



STOCKPORT MULTI AGENCY GUIDANCE ON LEVELS OF NEED

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PROMOTING CHILDREN AND YOUNG PEOPLE'S WELL-BEING:

UNDERSTANDING LEVELS OF NEED

LEVEL 1: These are children and young people who make good overall progress in all areas of development. Broadly, these children receive appropriate universal services, such as health, child 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 met adequately by a **universal** service, however if further additional needs are identified an **EHA** will be required and step up to level 2.

LEVEL 2: These are children and young people whose needs require some extra support from a **targeted** intervention/service. This may be short term but requires a co-ordinated response from additional services, these children and young people will benefit from an **EHA/TAC** episode to ensure that needs are met and risk of escalation of need is minimised. An **EHA** will also ensure that information is held centrally and visible to other professionals who may also have concerns.

LEVEL 3: These are children and young people with increasing levels of unmet needs that are more **complex.** The depth of need with level 3 children is more significant than those experienced in level 2. Children and families may require both specialist and statutory intervention to support these needs. The **EHA** and subsequent **TAC** should be coordinated to address the needs of the child and reduce further escalation of need. The **EHA** will inform specialist assessments that may be required and can be used to 'step down' to level 2 (when issues have diminished) or step up to level 4 (when issues have escalated). The **EHA** can be led by a Lead Professional from a range of services or by a Social Worker.

LEVEL 4: These are children and young people whose needs have reached the threshold of significant harm or risk of significant harm. Needs in level 4 are **complex and** cross many domains. These are cases of a Child Protection nature (Sec 47 of the Children Act) or are within Care Proceedings (Sec 20 and Sec 31 of the Children Act). They will be coordinated and led by a Social Worker. The **EHA/TAC** process will be used to 'step down' to level 3 when levels of risk and need diminish.

1. Development Needs of Infant, Child or Young Person

<u>Health, e.g.</u>

- Physically well
- Adequate diet/hygiene/clothing
- Developmental checks/immunisations up-to-date
- Regular dental and optical care
- Health appointments are kept
- Developmental milestones met
- Speech and language development met

Education and Learning, e.g.

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

Emotional and Behavioural Development, e.g.

- Feelings and actions demonstrate appropriate responses
- Good quality early attachments
- Able to adapt to change
- Able to demonstrate empathy

2. Parents and Carers

Basic Care

 Provides for child's physical needs, e.g. food, drink, appropriate clothing, warmth, medical and dental care

Ensuring Safety

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

Emotional Warmth

• Shows warm regard, praise and encouragement

Stimulation

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

Guidance and Boundaries

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

<u>Stability</u>

- Ensures that secure attachments are not disrupted
- Provides 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

Identity, e.g.

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

Family and Social Relationships, e.g.

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

Social Presentation, e.g.

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

Self-care Skills, e.g.

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

3. Community, wider family & environment

Wider Family

• Sense of larger familial network and positive 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 within the community
- Good social and friendship networks exist

Community

• Good universal services in neighbourhood

Level 1

Health, e.g.

- Child not brought for immunisations/checks
- Is susceptible to minor health problems
- Slow in reaching developmental milestones
- Minor concerns re diet/hygiene/clothing
- Child not brought for health appointments
- Teenage pregnancy

Education and Learning, e.g.

- Has some identified learning needs that place him/her on "School Action" or "School Action Plus" in the Code of Practice
- Poor punctuality
- Pattern of regular school absences
- Not always engaged in learning, e.g. poor concentration, low motivation and interest observed

Emotional and Behavioural Development, e.g.

- Some difficulties with peer group relationships and with adults
- Some evidence of inappropriate responses and actions
- Can find managing change difficult
- Starting to show difficulties expressing empathy
- Presenting with inappropriate sexualized behaviour
- Concern of self-harm including substance misuse
- Low self-esteem or low self confidence
- Feelings grievance, injustice and oppression

2. Parents and Carers

Basic Care

- Parental motivation to engage with services low
- Parent requires support on parenting issues
- Professionals are beginning to have some concerns around child's physical needs being met
- Signs of substance misuse issues developing
- Parents ability to cope with the needs of a disabled child
- Multiple changes of address
- History of abuse affecting parental capacity

