

**WITHIN A FURTHER 5 WORKING DAYS (11 days in total).**

**Outcome of the meeting should be reported to the SSCP using the Report (Appendix 2)**

# Safeguarding: A Child's Journey of Need

The safeguarding 'windscreen' illustrates that safeguarding is everyone's responsibility and takes place across the continuum of need from universal services through to statutory interventions. Understanding needs across the continuum and how they relate to the appropriate action to be taken, ensures that the response to identified needs supports children to achieve their potential, at the right time and in the right way.



## Levels of Need – Level Descriptors

**(REMEMBER: Levels of Need descriptors are to be used as a guidance only)**

Where need is identified an appropriate response must be taken. As every child and family is unique descriptors of need provided are not prescriptive or exhaustive. All needs must be considered on a case by case basis and decisions should be made using professional judgement.

**Level 1** – Children whose needs are fully met and thrive: Needs met through universal services

Voice of the Child; “Mum knows where to get help if she needs it and so I stay safe and warm in her womb”.

**Level 2** – Children with additional needs: Consider Early Help Assessment

Voice of the Child: “Most of the time I feel happy but sometimes my family need help from other people to keep me safe”

**Level 3** – Children with multiple and complex needs: Initiate Early Help Assessment

Voice of the Child: “I’m struggling. I need help with many things. I need more help than my family can provide”

**Level 4** – Children with acute needs includes those in need of protection - Social worker led specialist intervention required.

Voice of the Child: “I am frightened when I go home, but if I don’t go back something will happen to mum or my brother. Someone make it stop.”

Where a professional is unsure of the most appropriate response to identified needs, discussion with a manager, or a designated safeguarding lead, for support must take place to ensure and oversee that appropriate actions are taken.

## Professional Judgement

Sefton Safeguarding Children Partnership has identified the following from reviews which practitioners should consider when making evidenced based professional judgements:

- Communicating with other agencies
- Hearing the voice of the child
- Knowing what the danger signs are within the family
- Knowing what services are involved with the family
- Understanding daily life for the family
- Understanding the child's expectations
- Understanding the family make up
- Understanding the protective factors
- Understanding the risk factors
- Applying professional curiosity



# Information Sharing

Information sharing is essential for effective safeguarding and promoting the welfare of children and young people. It is a key factor identified in many safeguarding reviews where poor information sharing has resulted in missed opportunities to take action that keeps children and young people safe.

Decisions about how much information to share, with whom and when, can have a profound impact on individuals' lives. Information sharing helps to ensure that an individual receives the right services at the right time and prevents a need from becoming more acute and difficult to meet.

Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children at risk of abuse or neglect. Every practitioner must take responsibility for sharing the information they hold, and cannot assume that someone else will pass on information, which may be critical to keeping a child safe.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children.

Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate, where there may be multiple local authorities involved in a child's care.

## Consent

Professionals must gain consent and inform parents or those who have parental responsibility, when professionals wish to:

- a) Seek information from professionals in other services and share information with them.
- b) Refer to another agency for assessment and provision of services.

When working with families within Children's Social Care, under section 17 (Children Act 1989) (children in need) and/or at Levels 1, 2 and 3 of the Safeguarding Continuum professionals must obtain parental consent when they wish to seek information or share information with other agencies.

## Can I refer to Children's Social Care without parental consent?

If a referral is considered a Child Protection issue (Level 4) seeking consent may not be appropriate. In most cases it is appropriate and good practice to seek consent however there are some cases where it is not.

Consent should not be sought if doing so would:

- Place a person (the individual, family member, worker or a third party) at increased risk of significant harm (if a child) or serious harm (if an adult).
- Prejudice the prevention, detection or prosecution of a serious crime - this is likely to cover most criminal offences relating to children.
- Lead to an unjustified delay in making enquiries about allegations of significant harm (to a child) or serious harm (to an adult).

# The Children Act 1989: Key Sections

The legislative framework for much of the way in which Children's Services engage with children and their families and take action to safeguard children and young people at risk of significant harm is enshrined within the Children Act 1989. Key sections of the Act include:

## Section 17

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these situations, assessments by a social worker are carried out under section 17 of the Children Act 1989, with the consent of the parents or carers and of the young person where they are Gillick or Fraser competent.

## Section 47

Section 47 of the Children Act 1989 places a duty on Local Authorities (LAs) to investigate and make inquiries into the circumstances of children considered to be at risk of 'significant harm' and, where these inquiries indicate the need, to decide what action, if any, it may need to take to safeguard and promote the child's welfare. Consent should also be obtained from parents and carers, or the child or young person where they are Gillick or Fraser competent, except where the act of seeking consent would place the child or young person concerned, or another person, at immediate risk of significant harm, or prevent or obstruct the investigation of a serious crime.

## Section 20

Under Section 20 of the Children Act 1989 children and young people can be "accommodated" with the consent of those with parental responsibility. If the young person is 16 or 17 years old, they do not need the consent of those with parental responsibility in order to be accommodated by the local authority. Any person who has parental responsibility for a child may at any time remove the child from accommodation provided by or on behalf of the local authority. If the young person is 16 or 17 years old, they can leave the accommodation without parental consent.

Section 20 is based on co-operative working between the local authority, the young person and his or her parents because the Court is not forcing the child or young person to be looked after. The Local Authority does not share or gain Parental Responsibility in this situation.

## Section 31(Care Order)

Under Section 31 of the Children Act 1989 the local authority can apply to the Court for a child or young person to become the subject of a Care Order, where there is concern that the child concerned is suffering or is likely to suffer significant harm attributable to the care being given to the child, or likely to be given if an Order were not made, not being what it would be reasonable to expect a parent to give, or the child is beyond parental control.

The Court will only make a care order if it believes that it is better for the child than not making an order. Once a Care Order is made, the local authority obtains parental responsibility in addition to the other parental responsibility holders. A care order can only be discharged by the Court on the application of any person who has parental responsibility for the child the child or the local authority designated by the order.

## Section 85

Places a duty on Local Authorities to check on the safety and welfare of children living in residential education or hospital provision for any continuous period.

# Children in Need (CIN) (Section 17)

## Level 4

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;
- 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 for example; those 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, experience missing episodes and those who are at risk from exploitation. 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, subsequent action plan and review documents should be included with the referral so as to contribute to the Local Authority's Child & Family Assessment and analysis of the current individual or family situation.

# Children in Need of Protection (CP) (Section 47)

## 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;
  - ii) Is in police custody; or
- 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
- Experience frequent and missing episodes.

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.

## Referral Process for Child in Need (Section 17) & Children in Need of Protection (CP) (Section 47)

To make a referral for a child or young person in need or a child in need of protection, you must complete a professional referral form which can be accessed: [www.sefton.gov.uk](http://www.sefton.gov.uk)

Professionals should highlight the identified Level of Need when completing referrals to MASH.

Following referral a specialist assessment known as a Child & Family Assessment may 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.

Further Information for Professionals can be found at: <https://www.sefton.gov.uk/social-care/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals.aspx>

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

When deciding to request advice, support or to 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?
6. Identify any extra -familiar risk

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, consider Sefton SCP Multi-Agency Procedures at [www.seftonscp.org.uk](http://www.seftonscp.org.uk) and Pan Merseyside Pre Birth Protocol.

