



Liverpool Safeguarding Children Board

Working together to promote children's welfare and provide early help

# Responding to Need Guidance and Levels of Need Framework

Revised March 2014



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## Introduction

Liverpool Safeguarding Children Board's (LSCB) 'Responding to Need Guidance' has been designed with partners from across the Children's Trust and the LSCB to ensure that children's needs are responded to at an appropriate level and in a timely way. This guidance should be seen as overarching guidance for the whole of the children and young people's workforce within Liverpool. It is a guide for all agencies, professionals and volunteers, to consider how best to meet the needs of individual children. Agencies will remain in control of their own threshold for intervention, and professional judgements will need to influence the actions they need to take. Individual agency response to levels of needs will vary depending on the individual agency but their responses should all support this framework, and deliver appropriate interventions for children and families.

**PARTNERSHIPS AND JOINT WORKING ARE KEY TO ENSURING POSITIVE OUTCOMES FOR CHILDREN, AND TO REDUCE THE NEED FOR MORE INTENSE INTERVENTIONS AT A LATER STAGE.**

This document replaces the previous LSCB 'Threshold Guidance' document. The name of the guidance has been changed to place greater emphasis on responding to 'levels of need' and specifically focus on improving outcomes for children at the earliest opportunity, through effective partnership working with families and partner agencies.

For the same reason, the Common Assessment Framework (CAF) remains as the framework for partnership and joint working but the terminology has been replaced with 'Early Help Assessment Tools' to give stronger emphasis to Early Help as the need for multi-agency working remain as important as ever.

[liverpool.gov.uk/council/strategies-plans-and-policies/](http://liverpool.gov.uk/council/strategies-plans-and-policies/)

This framework follows the 'windscreen model' which illustrates when services begin from early help to statutory intervention.

The aim is that as far as possible, children's needs should be met within universal provision, but where additional needs are identified, flexible support should be introduced at the earliest opportunity, with parental (and/or child where age appropriate) consent, thus alleviating problems that have started to emerge, prevent problems from escalating and help to improve outcomes.

This guidance will assist all agencies and professionals effectively and accurately assess levels of need and/or risk of children and families in Liverpool so that a timely response is provided by services to meet the level of assessed need.

Working Together to Safeguard Children (2013) gives responsibility to Safeguarding Children Boards to assess the effectiveness of early help offered to families and whether agencies are fulfilling their statutory obligation to work together to provide the early help assessment. LSCBs are also required to publish local protocols for assessment of need, including how the need is identified and met through the Common Assessment Framework. In Liverpool, this is now referred to as the Early Help Assessment Tool (EHAT), and Single Assessment as the statutory assessment of the Local Authority.

In some circumstances, a child's and family's needs and levels of concern may not be met through coordinated early help, and consequently there may be need to provide more intensive or specialist support lead by social care. The term 'step up' is often used to describe this process.

Equally, the term 'step down' is used to describe children and families moving from a high level of intervention, including statutory intervention, to a lower level of coordinated support. This is important in ensuring that issues do not re-escalate.

## What Is Early Help?

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Early Help refers both to help in the critical early years of a child's life, when the fundamental building blocks of future development are laid, and also help throughout a child, young person and family's life too. This should happen as soon as possible when difficulties emerge in order to prevent problems from becoming entrenched or escalating. Early help is underpinned with Universal Services to identify the need for support at an early stage for those families who may need it.

Effective early help may occur at any point in a family's life, from pre-birth to teenage years. The development of an effective early help offer is the responsibility of all strategic partners, and is a responsibility shared with families and their communities.

Our ambition is that families, particularly those with multiple and complex needs, will have access to co-ordinated early help

in accordance with need as soon as difficulties are identified. This support should be personalised, multi-agency, evidence based and embedded within a whole family approach. Children and young people in those families will be supported to live safe, healthy and fulfilling lives, and to develop into responsible adult citizens. Early help can break the intergenerational cycle of risk and vulnerability. Families will become more resilient and develop capabilities to prevent and resolve problems themselves.

Early help can reduce demand for higher cost specialist services and achieve greater use of community based universal preventative services. Families and local communities will become resilient through early help.

For further information, see [Liverpool's Integrated Early Help Strategy](#)

## How to use the Levels of Need Framework

This is a guide for practitioners and managers in every agency that works with, or is involved with children, young people and their families. The framework follows the 'windscreen model' illustrated within this document. Its' aim is to assist practitioners and managers in assessing and identifying a child's level of need; what type of service/resources may meet those needs, and the process to follow in moving from an identification of need to provision of services. It is important that all agencies understand the needs of each individual child within their own context and realise that each child's situation is unique and specific to them. What follows is therefore a guide for clarification to assist professional judgements in determining the next actions in meeting those needs.

It is crucial to ensure a range of service provision is available to meet the needs of children in the community and to ensure that the appropriate services are accessed to meet those needs in a strong integrated manner.

