



Levels of Need

Guidance for all practitioners on the levels of need when working together with children and families to provide early help, targeted and specialist support.



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Introduction

This guidance is for everyone who works with children and young people and their families in Devon, whether in a statutory or voluntary capacity.

The majority of families will be able to access universal services in the community to support them and the needs of their children, however some children may need additional help to achieve their potential. This may be because they have additional needs or because of family circumstances, adversity or events outside their control. We want to identify and help these children and their families at the earliest opportunity, supporting families to find their own solutions wherever possible.

In Devon there are many different agencies and voluntary and charitable organisations who come into contact with and support children and their families. This document is for all who work in these organisations whether trustees, staff or volunteers and where we refer to 'professionals' or 'practitioners' this includes everyone who help families early. A child champion could be any practitioner or professional who, in agreement with the family, who helps co-ordinate the support a family's needs.

To do this we need to work together in an open and honest way with the child and their family to gain their confidence, identify strengths and needs, to find practical and achievable solutions, and to provide the right amount of information, advice and support.

Helping Families Early we want to help in the critical years of a child's life (including pre- birth and pregnancy) and also responding as soon as possible, at any age, through childhood and adolescence, when difficulties arise. We seek to offer support at the earliest opportunity to help families solve problems or to reduce the impact of problems that have already emerged.

We all help families early, it is an activity undertaken by almost everyone who works with children, young people and their families. This includes universal services such as health visitors, midwives, GPs and schools whose services are available to all children, including those with additional and intensive needs.

It is also important to think about the wider family network of family, friends and community at the first opportunity, as these can also be the most effective and sustainable forces of help.

Universal services in Devon support all children and their families to help children be happy, healthy, learn, achieve their potential and become economically independent citizens.

The majority of families will be able to access **Universal Services** (Level 1) and are signposted and encouraged to make use of [PinPoint Community Services in Devon](#) to identify services in the community that may be able to support them and the needs of their children. Young people can access or be supported to access PinPoint to identify services.

Services for children with additional and more complex needs are sometimes known as early help or targeted help services, such as support for emotional wellbeing, additional help with learning in school, extra support to parents in early years or targeted help to involve young people through youth services.

Children are best supported by those who already work with them, such as early years settings or schools, who can organise additional support with local partners as needed. It is really important for that child and family that they are very clear about the help they are offered and the difference it makes to their lives. This is best done through an early help assessment and plan. Where needs are identified within a contextual safeguarding concern a Safer Me Assessment may be required through the [Adolescent Safety Framework](#).

Children whose needs are more complex require support through a coordinated multi-disciplinary approach, involving an Early Help or Safer Me Plan with a child's champion working closely with the child and family helping co-ordinate the support they require.

Children's mental health services, Educational Psychology, Speech and Language Therapists, Specialist teachers and SENCOs are examples of a targeted help service. By working together effectively with children that have additional needs and by providing coordinated multi-disciplinary/agency support and services for those with complex needs, we seek to prevent more children and young people requiring statutory interventions and reactive specialist services.

Specialist services are where the needs of the child or family are so great that statutory and/or additional specialist intervention is required to keep them safe and to promote their development under Section 17 or Section 47 of the Children Act 1989.

In Devon it is **everyone's** responsibility to work together to promote the welfare and development of our children.

This document must be read in conjunction with the [Devon Children and Families Partnership Procedures](#).

“Providing early help is more effective in promoting the welfare of children than reacting later.

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, or in families where there are emerging parental mental health issues or drug and alcohol misuse.”

Working Together to Safeguard Children 2018

A Vision for Partnership Working in Devon

In Devon the approach for helping families early is embedded within the Devon Children and Young People's Plan.

Our partnership strategy sets out our vision, principles and ambitions for working together so we can act as soon as problems emerge, share information and provide effective, timely support to enable children and their families to overcome difficulties and become more resilient so that they can manage future life challenges independently.

Our vision is:

- We want to ensure children and families receive **the right support, at the right time, and in the right place.**
- We believe that every child in Devon should have the **best possible start in life** and the **opportunity to thrive**
- We believe children are **best brought up in families** with the right support that **wraps around them** when needed
- We recognise and value diversity in all its forms and know that **families come in many different shapes and sizes** and that these unique relationships are the fundamental building block of people's lives. Communities across Devon are often very different and diverse in nature and can **play a vital role** in helping to give children and families the support they need.