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.

## Do not forget to capture the child's voice

Before you submit your referral ask yourself has the voice of the child been captured? Have you considered the daily lived experience of the child? Consider how you would do this if it is an unborn baby, child with

disabilities or a silent child or young person. always consider including the voice of the child and their lived experience within the referral

## Sefton's Integrated Front Door (IFD)

The Integrated Front Door (IFD) has been developed as a single gateway or front door for all incoming contacts into children's services and early help services in Sefton Council.

The purpose of the IFD is to ensure that all contacts are dealt with in a timely and consistent manner so that children and their families receive high quality information and, where necessary, support and protection from children's services and other agencies or professionals. The IFD provides a range of services and information to support professionals and local service users including telephone discussions and consultations to the professionals. This is for the purpose of discussing threshold application and children's details must not be provided, unless during scenario conversation safeguarding concerns are identified.

### Key functions of the IFD

The integrated Front Door is the front door to accessing children's services. The key function of the IFD is to identify and help children with additional needs and children who are in need of help and protection and to provide a timely and appropriate response. This is achieved by:

- assessing the information provided by the referrer to evaluate the level of need or risk to the child and the child's family to ensure the

child and the family receive the right support and services in a timely manner

- working in partnership with agencies and professionals to provide coordinated response to referrers and to provide appropriate information, advice and signposting to other support and services
- applying agreed thresholds for access to services in line with the Sefton Safeguarding Children Partnership and the Pan Merseyside Child Protection Procedures, making a decision on the most appropriate support and services for the child in a timely way
- ensuring that appropriate cases are considered through the Multi-agency Safeguarding Hub (MASH) process

### What happens when you make a referral about a family?

### Initial screening and decision making

Contacts can be referred into the MASH process:

- if they have met the threshold for a strategy discussion (the sharing of information through the MASH process will allow the most up-to-date and relevant information to be shared to make robust safeguarding decisions for the children concerned.)

- if the IFD Manager requires more information to make informed decisions about the level of risk for a child
- if the contact is anonymous and more information would be beneficial to the decision-making process
- at the discretion of manager

The Red, Amber, Green' rating of the case will provide an appropriate screening pathway and timeframe for information gathering and case discussions and/or strategy discussions to take place.

A range of factors will be considered by the social worker applying the rating on a case-by-case basis and decisions will be based on a professional social work judgement and in accordance with the Level of Need Guidance.

Cases where the child has been identified as suffering or being at risk of suffering significant harm or impairment, or where it is not clear and more information is required to accurately assess risk, will be rated as 'Red' and will be progressed for full high level information sharing and screening. These cases will require a response in up to two hours.

If the safeguarding needs of the child are immediate, then agencies will not be required to complete a MASH enquiry. Professionals will be asked to verbally present information within the strategy meeting. This information will be recorded in the strategy discussion document. The Social Worker must have a discussion with the MASH manager as soon as significant harm concerns are reached.

There are some cases that involve children who have complex and significant needs which are likely to need a statutory assessment, but do not meet the significant harm threshold for further investigation under child protection procedures (S.47 of the Children Act 1989). These cases

are deemed to be child in need (S.17 of the Children Act 1989) and the MASH manager will decide about whether a MASH enquiry is needed. If a MASH enquiry is instigated, it will be rated as 'Amber' and a response will be expected within six hours.

Where the cases are low level of concerns, but the manager's decision is that information sharing through MASH is needed, these cases will be rated green, and a response will be expected within 24 hours.

Children whose parents living arrangements cross local authority borders and/or referrals for non-Sefton residents will be dealt with in line with the local Sefton Safeguarding Children Partnership Policy.

## Child exploitation and missing children

When a child is referred into IFD and concerns around exploitation and missing is suspected, in addition to the usual MASH process the following will occur.

- exploitation screening tool will be completed by the referrer and risk assessed by the social worker in MASH
- An exploitation coordinator will be informed and invited to attend any MASH meetings or strategy meetings
- Multi Agency Missing & Exploitation briefing meeting take place daily to discuss the children of most concern and agree action plan.

## Early Help in Sefton

Most children have needs that are met by their parents, wider families, support networks and universal services such as schools, early years, youth services, health and other community resources. Some children may need some additional support within these Universal settings. Other children and families with a range of needs may benefit from a Sefton Offer, either as a first support plan or following an intervention by Children's Social Care or the Youth Offending Service or alongside additional education support.

This approach is underpinned by the following principles:

- All children and young people have a right to grow up safe from harm, with opportunities to achieve to the best of their potential, and to enjoy life.
- Early help is everyone's business: it requires everyone to work together to put the child or young person at the centre of everything they do, in order to meet needs and improve outcomes
- Early help should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services.
- Family well being and school delivered support will be an integral part of the early help offer.
- Professionals will establish good relationships with families: adopting a family centred approach, which promotes participation and co-design with children, young people and families.
- We will promote personal responsibility and resilience, not create dependency

- We will involve as few professionals as possible, who can also prioritise support to make things happen.
- We will always keep a critical focus on the needs and safety of children and young people.
- Effective early help is outcome focused and evidence informed.

We seek to leave parents, children and young people feeling that things have improved for them. It is important that early help services are not designed in isolation, but instead are part of a whole system approach. Early help is part of a continuum of responses from universal services through to acute. Only a small number of children and young people in Sefton will need the specialist statutory intervention set out in legislation. The vast majority will lead happy lives, with access only to universal services available to the whole community.

### **Working Together to Safeguard Children, 2018**

'Where a child and family would benefit from co-ordinated support from more than one organisation or agency there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment'.



## Targeted Family Support

Sefton Targeted Family Support (TFS) is an offer for children, young people and families who need more help.

They may have longstanding or entrenched problems and/or require intensive support but they do not require a statutory social work or youth justice intervention.

Sefton Targeted Family Support Service (TFS) is a goal orientated service that will work with the full range of issues within a family to ensure the smallest group of professionals are involved in the child and family's life and that relationships can be built and nurtured. It works collaboratively with families, who will identify their own needs and goals. This service will be offered to families based on three essential criteria:

1. Parents consent to intensive family support in the home
2. Goals identified can be reached through intensive support for 12-20 weeks
3. Achievement of these goals does not require any social work oversight

The pathway to Sefton TFS is through the Children Services Integrated Front Door.

The service works holistically with families, meaning that it sees the family as a system with individual parts that influence each other. The work undertaken seeks to help the individuals in the family to understand that the patterns that have developed through time are causing problems, which are maintained in the family system due to unhelpful dynamics and ongoing interactions in the relationships. Solutions are therefore created

and maintained by the individuals within the system by changing how they communicate and interact with other members of the system. Our approach is underpinned by trauma informed, systemic and restorative practice.

