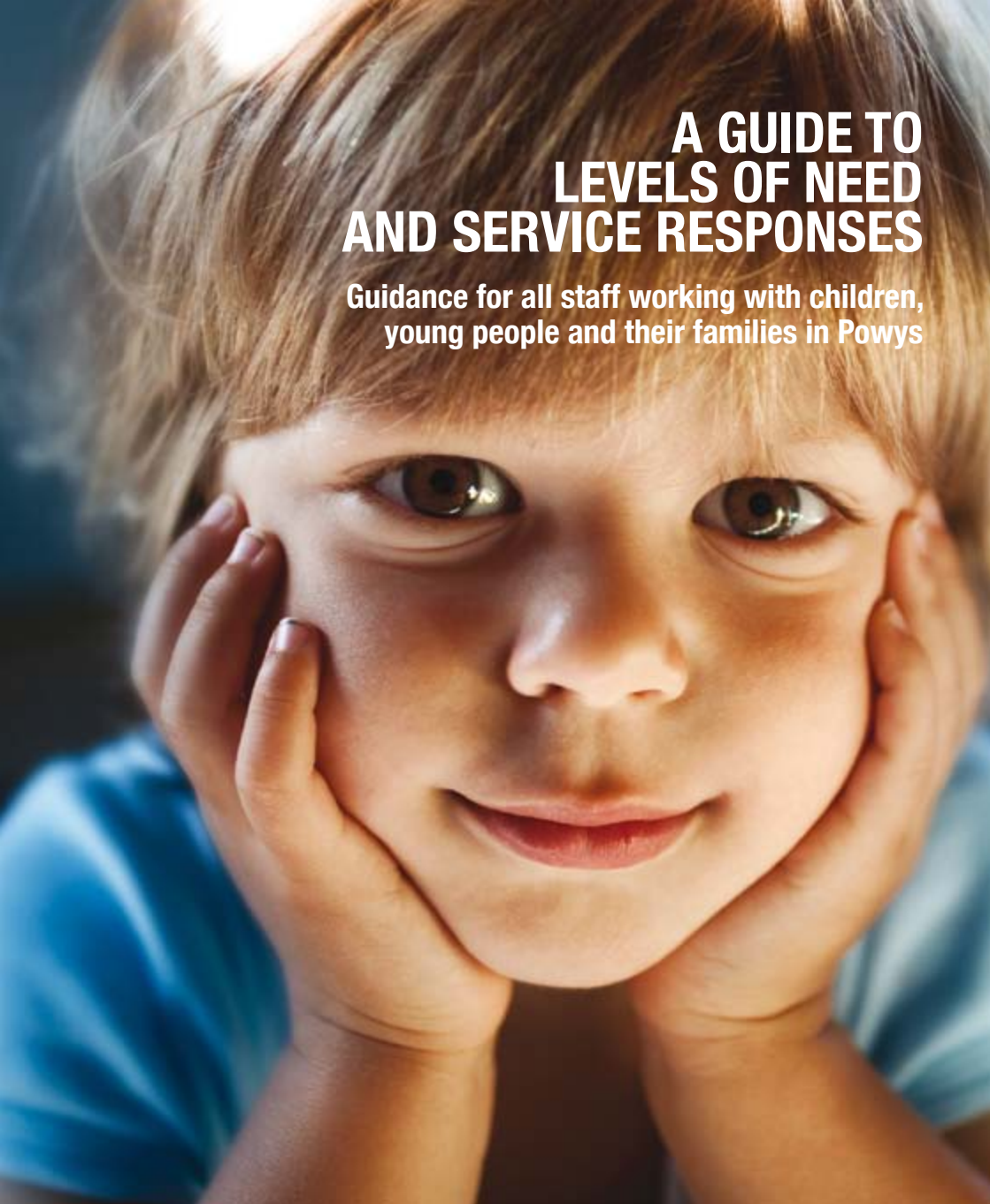


# A GUIDE TO LEVELS OF NEED AND SERVICE RESPONSES

Guidance for all staff working with children,  
young people and their families in Powys