The framework and approach adopted is underpinned by the following principles:

- Children in levels 2-4 also need and use universal services
- Children's needs can move from one level to another, and it should not be necessary for those needs to be captured more than once.

- Children should be enabled to move quickly and effortlessly to the required service response without necessarily going through each level.
- Where needs appear to have been met, families should be able to choose to keep an open (suspended) Early Help Assessment Tool, (formerly known as CAF) so they can share with services should needs re-emerge at a later stage.
- Children and young people have a right to have their voice heard – and this should have a strong influence on what happens next.

There will be times when there are differences of views/perceptions how best to support a child and family and the levels of intervention required by different agencies. In the first instance, this should be resolved with the multi-agency group, and if agreement is not reached and cases become 'stuck' then the practitioner who disagreed with the outcome should notify their manager, who in turn should consult and use the escalation process.

This process is based on agencies assessing and describing the needs of the child by using the Early Help Assessment Tool or by contacting Careline and providing information to request statutory service support using the multi-agency form. Reference should always be made to this Responding to Need Guidance and Levels of Need Framework.

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This framework is designed to help everyone to:

- think clearly and achieve a holistic approach
- understand the child in the context of their family and wider community
- develop ideas and solutions with children and their families, so that timely support is provided at the right level.

The framework describes how the Early Help Assessment Tool (EHAT) can be used by all services to provide the holistic overview of needs, and if necessary, to inform statutory assessments where needs require acute or specialist support.

- At levels 2 & 3, the framework describes the Team Around the Child/Family approach, which is facilitated by a Lead Professional.
- Level 4 describes children with acute specialist needs where statutory assessments are required

In these cases the Local Authority Children's Social Care Services leads and assesses the needs of the child alongside other professionals using a Single Assessment.

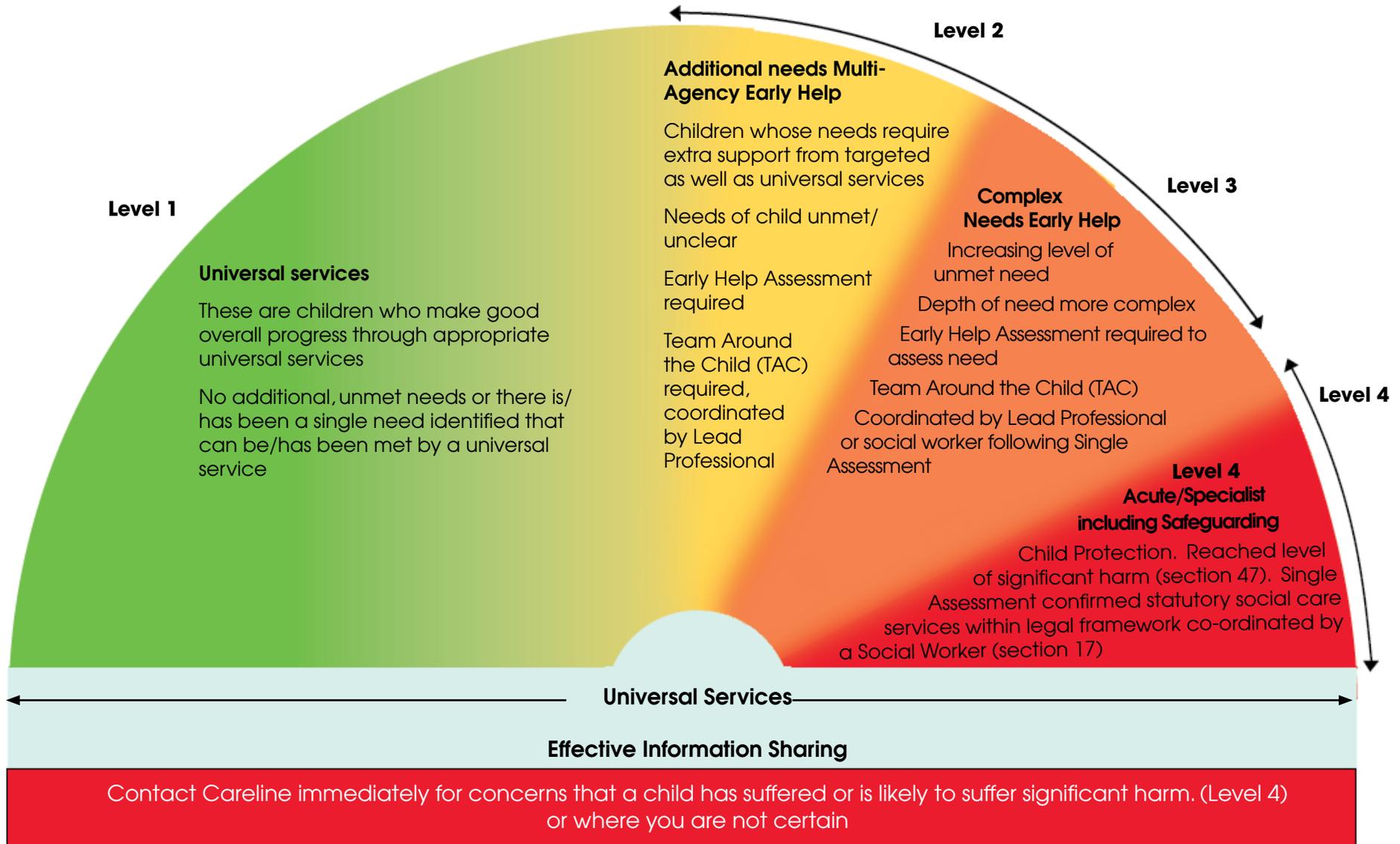
Agencies working with children and their families should always aim to support identified needs within their own agency or in partnership with other agencies or services. Where acute/specialist service needs have been identified, a social care single assessment is required. An Early Help Assessment Tool will inform the Single Assessment.