Families are allocated within TFS Teams according to whether they live north or south of the borough. Teams are groups of practitioners, supported at times by a clinician who drives and supports restorative practice and delivers interventions to families. Weekly practice meetings are an integral part of how Teams make sense of a family's presentation and the best ways to intervene to support sustained change. The following assessment tools are used to assist work with families in Sefton TFS

- Genogram (diagram illustrating family relationships)
- FIDO – frequency intensity duration onset
- Stakeholder aims
- Strengths and needs

Sefton TFS works with all members of the family and will work alongside other services already involved with the family by:

- Recognising that they are the experts about their problems but may need direction/ advice/information, including practical support, in the home or in the community;
- Having conversations that are curious but courteous;
- Treating families with respect, compassion, integrity, helpfulness and cooperation and that any commitments made are honoured;

- Meeting with families to understand and help them to recognise the views, needs, strengths and difficulties of everyone and how they work together as a family;
- Helping families recognise what they are doing well and how they might build on these to make their family stronger and their lives better;
- See families regularly so that they feel supported in putting new things in place
- Help families when they need support through difficult times.

## MY SPACE Sefton Protection Against Child Exploitation (My S.P.A.C.E)

### SUPPORT SPECIFIC TO CHILDREN AT RISK OF CHILD EXPLOITATION

Sefton's aspiration is that all children, young people and adults live in a borough where they feel safe and protected from the risk of exploitation in all of its forms. To achieve this, an integrated response to complex safeguarding concerns is provided to ensure sharing information is efficient and timely and within agreed protocols to protect and safeguard our children, and young people.

My S.P.A.C.E is a Multi-agency Complex Safeguarding Team working with Children and Young People up to the age of 18 years who have a completed CSC assessment which indicates the child is suffering significant harm through exploitation. Referrals into the Service come from Social Workers on the completion of an assessment, or if already open, the completion of the screening tool. The service provides flexible, creative interventions using the Exploitation Team Around the Child Approach (ETAC).

The team will work on a co-working arrangement with existing Social Workers to ensure that the focus of MY S.P.A.C.E remains on individual children, disruption, intervention and a response to emerging risk and need. ETACs are held, similar to Child Protection Core Groups and Child in Need (CIN) meetings to monitor the plan, share information etc. The child will remain open until risk and vulnerabilities have decreased as evidenced by the screening tools.

## SPECIFIC CONSIDERATIONS FOR THE UNBORN CHILD

### Safeguarding the Unborn Baby

Where a practitioner anticipates that prospective parents may require statutory support services to care for their baby or that the baby may be at risk of significant harm, a **referral** is to be made to Children's Social Care.

Where a practitioner anticipates that prospective parents may require non-statutory support services, access is to be made to **Early Help services**.

The **2016 analysis of serious case reviews (DfE, 2016)** found that, as with previous national analyses, the largest proportion of cases were in relation to children under one year of age with nearly half of these (43%) being under three months of age.

This has been a pattern in Child Protection since records began to be kept, and seems to relate to 3 factors – physical vulnerability of the infant; its invisibility in the wider community and inability to speak for itself; and the physical and psychological strain it places upon its caregivers. It is critical, therefore, that Sefton SCP work together to have robust procedures in place, both to identify the unborn children most at risk and then to effectively manage their welfare and safety at the earliest opportunity.

The nature of safeguarding work dictates that the most successful preventative action can be taken if vulnerable children are identified as early as possible – this includes identifying such children during pregnancy.

The Level of Need guidance is in place to support practitioners in their practice. This section of the guidance is with specific consideration of the unborn child.

Maternity Providers have internal un-booked guidelines/policies (in line with the Pan-Merseyside Concealed Pregnancy Procedure) that ensures appropriate Safeguarding processes are followed when a concealed or un-booked pregnancy presents.

## Risk Factors to Consider

The following Risk Factors (but are not limited to) should alert professionals to consider a coordinated response:

### Where mothers, fathers or partners or any other significant member of the household/family environment:

- Have perinatal/mental illness or support needs that may present a risk to the unborn baby or indicate their needs may not be met;
- Are victims or perpetrators of domestic abuse (domestic abuse may start or get worse when a woman is pregnant);
- Have been identified as presenting a risk, or potential risk, to children, such as having committed a crime against children;
- Have a history of violent behaviours;
- Are currently 'cared for' by the Local Authority themselves or were 'care experienced' as a child or young person;
- Are living in poor home conditions, homelessness or temporary housing;
- Where there are concerns that exist regarding the mother's ability to protect.
- Where the development and health of the unborn baby may be affected by maternal substance and/or alcohol abuse.
- Where expectant parents are themselves deemed as children/young people (under age 18yrs) and there are a number of concerns/complicating factors evident that would need to be considered to ensure the safety of parent/s and unborn. Where expectant parents are under the age of 13 yrs, a referral regarding expectant parent/s and unborn baby MUST be submitted.
- Where the expectant parents are previously known or currently active to Social Care and/or they have children, who are previously known or currently known to Social Care.
- Where previous child/children have experienced neglect, emotional, physical or sexual abuse and these concerns continue to be evident and would impact on the unborn baby in pregnancy and once born by virtue of the child being dependent on their caregiver.
- If there is maternal ambivalence \*
- Denial or concealment of pregnancy\*\*
- Surrogacy\*\*\*
- Any other circumstances or issues that give rise to concern.

\*The analysis of Serious Case Reviews (DfE,2016) recognised that ‘maternal ambivalence towards her child (both during and after pregnancy) was highlighted in many reviews as a potential indicator of a child’s vulnerability. At its extreme, this may present with a concealed or denied pregnancy. Whilst such cases are rare, other presentations including delayed antenatal booking or uncertainty about keeping the pregnancy are far more common.’ The report concluded that such presentations offer professionals (particularly in primary care and maternity services) opportunities to explore parental concerns and feelings towards the pregnancy and the unborn infant. Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health problems, severe physical problems or learning disabilities.

\*\* the concealment and denial of pregnancy will present a significant challenge to professionals in safeguarding the welfare and wellbeing of the unborn infant and the mother. Lack of antenatal care in concealed or denied pregnancies can mean that potential risks to mother and child are not detected. The health and development of the baby during pregnancy and labour may not have been monitored or foetal abnormalities detected. It may also lead to inappropriate medical advice being given, such as potentially harmful medications prescribed by a medical practitioner unaware of the pregnancy. The potential risks to a child through the concealment of a pregnancy are difficult to predict and are wide-ranging. See [Pan Merseyside Concealed Pregnancy Procedure](#).

\*\*\* When any professional is made aware of a pregnancy as a result of a surrogacy arrangement, they should seek advice from their Designated Safeguarding Lead with responsibility for safeguarding children, to enable them to make the necessary enquiries to satisfy themselves of the legitimacy of the arrangement. If professionals, following such consultation, are satisfied that the relevant Code of Practice (HFEA, 2017) has been followed, the local authority need not be informed unless there are other concerns being expressed that might indicate that the child may be at risk. Where the circumstances of the conception and subsequent arrangements for the baby are not clear the parents should be informed of the need for a referral to Children’s Social Care to allow for further enquiries to be made.