In Devon we believe that:

- Children are best brought up in families
- We will support families to find their own solutions
- We will listen to each other and work together with services shaped by all
- Children and families will always know where they stand with us

To achieve our vision and outcomes for Children and Families we will use a **Restorative** practice framework that supports practitioners and all professionals working with the family to create positive change for vulnerable children and young people, through meaningful and helpful relationships *with* families. Every interaction is a chance to support positive change for children, and to build trust with families that all agencies will work together to support them in a cohesive way, using shared language and principles. Through this consistency families and communities experience help that they can trust.

Restorative Practice is about seeing families as experts of their own experience and using restorative approaches to repair relationships or to prevent harm. Working *with* children and families means offering supportive relationships combined with clear goals focused on the needs of children. It also places an emphasis on family led decision making approaches to solving problems. You can learn more about Devon's approach to Restorative Practice and find tools and information on the DCFP website [Restorative Practice – DCFP](#) and [book onto introductory training](#) that will explore the core concepts. This training is open to all partner agencies to support a whole system approach, and to support partners in explaining the approach to families.

Restorative Devon has **5 Practice Principles** which are value based and underpinned by Practice Standards to guide the way we do things

- **Relational** - We want to create a connection with our children and families based on trust, use family friendly language with the support of motivational interviewing techniques.

As professionals we work together to share responsibility for the children and young people's wellbeing and safety. Where possible, we ensure children and young people's key and trusted relationships with professionals continue, bringing the team to the child or young person and not them to the team. Together as agencies we take steps to ensure all children and young people, including those who are excluded from school, are safe and that for those who are [missing](#) or often missing, there is a clear plan of urgent action in place to protect them and reduce the risk of harm or further harm. We will work with children and young people to find solutions which are founded on their strengths, aspirations and what is important to them.

- **Resilience** - We want to support families to identify their own strengths, find their own solutions, which builds confidence in problem solving abilities. In this way restorative practice promotes long term resilience, which is the most effective foundation for sustainable changes in family life. We will remain tenacious and stick with families when children and young people need help. As practitioners we will explore the strengths of family life with equal curiosity to the risks and concerns that we hold. Moving between concerns and strengths bring a sense of balance to the family experience, and this appreciative enquiry technique helps to build the family's motivation for change.
- **Respect** – We will communicate with families in a simple, transparent, and respectful way that builds trust between the practitioner and the family. We want families to know we are on their side, even when we have different perspectives about what needs to happen to keep a child safe. This emphasis allows space for exploring differing perspectives on a difficulty they are experiencing and an inclusive approach, which includes the voice and experience of the child, while still working towards common goals of child safety and positive long term outcomes.

Diversity is clearly considered and addressed within our work and any recommendations for support, protection, interventions and care. We pay particular attention to any specific needs relating to the child, young person or family's ethnicity, culture, heritage, age, disability, gender, faith and sexuality

- **Reflective** We will be reflective by taking the time to ensure our practice and the child's or young person's plan is responsive to their needs, addresses needs and [risks](#) and is always reviewed to make sure support and interventions are making a difference and having a positive impact. In meetings and discussions, we have with families we will give them the space to reflect on their own journey and consider alongside them, what is working well and what has not in the past and currently to identify any additional support they may need.
- **Responsibility** - By addressing problems collaboratively and early on, we increase accountability and responsibility in a way that promotes good parenting and the development of children and young people.

As an organisation we model a culture of accountability and challenge ourselves and each other to get the best for children. In order to do this successfully, we maintain up to date and accurate records for our children and young people and evidence our planning, interventions, impact of, management oversight and decision making.

The Devon partnership is committed towards delivering early interventions together, having a single referral process that focuses on the needs of children, young people and their families, providing support and interventions that meet their needs and achieve positive and sustainable outcomes for children and their families. As part of our approach, we have identified four levels of need: **Universal, Early Help, Targeted Help, and Specialist.**

A simple model for meeting children and families' needs

The Devon Support Windscreen



The model and windscreen is a simple way of developing a shared understanding and explaining Devon's approach across all our services and partnerships, ensuring a consistent approach is applied by all. The model illustrates how we will respond to the requirements of children and families across four levels of need (Universal, Early Help/ASF, Targeted Help and Specialist). The windscreen is a visual tool to help us share a common language to describe risk and needs.