**Bwrdd Lleol Diogelu  
Plant Powys**  
Powys Local Safeguarding  
Children Board



**POWYS**

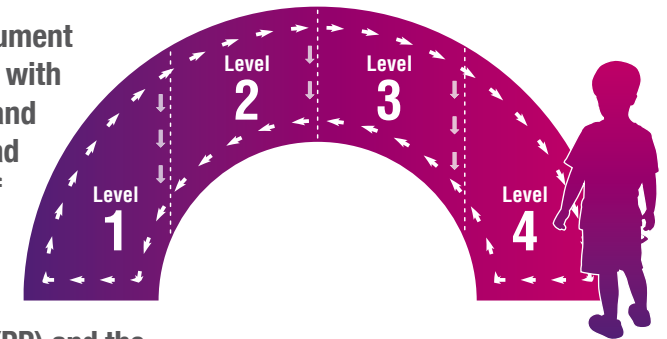
Children & Young People's Partnership  
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## Levels of need and service responses:

Guidance for all staff working with children, young people and their families in Powys

The purpose of this document is to give those working with children, young people and families in Powys a broad overview of the 'levels of need' that have been agreed within the Children and Young People's Partnership (CYPP) and the Local Safeguarding Children Board (LSCB). Wherever possible children and young people's needs will be met through universal services such as schools, primary healthcare, youth service and leisure centres.



The following guidance describes needs in terms of 'levels of need'. This is essentially a schematic way of helping to understand children's needs and how they can be met.

It does not provide a rigid or concrete set of procedures, and recognises that each child's situation is unique. What follows is therefore a guide to offer clarification, not a rigid set of procedures or a check list.

It must be emphasised that the document does not replace published referral criteria for particular services or nationally agreed tiers for specific services for example, Child and Adolescent Mental Health Services and paediatric critical care, rather it shows where such services sit in the local framework.

**If children need extra help this document should assist practitioners and managers in assessing and identifying:**

- A child's level of need
- The type of services/resources, which may meet those needs
- The processes to follow in moving from assessment to provision of services, including appropriate referral to statutory services

**This guidance does not override specific statutory procedures, for example, child protection, but is part of the safeguarding continuum.**



## Levels of need and service responses:

### Guidance for all staff working with children, young people and their families in Powys

Within the approach, services range from those offered locally to every child, to meet universal needs (Level 1), to highly specialised services, accessed in specialist facilities and centres, for needs which occur very rarely (Level 4).

In any approach, the following is crucial to ensure a range of service provision is available and that the appropriate services are accessed to meet the range of need of children in the community.

- children can, and do, move from one level to another
- children in levels 2, 3 and 4 also need and use universal services (Level 1)

Repeated assessments should not be necessary from one level to another

- assessments should be shared and integrated, where possible, between levels, so that children, young people and families' stories are understood as they progress through service provision
- there will be some children, young people and families, for example those with complex needs, who should be enabled to move quickly and effortlessly to the required service response without necessarily going up through each level
- early intervention and prevention are key to stop problems escalating to higher levels wherever possible.

For most children, young people and families the service aspiration is to secure them as low down the level of need as possible.

The diagram on pages 8 and 9 sets out the continuum of need and the services available to children, young people and families in Powys. For some it is clear where they fall on the continuum; for other children and young people a practitioner may need to use the Levels of Need Guidance at the back of this booklet to try to decide whether or not the child/young person and or family has additional needs, and where they might fall on the continuum. This process can help decide whether a Common Assessment Framework (CAF) would be appropriate, to help further clarify need and the appropriate response.

Sometimes it is only by completing a CAF that practitioners can gain a clear understanding of the child, young person or family's level of need and what would be the appropriate service response. CAF will further aid their ability to make judgements because it provides a framework for conversation with the child, young person, carer or parent.

For more information on the CAF visit [www.cypp.powys.gov.uk](http://www.cypp.powys.gov.uk)

## Levels of need and service responses:

Guidance for all staff working with children, young people and their families in Powys



If a child is assessed at a point in time as meeting certain levels of need criteria, this does not mean that they always will. An assessment is an on-going process, not an event; children and young people and their family's needs often change over time and may cross different levels, i.e. high in some areas and low in others. The age of the child/young person and protective factors that may enhance resilience are also important contributory factors. Of central importance in understanding where the needs might lie on this continuum, is the cooperation and engagement of the parents and family carers – a lack of cooperation or appreciation about the concern may of itself raise the level of the need and required response.

