

**Level 1 – Universal Needs
No additional support needs**

Features	ILLUSTRATIVE EXAMPLES	Assessment Process
<p>Children with Level 1 needs</p> <p>Children with no additional needs and where there are no concerns. Typically these children are likely to live in a resilient and protective environment where their needs are met. These children will require no additional support beyond that which is universally available.</p> <p>These indicators need to be kept in mind when assessing the significance of indicators from Level 2-4</p>	<p align="center">Parents or Carers Capacity</p> <p>Basic Care, Safety and Protection Parents/carers able to provide care for child's needs</p> <p>Emotional Warmth and Stability Parents/carers provide secure and caring parenting</p> <p>Guidance Boundaries and Stimulation Parents/carers provide guidance and boundaries to help child develop appropriate values</p> <p align="center">Family and Environmental factors</p> <p>Family History and Well-Being Supportive family relationships</p> <p>Housing, Employment and Finance Child fully supported financially, accessing all welfare benefits Adequate housing</p> <p>Social and Community Resources Social and friendship networks exist Safe and secure environment Access to regular and positive activities</p> <p align="center">Child or Young Person's Developmental Needs</p> <p>Learning/Education Attendance at school/college/training (above 90%) Acquired a range of skills/interests, experiences of success/achievement No barriers to learning Sound home/school link No concerns around cognitive development</p> <p>Health Physically healthy, developmental checks up to date Adequate and nutritious diet, regular dental and optical care Good state of mental health</p> <p>Social, Emotional, Behavioural, Identity Demonstrates age appropriate responses in feelings and actions Good quality early attachments, child is appropriately comfortable in social situations Knowledgeable about the effects of crime and antisocial behaviour (age appropriate) Able to adapt to change Able to demonstrate empathy Positive sense of self and abilities</p> <p>Family and Social Relationships Stable and affectionate relationships with caregivers Good core relationships with siblings Positive relationships with peers</p> <p>Self-Care and Independence Developing age appropriate level of practical and independent living skills Appropriate dress for different settings - allowing for age Good level of personal hygiene Able to discriminate between 'safe' and 'unsafe' contacts Knowledgeable about sex and relationships and consistent use of contraception if sexually active (age appropriate)</p>	<p>These children require no additional support beyond that which is universally available. A Common Assessment is not needed for these children.</p> <p>Examples of key universal services that provide support at this level:</p> <ul style="list-style-type: none"> Education Children's Centres, Family Centres & Early Years Health Visiting Service Midwifery School Nursing GP Play Services Integrated Youth Support Services Police, Housing Voluntary & Community Sector

Level 2 –Vulnerable
Children with additional support needs requiring targeted support