If needs escalate beyond early help and require statutory intervention, Careline should be contacted to discuss the best way to meet those needs

The term 'step up' and 'step down' is commonly used to describe children moving between levels of need and is used within the framework to describe the process by which children's needs can change. This requires all professionals working with children and their families to be familiar with the approach so that if and when a service is terminated, due to a change in need, there is a clear and agreed response for service support.

Although consent is required for completion of an EHAT, where this is stated throughout this document, you are reminded that consent is not needed where there are safeguarding concerns or there may be legal powers permitting the sharing of information. Practitioners working with families undertaking an Early Help Assessment should always explain clearly what the consent statement means for the avoidance of any misunderstandings.

# Promoting Children's Wellbeing in Liverpool - Levels of need as a continuum



The windscreen model is used for illustration only and does not necessarily reflect the proportions of families within Liverpool that come under the levels of needs described.

# Understanding Levels of Need

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## Level 1

### **Universal services**

Children and young people make good overall progress in all areas of development. These children receive appropriate universal services, such as health, care and education. They may also use leisure and play facilities, housing or voluntary sector services. These children may have a single identified need that can be adequately met by a universal service. However, if further additional needs are identified, an Early Help Assessment (formerly known as a CAF) will be required to step up to Level 2 or 3.

## Level 2

### **Early Help Multi-Agency Support (More than a single service)**

Children and young people who require some extra support/intervention. This may be short term, but requires a co-ordinated response from services. Children and young people will benefit from an Early Help Assessment/Team Around the Child (or Family) arrangement to ensure needs are met and escalation of need is minimised. An Early Help Assessment will also ensure that information is held centrally and visible (with consent) to other professionals who may also have concerns.

## Level 3

### **Complex Needs: Targeted Support**

Children and young people with increasing levels of un-met needs that are more significant or complex. It might be that specialist and statutory intervention is needed and needs will be met through multi-agency working arrangements. The Early Help Assessment and subsequent Team Around the Child (or Family) meeting should be co-ordinated to address the needs of the child and reduce further escalation of need. The Early Help Assessment will indicate if specialist/statutory intervention is needed and where concerns appear to need 'stepping up' to Level 4. The Early Help Assessment should be led by one Lead Professional from a range of services or can be a Social Worker.

## Level 4

### **Acute and Specialist Needs: Safeguarding/Statutory Social Care Services (Careline referral accepted)**

Children and young people who are 'in need' and require a statutory service to promote their welfare (section 17), and children and young people whose needs demonstrate significant harm or risk of significant harm (section 47). Needs at Level 4 are complex and cross many domains/determinants. These are cases of a Child Protection nature where there is 'reasonable cause' to suspect suffering or likely suffering of significant harm, (as defined by Children Act). They will be co-ordinated and led by a Social Worker. The Early Help/Team around the Child (or Family) process will be used to 'step down' to a lower level when the level of risk and/or need reduces.