#### [PAN Merseyside Pre-Birth Protocol](#)

Associated Reading:

[Good progress but more to do: Teenage pregnancy and young parents \(local.gov.uk\)](#)

[Trauma-informed care in the perinatal period | Birth Companions](#)

## 'Choosing the Right Combination is Key to Unlocking the Lived Experience of the Child'

Communicating with other agencies	Hearing the voice of the child	Knowing what the danger signs are within the family
Knowing what services are involved with the family	Understanding daily life for the family	Understanding the child's expectations
Understanding the family make up	Understanding the protective factors	Understanding the risk factors




## HEAR

**M** **My Experience** – What is it? Understand my history. **Make it count.**

**Y** **You** are my narrator. **Hear me**, even when I am silent.

**V** **Verbal exchange** is only 7% of communication. Consider – How do I communicate with the world around me?

**O** **Observe** my appearance; how do I look, how do I behave, what does my body language tell you?

**I** **Interaction** – What do my relationships look like, and with who? What are my reactions to my environment and those around me; parents, carers, siblings, other children / adults, and with you?

**C** **Communicate** with me creatively; Be receptive to me, listen. **Capture ME** in all you do!

**E** **Expression**; Look at me. ASK yourself what am I telling you? What am I not able to tell you? How do I express how I feel? What do I think of my situation? **What do I need? Have you asked me?**






What can you see?  
Do you see what you expect to?  
Are you looking in all the right places?  
Where else do you need to look?



Have you been professionally curious?  
Have you searched for answers to all of the questions?  
Do you know all of the services who are, currently AND previously involved with this family?  
Do you know the family history?



What can you hear?  
Do you understand what you are being told?  
What aren't you hearing that you should?  
Are you listening to the tone of voice of the child?



How do the family physically interact and is this right for the situation?  
Does the behaviour match the child's voice?  
Have you considered what the behaviours mean?  
Is the child frightened of physical contact with others?



Trust your gut instinct and raise concerns if something about someone's behaviour or situation does not feel right.



## Useful Contacts

**Sefton Council, Social Care, Children & Young People, Children's Services**  
0345 140 0845

**Report a Child or Young Person at Risk**

<https://www.sefton.gov.uk/social-care/children-and-young-people/report-a-child-or-young-person-at-risk/information-for-professionals.aspx>

**Sefton's MASH Team**

0151 934 4013/ 4481

**Sefton Emergency Duty Team (EDT)**

0151 934 3555

**Sefton Council Early Help**

[www.sefton.gov.uk/social-care/children-and-young-people/early-help.aspx](http://www.sefton.gov.uk/social-care/children-and-young-people/early-help.aspx)

**Sefton Council Aiming High for Disabled Children**

[sefton.gov.uk/social-care/children-and-young-people/aiming-high-for-disabled-children.aspx](http://sefton.gov.uk/social-care/children-and-young-people/aiming-high-for-disabled-children.aspx)

**Sefton Young Carers Service**

[sefton-carers.org.uk/index.php/young-carers-service](http://sefton-carers.org.uk/index.php/young-carers-service)

**Sefton's Voluntary Independent Visiting & Advocacy Service (VIVA)**

<https://www.sefton.gov.uk/social-care-and-health/children-and-young-people/independent-visiting-and-advocacy/>

**NSPCC National Helpline**

[nspcc.org.uk/preventing-abuse/our-services/nspcc-helpline](http://nspcc.org.uk/preventing-abuse/our-services/nspcc-helpline)

**Citizens Advice**

[www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**NSPCC Female Genital Mutilation (FGM) Help and Advice**

<https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/female-genital-mutilation-fgm/>

**Local Authority Designated Officer (LADO)**

Available via Sefton Council, Children's Services

Tel. 0151 934 3783

**Bully Busters confidential helpline**

[www.bullybusters.org.uk](http://www.bullybusters.org.uk)

**Childline**

[www.childline.org.uk](http://www.childline.org.uk)

**Child and Adolescent Mental Health Services (CAMHS)**

<https://alderhey.nhs.uk/services/camhs>

**Sefton Safeguarding Children Partnership**

[www.seftonscp.org.uk](http://www.seftonscp.org.uk)

# Level of Need



# Level of Need

## Descriptors of Escalating Need across Key Areas

### Level 1 – Universal Needs

The family are meeting their children’s needs with support from universal services. 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

Children with Level 1 needs	Indicators	Assessment Process
<p>Children with no additional needs and where there are no concerns.</p> <p>Typically, these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <p><b>Learning/ Education</b></p> <ul style="list-style-type: none"> <li>■ Positive engagement with education</li> <li>■ Engaged in full time education, training or employment</li> <li>■ Access to education provision appropriate to age and ability</li> <li>■ Acquiring a range of skills/interests, experiences of success/achievement</li> <li>■ Access to books/toys, play</li> <li>■ Any learning needs are identified by parents and education and a graduated response is in place in education and at home as appropriate</li> <li>■</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>■ Physically and emotionally well</li> <li>■ Developmental checks/ Immunisations up to date</li> <li>■ Child is taken to their health appointments</li> <li>■ Adequate diet/ hygiene/ clothing</li> <li>■ Regular dental and optical care</li> <li>■ Sexual activity appropriate for age</li> <li>■ No mental health concerns</li> </ul>	<p>These children require no assessment for additional support beyond that which is universally available.</p> <p>Examples of key universal services that can provide support at this level:</p> <ul style="list-style-type: none"> <li>■ Education</li> <li>■ Family Wellbeing Centres</li> <li>■ Health Visiting</li> <li>■ Dentist</li> <li>■ Midwifery</li> <li>■ Sexual Health Services</li> <li>■ School Nursing</li> <li>■ GP</li> <li>■ Police</li> <li>■ Housing</li> <li>■ Voluntary &amp; Community Sector</li> </ul>

		<p><b>Learning/ Education</b></p> <ul style="list-style-type: none"> <li>■ Demonstrates age appropriate responses in feelings and actions</li> <li>■ Good quality early attachments, child is appropriately comfortable in social situations</li> <li>■ Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) and child exploitation</li> <li>■ Able to adapt to change</li> <li>■ Able to demonstrate empathy</li> <li>■ Positive sense of self and abilities</li> <li>■ Involved in leisure and other social activity</li> </ul> <p><b>Family &amp; Social Relationships</b></p> <ul style="list-style-type: none"> <li>■ Stable and affectionate relationships with care givers</li> <li>■ Age appropriate and healthy relationships with parent/carer</li> <li>■ Good relationships with siblings</li> <li>■ Positive relationships with peers</li> <li>■ Age appropriate relationships including online</li> </ul> <p><b>Self-Care &amp; Independence</b></p> <ul style="list-style-type: none"> <li>■ Developing age appropriate level of practical and emotional skills</li> <li>■ Good level of personal hygiene</li> <li>■ Able to understand between 'safe' and 'unsafe' contacts and contexts</li> <li>■ Gaining confidence and skills to undertake activities independently</li> </ul>
<b>Family and Environmental Factors</b>		
		<p><b>Family, History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>■ Supportive family relationships that provide a positive sense of wellbeing for all family members</li> <li>■ Good relationships within family, including when parents are separated</li> <li>■ Few changes of note in family composition</li> <li>■ Parents /carers understand the needs and interests of their child and pursue their inclusion in social and leisure opportunities</li> </ul>