Most children and young people's needs will be met through universal services (Level 1) – for example, schools, youth services, GP surgeries – as well as from support from within the family, friendship,

and community networks. A relatively small number of children and young people, at risk of significant harm or significant impairment to health or development, require specialist support (Level 4). In many cases at this level there will be co-ordination by Children's Social Care because the child is highly disabled, accommodated by the NHS or Education, or looked after by the local authority, including in secure settings.

Those in Level 3 will have met the criteria for assessment by Social Care. It will then become a matter of judgement and consultation whether their needs should be referred or can be met lower down the levels. Level 3 includes specialised referral-based services, where a range of professionals work as a team and/or in close co-ordination with other agencies, for example through the Code of Practice for Special Educational Needs.

Level 2 includes the majority of vulnerable children/young people who will have their needs assessed and met by targeted support within a universal type setting.

As set out by Welsh Government, mental health is 'everyone's business', thus references to child and adolescent mental health services do not just refer to the NHS but may include, youth justice services, universal counselling services, education psychology, specialised children's homes and Social Services teams.

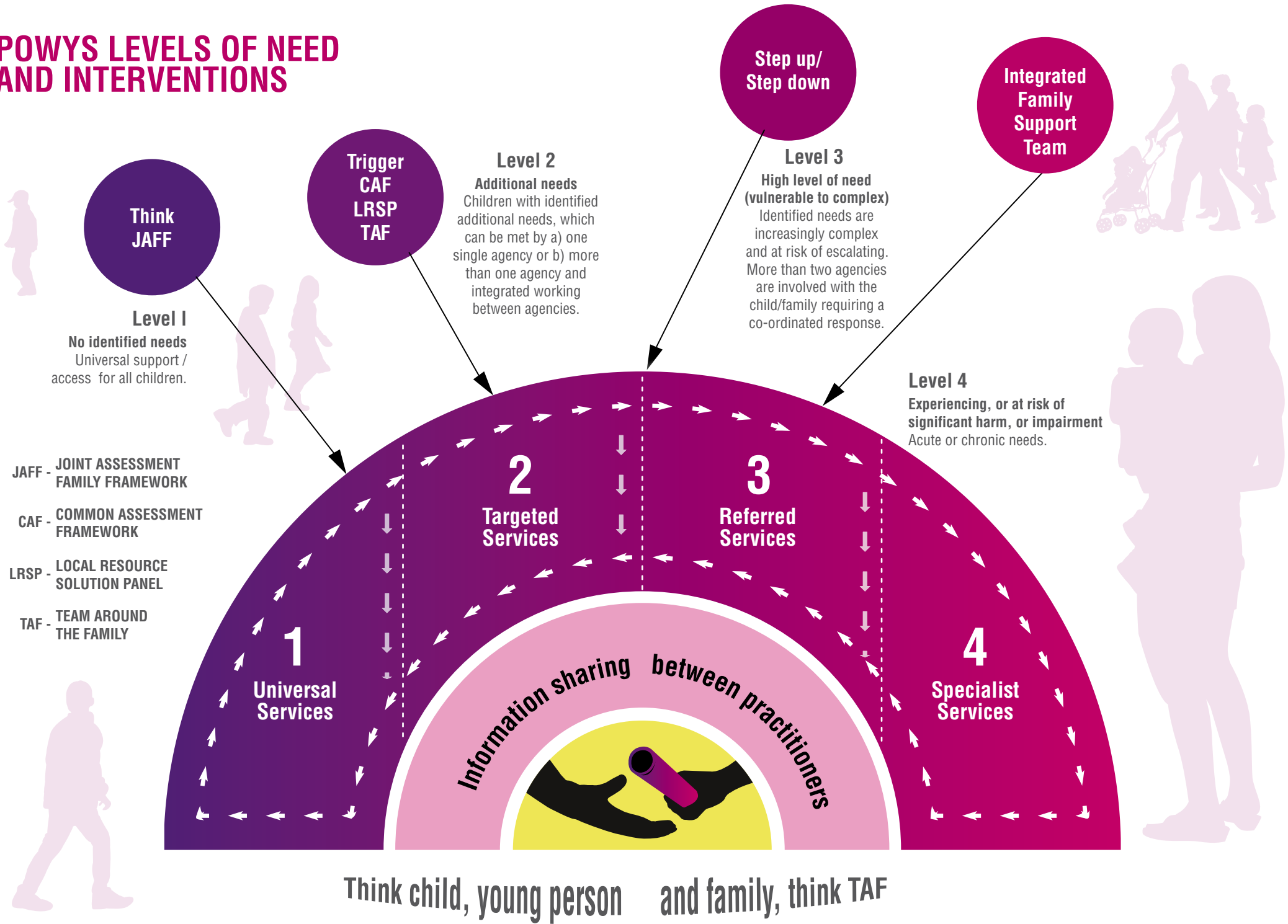


This document is not a definitive check list but an aid only and should be seen alongside internal single agency care or referral pathways such as:

- Education Inclusion Pathway
- Children's Services Care Pathway
- Condition-specific pathways in the NHS, such as for eating disorders
- The Joint Assessment Family Framework (JAFF). This includes the Common Assessment Framework (CAF), Local Resource Solution Panels (LRSPs) and Team Around the Family (TAF).

**It supports agencies' own internal processes to make informed judgments.**

# POWYS LEVELS OF NEED AND INTERVENTIONS





# Levels of Need Guidance

The following is a guide only. In particular, the examples of indicators can only offer a sense of the levels of need. Degrees of severity and combinations of indicators for individual children need to be understood and assessed. The examples cannot be a substitute for professional judgment.

## UNIVERSAL

### LEVEL 1

Child with no additional needs, accessing universal services, including leisure, sport, library and play

#### *Developmental needs of infant/child/young person*

##### **Health**

- Physically well
- Adequate diet / hygiene / clothing
- Developmental checks / immunisations up to date
- Dental and optical care as needed
- Health appointments are kept
- Developmental milestones appropriate
- Speech and language development met