# Determinants of Need (Not exhaustive, but an indication of factors affecting needs)

## A Development needs of baby, child or young person (including unborn child)

| Determinant             | Level 1<br>Universal   | Level 2<br>Additional Needs Multi-Agency<br>Early Help Assessment  | Level 3<br>Complex – Targeted<br>Early help Assessment   | Level 4<br>Acute/Specialist<br>Careline  |
|-------------------------|--|--|--|--|
| Health:                 | <ul style="list-style-type: none"> <li>• Physically Well</li> <li>• Adequate diet/hygiene/clothing</li> <li>• Developmental Checks/immunisations up to date</li> <li>• Regular dental/optical care</li> <li>• Health appointments kept</li> <li>• Speech and language development met</li> </ul> | <ul style="list-style-type: none"> <li>• Defaulting on immunisation/checks</li> <li>• Susceptible to minor health problems</li> <li>• Slow in reaching developmental milestones</li> <li>• Minor concerns re diet/hygiene</li> <li>• Smokes/Alcohol concerns</li> <li>• Starting to default on health appointments</li> <li>• Teenage Pregnancy (consider age and social circumstances)</li> </ul> | <ul style="list-style-type: none"> <li>• Concerns re: diet, hygiene, clothing</li> <li>• Some chronic health problems</li> <li>• Missing routine and –non routine health appointment</li> <li>• Substance misuse</li> <li>• Developmental milestones are unlikely to be met</li> <li>• Concerns around mental health</li> <li>• Teenage pregnancy (multi-agency response consider age and social circumstances)</li> </ul> | <ul style="list-style-type: none"> <li>• Severe/chronic health problems</li> <li>• Persistent substance w</li> <li>• Developmental milestones unlikely to be met</li> <li>• Teenage pregnancy (acute level of need)</li> <li>• Serious mental health issues</li> </ul> |
| Education and Learning: | <ul style="list-style-type: none"> <li>• Skills/interest</li> <li>• Success/achievement</li> <li>• Cognitive development</li> <li>• Access to books and toys, play</li> </ul>  | <ul style="list-style-type: none"> <li>• Some identified learning or physical disability needs requiring support</li> <li>• Poor punctuality</li> <li>• Pattern of school absences</li> <li>• Not always engaged in learning - poor concentration/low motivation/interest</li> <li>• Not reaching educational potential</li> <li>• Limited access to books/toys</li> </ul>                         | <ul style="list-style-type: none"> <li>• Significant learning needs and may have Statement or Educational needs (or Education Health Care Plan)</li> <li>• Poor school attendance and Punctuality</li> <li>• Some fixed term exclusions</li> <li>• Not engaged in Education or reaching educational potential</li> </ul>   | <ul style="list-style-type: none"> <li>• Out of school</li> <li>• Permanently excluded from school or at risk permanent exclusion</li> <li>• No access to leisure activities</li> </ul>  |

**A Development needs of baby, child or young person (including unborn child) continued. . .**

|   |  |  |   |   |
|---|--|--|---|---|
| <p>Emotional and Behavioural Development:</p> | <ul style="list-style-type: none"> <li>• Feelings/actions demonstrate appropriate responses</li> <li>• Good quality early attachments</li> <li>• Able to adapt to change</li> <li>• Able to demonstrate empathy</li> </ul> | <ul style="list-style-type: none"> <li>• Some difficulties with peer group relationships and adults</li> <li>• Concern of self-harm (including substance misuse)</li> <li>• Some evidence of inappropriate responses and actions</li> <li>• Can find managing change difficult</li> <li>• Starting to show difficulties Expressing empathy</li> <li>• Low self esteem/self confidence</li> </ul> | <ul style="list-style-type: none"> <li>• Finds it difficult to cope with anger, frustration and upset</li> <li>• Disruptive/challenging behaviour at school or in neighbourhood</li> <li>• Cannot manage change</li> <li>• Unable to demonstrate empathy</li> <li>• Repeated episodes of self-harm and/or substance misuse</li> </ul> | <ul style="list-style-type: none"> <li>• Regularly involved in anti-social/criminal activities</li> <li>• Puts self or others in danger eg missing from home or in care</li> <li>• Suffers from period of depression</li> <li>• Suicide attempts</li> <li>• Children at risk of sexual Exploitation</li> </ul>  |
| <p>Identity:</p>                              | <ul style="list-style-type: none"> <li>• Positive sense of self and abilities</li> <li>• Demonstrates feelings of belonging and acceptance</li> <li>• Sense of self</li> <li>• Ability to express needs</li> </ul>         | <ul style="list-style-type: none"> <li>• Some Insecurities around identify expressed, low self -esteem for learning</li> <li>• May experience bullying around 'difference'</li> <li>• Unsure or unable to disclose sexual orientation</li> </ul>   | <ul style="list-style-type: none"> <li>• Is subject to discrimination, e.g. racial, sexual, or due to disabilities</li> <li>• Demonstrates significantly low self-esteem in a range of situation</li> </ul>   | <ul style="list-style-type: none"> <li>• Experiences persistent discrimination e.g. racial, sexual orientation or disability</li> </ul>   |
| <p>Family and Social Relationships:</p>       | <ul style="list-style-type: none"> <li>• Stable, affections with care givers</li> <li>• Good relationships with siblings</li> <li>• Positive relationships with peers</li> </ul>   | <ul style="list-style-type: none"> <li>• Some support from family and friends</li> <li>• Some difficulties sustaining relationships</li> <li>• Gang associations through relatives, peers or relationships</li> </ul>  | <ul style="list-style-type: none"> <li>• Has lack of positive role models</li> <li>• Misses school or leisure activities</li> <li>• Peers also involved in challenging Behaviour</li> <li>• Involved in conflicts with peers/siblings</li> <li>• Regularly needed to care for another family member</li> </ul>                        | <ul style="list-style-type: none"> <li>• Periods of being accommodated by the Local Authority</li> <li>• Family breakdown related in someway to child's behavioural difficulties</li> <li>• Subject to physical, emotional or sexual abuse or neglect</li> <li>• Main carer for family member</li> <li>• Unaccompanied asylum seeker</li> <li>• Where parents have made private fostering arrangements</li> </ul> |