	<p><b>Housing, Employment &amp; Finance</b></p> <ul style="list-style-type: none"> <li>■ Sufficient income to meet the family's essential needs, used appropriately</li> <li>■ Adequate housing with at least basic amenities</li> <li>■ Access to employment (including work-based learning or volunteering) appropriate to age and ability</li> </ul> <p><b>Social &amp; Community Resources</b></p> <ul style="list-style-type: none"> <li>■ Social and friendship networks exist</li> <li>■ Positive peer groups</li> <li>■ Good universal services in neighbourhood</li> </ul>	
	<p><b>Parents or Carers Capacity</b></p>	
	<p><b>Basic Care, Safety &amp; Protection</b></p> <ul style="list-style-type: none"> <li>■ Parents/Carers able to provide care for child's needs and protect from danger in the home and elsewhere</li> <li>■ Parents adhere to safe sleep advice</li> </ul> <p><b>Emotional Warmth &amp; Stability</b></p> <ul style="list-style-type: none"> <li>■ Parents/Carers provide secure and caring parenting and show warmth, praise and encouragement</li> </ul> <p><b>Guidance, Boundaries &amp; Stimulation</b></p> <ul style="list-style-type: none"> <li>■ Parents/Carers provide guidance and boundaries to help child develop appropriate values</li> </ul>	

## Level 2 – Additional needs

Children with additional needs: The family who can meet their children’s needs with some additional support, usually in the short term

Children with Level 2 Needs	Indicators	Assessment Process
<p>Children with additional needs:</p> <p>The family can meet their children’s needs with some additional support, usually in the short term.</p>	<p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <p><b>Learning/ Education</b></p> <ul style="list-style-type: none"> <li>■ Not accessing early years education / poor attendance at early year provision</li> <li>■ Multiple school transfers</li> <li>■ Unexplained and infrequent absence from school</li> <li>■ Poor punctuality</li> <li>■ Persistently absent – over 10%</li> <li>■ Identified learning needs; the child may have a SEN Support plan</li> <li>■ Identified learning needs – SEN Support plan</li> <li>■ Identified language and communication difficulties linked to other unmet needs</li> <li>■ Child not brought to several speech and language therapy appointments</li> <li>■ Identified low level learning difficulties (e.g. Language and communication difficulties)</li> <li>■ Not making expected educational progress</li> <li>■ Poor parental engagement with school</li> <li>■ Not in Education, Employment or Training (NEET) – post 16</li> <li>■ Access to books/ toys, play is restricted</li> <li>■ Limited access to resources for learning at home, e.g. books/ toys</li> <li>■ Behaviour likely to lead to risk of exclusion</li> <li>■ Gaps in schooling/ learning due to pregnancy</li> <li>■ Not always engaged in learning – poor concentration, low motivation and interest</li> <li>■ Not engaged in full time education, training or employment</li> <li>■ The child has difficulty adapting to change which makes transition between schools and classes more challenging</li> <li>■ Experience episodes of missing and potential indicators of exploitation</li> </ul>	<p><b>Assessment Process</b></p> <p>A single agency assessment to be completed with the child/ family to identify their strengths and needs.</p> <p>The action plan will be in response to the child’s/ family’s additional needs, appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If a single agency assessment is refused by the family and the identified needs of a child cannot be met and may escalate as a result, a referral to Children’s Social Care should be made. As a minimum there should be a consultation with this service.</p>

### Health

- Delayed in reaching developmental milestones
- Concern re diet/ hygiene/ clothing
- Persistent minor health problems
- Weight is significantly above or below what would be expected (medically determined)
- Not being brought for routine health appointments and developmental checks. antenatal, hospital and GP appointments
- Encopresis / enuresis (soiling and wetting)
- Mental Health concerns – child is struggling
- Some concern about use of drugs and/or alcohol
- Pregnancy in school age children
- Concerns relating to child sexual health
- Multiple presentations at Hospital Emergency Departments giving cause for concern

### Social, Emotional, Behavioural, Identity

- Poor attachments
- Disruptive/ challenging behaviour including in school or early years setting
- Emerging anti-social behaviour and attitudes and/or low-level offending
- Child is victim of bullying or bullies' others
- May experience bullying around "difference" eg gender identity, asylum seeking, cultural diversity
- Difficulties in relationships with peer group and/or with adults
- Friendships and relationships inappropriate for age
- Low self esteem
- Starting to show difficulties expressing empathy
- Concerns about sexual development and behaviour
- Not always adequate self-care, eg. poor hygiene
- Is subject to discrimination
- Some sense of own and others' sexual rights and behaviours
- Can be over-friendly or withdrawn with strangers
- Signs of disruptive or challenging behaviour, signs of offending or anti-social behaviour.
- Mental ill health including anxiety, eating disorders, depression, self-harm at a low level
- Neurological disorders affecting peer group relationships and social integration
- Incidents of self-harm

Where consultation or referral hasn't been undertaken the reason for this must be recorded in agency records.

As well as universal services, specialist services may be involved such as:

- Enhanced Midwifery & Enhanced Health Visitor
- Youth Justice Service (YJS)
- Police
- Adult Drug and alcohol services
- Local Authority services
- Voluntary & Community Services
- Housing
- Short break respite care
- Domestic Abuse Services

#### Agencies Exit Strategy:

Intervention and involvement should aim to reduce the **child and family's needs** so that they are able to be met through universal service support.

	<p><b>Self-Care &amp; Independence</b></p> <ul style="list-style-type: none"> <li>■ Delay to develop age-appropriate self-care skills</li> <li>■ Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion</li> <li>■ Inappropriate use of social media</li> <li>■ Friendships and relationships inappropriate for age</li> <li>■ Age appropriate self-care is not possible due to disability and or special educational needs</li> </ul>	
	<p><b>Family and Environmental Factors</b></p>	
	<p><b>Family, History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>■ Parents/ Carers request advice to manage their child's behaviour</li> <li>■ Sibling with significant problem (health, disability, behaviour)</li> <li>■ Risk of domestic abuse</li> <li>■ Parents / Carers have some conflicts or difficulties that can involve the children</li> <li>■ Parental physical/ mental health difficulties have an emerging negative impact on the child</li> <li>■ Low level substance misuse</li> <li>■ Family has limited support from wider family and/or friends</li> <li>■ Child is a young carer / young carers responsibility</li> <li>■ Is struggling with loss of significant person through bereavement or separation</li> <li>■ Parent has physical/ mental health difficulties</li> </ul> <p><b>Housing, Employment &amp; Finance</b></p> <ul style="list-style-type: none"> <li>■ Home environment impacting on the child's health.</li> <li>■ Inadequate/ poor/ overcrowded housing</li> <li>■ Families affected by low income/ debt/ living with poverty affecting access to appropriate services to meet child's additional needs</li> <li>■ Family vulnerable due to unstable tenancy and temporary accommodation</li> <li>■ Parents have limited formal education which impacts upon employment opportunities.</li> <li>■ No access to employment (including work-based learning)</li> </ul>	