We will work together with children and families to meet their additional needs and aim to prevent them escalating. We recognise that each child and family member is an individual, and each family is unique in its make-up, so reaching decisions about levels of needs and the best response requires discussion, reflection and professional judgement.

The windscreen cannot replace professional curiosity, judgement or decision making and should not be used as a checklist or an assessment of need. The indicators of need are suggestions of the types of need a child and family may have. Sometimes their needs may include indicators from each of the levels, however combined, they may cause additional strain on the family and following discussion with the family may indicate a higher level of support needed. Equally, there may be family strengths that are mitigating factors for the indicators.

Families' positions on the windscreen will change as their circumstances change and therefore will not be a fixed position. All practitioners should consider which needs take priority when identifying the appropriate level.

Indicators of Need

		CHILD/YOUNG PERSON'S			
		Note: This is an illustrative rather than a comprehensive list of indicators			
		Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Basic care, safety and protection, guidance and boundaries https://www.dcfp.org.uk/child-abuse/		<p>Parent prioritises child's needs and provides for child, e.g. appropriate nutrition, clothing and medical and dental care and knows where to access support.</p> <p>Parent makes appropriate attempts to protect from danger and harm in home and elsewhere.</p> <p>Parent works effectively with services in best interests of the child or young person.</p> <p>Sets consistent and appropriate boundaries taking account of age/development.</p> <p>Mild disability, not impacting on basic care needs or safety.</p> <p>Child is able to develop a sense of right and wrong.</p>	<p>Signs parents are struggling to meet child's basic care and emotional needs leading to inconsistent parenting, supervision, boundaries and child at risk of exposure to inadequately controlled hazards/risks, being over controlling.</p> <p>Lack of consistent routines in the home.</p> <p>Responds inappropriately to boundaries/constructive guidance.</p> <p>Child's and/or parent's learning/physical disability makes parenting challenging but is accessing services for support.</p> <p>Parents struggling to prioritise child's needs over their own needs and vulnerabilities because of their own poor mental health, or use of substances, domestic</p>	<p>Food, supervision, warmth and providing basic care and emotional needs of child are erratic and inconsistent with impact on child's health and wellbeing.</p> <p>No effective boundaries set or set boundaries are ineffective – child starting to engage in anti-social/offending behaviour, parents unable to exercise control of child.</p> <p>Parents overly controlling or inappropriate use of sanctions/punishment.</p>	<p>Parents unable to meet the basic care, supervisory, guidance and emotional needs of child resulting in neglect/high risk situations with detrimental effect on the child's wellbeing despite support being in place.</p> <p>Parent unable to protect child from harm including from physical discipline within the home, environmental risks or from other people who pose a risk.</p> <p>Parent's disability, mental health, domestic abuse housing, uses substances that significantly affects care of child/or unborn impacting on the day to day life of the child/or unborn baby.</p> <p>Parent's children previously removed from their care Child/young person discloses abuse by parent/carer /professional/other Previous history of parents unable to care for children.</p> <p>Parent suffering from severe post-natal depression impacting self and child/ren</p>

Basic care, safety and protection, guidance and boundaries (cont ..)

<https://www.dcfp.org.uk/child-abuse/>

abuse, housing issues.

Mother has missed some ante-natal appointments.

Young inexperienced parents with no family support.

Parent neglects to access ante-natal care where there are complicating obstetric factors that may pose a risk to the unborn child and or using drugs and alcohol excessively whilst pregnant.

Parent not connecting with ante-natal services, vulnerabilities identified and some concerns regarding care needs of pre-birth and new-born being met.