## A Development needs of baby, child or young person (including unborn child) continued. . .

|                      |  |   |   |   |
|----------------------|--|---|---|---|
| Social Presentation: | <ul style="list-style-type: none"> <li>• Appropriate dress for different circumstances</li> <li>• Good level of personal hygiene</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Can be over-friendly or withdrawn with strangers</li> <li>• Can be provocative in appearance and behaviour</li> <li>• Personal hygiene starting to be a problem</li> </ul> | <ul style="list-style-type: none"> <li>• Is provocative in behaviour/ Appearance</li> <li>• Clothing is regularly unwashed</li> <li>• Hygiene problems</li> </ul> | <ul style="list-style-type: none"> <li>• Poor and inappropriate self-Presentation</li> </ul>  |
| Self –care skills:   | <ul style="list-style-type: none"> <li>• Growing level of competencies in practical and emotional skills such as feeding, dressing and independent living skills.</li> </ul> | <ul style="list-style-type: none"> <li>• Not always adequate self-care e.g. poor hygiene</li> <li>• Slow to develop age-appropriate self-care skills.</li> </ul>  | <ul style="list-style-type: none"> <li>• Poor self-care for age, including hygiene</li> <li>• Inappropriately able to care for self</li> </ul>                    | <ul style="list-style-type: none"> <li>• Neglects to use self-care skills due to alternative priorities, eg substance misuse</li> </ul> |

## B Parents and Carers

| Determinant      | <b>LEVEL 1<br/>Universal</b>   | <b>LEVEL 2<br/>Additional Needs Multi-Agency<br/>Early Help Assessment</b>   | <b>LEVEL 3<br/>Complex- targeted Early<br/>help assessment</b>  | <b>LEVEL 4<br/>Acute/specialist Careline</b>   |
|------------------|--|--|---|--|
| Basic Care:      | <ul style="list-style-type: none"> <li>• Provides for child's physical needs e.g. food, drink and appropriate clothing, medical and dental care</li> </ul> | <ul style="list-style-type: none"> <li>• Engagement with services is Poor</li> <li>• Requires advice on parenting issues</li> <li>• Professionals are beginning to have some concerns around child's physical needs being met</li> </ul> | <ul style="list-style-type: none"> <li>• Difficulty engaging parents with services</li> <li>• Struggling to provide adequate care</li> <li>• Previously Looked after LA</li> <li>• Professionals have serious concerns e.g. parental drug/alcohol misuse, learning difficulties/mental health etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Unable to provide 'good enough' parenting that is adequate and safe, including unborn child</li> <li>• Mental health problems/ Substance misuse significantly affect care of child</li> <li>• Parents unable to care for previous children</li> </ul> |
| Ensuring Safety: | <ul style="list-style-type: none"> <li>• Protects from danger or significant harm, in the home and elsewhere</li> </ul>                                    | <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> </ul>                                      | <ul style="list-style-type: none"> <li>• Perceived to be a problem by parents</li> <li>• May be subject to neglect</li> <li>• Experiencing unsafe situations</li> </ul>   | <ul style="list-style-type: none"> <li>• Instability/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> </ul>  |