**Social Integration & Community Resources**

- Family may be new to the area
- Family seeking asylum or refuge
- Experiencing harassment/ discrimination
- Socially or physically isolated
- Lack of a support network
- Insufficient facilities to meet social Integration needs eg. advice/support needed to access services for disabled child where parent is coping otherwise
- Child associating with peers who are involved in anti-social or criminal behaviour
- Family demonstrating low level anti-social behaviour towards others

**Child Exploitation**

- Some concerns eg. the child has an older boy/ girlfriend
- Some changes in behaviour, may be withdrawn or more outspoken with extreme views, inappropriate comments
- In receipt of unexplained items or money
- Some concerns or potential risk of exploitation by criminal gangs
- Some concerns or potential risk of sexual exploitation
- Some concerns or exploitation via internet eg. online grooming
- Transition information indicates concern relating to extra familial harm
- Children with additional vulnerabilities appear to be targeted into new friendships
- Increased concerns relating to peer pressure

## Parents or Carers Capacity

### Basic Care, Safety & Protection

- Parent requires advice on parenting issues e.g. safe and appropriate childcare arrangements; safe home conditions
- Professionals beginning to have concerns about child's physical needs not being met
- Parental stresses starting to affect ability to ensure child's safety
- Poor supervision and attention to safety issues
- Health checks and appointments starting to be missed (dental / optical/antenatal)
- Parental engagement with services is poor
- Parent is struggling to adjust to the role of parenthood
- Emerging addictive behaviours have potential to impact upon capacity to parent
- Some exposure to dangerous situations in the home or community
- Parental stresses starting to affect ability to ensure child's safety
- Reported domestic abuse where the child is not present
- Parent requires information, support and guidance about their child's additional needs and disabilities
- Parent in prison with limited family support
- Parents need further safe sleep advice and guidance

### Emotional Warmth & Stability

- Inconsistent responses to child by parents
- Difficult parent/child relationship
- Starting to demonstrate difficulties with attachment
- Lack of response to concerns raised about child's welfare
- Multiple changes of address / some moving around during pregnancy
- The parent struggles to provide emotional warmth because the child cannot reciprocate because of their neurological development.

### Guidance Boundaries & Stimulation

- Parent/ carer offers inconsistent boundaries (including use of internet and technologies)
- Parent struggling to implement curfews
- Behaviour problems not recognised and addressed by parents
- Lack of response to concerns raised about child
- Lack of appropriate parental guidance and boundaries for child's stage of development and maturity
- Spends considerable time alone, increasing periods of isolation
- Child is not often exposed to new experiences
- Can behave in an anti-social way in the neighbourhood
- The child's additional needs and disabilities may require adapted parenting; additional information and support
- Inappropriate behaviour management techniques

## Level 3 – Multiple & Complex needs

Children with multiple and complex needs: Children, Young People & Families who have multiple unmet needs and are experiencing difficulties that require a coordinated whole family targeted response. Assessment and support plan required from Early Help services.

<p><b>Children with Level 3 Needs</b></p> <p>Children with multiple and complex needs: Children, Young People &amp; Families who have multiple unmet needs and are experiencing difficulties that require a coordinated whole family targeted response. Assessment and support plan required from Early Help services.</p>	<p style="text-align: center;"><b>Indicators</b></p> <p style="text-align: center;">In assessing need and risk that require additional services, multiple factors are likely to be present</p>	<p><b>Assessment Process</b></p> <p>Initiate Early Help Assessment</p> <p>An Early Help Assessment to be completed with the child/ family to identify their strengths and needs.</p> <p>The action plan will be in response to the child's/ family's needs appropriate services and interventions to meet those needs and who will act as the lead professional.</p> <p>If an Early Help Assessment is refused by the family and the identified needs of a child cannot be met and may escalate as a result, a referral to Children's Social Care should be made. As a minimum there should be a consultation with this service.</p>
	<p><b>Child or Young Person's Developmental Needs</b></p>	
	<p><b>Learning/ Education</b></p> <ul style="list-style-type: none"> <li>■ Poor attendance. Persistently absent from school 20%</li> <li>■ Parents dismissive of poor school attendance or poor educational attainment</li> <li>■ Increased incidences of truanting/ authorised absences/ fixed term exclusions</li> <li>■ Statutory assessment of Special Educational Needs which may lead to an Education Health and Care plan</li> <li>■ Significant identified learning and communication needs and may have an Education Health and Care plan</li> <li>■ Limited parental engagement with education provider</li> <li>■ Some fixed term exclusions</li> <li>■ Not in Education, Employment or Training (NEET)</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>■ Concerns re obesity, diet, eating disorders/difficulties, low/high BMI, hygiene, clothing</li> <li>■ Significant health problems</li> <li>■ Was not brought to significant routine and non-routine health and development appointments</li> <li>■ Child with a disability in need of assessment and support was not brought to access appropriate specialist services</li> <li>■ Failure to access adequate health care provisions</li> <li>■ Concerns around mental health that can be managed in the community</li> <li>■ Dental decay that has not been treated</li> <li>■ Teenage pregnancy but has limited support (multi-agency response)</li> <li>■ Concerns child is engaging in drug and alcohol use on a regular basis</li> </ul>	

	<p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>■ Young carers responsibilities negatively impacting on the child</li> <li>■ Disruptive/ challenging behaviour at school, in the community and at home</li> <li>■ Committing criminal offences and has entered the out of Court process or has received a community based order from Court</li> <li>■ Sexual behaviour that is cause for concern</li> <li>■ Missing and absent episodes commencing</li> <li>■ Self-image is distorted and may demonstrate fear of persecution</li> <li>■ Increasing incidents of self-harm</li> </ul> <p><b>Self-Care &amp; Independence</b></p> <ul style="list-style-type: none"> <li>■ Poor self-care for age, including hygiene</li> <li>■ Self-care skills not commensurate with their age due to their disability or special needs.</li> </ul>	<p>Where consultation or referral hasn't been undertaken the reason for this must be recorded in agency records.</p> <p>Key agencies that may provide support at this level</p> <ul style="list-style-type: none"> <li>■ Post adoption services</li> <li>■ Other statutory service e.g. SEN Services</li> <li>■ Specialist health or disability services</li> <li>■ Refer to Guidance for Accessing Services for Disabled Children 2020</li> <li>■ Police</li> <li>■ CAHMS</li> <li>■ Family Support Services</li> <li>■ Voluntary &amp; Community Services</li> <li>■ Housing Options</li> <li>■ Probation</li> </ul> <p><b>Agencies Exit Strategy:</b> Intervention and involvement should aim to reduce the child <b>and family's needs</b> so that they are able to be met through universal service support</p>
	<p style="text-align: center;"><b>Family and Environmental Factors</b></p> <p><b>Family, History &amp; Functioning</b></p> <ul style="list-style-type: none"> <li>■ Incidents of domestic violence or coercive control between parents</li> <li>■ Family functioning significantly affected by problems of physical or mental health or substance misuse</li> <li>■ Parent is receiving palliative care, which is having a developing impact on the child, parent is isolated and has no family support</li> <li>■ Recent experience of serious loss or trauma</li> <li>■ Parent has received custodial sentence</li> <li>■ Child is a young carer requiring assessment of additional needs</li> <li>■ Recurrent short-term episodes of going missing from home</li> <li>■ Regularly needed to care for another family member</li> <li>■ Child perpetrator of violence against adult/child at risk of harm</li> </ul> <p><b>Housing, Employment &amp; Finance</b></p> <ul style="list-style-type: none"> <li>■ Overcrowded or poor-quality housing likely to impair health or development</li> <li>■ Parents experience stress due to unemployment or overworking which negatively impacts upon the child</li> <li>■ Unemployment / extreme financial difficulties / serious debts/ poverty impact on ability to have basic needs met</li> <li>■ The housing is not adapted for the child with the disability; an assessment may identify aids and adaptations</li> </ul>	

