

Trafford Strategic Safeguarding Partnership

DETERMINING THE LEVELS OF NEED FOR A CHILD, YOUNG PERSON AND FAMILY





Introduction

This information is to help professionals assess and understand the needs of a family who may require additional support in order to thrive.

The majority of families will never go beyond Universal Services. Others will only dip into additional services while others will need varying levels of support throughout their lives.

The Levels of Need are designed to support professionals when making decisions about what level of support a family needs and what tools and other agencies are available to support this work.

Who should use this document?

Any professional or agency who is in contact with children, young people and their families, who have a concern about them but require initial advice about how to support them.

Any service provider who requires clarity on the Levels of Need to enable them to be consistent in how they can offer the best support to a family.

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

The Levels of Need

The table on the next page outlines the five levels of need to help you identify what level you need to work at and the actions to take.

Level		Description: At this level the child or family	What Needs to happen next?	Assessment Required Referral Process
Universal	Level 1	is thriving without requirement for additional support and all needs are being met by universal services, for example Health Visitor, School Nurse, Dentist or School.	Ensure that all families are aware of the Family Information Service and are registered with Education and Training providers, Health Services and Community Groups.	Use of Trafford Directory
Early Help / Prevention	Level 2	may require or would benefit from additional input or support from an agency/agencies.	When a child begins to display emerging needs requiring additional support, services already working with the child should support the family by undertaking an assessment and develop an Outcome Plan. This will identify support from within the local community or a specific intervention.	Assessment required for example Early Help Assessment. Referral Form for specific agency
Intensive Family Support	Level 3	are experiencing multiple and/or complex needs. The family is struggling to effect change without the support and intervention of services. There is a need for a greater level of support including regular home visits.	If a child or family's issues are more complex and cannot be managed within the community and the family consent, additional support can be sourced through Intensive Family Support. This would include support in the home, pulling in multi-agency partners who are, or need to be, involved with the child and family in order to achieve a positive outcome	Early Help Assessment; which will be required when referring for Intensive Family Support.
Child In Need	Level 4	is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services. The child's health or development is likely to be significantly impaired, or further impaired without the provision of additional services; or the child is disabled.	As the child and family's issues continue to escalate or if interventions are not working and it is felt that the needs cannot be met without the intervention of social care. There should be a sound record of interventions and support offered previously by services to highlight why social intervention is required.	Child and Family Assessment. Referring agency to complete referral.
Child Protection	Level 5	is at risk of or suffering significant harm and is in need of help and protection. Has a high level of unmet and complex needs requiring statutory interventions.	These children require immediate social care intervention to ensure continued safety and positive development and to prevent significant harm. This may lead to them becoming subject to a Multi-Agency Child Protection (CP) Plan or becoming Looked After. Any child subject to a CP Plan or Looked After will have social care intervention already in place.	Child and Family Assessment. Referring agency to complete referral.

Level 1: Universal Services

Universal services are services that are available to everybody and can be accessed by anyone without additional support.

	Strengths	Needs
Child Development	 Developmental milestones have been achieved Age appropriate relationships with peers, parents/carers Healthy lifestyle and makes healthy choices, i.e. healthy eating/weight Resilience and ability to cope with emotional and relationship difficulties Age appropriate communication and language development Positive self-esteem Good personal hygiene Aspirations Does not use drugs or alcohol Child is fit and healthy and has a fully balanced diet 	 Some minimal support required to achieve educational, social and emotional targets Basic additional health targets Receiving additional support in school to achieve educational targets Minimal friendship group, solitary play
Parenting Capacity	 Ensures that basic care needs are met Appropriate to access to health services Appropriate feeding, diet and nutrition Demonstrates Emotional Warmth Uses praise and encouragement Supportive of access to education Good attachments Able to implement boundaries Enables young person to experience success and failure Ability to socialise appropriately and maintain friendships Parents have positive experience of being parented Free from domestic abuse or mental health difficulties impacting on child 	 Requires a prompt or minimal support to respond to uncertainties raised, such as basic literacy needs May require signposting to various agencies occasionally for support to meet needs For a child with a disability this can include the local SEND offer, leisure activities and inclusive services
Family & Environmental Factors	 Registered with a GP and a dentist Supportive and positive relationships with family and extended family No financial difficulties Access to employment (opportunities) On correct benefits Family engage in positive activities within the community A good standard of housing Safety, e.g. smoke alarms, medicine stored safely Living near family/support network Offer support to friends/family Access to transport links 	May require signposting to various agencies occasionally for support to meet needs