Features	ILLUSTRATIVE EXAMPLES NB In assessing need and risk that require additional services, multiple factors are likely to be present	Assessment Process
<p>Children with Level 2 needs These children can be defined as needing some additional support without which they would be at risk of not meeting their full potential. Their identified needs may relate to their health, educational, or social development, and are likely to be short term needs. If ignored these issues may develop into more worrying concerns for the child or young person. These Children will be living in greater adversity than most other children or have a greater degree of vulnerability than most</p> <p>If their needs are not clear, not known or not being met and multi-agency intervention is required, a lead professional will be identified to coordinate a plan around the child.</p> <p>Timescale These should be short term interventions (up to 6 months) and reviewed on a regular basis. If longer support is required you should discuss needs with</p>	<p>Parents or Carers Capacity</p>	<p>NB Complete the pre-assessment checklist if unsure whether the child needs a universal assessment. The Early Help Hub can receive referrals for early help interventions from MARF referral forms, self-referral, police notifications and step downs. The Early Help Hub completes a pre-assessment. If the level of need is Tier 2 the referral is taken to the Early Help Hub who will signpost onto the relevant service to further complete an early help assessment to work with the family to complete an action plan. The receiving worker will be the Lead Professional. The action plan should identify the child's additional needs, any further appropriate services and interventions to meet those needs. The Lead Professional and the family may feel that there is a need for a TAF based on more than one service needing to offer targeted support to the family. The referral may be stepped up at any point during the early help process.</p> <p>Exit strategy The TAF should aim to enable the child and family's move back to universal services' support</p> <p>Key agencies that may provide support at this level:</p> <p>Universal and targeted Early Help Hub Youth crime Preventative services YOT/YOS Police Targeted drug and alcohol information, advice and education, including advice re harm reduction Health, e.g. HV, GP, midwifery,</p>
	<p>Basic Care, Safety and Protection Requiring support to provide consistent care e.g. safe and appropriate childcare arrangements; safe and hygienic home conditions; adequate diet. Parental health problems that may impact on child's health or development unless appropriate support provided Parental mental health issues that may impact on the health or development of the child unless appropriate support provided Parental learning difficulties that may impact on the health or development of the child unless appropriate support provided Parental health / disability that may impact on the health or development of the child unless appropriate support provided Parental substance misuse that may impact on the health or development of the child unless appropriate support provided Poor engagement with universal services likely to impact on child's health or development Parents/carers have had additional support to care for previous child/young person Poor supervision and attention to safety issues</p> <p>Emotional Warmth and Stability Requiring support for consistent parenting regarding praise and discipline, where the child's development not yet being impaired Lack of response to concerns raised about child's welfare</p> <p>Guidance Boundaries and Stimulation Requiring support for consistent parenting in respect to routine and boundary setting Parent has age inappropriate expectations that child or young person should be self reliant Lack of response to concerns raised about child Lack of appropriate parental guidance and boundaries for child's stage of development and maturity</p>	
	<p>Family and Environmental factors</p>	
	<p>Family and Social Relationships and Family Well-Being Parents/carers have relationship difficulties which may affect the child Parents/carers request advice to manage their child's behaviour Children affected by difficult family relationships Child is a teenage parent Child is a young carer Low level concerns about domestic abuse (that do not meet the Kent Police DA matrix) Parent was a Looked After Child (LAC) Large family with several young children under five</p> <p>Housing, Employment and Finance Overcrowding (as per local housing guidelines) that has a potential impact on child's health or development Families affected by low income /living with poverty affecting access to appropriate services to meet child's additional needs Low income plus adverse additional factors which affect the child's development Housing is in poor state of repair or severely overcrowded Family unable to gain employment due to significant lack of basic skills or long term difficulties</p>	

specialist services and may need to move into Level 3. A child and family may need a number of these short term supports over the child's childhood as their needs change

Social integration and Community Resources

Insufficient facilities to meet needs e.g. advice / support needed to access services for disabled child where parent is coping otherwise
 Family require advice regarding social exclusion e.g. hate crimes, harassment, and disputes in the community
 Child associating with peers who are involved in anti social or criminal behaviour
 Limited access to contraceptive and sexual health advice, information and services
 Family demonstrating low level anti-social behaviour towards others
 Parents/carers are socially excluded, have no access to local facilities and require support services

school nurse
 Tier 2 CAMHS
 Sure Start or Children's Centres
 Education
 Early Years
 Educational psychology
 Educational welfare
 Specialist play services
 Integrated Youth Support & Extended Services
 Voluntary & community services
 Early Intervention for Family Services
 Early Support Programme

Child or Young Person's Developmental Needs

Learning/Education

Occasional truanting, non-attendance or punctuality issues, attendance below 85% School action or school action plus
 Identified language and communication difficulties linked to other unmet needs
 Lack of adequate parent/carer support for child's learning
 Lack of age appropriate stimulation and opportunities to learn
 Few or no qualifications leading to NEET (not in education, employment or training)
 Child/young person under undue parental pressure to achieve/aspire
 No aspiration for young person
 Not educated at school (or at home by Parents/carers)
 The child's current rate of progress is inadequate, despite receiving appropriate early education experiences

Health

Concerns about reaching developmental milestones
 Not attending routine appointments e.g. immunisations and developmental checks
 Persistent minor health problems
 Missing set appointments across health including antenatal, hospital and GP appointments
 Low level mental health or emotional issues requiring Tier 2 intervention