**Social Integration & Community Resources**

- Parents socially excluded
- There are insufficient facilities for a child with special educational needs or disabilities that are accessible to the child/ young person/ family
- Lack of a support network with no access to community resources
- Transient family; frequent moves impacting on the child's integration.
- Community harassment / discrimination.
- There is suspicion that the family are involved in gang related activity/organised crime groups (OCG)
- Family require support relating to aggressive animals in the household

**Child Exploitation**

- Child is vulnerable to being exploited through missing episodes, drug and/or alcohol misuse or other similar vulnerabilities
- Has concerning relationships with older role models/person in a position of trust
- Known or suspected association with or on the periphery of gang/ criminal groups or memberships / organised crime association
- Evidence of being potentially exploited; unexplained gifts / possession of money from unexplained sources

**Parents or Carers Capacity**

**Basic Care, Safety & Protection**

- Parent is struggling to provide adequate care (May be as a result of illness, or specific challenges relating to disability and special needs of the child)
- There is no evidence that the child's capacity and maturity to ensure their own safety when left unsupervised has been determined
- Neglect where food, warmth and other basics often not available
- Poor supervision from the parent resulting in unmet need
- Parental learning difficulties that have a direct impact on child's health or development
- Child exposed to ongoing domestic abuse (including the unborn)
- Child's health needs not met/unsupported by the parent (eg. was not brought to medical appointments)
- Parent failing to support achievement of physical and other developmental milestones, raising significant concerns
- Difficult to engage parents with services
- Children previously 'cared for' by the Local Authority
- Addictive behaviours (alcohol, drugs, gaming, gambling) impact upon capacity to parent
- Parents are not fully compliant with safe sleep advice and guidance

**Emotional Warmth & Stability**

- Child receives erratic or inconsistent care
- Parental instability affects capacity to nurture/ care
- Child/ parent relationship at risk of breaking down
- Child has a succession of unplanned, multiple carers
- Child constantly criticised/put down
- Parents own emotional needs compromise those of the child/young person
- No evidence of minimal preparations being made for unborn

**Guidance Boundaries & Stimulation**

- Parent struggles to set age appropriate boundaries
- Parents/ carers provide inconsistent boundaries or present a negative role mode, e.g. by behaving in an anti-social way
- Child/ young person receives little positive stimulation
- Parents not providing stimulation or opportunity for new experiences or activities
- Parent knowingly allows child access to inappropriate content /apps e.g. age inappropriate on-line/social media
- Existing parenting strategies are not working and additional information and support about disability and special needs may be useful
- Physical chastisement

## Level 4 – Complex or Acute:

Children with acute needs includes those in need of protection – The family need multi-agency response including specialist intervention from children’s social care (Social Worker led).

Children with Level 4 Needs	Indicators	Assessment Process
<p>Children with acute needs / includes those in need of protection.</p> <p>Children requiring formal statutory intervention under either section 17 of the Children Act 1989 (Children in Need) or Section 47 of the Children Act (Safeguarding Children)</p> <p>Child in Need: Section 17 of the The Children Act (1989):</p> <ul style="list-style-type: none"> <li>■ a child who is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a Local Authority; or</li> <li>■ a child whose health or development is likely to be significantly impaired; or further impaired, without the provision for him of such services; or</li> <li>■ a child is disabled</li> </ul>	<p style="text-align: center;">In assessing need and risk that require additional services, multiple factors are likely to be present</p> <p style="text-align: center;"><b>Child or Young Person’s Developmental Needs</b></p> <p><b>Learning/ Education</b></p> <ul style="list-style-type: none"> <li>■ Child not in education, in conjunction with concerns for child’s safety</li> <li>■ Children where school attendance is 75% or less over an academic year (three terms)</li> <li>■ Educated at home – parent not providing an efficient, full time education suitable to the age, ability and aptitude of the child and any special educational needs which the child may have</li> <li>■ Parent failing or inadequately maintaining schooling or identifying provision for their child</li> <li>■ Parent failing to attend most school and LA meetings and/ or engage with support offered</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>■ Has severe/ chronic health problems (includes dental decay)</li> <li>■ Significant dental decay that has not been treated</li> <li>■ Hygiene and presentation concerns resulting in isolation.</li> <li>■ Persistent excessive alcohol consumption or other substance misuse. Appears to be dependent on drugs and/ or alcohol</li> <li>■ Complex mental health issues affecting development that requires specialist Child and Adolescent Mental Health Service (CAMHS)</li> <li>■ Suspected non accidental injury/ abuse/ neglect</li> <li>■ Any bruising in a non-mobile infant</li> <li>■ Significant self-harm requiring medical intervention/unscheduled care settings eg. Walk in Centres / Accident &amp; Emergency Department attendance</li> <li>■ Significant regression in speech, communication, interaction or failure to thrive where no medical cause has been identified</li> <li>■ Teenage Pregnancy with no support / associated risks</li> <li>■ Female Genital Mutilation</li> <li>■ Child with complex or multiple disabilities (Refer to Guidance to Accessing Services for Disabled Children 2020)</li> <li>■ Child with a disability in need of assessment and support to access appropriate specialist services (where child’s needs cannot be met through early help)</li> <li>■ Frequent accidental injuries to child requiring hospital treatment</li> </ul>	<p>Social worker led specialist intervention required.</p> <p>Agencies should make an immediate referral to the Integrated Front Door.</p> <p>Statutory intervention under either section 17 of the Children Act 1989 (Children in Need) or Section 47 of the Children Act (Safeguarding Children)</p> <p>Children’s Social Care will decide on the response following the referral</p> <p>Exit Strategy</p> <p>Children’s Social Care will work with the child and their family to reduce the risk to a child and provide families with a clear route map to a life without social care involvement.</p>