CHILD/YOUNG PERSON'S INDICATOR'S

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
General Health https://www.dcfp.org.uk/health-and-wellbeing/	<p>Healthy child, no concerns regarding growth and development with access to health advice services (GP/Dentist).</p> <p>Developmental checks and immunisations are up to date and other health appointments are attended.</p> <p>Adequate hygiene/ clothing/exercise/sleep.</p> <p>Mother attends all ante-natal check-ups and appointments.</p> <p>Developmental milestones and motor skills appropriate.</p>	<p>Child has health needs and/or developmental needs (including language and independent skills) that need monitoring. Support from health services and/or Action of SEN code of practice is required.</p> <p>Child not registered with GP/dentist.</p> <p>Multiple attendances at primary acute Health Services with no established medical need.</p> <p>Minor concerns regarding poor hygiene/diet/ clothing/soiling/ wetting self/weight.</p> <p>Child not brought to routine and non-routine health appointments.</p>	<p>Acute and /or chronic health problems with a severe impact on every-day functioning, including serious developmental delay and/or physical disability and very poor hygiene/ self-care/diet.</p> <p>Child not brought to appropriate health/dental care appointments which may impact negatively on child's health/wellbeing (indicators of neglect) .</p> <p>Developmental milestones not reached due to neglect e.g. requires speech/ language interventions.</p>	<p>Child has severe complex health needs that are not being met which are attributable to parental non-engagement with health services leading to medical and/or dental neglect of the child.</p> <p>Suspected non-accidental injury/ abuse /neglect.</p> <p>Bruise/injury in non-mobile child</p> <p>Evidence of fabricated or induced illness.</p>

CHILD/YOUNG PERSON'S INDICATOR'S				
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	Universal LEVEL 1	Early Help	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
General Health (cont..) https://www.dcfp.org.uk/health-and-wellbeing/				Refusing medical care. Unexplained significant /injury. Frequent injuries and /or delay in seeking medical attention. Unexplained medical symptoms where multiple unfounded illnesses reported to Health service and limiting child's everyday functioning although no medical evidence.(Possible fabricated injury).
Sexual Health and Identity https://www.dcfp.org.uk/health-and-wellbeing/sexual-health/	Safe and age appropriate sexual development and Activity. Supportive family networks in regard to child's identity and self-image, LGBT and demonstrates feelings of belonging and acceptance.	Sexually active over 13 years old. Sexting peers. Some insecurities about sexual identity but has support from family and may need support from additional early help services .	Developmentally unexpected age inappropriate language / vocabulary / sexualized behaviours. Concerns and/or discrimination regarding sexual identity with no visible support from family. Child/young person is demonstrating extreme poor self-image resulting in impact on physical and mental health e.g. self harm, suicidal ideation, eating disorders. Isolates from peer groups with risk of being exploited online or within other networks where they are seeking supports and belonging.	Pregnancy if vulnerable /or sexually transmitted infections in young person under 16. Under 16 years old sexual contact reported. Any sexual contact, interfamilial sexual contact or harmful sexual behaviours between children under 16 years of age .

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Substance use https://www.dcfp.org.uk/health-and-wellbeing/drugs-and-alcohol/	No evidence of child misusing drugs or alcohol.	Indicator's child beginning to experiment with drug and alcohol use.	Persistent excessive alcohol consumption and drug use which is having a impact on child's health.	Persistent drug/alcohol use where there are concerns, use will have significant/severe impact on health and safety of child/or unborn.
Mental Health https://www.dcfp.org.uk/health-and-wellbeing/emotional-and-mental-health/	Child has healthy self-image and good mental health awareness.	Some episodes of mental ill health (e.g. depression, PTSD, eating disorder) /self-harm but has access to appropriate support systems and is able to maintain daily activities.	Moderate/persistent mental health issues. Child demonstrates thoughts, behaviours (e.g. self-harm, threats of suicide), distress and/or impact on functioning that may be consistent with a (working) diagnosis and treatment is focused on achieving short/medium term psycho-social goals.	Acute and serious mental or physical health needs or Behaviours where there is a concern for risk of life to self or others. Risk of admission to psychiatric hospital. Deterioration of mental health leading to risk to self and/or others (including increased self-harming).