## B Parents and Carers continued . . .

|                                 |  |  |   |   |
|---------------------------------|--|--|---|---|
| <p>Emotional Warmth:</p>        | <ul style="list-style-type: none"> <li>• Shows warm regard, praise and encouragement</li> </ul>  | <ul style="list-style-type: none"> <li>• Inconsistent responses to child by parent(s)</li> <li>• Able to develop other positive Relationships</li> </ul>                           | <ul style="list-style-type: none"> <li>• Receives erratic or inconsistent care</li> <li>• Has episodes of poor quality of care</li> <li>• Instability affects capacity to nurture</li> <li>• Has no other positive relationships</li> </ul> | <ul style="list-style-type: none"> <li>• Parents inconsistent, highly critical or apathetic towards child</li> </ul>                                    |
| <p>Stimulation:</p>             | <ul style="list-style-type: none"> <li>• Facilitates cognitive development through interaction and play</li> <li>• Enables child to experience success</li> </ul>  | <ul style="list-style-type: none"> <li>• Spends considerable time alone, eg watching television/computer games</li> <li>• Child is not often exposed to new experiences</li> </ul> | <ul style="list-style-type: none"> <li>• Not receiving positive stimulation, with lack of new experiences or activities</li> </ul>  | <ul style="list-style-type: none"> <li>• No constructive leisure time or guided play</li> </ul>   |
| <p>Guidance and Boundaries:</p> | <ul style="list-style-type: none"> <li>• provides guidance so that child can develop an appropriate internal model of values and conscience</li> </ul>   | <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> </ul>  | <ul style="list-style-type: none"> <li>• Erratic/inadequate guidance provided</li> <li>• Parent not offering good role model eg behaving in an anti-social way</li> </ul>   | <ul style="list-style-type: none"> <li>• No effective boundaries set</li> <li>• Regularly behaves in an anti-social way in the neighbourhood</li> </ul> |
| <p>Stability:</p>               | <ul style="list-style-type: none"> <li>• Ensures that secure attachments are not disrupted</li> <li>• consistency of emotional warmth over time</li> <li>• Ensures child accesses education available to them</li> </ul> | <ul style="list-style-type: none"> <li>• Key relationships with family members not always maintained</li> <li>• Starting to demonstrate difficulties with attachments</li> </ul>   | <ul style="list-style-type: none"> <li>• Has multiple carers</li> <li>• Has been Looked After by LA</li> </ul>  | <ul style="list-style-type: none"> <li>• Beyond parental control</li> <li>• Has no-one to care for child</li> </ul>                                     |