Social, Emotional, Behavioural, Identity

Emerging anti-social behaviour and attitudes and/or low level offending
 Child is victim of bullying or bullies others
 Expressing wish to become pregnant at young age
 Low level substance misuse (current or historical)
 Low self esteem
 Limited peer relationships/social isolation
 Expressing thoughts of running away
 Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention.
 Disruptive / challenging behaviour at school or in neighbourhood
 Behavioural difficulties requiring further investigation / diagnosis

Self-Care and Independence

Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion
 Early onset of sexual activity (13-14); sexually active young person (15+) with some risk taking behaviours e.g. inconsistent use of contraception
 Low level alcohol / substance misuse (current or historical)
 Some evidence of risky use of technology leading to E-safety concerns

**Level 3 –Complex Children
in Need requiring specialist**

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require specialist services, multiple factors are likely to be present	Assessment Process	
<p>This Level applies to those children identified as requiring specialist support. It is likely that for these children their needs and care are at present very significantly compromised. Only a small fraction of children will fall within this band. These children will be those who are highly vulnerable or experiencing the greatest level of adversity.</p> <p>Child in Need: These children may be eligible for a Child in Need service from Children’s Social Care and are potentially at risk of developing acute/complex needs if they do not receive early statutory intervention. If a social worker is allocated they will usually act as the lead professionals and coordinate services.</p> <p>Definition: Section 17 of the 1989 Children Act</p> <p>‘is unlikely to achieve or maintain a reasonable standard of health or development’</p> <p>‘health or development is likely to be significantly impaired’</p>	<p>Parents or Carers Capacity</p>	<p>The assessment process will be a children’s social care assessment based referrals from MARF referral forms, self-referral and police notifications</p> <p>Children’s Social Care will decide on their response based on the information supplied in the referral. If appropriate they will undertake their universal assessment and complete a Child in Need Plan. Following this the case may:</p> <ul style="list-style-type: none"> • be actioned • lead to a further assessment <p>Key agencies that may provide support at this level:</p> <p>Children’s Services Other statutory service e.g. SEN services Specialist health or disability services Police, National Probation Service, Thames Valley Community Rehabilitation, Youth Offending Team / Service Targeted drug and alcohol CAMHS Family support services Voluntary & community services Services at universal level Early Support Programme</p> <p>Exit strategy A TAF may also be required to support</p>	
	<p>Basic Care, Safety and Protection</p> <p>Parent/carer is unable to meet child’s needs even with support and not providing adequate care</p> <p>Serious concern that an unborn child is at risk of significant harm</p> <p>Chronic or acute neglect where food, warmth and other basics often not available</p> <p>Parent/carer has mental health difficulties that has a direct impact on child’s health or development</p> <p>Parent/carer substance misuse that has a direct impact on child’s health or development.</p> <p>Parental learning difficulties that have a direct impact on child’s health or development</p> <p>Parental health / disability that has a direct impact on child’s health or development</p> <p>Child exposed to contact with individuals who pose a risk of physical or sexual harm to children</p> <p>History of previous child protection concerns</p> <p>Emotional Warmth and Stability</p> <p>Parent is emotionally unavailable</p> <p>Succession of carers or child/young person has multiple carers, but no significant relationships with any of them</p> <p>Inappropriate child care arrangement</p> <p>Inconsistent parenting impairing emotional and behavioural development</p> <p>Parental instability affects capacity to nurture</p> <p>Parents/carers own emotional needs compromise those of the child/young person</p> <p>Guidance Boundaries and Stimulation</p> <p>Child/young person receives little positive stimulation despite appropriate toys being available</p> <p>Parents/carers provide inconsistent boundaries or present a negative role model which seriously impacts on child’s development</p>		<p>Family and Environmental factors</p>
	<p>Family and Social Relationships and Family Well-being</p> <p>Domestic Abuse where the risk to the victim is assessed as standard/medium risk (DASH) and the child is present within the home during the incident</p> <p>An initial domestic abuse incident is reported but the victim discloses details of historic abuse with children resident/normally resident</p> <p>Child is privately fostered</p> <p>Unaccompanied asylum seeking children</p> <p>Child subject to a court application where a s7 or s37 report has been ordered to be completed by children’s social care</p> <p>Pre-birth assessment where a history of past child protection concerns</p> <p>Risk of family relationship breakdown leading to need for child to become looked after outside of family network</p> <p>Child is a young carer requiring assessment of additional needs</p> <p>Child requires assessment for respite care service due to family circumstances and has no appropriate friend / relative carer available to support</p> <p>Parents/carers are unable or unwilling to continue to care for the child</p> <p>Housing, Employment and Finance</p> <p>Homeless child in need of accommodation including 16-17 year olds</p> <p>Extreme financial difficulties impacting on ability to have basic needs met</p> <p>No access to funding/community resources</p> <p>Family at risk of eviction having already received support from Housing services</p>		

child moving out
action plan
without the
provision of LA
services

or s/he is
disabled.