Level 2: Early Help / Prevention

"Early Help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early Help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care"

- Working Together to Safeguard Children (2018)

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	Strengths	Needs			
Child Development	 Majority of developmental milestones have been met Maintains appropriate relationships Emotional resilience Adequate to good self-presentation and hygiene skills No substance misuse Can articulate hopes and wishes for the future 	 Not meeting developmental milestones Delayed communication/language development Some difficulty in age related emotional regulation Displaying signs of disruptive or challenging behaviour either at home, in school or at another setting Attendance dips below 90% without medical reason Experiences weight gain or loss that impacts on the child's health Early signs of unhealthy relationships and boundaries Difficulty in separation from primary care giver Associations with negative peer groups Underage experimentation with drugs and alcohol Displays some insecurities around self-confidence / self-esteem Unhealthy use of social media/internet Young carer Quantity and quality of food is variable and inconsistent 			
Parenting Capacity	 Child is supervised, sometimes by extended family Some positive stimulation and new experiences Parents will ensure that health concerns are acted upon No parental substance misuse Free from domestic abuse or mental health difficulties impacting on child Parenting capacity and resilience, where a child has a disability, is good and they access specialist provisions and have access to the community There is conflict between parent and child. However, the resolutions are managed well within the home 	 Poor supervision Occasional missed health appointment Lack of emotional warmth from one or more parent/carer Parents are not engaging with education provisions resulting in poor attendance and/or attainment. Low level parental conflict Parental ill health that is managed by the extended family Displaying symptoms of Post-natal depression Arguments between parent and child leading to intense emotional regulation, i.e. screaming/ shouting and/or threatening behaviour 			
Family & Environmental Factors	 There is an extended support network of family and friends No financial concerns Parents have access to childcare free hours of childcare There are some housing concerns but no disrepair 	 Young person has experienced bereavement Victim of bullying, can be online Have been affected by crime or anti-social behaviour (targeted) Lack of employment but looking for work Family members not on the correct benefits Have been affected by crime or anti-social behaviour (not targeted) Does not engaging in community activities Family is isolated, new to the area, have no friends or family locally Family is isolated due to ESOL 			

Level 3: Intensive Family Support Intensive Family Support services are where a multi-agency approach is required to help families cope with significant stressors or problems that interfere with their ability to nurture their children. **Strenaths Needs** Child not meeting milestones The child has met Have unmet complex needs developmental milestones Chronic. Recurring health problems General health is good Not engaged in Early Years provision Child/young person has some level of emotional resilience Despite intervention attendance is below 90% and still dropping (persistent absentee) The child/voung person Regular fixed term exclusions and/or at risk of permanent displays adequate self-care exclusion skills Has positive peers At risk of becoming/or NEET Child Development associations Behavioural issues identified in school Can show empathy or Displays challenging behaviours at home understanding of Involved in anti-social or criminal behaviour consequences Risky sexualised behaviour Can articulate positive Concerns about young person's substance misuse aspirations for the future Early evidence of self-harm poor emotional wellbeing Presenting as hungry to professionals, with evidence of no healthy meals being offered routinely. Where there is medical evidence that the child is unlikely to achieve/maintain a reasonable standard of health/wellbeing, but parents are engaging and/or there is no immediate risk of significant harm Specific dietary requirements of the child are not met, e.g. nut allergies. Quality of diet includes a disproportionate amount of sugary and fatty foods Parents/cares are willing to Parental substance misuse engage in agency support but Parental mental health require support Lack of emotional warmth Parenting Capacity Parents/carers provide some Parents disengaged in relation to child's behavioural positive stimulation for child concerns No concerns regarding Missed health appointments parental substance misuse Have experienced domestic abuse as a victim or perpetrator Parents see themselves as Regular arguments between carers not resolved part of the solution to appropriately resolving issues Inconsistent care arrangements Free from domestic abuse or Parenting learning or physical disabilities mental health difficulties Conflict between parent and child including violence towards impacting on child parent/damage to property Family are engaged in some There is a lack of a supportive network and some social form of employment isolation

Family & Environmental Factors

- The family has some extended support network
- Housing is stable despite overcrowding or issues of disrepair. Family are rectifying these problems
- The family have access to some social activities
- Risk of eviction or prosecution
- Family in temporary accommodation
- Overcrowding or repair issues impacting on the family
- Financial issues no employment, incorrect benefits, rent arrears
- Parents finding it difficult to find employment due to poor skills
- Community harassment/discrimination
- · Reliance upon food bank or assistance

Level 4: Child in Need

Is unlikely to achieve, maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development, or whose health and development is likely to be significantly impaired or further impaired, without the provisions of services, or a child who is disabled.