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
<p>Social, Emotional, and Behaviour</p> <p>https://www.dcfp.org.uk/health-and-wellbeing/emotional-and-mental-health/</p>	<p>Parents provide secure and consistent care. There is good quality attachment and relationships with parents that promote healthy development.</p> <p>Parents show appropriate warmth, praise and encouragement.</p> <p>Feelings and actions are appropriate responses to events.</p> <p>Demonstrates resilience.</p> <p>Child is involved in age appropriate social and leisure activities.</p> <p>Age appropriate clothing, self-care skills and appearance.</p>	<p>Erratic or inconsistent care from multiple carers with poor home routines and/or relationship/ attachment difficulties with parents/ carers.</p> <p>Parents highly critical of child and provide little warmth, praise or encouragement / inconsistent response.</p> <p>Often has some difficulties in managing feelings and demonstrates inappropriate responses and actions effecting relationships with peer groups and/or adults including being overfriendly, withdrawn, angry or anxious.</p> <p>At risk of becoming involved in activities that are not age appropriate and can have a negative impact on emotional wellbeing.</p> <p>Experienced loss of significant adult or family members.</p>	<p>Child has experienced multiple main care givers and/or significant attachment and relationship difficulties with parents /carers resulting in difficult presentations of behaviour.</p> <p>Finds it difficult to cope with feelings, and displays anger, frustration, disruptive, challenging behaviours. Unable to express empathy</p> <p>Association with activities where there are use of substance & risk-taking with peers including child sexual exploitation offline/online</p> <p>Subject to severe bullying including online, discrimination or racism.</p>	<p>Child and parent/carer has severe relationship breakdown.</p> <p>Challenging/disruptive behaviour putting self or others in danger, child beyond parental control.</p> <p>Child is emotionally abused / rejected /abandoned by family members. Presents as severely emotionally neglected (low warmth, high criticism).</p> <p>Experiences persistent and prolonged discrimination/ socially isolated and alienated from others / distorted self-image.</p> <p>High risk indicators of young person involved in abusive/coercive relationship.</p> <p>Persistent poor and inappropriate self-presentation.</p> <p>A child/young person subjected to sexual or criminal exploitation</p> <p>Child has no-one to care for him/her.</p>

CHILD/YOUNG PERSON'S INDICATOR'S

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
<p style="text-align: center;">Social, Emotional, and Behaviour (cont)</p> <p style="text-align: center;">https://www.dcfp.org.uk/health-and-wellbeing/emotional-and-mental-health/</p>	<p>Takes responsibility for behaviour.</p> <p>Responds appropriately to boundaries and constructive guidance.</p>	<p>Moderate stress, family disputes, anxiety, self-esteem or confidence issues impacting on child.</p> <p>Limited engagement in play with others/ has few or no friends.</p> <p>Showing some difficulties with attachment.</p> <p>Experiences bullying/ or is a bullying.</p> <p>Subject to discrimination e.g. Racial, sexual, disability, gender identity</p>	<p>Difficulty in forming attachment between parent and baby (6wks-6 months) e.g. post-natal depression, anxiety, parental isolation.</p>	

CHILD/YOUNG PERSON'S INDICATOR'S

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Education and Learning Needs	<p>Access to educational/leisure provision and materials (books, toys etc.) appropriate to age and ability allowing for the acquisition of learning, skills and interests.</p> <p>Access to employment (including work- based learning) appropriate to age and ability, planning for career in adult life.</p> <p>Good links between home and school.</p> <p>Has experience of success and achievement.</p>	<p>Patterns of regular school but has some identified learning needs.</p> <p>Low motivation to learn and/or behaviour likely to lead to risk of exclusion.</p> <p>Requires a modified curriculum and timetable but learning expectations are still not being met.</p> <p>Not in education, employment or training post 16.</p> <p>Child is continually slow to develop age-appropriate skills.</p> <p>Language and communication difficulties.</p> <p>Regular under achievement or not reaching educational potential.</p>	<p>Consistently poor attendance/ non-attendance (under 16) and punctuality with parental acceptance.</p> <p>Educational (or social or mental health needs) may result in educational placement out of school or away from home.</p> <p>Greater or equal to 3 fixed term exclusions or greater than 15 days excluded in any year or permanently excluded.</p>	<p>The parent actively prevents the child from learning or engaging with school with detrimental effects on child being able to have any kind of economic wellbeing.</p> <p>Child is not accessing any form of education and parents not engaging with professionals preventing them from meeting their academic potential leading to inability to achieve economic wellbeing.</p>