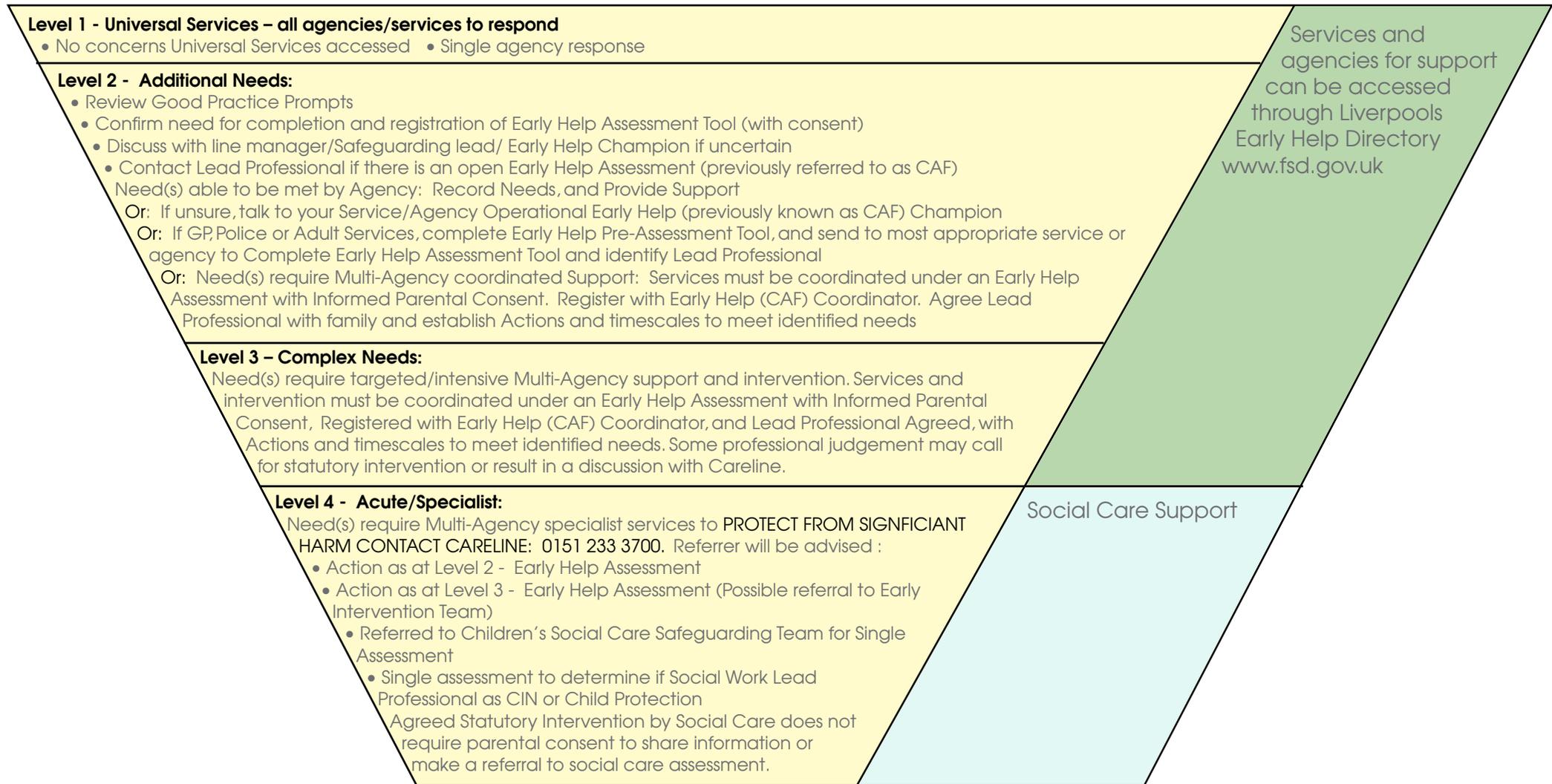
**C Family and Environmental Factors**

| Determinant                     | <b>LEVEL 1<br/>Universal</b>   | <b>LEVEL 2<br/>Additional Needs Multi-Agency<br/>Early Help Assessment</b>   | <b>LEVEL 3<br/>Complex- targeted Early help<br/>assessment</b>   | <b>LEVEL 4<br/>Acute/specialist Careline</b>  |
|---------------------------------|--|--|--|---|
| Family History and Functioning: | <ul style="list-style-type: none"> <li>• Good relationships within family, even when parents are separated</li> <li>• Few significant changes in family composition</li> </ul> | <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 eg through bereavement or separation</li> <li>• Looked after by younger sibling</li> <li>• Parent has physical or mental health issues</li> <li>• Multiple changes of address</li> <li>• History of Abuse</li> <li>• Parents ability to cope with needs of disabled child</li> </ul> | <ul style="list-style-type: none"> <li>• Incidents of domestic violence between parents</li> <li>• Acrimonious divorce/ separation</li> <li>• Family have serious physical and mental health difficulties</li> </ul> | <ul style="list-style-type: none"> <li>• Significant parental discord and persistent domestic violence</li> <li>• Poor Relationships between siblings</li> </ul>  |
| Wider Family:                   | <ul style="list-style-type: none"> <li>• Sense of larger familial network/good friendships outside of family unit</li> </ul>   | <ul style="list-style-type: none"> <li>• Some support from friends and family</li> <li>• Caring responsibilities</li> </ul>  | <ul style="list-style-type: none"> <li>• Family has poor relationship with extended family/little communication</li> <li>• Caring responsibilities with no agency support</li> </ul>                                 | <ul style="list-style-type: none"> <li>• No effective support from extended Family</li> <li>• Destructive/unhelpful involvement from extended family</li> </ul>   |
| Housing:                        | <ul style="list-style-type: none"> <li>• Has basic amenities and appropriate Facilities</li> </ul>   | <ul style="list-style-type: none"> <li>• Adequate/poor housing</li> <li>• Living in Gang neighbourhood</li> </ul>  | <ul style="list-style-type: none"> <li>• Poor state of repair, temporary or Overcrowded</li> <li>• Homeless, Living in Hostel.</li> </ul>  | <ul style="list-style-type: none"> <li>• Physical accommodates places child in danger</li> </ul>  |
| Employment:                     | <ul style="list-style-type: none"> <li>• Parents able to manage working/Unemployment and do not perceive them as unduly stressful</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Periods of unemployment of the wage earning parent(s)</li> <li>• parents have limited formal education</li> <li>• Parents starting to feel stressed around unemployment or work situation</li> </ul>  | <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>               | <ul style="list-style-type: none"> <li>• Chronic unemployment, severely affecting parent's own identity</li> <li>• Unable to gain employment due to lack of basic skills or long term difficulties eg substance misuse</li> </ul> |

**C Family and Environmental Factors continued ...**

|                            |  |  |  |   |
|----------------------------|--|--|--|---|
| Income:                    | <ul style="list-style-type: none"> <li>• Reasonable income over time, resources used appropriately to meet needs</li> </ul>          | <ul style="list-style-type: none"> <li>• Low income</li> </ul>   | <ul style="list-style-type: none"> <li>• Serious debts/poverty impact on ability to meet basic needs</li> </ul>  | <ul style="list-style-type: none"> <li>• Extreme poverty/debt impacting on ability to care for child</li> </ul>                         |
| Family Social Integration: | <ul style="list-style-type: none"> <li>• Family Integrated into community</li> <li>• Good social and friendships networks</li> </ul> | <ul style="list-style-type: none"> <li>• Family may be new to the area</li> <li>• Some social exclusion experiences</li> </ul> | <ul style="list-style-type: none"> <li>• Parents socially excluded</li> <li>• Lack of support networks</li> <li>• Associating with young people who are sexually exploited.</li> </ul> | <ul style="list-style-type: none"> <li>• Family chronically socially excluded</li> <li>• No supportive Network</li> </ul>               |
| Community Resources:       | <ul style="list-style-type: none"> <li>• Good universal services in neighbourhood</li> </ul>   | <ul style="list-style-type: none"> <li>• Adequate universal resources but family may have access issues</li> </ul>             | <ul style="list-style-type: none"> <li>• Poor quality universal resources and access problems to these and targeted service</li> </ul>   | <ul style="list-style-type: none"> <li>• Poor quality services with long-term difficulties with accessing target populations</li> </ul> |

# Liverpool's Route to Support



Children may have needs at more than one level and may move between levels (step up/step down)

Careline: 0151 233 3700

Early Help Assessment Co-ordinator: 0151 233 5772

This guidance provides the general rules for most circumstances. However, all actions and decisions must be informed by professional judgement and the need to ensure the best outcomes for a child.