of complex needs with an agreed

Social and Community Resources

Child or family need immediate support and protection due to harassment/
discrimination and have no local support
Significant levels of targeted hostility towards the child and their family, and
conflict/volatility within neighbourhood

plan. This could
include
continuing multi-
agency support
coordinated by a
Lead
Professional to
enable the child
and family's
move back to
universal
services

Child or Young Person's Developmental Needs

Learning / Education

Child not in education, in conjunction with concerns for child's safety
Chronic non-attendance/truanting/authorised absences/fixed term
exclusions Statement of Special Educational Needs

Health

Chronic/recurring health problems with missed appointments, routine and
on routine
Child with a disability in need of assessment and support to access
appropriate specialist services
Serious delay in achieving physical and other developmental milestones,
raising significant concerns
Frequent accidental injuries to child requiring hospital treatment
Mental health issues requiring referral to CAMHS, including self-harm or
suicidal thoughts
Poor or restricted diet despite interventions
Child has chronic health problems or high level disability which with extra
support may/may not be maintained in a mainstream setting
Learning significantly affected by health problems
Significant dental decay that has not been treated

Social, Emotional, Behavioural, Identity

Child with serious level of unexplained and inappropriate sexualised
behaviour
Child is at risk of sexual exploitation
Child missing from home and concerns raised about their physical and
emotional safety and welfare
Child whose behaviour is putting them at risk, including substance and
alcohol misuse
Evidence of regular/frequent substance misuse which may combine with
other risk factors
Evidence of escalation of substance use and of changing attitudes and
more disregard to risk
Continuous breaches of curfew / order with other risk taking behaviours that
impact on the child's welfare and safety
Frequently goes missing from home
Failure or inability to address serious (re) offending behaviour leading to risk
of serious harm to self or others
Child/young person out of control in the community

Self-care and independence

Child suffers accidental injury as a result of inadequate supervision
Child found wandering without adequate supervision
Child expected to be self reliant for their own basic needs or those of their
siblings beyond their capabilities, placing them at potential risk
Severe lack of age appropriate behaviour

Level 4 –Acute:

Level of Need requiring Child Protection

Features	ILLUSTRATIVE EXAMPLES In assessing need and risk that require intensive specialist services, multiple factors are likely to be present	Assessment Process
	Parents or Carers Capacity	
<p>Children with Level 4 Needs</p> <p>Children requiring specialist/statutory integrated support</p> <p>Child Protection</p> <p>Children experiencing significant harm that requires statutory intervention such as child protection or legal intervention. These children may also need to be accommodated (taken into care) by the Family Services/Children's social care either on a voluntary basis or by way of Court Order</p> <p>Definition</p> <p>Section 47 of the 1989 Children Act. Child or young person. Where a child is at risk of significant harm. Through neglect, physical, emotional or sexual abuse.</p> <p>Process</p> <p>Agencies should make a verbal referral to the Wokingham referral and assessment team and accompany this with written referral form</p>	<p>Basic Care, Safety and Protection</p> <p>Parents/carers are unable to care for the child Parents/carers have or may have abused/neglected the child/young person Pre-birth assessment indicates unborn child is at risk of significant harm Parents' own needs mean they cannot keep child/young person safe Parent unable to restrict access to home by adults known to be a risk to children and other adults Child/young person left in the care of an adult known or suspected to be a risk to children, or lives in the same house as the child Low warmth, high criticism is an enduring feature of the parenting style Parent's own emotional needs/experiences persistently impact on their ability to meet the child/young person's needs Parent/carer has mental health issues, including self-harming behaviour, that present a risk of significant harm to the child Parent/carers' substance misuse that presents a risk of significant harm to the child Parental learning difficulties that present a risk of significant harm to the child Parental health / disability that presents a risk of significant harm to the child</p> <p>Emotional Warmth and Stability</p> <p>Deliberate cruelty or emotional ill treatment of a child resulting in significant harm Child is continually the subject of negative comments and criticism, or is used as a scapegoat by a parent/carer, resulting in feelings of low worth and self-esteem and seriously impacting on the child's emotional and psychological development. Previous child/young person(s) have been removed from parent's care</p> <p>Guidance Boundaries and Stimulation</p> <p>Lack of appropriate supervision resulting in significant harm to a child Child is given responsibilities that are inappropriate for their age / level of maturity resulting in significant harm to the child Adult in a position of trust, staff member or volunteer behaves in a way that results in harm to a child, or that might indicate unsuitability to work with children</p>	<p>Children's Services will decide on their response based on the verbal information as repeated in the written notification form. In the case of suspected abuse they will follow the Working Together procedures as laid out in the Wokingham Safeguarding Children Procedures. On the basis of a universal assessment a decision will be made whether to hold a conference.</p> <p>Key agencies that may provide support at this level:</p> <p>Children's Services – Social care, Fostering, Adoption Teams Family Group Conferencing Service Police, National Probation Service, Thames Valley Community Rehabilitation, other statutory service e.g. SEN services; Education & Child Psychology Specialist health or disability services Youth Offending Team Targeted drug and alcohol CAMHS Family support services Voluntary & community Services Services at universal level</p> <p>Exit strategy</p> <p>Children's Services will work with the child and their family either to reduce the risk to a child in need and ultimately a move out of statutory intervention as described in Level 3, or will embark on Court</p>
	Family and Environmental factors	
	<p>Family and Social Relationships and Family Well-Being</p> <p>Assessment identifies risk of physical, emotional, sexual abuse or neglect History of previous significant harm to children, including any concerns of previous child deaths Family characterised by conflict and serious, chronic relationship difficulties Parent/carer has unresolved mental health difficulties which affect the wellbeing of the child Adult victim of Domestic Abuse is assessed as high level risk (DASH) and the child (including unborn) is at risk of significant harm Child's carer referred to MARAC Members of the wider family are known to be, or suspected of being, a risk to children Child needs to be looked after outside of their immediate family or parents/carers due to abuse / neglect</p> <p>Housing, Employment and Finance</p> <p>Hygiene conditions within the home present a serious and immediate environmental / health risk to children</p>	

Child or Young Person's Developmental Needs	
<p>Health</p> <ul style="list-style-type: none"> Parents/carers refusal to recognise or address high level disability, serious physical and/or emotional health problems Carers refusing medical care endangering life/development Child not accessing appropriate medical care which puts them at direct risk of significant harm Concerns that a child is suffering or likely to suffer harm as a result of fabricated or induced illness Sexually Transmitted Infection in a child under 13 Child who is suspected to having suffered inflicted, or serious unexplained, injuries <p>Social, Emotional, Behavioural, Identity</p> <ul style="list-style-type: none"> Challenging behaviour resulting in serious risk to the child and others Child/young person beyond parental control – regularly absconds from home and places self at risk of significant harm Failure or inability to address complex mental health issues requiring specialist interventions Under 13 engaged in sexual activity Subject to sexual exploitation under 18 years of age Is missing from home for repeated short periods of time or prolonged periods Young people experiencing current harm through their use of substances Young people with complicated substance misuse problems requiring specific interventions and/or child protection <p>Self-Care and Independence</p> <ul style="list-style-type: none"> Child is left “home alone” without adequate adult supervision or support and at risk of significant harm Distorted self- image and lack of independent living skills likely to result in significant harm 	<p>Proceedings to accommodate the child or young person in a kinship, fostering or residential placement, or to place the child for adoption</p>

Updated: 09/09/2015~~22/07/2015~~

Version 1.0	Final – signed off at WSCB January 2014
Version 2.0	Draft – revised to include references to National Probation Service and Thames Valley Community Rehabilitation