Ensuring Safety

- Some exposure to dangerous situations in the home or community including online violent and/or extremist web sites or influencers
- Parental stresses starting to affect ability to ensure child's safety
 <u>Emotional Warmth</u>
- Inconsistent responses to child by parent(s)
- Able to develop other positive relationships
- Feelings of worthlessness

Stimulation

- Spends considerable time alone, e.g. watching television/playing electronic gaming
- · Child is not often exposed to new experiences
- Child is exposed to extremist views or organisations

Guidance and Boundaries

- Can behave in an anti-social way in the neighbourhood, e.g. subject to enforcement action
- Parent/carer offers inconsistent boundaries or colludes with negative behaviour

<u>Stability</u>

- Key relationships with family members inconsistent or negative
- May have different carers
- Starting to demonstrate difficulties with attachments

Family History and Functioning

- Parents have some conflicts or difficulties that can involve the child
- Has experienced loss of significant adult, e.g. through bereavement or separation
- May be required to look after younger siblings
- Parent has physical/mental health difficulties

Identity

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

Family and Social Relationships, e.g.

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

Social Presentation, e.g.

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

Self-care Skills, e.g.

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

3. Community, wider family & environment

Wider Family

- Some support from friends and family
- Caring responsibilities
- Child depressed, alone, anxious or feeling unhappy/misunderstood

Housing

- Adequate/poor housing
- Family seeking asylum or refugee status
- Living in gang neighbourhood
- Living in an area where extremist groups (violent/nonviolent) operate

Employment

- Periods of unemployment of the wage-earning parent(s)
- Parents have limited formal education
- Parents starting to feel stressed around unemployment or work situation
- Barriers to employment opportunities

Income

• Low income

Family's Social Integration

- Family may be new to the area
- Some social exclusion experiences
- Negative influences from peer groups or friends
- Marginalised from the community

Community

• Adequate universal resources but family may have access issues

1. Development Needs of Infant, Child or Young Person

<u>Health, e.g.</u>

- Concerns re diet, hygiene, clothing
- Has some chronic health problems
- Child not brought to appointments
- Attending health appointments however concerns emerging regarding fabricated illness
- Overweight/underweight/enuresis
- Smokes, substance misuse
- Developmental milestones are unlikely to be met
- Some concerns around mental health
- Inappropriate sexual relationships/risk of Child Sexual Exploitation
- Emerging eating disorder

Education and Learning, e.g.

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

Emotional and Behavioural Development, e.g.

- Finds it difficult to cope with anger, frustration and upset
- Disruptive/challenging behaviour at school or in neighbourhood and at home
- Cannot manage change
- Repeated episodes of self-harm and/or substance misuse
- Unable to demonstrate empathy
- Expression of suicidal ideation

2. Parents and Carers

Basic Care

- Difficult to engage parents with services
- Parent is struggling to adhere to agreed support plans
- Previously looked after by Local Authority
- Professionals have concerns
- Substance misuse affecting parenting capacity

Ensuring Safety

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

Emotional Warmth

- Receives erratic or inconsistent care
- Has episodes of poor quality of care
- Parental instability affects capacity to nurture
- Has no other positive relationships

Stimulation

- Not receiving positive stimulation, with lack of new experiences or activities
- Lack of interaction with child e.g. distracted by social media

Guidance and Boundaries

- Erratic or inadequate guidance provided
- Parent does not offer a good role model, e.g. by behaving in an antisocial way

Stability

- Has multiple carers
- Has been "looked after" by the Local Authority
- History of abuse effecting potential parenting capacity

Family History and Functioning

- Incidents of domestic abuse between parents/significant others
- Acrimonious divorce/separation
- Family have serious physical and mental health difficulties

Identity, e.g.

Is subject to discrimination, e.g. racial, sexual or due to disabilities

Level 3

- Demonstrates significantly low self-esteem in a range of situations
- Is subject to peer/gang pressure
- Serious negative belief systems about gender
- Marginalised/over identification with group or ideology
- 'Us and them' mind-set

Religion, culture

Family and Social Relationships, e.g.

- 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
- Manipulation and coercion to comply with negative gender, religion, cultural behaviours

Known gang involvement

- Social Presentation, e.g.
- Is provocative in behaviour/appearance
- Clothing is regularly unwashed
- Hygiene problems
- Attitudes justify offending
- Sudden display of unexplained gifts/clothing

Self-care Skills, e.g.