Children in Need may be assessed under section 17 of the Children Act 1989 by a social worker - Working Together to Safeguard Children (July 2018)

	- Working Together to Safeguard Children (July 2018)			
Strengths		Needs		
Child Development	 Child or young person does have good self-care skills Can have an understanding of why professionals display concerns Has some good socialisation with peers Knowledge of services available to support No known or repeat antisocial behaviour Observed to be confident 	 Unexplained periods of missing from home Medium risk indicators of CCE/CSE Teen pregnancy Parent at risk of homelessness Child with a disability Child in need of EHCP Child persistently neglected/socially isolated Insecure attachments Has faltering growth with no physical or organic explanation Extreme weight gain or loss impacting on the child's health Significant deliberate self-harm with suicidal ideation but no plans or intent Presenting with severely disruptive and/or challenging behaviours Where there is no medical reason proven the child's health is adversely affected by obesity/underweight as a result of neglect or capacity to change, and will continue to be so without the intervention of services 		
Parenting Capacity	 Parents have a belief that there is a need for change but need guidance Parents have the capacity to meet some of the needs of the children Parents display a willingness to engage in meetings/planning Child has a stable school or day care placement 	 Basic care / safety needs left unmet Disguised compliance Parents displaying low warmth and high criticism Lack of positive stimulation Parents mental health / substance misuse / learning difficulties places child/young person at harm Regular conflict with children involving violence from either party Domestic abuse evident Elective home education refusing to engage in scrutiny or social integration Relationship breakdown between parent and child leading to potential placement breakdown with potential safeguarding issues for younger siblings 		
Family & Environmental Factors	 Child is comfortable in social settings Parents do not have a negative experience of being parented 	 Child is living (independently) in unsuitable accommodation Living in Private Fostering arrangement Chaotic and inconsistent support networks Family members involved in criminality that impacts upon the child Previous social care involvement in past 		

Level 5: Child Protection

When significant harm has been established the Local Authority has powers under Section 47 of the Children Act 1989. Where a Local Authority:

- a) is informed that a child who lives, or is found, in their area who:
- Is subject of an emergency protection order, or
- Is in police custody

b) or they have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm

is like	ly to suffer, significant harm	
	Strengths	Needs
Child Development	 Diagnosed with long term or terminal illness but receives appropriate responses No concerns regarding social or communication difficulties Has one or more secure attachment 	 Non-mobile child with an injury Disclosure and/or evidence of Neglect, Sexual, Physical or Emotional abuse At high risk of CSE/CCE Undertakes dangerous risk taking behaviour including substance misuse Child suffering severe and enduring mental health concerns Little or no learning and development including physical, cognitive and social Put's others at risk due to behaviour Repeated unexplained illnesses or significant GP / A&E attendances Evidence of internet exploitation Gang member or associated with gangs Child with a disability presenting as "in crisis" Child is significantly obese/underweight as a result of neglect with co-morbidity factors impacting on their short and/or long term health outcomes
Parenting Capacity	 Parents are still in contact with professionals about the concerns There are no concerns around substance misuse, learning difficulties or mental health 	 Parents refuse medical attention Parents mental health / substance misuse / learning difficulties places child/young person at significant harm Concern of a fabricated illness Significant and/or prolonged parental domestic abuse where there are children Non-compliance or disguised compliance over concerns raised No positive stimulation Parents do not have the capacity to meet the child's needs or keep them safe from harm
Family & Environmental Factors	 Close relationship with positive role model in the family Services are already in place to tackle welfare and/or safety issues No financial issues 	 Evidence of Force Marriage or Honour Based Violence Female genital mutilation Unaccompanied asylum seeker Extreme poverty Temporary accommodation due to fleeing domestic violence Homelessness Radicalisation / Extremism

Notes	



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