- Appropriate height and weight
- Healthy lifestyle
- Sexual activity appropriate for age
- Good state of mental health

##### **Education and learning**

- Skills / interests
- Success / achievement
- Cognitive development
- Access to books / toys / play

##### **Emotional and behavioural development**

- Universal Counselling and Level 1 support e.g. pastoral carers
- Bereavement
- Family relationships
- Problems
- Bullying

##### **Identity**

- Positive sense of self and abilities
- Demonstrates feelings of belonging and acceptance
- An ability to express needs

#### *Parent, carer and surrounding factors*

##### **Basic care**

- Provide for child's physical needs: food, drink, appropriate clothing, medical and dental care

##### **Ensuring safety**

- Protect from danger or significant harm, in the home and elsewhere

##### **Emotional warmth**

- Show warm regard, praise and encouragement

##### **Stimulation**

- Facilitates cognitive development through interaction and play
- Enable child to experience success

##### **Guidance and boundaries**

- Provide guidance so that child can develop an appropriate internal model of values and conscience

##### **Stability**

- Ensure that secure attachments are not disrupted
- Provide consistency of emotional warmth over time

##### **Family history and functioning**

- Good relationships within family, including when parents are separated
- Few significant changes in family composition

## UNIVERSAL

### LEVEL 1

Child with no additional needs, accessing universal services, including leisure, sport, library and play

#### *Developmental needs of infant/child/young person*

##### **Family and social relationships**

- Stable and affectionate relationships with care givers
- Good relationships with siblings
- Positive relationships with peers

##### **Social presentation**

- Appropriate dress for different settings
- Good level of personal hygiene

##### **Self-care skills**

- Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills

#### *Parent, carer and surrounding factors*

##### **Wider family**

- Sense of larger family network and good friendships outside of the family unit

##### **Housing**

- Accommodation has basic amenities and appropriate facilities

##### **Employment**

- Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful

##### **Income**

- Reasonable income over time, with resources used appropriately to meet individual needs

##### **Family's social integration**

- Family feels integrated into the community
- Good social and friendship networks exist

##### **Community resources**

- Good universal services in neighbourhood

## TARGETED

### LEVEL 2

Child with additional needs

#### *Developmental needs of infant/child/young person*

##### Health

- Defaulting on immunisations / checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet / hygiene / clothing
- Starting to default on health appointments