An Early Help Assessment Tool\* must be completed where needs have been identified that require Agency /Services to support that need. Check first if one is already registered and open with the Early Help (formerly CAF) Coordinator.

To check if an Early Help Assessment (formerly CAF) is already 'open', please contact the Early Help Coordinator: 0151 233 5772. If one is open you will be advised how to contact the lead professional. If one is not open you will be given a EHAT number to register the assessment.

**IF THERE IS AN IMMEDIATE AND/OR SIGNIFICANT RISK TO A CHILD, A REFERRAL SHOULD ALWAYS BE MADE TO CARELINE.**

**IF YOU BELIEVE A CRIME HAS BEEN COMMITTED, THE POLICE SHOULD ALSO BE INFORMED. TEL: 709 6010**

Social Work Teams are specialist or acute services, providing assessment, planning, review and monitoring for children whose

needs are complex/acute and at risk of family breakdown. These teams will carry out a Single assessment (replaces Initial and Core Assessment), and investigations under Sec 47, The Children Act 1989. They provide services at level 4 and sometimes at level 3 where the Single Assessment has confirmed Child in Need Status (Sec 17).

If you know a case is open to Social Care, contact the relevant social work team directly. If you are not sure, contact Careline (233 3700). A referral into Social Care will be via Careline, which is the first point of contact for all initial referrals. A decision will be made about whether the request for the service/referral meets the criteria for statutory services at Level 3-4. This decision must be made within 24 hours of the request for a service/referral. Careline will inform the referrer of the outcome and will also be the contact point for the team who are dealing with the referral. If a request for a service or a referral does not meet the criteria for social care involvement you will be advised accordingly.

Where the request does not meet the criteria for statutory intervention, you should undertake an Assessment of need using the Early Help Assessment Tool (EHAT)..

\*or Early Help Pre-Assessment Tool for Police, GPs and Adult Services

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**When making a referral, Careline will require:**

- full details about the child and their circumstances
- clear details on what concerns you have about the child
- whether or not the family are aware that you have contacted Careline
- a multi-agency referral form following the conversation – accessed through LSCB/Careline website
- your availability to undertake a joint visit to the family with a Social Worker if required

**Callers should expect the following from Careline:**

- whether or not a referral will be accepted based on a clear rationale from the levels of need
- if accepted, the referral will be passed to the relevant team for a further discussion on appropriate action
- a Single Assessment will be undertaken by a social worker and you will be asked to contribute to this assessment and then advised of the outcome
- advice on how to proceed if a referral is not accepted – this may include a recommendation to undertake an Early Help Assessment or contacting other agencies

## Useful Links

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**All definitions used in this document have been taken from Working Together 2013**

[Early Help Assessment](#)

[LSCB](#)

[Children's Services Procedures](#)

[Working Together 2013](#)

[Liverpool Family Services Directory](#)

## Good Practice Prompts

Information from Serious Case Reviews continues to highlight that when faced with the complex circumstances of a child's life, professionals find it difficult to keep the focus on the child and the key elements which should contribute to his or her safety.

Professionals should regularly consider these questions as a good practice prompts:

- ✓ have you been able to speak to the Child alone ? Can you still do so ?
- ✓ is the child at immediate risk of harm (Physical, Sexual, Neglect and Emotional) ?
- ✓ is there further information you have about the child and their family ? (Lack of information should not stop you making a referral, if you consider a child to be at risk)
- ✓ are there other children (siblings, peers) who could be at risk from harm?
- ✓ is there a parent or carer at risk of harm ? Do the parent or carer and the children have a safety plan ?
- ✓ is it safe to discuss your concerns with the child's parents or will doing so put the child at greater risk of harm ?
- ✓ is there a reason that makes it likely that the child will resist efforts to safeguard him/her (eg need for drugs) ?
- ✓ have you recorded everything that has been said to you by the child ?
- ✓ have you recorded everything that has been said by the parent/family and other professionals ?
- ✓ have you recorded everything that you have said to others?
- ✓ have you discussed your concerns with your agency nominated Safeguarding Children Lead ? If not, have you been able to reflect on your concerns with a colleague (in your agency or another agency) ? If you are unable to speak to your Safeguarding Lead, advice can be sought through your agency Early Help Champion or Careline Social Workers.
- ✓ have you complied with your agency's child protection procedures?
- ✓ is there a need to inform the police because a crime may have been committed ?
- ✓ if consent for a referral is not provided, advice can still be requested from Careline Social Workers on a hypothetical basis.

# Liverpool Safeguarding Children Board