- Poor self-care for age, including hygiene
- Precociously able to care for self
- Pre-occupation with the internet and expression

3. Community, wider family & environment

Wider Family

- Family has poor relationship with extended family or little communication
- Family is easily isolated

Housing

Poor state of repair, temporary or overcrowded

Employment

- Parents experience stress due to unemployment or "overworking"
- 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

- Reduced access to/engagement with quality universal resources and targeted services
- Family history or criminal gangs involvement

1. Development Needs of Infant, Child or Young Person	LEVEL 4
 Health, e.g. Has severe/chronic health problems that are not being treated/addressed Persistent substance misuse/smoking Developmental milestones unlikely to be met Early teenage pregnancy At risk or exposed to sexual exploitation Serious mental health issues Education and Learning, e.g. Is out of school (unofficially) Permanently excluded from school or at risk of permanent exclusion Has no access to leisure activities Emotional and Behavioural Development, e.g. Regularly involved in anti-social/criminal activities Puts self or others in danger, e.g. missing Suffers from periods of depression Self-harming or suicide attempts Harmful objectives 	 Identity, e.g. Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability Is socially isolated and lacks appropriate role models Eamily and Social Relationships, e.g. Periods of being accommodated by the Local Authority Family breakdown related in some way to child's behavioural difficulties Subject to physical, emotional or sexual abuse or neglect Is main carer for family member Social Presentation, e.g. Poor and inappropriate self-presentation Self-care Skills, e.g. Neglects to use self-care skills due to alternative priorities, e.g. substance misuse
2. Parents and Carers	3. Community, wider family & environment
 Basic Care Parents unable to provide "good enough" parenting that is adequate and safe Parents' mental health problems or substance misuse significantly affect care of child Parents unable to care for previous children Parents not adhering to the agreed support plan Ensuring Safety There is frequent instability and violence in the home Parents involved in crime Parents involved in crime Parents involving child in crime Parents involving child in crime Parents unable to keep child safe Victim of crime Travel to areas of conflict Engagement with extremist activity Emotional Warmth Parents inconsistent, highly critical or apathetic towards child Feelings of worthlessness Stimulation No constructive leisure time or guided play No interaction with child e.g. constantly distracted by social media Encourage to view/promote extremist ideology <u>Mulaticae and Boundaries</u> Regularly behaves in an anti-social way in the neighbourhood Exposure to extremist influences Exhibiting behaviours to manage unrealistic and negative boundaries <u>stability</u> Beyond parental control Has no-one to care for him/her History of abuse effecting parental capacity <u>Family History and Functioning</u> Significant parental discord and persistent domestic violence Poor relationships between siblings FGM or honour based violence or forced marriage Family associated with extremist group/ideology 	 Vider 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 intergenerational unemployment, lack of basic skills or long-term barriers, e.g. substance misuse Extreme poverty/debt impacting on ability to care for child Eamily chronically socially excluded No supportive network Community No/little access to/engagement with quality universal resources and targeted services Family history of criminal gang involvement

been a single need identified that can be/has

been met by universal service.

Stockport Levels of Need: Visual Tool

Important: This tool should ALWAYS be used in conjunction with the Levels of Need document

support / intervention.

Level 2 Level 3 **Complex Needs** – Additional Needs -**Multi Agency Early Help Multi Agency Early Help** Increasing level of unmet need Children whose needs require and the family are in need of support. additional support from targeted as well as universal services due Depth of need more complex to evidence their family may be EHA required to assess need struggling. Needs of child may be and TAC (Tier 2/3) required. Can be coordinated by unmet or unclear. An EHA is required to assess need. a Lead Professional from Level 1 TAC (Tier 2) range of services **Universal Services** often required, including Children's Social Care. coordinated Broadly, these are children who by Lead make good overall progress Professional. through appropriate universal services. and includes children where there are significant welfare concerns (section 17). A No additional unmet needs or there is/has

Universal Services (available at any stage)

Effective Information Sharing

Refer DIRECTLY to MASSH / First Response Team immediately for concerns that a child has suffered or is likely to suffer significant harm

(Level 4)

Acute / Specialist, **Including Safeguarding**

These are children who have experienced significant harm and are in need of protection (section 47) single assessment co-ordinated by a social worker is required to determine the level of Level 4