##### Education and learning

- Have some identified learning needs that place him / her on 'School Action' or 'School Action Plus' of the Code of Practice
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning, e.g. poor concentration, low motivation and interest
- Not thought to be reaching educational potential
- Reduced access to books / toys

##### Emotional and behavioural development

- Low mood
- Worker e.g. school teacher needs advice about helping a child or referring to a specialist service
- CAMHS Bibliotherapy Book Scheme 'prescribed books' to parent to manage a mental health problem in early development e.g. low mood or difficulties with relationships
- Child obese or at risk of obesity

##### Identity

- Some insecurities around identity expressed, e.g. low self-esteem for learning
- May experience bullying around 'difference'

##### Family & Social Relationships

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

#### *Parent, carer and surrounding factors*

##### Basic care

- Parental engagement with services is poor
- Parent requires advice on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met

##### Ensuring safety

- Some exposure to dangerous situations in home/community
- Parental stresses starting to affect ability to ensure child's safety

##### Emotional warmth

- Inconsistent responses to child by parents
- Able to develop other positive relationships

##### Stimulation

- Spends much time alone
- Child not exposed to new experiences

##### Guidance and boundaries

- Can behave in an anti-social way
- Inconsistent boundaries offered

##### Stability

- Key relationships with family members not always kept up
- May have different carers
- Difficulties with attachments

##### Family history and functioning

- Parents have some conflicts/ difficulty that can involve the children. Have experienced loss of significant adult
- May look after younger siblings
- Parent has health difficulties
- Sibling who has ADHD, ADD, ASD etc.

## TARGETED

### LEVEL 2

Child with additional needs

#### *Developmental needs of infant/child/young person*

##### Social Presentation

- Can be over-friendly or withdrawn with strangers
- Can be provocative in appearance and behaviour
- Personal hygiene starting to be a problem

##### Self-care Skills

- Not always adequate self-care – poor hygiene
- Slow to develop age appropriate self-care skills

##### Offending behaviour

- Class B possession drug offence
- Reprimand and/or final warning

#### *Parent, carer and surrounding factors*

##### Wider family

- Some support from family/ friends

##### Housing

- Inadequate / poor housing
- Family seeking asylum or refugees

##### Employment

- Wage earner has periods of no work
- Parents have limited formal education
- Parents stressed by unemployment

##### Income

- Low income

##### Family's social integration

- Family may be new to the area
- Some social exclusion problems

##### Community resources

- Adequate universal resources but family may have access issues

## REFERRED

## LEVEL 3

Children with a high level of need

**Developmental needs of infant/child/young person****Health**

- Assessment and diagnosis of diabetes
- Obesity
- Developmental milestones are unlikely to be met
- Some concerns around mental health
- Child does not appear to be hearing or understanding appropriate for age

**Education and learning**

- Identified learning needs and may have Statement of Special Educational Needs. Not achieving key stage benchmarks
- Poor school attendance / punctuality
- Some fixed term exclusions
- No interests / skills displayed

**Emotional and behavioural development**

- Concern child or young person has a mental disorder
- Low mood - lasting for more than six weeks
- Concern about eating disorder
- Obsessions and compulsions affecting functionality
- Deliberate self harm
- Drug and alcohol abuse problems requiring more than one agency's help
- Persistent and complex social and communication difficulties

**Identity**

- Subject to discrimination – racial, sexual or due to disabilities.
- Demonstrates significantly low self-esteem in a range of situations

**Parent, carer and surrounding factors****Basic care**

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Previously a Looked After Child (LAC)
- Professionals have serious concerns

**Ensuring safety**

- Perceived to be a problem by parent
- May be subject to neglect
- Experiencing unsafe situations

**Emotional warmth**

- Receives erratic/ inconsistent care
- Care is often poor quality
- Parental instability affects capacity to nurture
- Has no other positive relationships

**Stimulation**

- Not receiving positive stimulation – lack of new experiences or activities

**Guidance and boundaries**

- Erratic / inadequate guidance provided
- Parent not a good role model by behaving in an antisocial way