<p>Child Protection</p> <p>Section 47 of the 1989 Children Act: Where a child is at risk of significant harm. Through neglect, physical, emotional or sexual abuse.</p> <p>These children may also need to be accommodated (taken into care) by Children's Social Care either on a voluntary basis or by way of Court Order</p>	<p><b>Social, Emotional, Behavioural, Identity</b></p> <ul style="list-style-type: none"> <li>■ Regularly involved in anti-social/criminal activities</li> <li>■ Puts self or others in danger</li> <li>■ Serious self-harm: suicidal thoughts</li> <li>■ Lacking empathy or recognition of dangers to self or others</li> <li>■ Known to carry weapons</li> <li>■ Child who abuses others</li> <li>■ Challenging behaviour resulting in serious risk to self and others</li> <li>■ Failure or inability to address complex mental health issues requiring specialist interventions</li> <li>■ Under 13 engaged in sexual activity</li> <li>■ Under 18 concerns re coercion to engage in sexual activity</li> <li>■ Subject to exploitation</li> <li>■ Missing from home for repeated short periods of time or prolonged periods</li> <li>■ Young people with complicated substance misuse problems requiring specific interventions and/or child protection and who can't be managed in the community</li> <li>■ Concern in relation to potential radicalisation</li> <li>■ Committing serious offences and shows a pattern of criminal behaviour. Has entered the criminal justice system and has been sentenced to community based orders or custody (child may be subject to MAPPA - Multi-Agency Public Protection Arrangements)</li> <li>■ Disordered attachments that have a severe impact</li> <li>■ Sexual development and behaviour which may be indicative of abuse</li> <li>■ Inappropriate sexual/ abusive behaviours towards others</li> <li>■ Concern in relation to exploitation</li> <li>■ Significant self-harm</li> <li>■ Child on child abuse (including harmful sexual behaviour)</li> </ul> <p><b>Self-Care &amp; Independence</b></p> <ul style="list-style-type: none"> <li>■ Child is left "home alone" without adequate adult supervision or support and at risk of significant harm</li> <li>■ Distorted self-image and lack of independent living skills likely to result in significant harm</li> <li>■ Young person living independently and not coping</li> <li>■ Child's self-care skills are not commensurate with their age and stage of development thus putting themselves at risk of significant harm.</li> </ul>	
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**Family and Environmental Factors**

**Family, History & Functioning**

- Significant parental discord and persistent domestic abuse and coercive control
- “Adults who present a risk to children” living in the family home or members of the wider family are known to be, or suspected of being a risk to children
- Parental illness is having a significant impact on the child
- Severe parental mental or physical health problems or substance misuse which means that vital parenting roles are not undertaken
- Parent has significant dependency on alcohol, drug or gaming addictions, other addictions or addictive behaviour negatively impacting upon the child
- Family characterised by conflict and serious, chronic relationship difficulties
- Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child
- Adult victim of Domestic Abuse is assessed as high-level risk and the child (including unborn) is at risk of significant harm
- Child perpetrator of violence against adult/child at risk of significant harm
- Child’s carer or a member of the household, referred to MAPPa (multi-agency arrangements to protect the public managed by Probation)
- Persistent reports of child presenting as hungry / scavenging for food, at risk due to being overweight / underweight.
- Child needs to be ‘cared for’ outside of their immediate family or parents/carers due to abuse/ neglect
- Child is privately fostered
- Unaccompanied asylum-seeking children
- Frequent periods of being accommodated by the Local Authority
- Family breakdown related in some way to child’s behavioural difficulties
- Subject to or suspicion of physical, emotional or sexual abuse or Neglect
- Fabricated Induced Illness (FII) and Perplexing Presentations (PP)
- Where parents have made private fostering arrangements
- Risk of family relationship breakdown leading to need for child to become ‘cared for’ outside of family network
- Destructive/unhelpful involvement from extended family
- Parent/wider family member subject to MAPPa
- Adults who ‘pose a risk to children’ and are known or suspected to have contact with child/ren

### Housing, Employment & Finance

- Parents unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse with proven impact on the welfare of the child.
- Extreme poverty/ debt impacting on parental ability to care for the child
- Physical accommodation places child in danger
- Persistent lack of adequate food, warmth or essential clothing
- Living independently as a teenage parent and needing additional support
- Vulnerable homeless young person
- Family at risk of eviction having already received support from Housing services
- Homeless - alone
- Homeless - family
- Homeless in pregnancy
- Housing / Home exploited e.g. Cuckooing
- Overcrowding of property leading to child being placed at risk

### Social Integration & Community Resources

- Child or family need immediate support and protection due to harassment/ discrimination and have no supportive network
- Involvement in gang activity
- Forced marriage of a child/young person under 18 years
- Family reject advice on safe animal management around children
- There is evidence that the family are involved in gang related activity/organised crime groups (OCG)
- Family own banned dog breed

### Child Exploitation

- Evidence of being potentially exploited; unexplained gifts / possession of money from unexplained sources
- Child has disclosed current exploitation: although young person may not recognise it as this.
- Evidence child is a victim or at clear risk of being a victim of any form of exploitation; sexual or criminal, whether by individual, gang or organised crime group e.g. County Lines
- Forced marriage
- Female Genital Mutilation (FGM) (including piercing)
- Honour based violence
- Trafficked children
- Radicalisation
- Extremism
- Modern Day Slavery
- Child is perpetrator of exploitation with concerns of impact on their own safety and welfare
- Child committing offences associated with exploitation: possession of knife / firearm
- Frequent and persistent Missing from home/care episodes
- Debt Bondage (debt bondage occurs when a person is forced to work to pay off a debt.
- Internal concealment of drugs

### Parents or Carers Capacity

#### Basic Care, Safety & Protection

- Parents unable to provide 'good enough' parenting that is adequate and safe
- Intentionally placing children in risky or vulnerable situations
- Continual instability and violence in the home
- Parents have or may have abused/ neglected the child/ young person
- Child not protected from sexual exploitation/ abusive situations
- Child beyond parental control and placing themselves at risk
- Forced marriage of a child/young person under 18 years
- Pre-birth assessment concludes unborn child is at risk of significant harm
- Failure to access services likely to result in significant avoidable impairment to the child/concealed pregnancy
- Child witness to domestic abuse resulting in risk of significant harm/ unborn victim of domestic abuse.
- Child sustains an injury due to lack of supervision.
- Suspected non-accidental injury.
- Child abandoned / rejected / persecuted
- Parents unable to care for previous children
- Frequent and prolonged missing episodes
- Addictive behaviours e.g. gambling, gaming prevent 'good enough' parenting and place child at risk of harm
- Victim of targeted or serious crime
- Parent/carer is unable to judge dangerous situations
- Parent is aware and shows no concern that child is being groomed or exploited
- Parent/carer unable to protect from danger or significant physical or emotional harm (including the risk of sexual harm) in the home and elsewhere
- Parental mental health problems or substance misuse significantly affect their ability to care for the child
- Parent/carer not compliant with safe sleep advice and guidance and alcohol/drug misuse is known or suspected

#### Emotional Warmth & Stability

- Parents inconsistent, highly critical or apathetic towards child/ pregnancy/ surrogacy/ adoption
- Adoption breakdown
- Abandoned child or unaccompanied minor
- Imminent family breakdown and risk of child being cared for the Local Authority
- Missing child/child persistently running away

	<p><b>Guidance Boundaries &amp; Stimulation</b></p> <ul style="list-style-type: none"><li>■ Lack of appropriate supervision or effective boundaries</li><li>■ Child is beyond parental control</li><li>■ Child left for long periods on their own without adequate adult supervision or support</li><li>■ Regularly behaves in an anti-social way in the neighbourhood</li><li>■ Family cannot manage child's behaviour consistently and keep them safe and therefore separate the child from family life for significant periods of every day.</li><li>■ Physical abuse</li><li>■ Not reporting the child missing</li></ul>	
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