**Stability**

- Has multiple carers
- Has been a Looked After Child (LAC)

**Family history and functioning**

- Incidents of domestic violence between parents
- Acrimonious divorce/ separation
- Family have serious physical and mental health difficulties
- Sibling with significant challenging behaviour which is effecting the whole family

## REFERRED

## LEVEL 3

Children with a high level of need

**Developmental needs of infant/child/young person****Family and social relationships**

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

**Social presentation**

- Is provocative in behaviour / appearance
- Clothing is regularly unwashed
- Hygiene problems

**Self-care skills**

- Poor self-care for age – hygiene
- Precociously able to care for self

**Offending behaviour**

- Committing theft, robbery and burglary
- Intent to supply

**Parent, carer and surrounding factors****Wider family**

- Family has poor relationship with extended family / little communication
- Family is socially isolated

**Housing**

- Poor state of repair, temporary or overcrowded

**Employment**

- Parents stressed due to “overworking” or unemployment
- Parents find it difficult to obtain employment due to poor basic skills

**Income**

- Serious debts / poverty impact on ability to have basic needs met

**Family's social integration**

- Parents socially excluded
- Lack of a support network

**Community resources**

- Poor quality universal resources and access problems to these and targeted services



## SPECIALIST

## LEVEL 4

Children experiencing significant harm or impairment, or where there is a risk of significant harm to their health and development or to others

### *Developmental needs of infant/child/young person*

#### Health and emotional wellbeing

- Paediatric intensive care (two or more organs / systems requiring technological support including advanced respiratory support)
- End of life care in hospital or hospice or home
- Elective paediatric neurosurgery
- Child sexual abuse medical
- Mental illness (e.g. psychosis) of children and young people, as a voluntary patient or requiring detention under the Mental Health Act

#### Education and learning

- Profound disabilities requiring 52 week or 38 week residential placements in specialist settings
- Is out of school
- Permanently excluded from school or at risk of permanent exclusion
- Has no access to leisure activities

#### Emotional and behavioural development

- Regularly involved in anti-social / criminal activities
- Puts self or others in danger – missing
- Suffers from periods of depression
- Self-harming or suicide attempts

#### Identity

- Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability
- Is socially isolated and lacks appropriate role models
- Alienates self from others

### *Parent, carer and surrounding factors*

#### Basic care

- Carers' assessment
- Section 85 referral to Social Services if child accommodated for 12 weeks or more
- Children in need plan for health needs

#### Ensuring safety

- There is a continual instability and violence in the home
- Parents are involved in crime
- Parents unable to keep child safe
- Victim of crime

#### Emotional warmth

- Parents inconsistent, highly critical or apathetic towards child

#### Stimulation

- No constructive leisure time or guided play

#### Guidance and boundaries

- No effective boundaries set by parents. Regularly behaves in an anti-social way in the neighbourhood

#### Stability

- Beyond parental control
- Has no-one to care for him/ her

#### Family History and Functioning

- Significant parental discord and persistent domestic violence
- Poor relationships between siblings
- Siblings living in the household with significant drug use

## SPECIALIST

## LEVEL 4

Children experiencing significant harm or impairment, or where there is a risk of significant harm to their health and development or to others

### *Developmental needs of infant/child/young person*

#### Family and social relationships

- Periods of being accommodated by Local Authority
- Family breakdown related in some way to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse / neglect
- Is main carer for family member

#### Social presentation

- Poor and inappropriate self-presentation

#### Self-care skills

- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse

#### Offending behaviour

- Prolific offending
- Violent or sexualised offending

### *Parent, carer and surrounding factors*

#### Wider Family

- No effective support from extended family
- Destructive / unhelpful involvement from extended family

#### Housing

- Physical accommodation places child in danger

#### Employment

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties e.g. substance misuse

#### Income

- Extreme poverty / debt impacting on ability to care for child

#### Family's social integration

- Family chronically socially excluded
- No supportive network

#### Community resources

- Poor quality services with long-term difficulties with accessing target populations

## Contact information

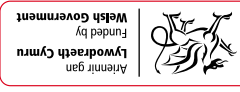
For further information visit:  
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## Gwybodaeth Gyswilt

Am ragor o wybodaeth, edrychwch ar:  
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