CHILD/YOUNG PERSON'S INDICATOR'S

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Family history, Functioning and Wellbeing	<p>Good family relationships, including where parents are separated or bereaves OR parental disputes not impacting on the child and is well managed, and child is supported.</p> <p>Family provides good emotional support system between family members.</p> <p>No family history with statutory services or engagement with criminal activity.</p> <p>May have learning difficulties and/or physical or mental health difficulties in immediate family, but not impacting on child/well managed and supported.</p>	<p>Incidents of family or parental disputes/arguments that may involve children.</p> <p>Loss of significant adult through bereavement, separation or imprisonment.</p> <p>History of involvement with statutory services and criminal activity.</p> <p>Family member with learning disability and/or physical and/or mental health difficulties with mild impact on the child but requiring some support.</p> <p>Family closely associated with other individuals known to agencies.</p> <p>No effective support from extended family/friends.</p>	<p>Reported incidents of Parental domestic abuse which child is experiencing through witnessing/ listening to.</p> <p>Loss of significant adult through bereavement or separation impacting significantly on emotional and/or physical/or mental health.</p> <p>Family member with learning disability and/or physical and/or mental health difficulties impacting on wellbeing of child.</p> <p>Family involved in criminal activity.</p> <p>Direct carer receives custodial sentence.</p>	<p>Child experiences domestic abuse e.g. physical assaults, coercion and control, strangled, threats to kill.</p> <p>Bereavement of parent/main care givers, no person with parental responsibility or family member able to care for the child.</p> <p>Past or current incidence of abuse, family member with learning disability and/or physical and/or mental health difficulties that places child at significant risk of harm, including exploitation.</p> <p>Family member involved in harmful criminal activity or parent is to be released from prison who could pose risk to child.</p> <p>Child has contact or residing with a person who has/is:</p> <ul style="list-style-type: none"> - Conviction(s) for offences against children (sexual, physical or neglect) - Subject to multi-agency public protection arrangements (MAPPA) or multi-agency risk assessment conference

				(MARAC) meetings Family with history of Child Protection Plans/previous removal of child.
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CHILD/YOUNG PERSON'S INDICATOR'S				
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Housing, employment and finances	<p>Family's accommodation is appropriate, stable, clean, warm, and tidy and there are no hazards which could impact the safety or the child.</p> <p>Parents able to manage working or unemployment arrangements adequately and do not perceive them as unduly stressful.</p> <p>Family has reasonable income or resources and are used appropriately to meet the needs of the family.</p>	<p>Family's accommodation is stable but not kept clean and tidy and is not always free of hazards which could impact on the safety and wellbeing of the child as well as the sustainability of the tenancy.</p> <p>Early notification of potential homelessness and not being accepted by Housing Department.</p> <p>Family home would benefit from changes to support needs of the child with a disability.</p> <p>Parent's income is affected by the level of care necessary for their child with a disability.</p> <p>Housing causes family stress, overcrowding, temporary, not meeting needs of family.</p> <p>Parents experience continuing stress due to unemployment /or stressful employment.</p> <p>Difficulties managing household finances effectively/low/income.</p> <p>Debt/rent arrears/risk of evictions.</p>	<p>Family's home is consistently poor and consists of health and safety hazards including hoarding. It is not suitable for a child with a disability or vulnerable child or young person</p> <p>Poor, inadequate, overcrowded home which has significant impact on health and/or wellbeing of child.</p> <p>Chronic and long-term unemployment due to significant lack of basic skills or long-standing issues such as substance misuse/ offending etc.</p> <p>Debts/poverty making it difficult to meet the child's basic needs e.g., Food, warmth or essential clothing but the child's needs are prioritised by parent.</p>	<p>Accommodation places child in danger and/or is detrimental to health and wellbeing.</p> <p>Family is homeless or imminent of being homeless and not being accepted by Housing Department.</p> <p>Poverty leads to complete neglect of child's needs.</p> <p>The parents are consistently unable to budget/prioritise effectively and are resisting engagement with services.</p> <p>Young person is homeless or risk of being homeless .</p>

CHILD/YOUNG PERSON'S INDICATOR'S

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
		<p>Intentionally homeless.</p> <p>Family seeking asylum or are refugees.</p> <p>Occasionally does not have adequate food, warmth, or essential clothing.</p> <p>Multiple house moves.</p>	<p>Multiple house moves leading to children changing schools and experiencing evictions, hostels, refuges, temporary housing.</p>	

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	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Social and Community	<p>Family accessing generally good universal services in the neighbourhood and child's environment is safe.</p> <p>Family feels integrated into the community.</p> <p>The neighbourhood is a safe and positive environment encouraging good citizenship.</p> <p>Child has adequate social and friendship networks.</p> <p>The family and child are legally entitled to live in the country indefinitely and have full rights to employment and public funds.</p>	<p>Family intermittently accessing universal or targeted services – low level environmental factors impacting on child e.g. the family is experiencing social exclusion and/or there is limited supportive networks.</p> <p>The child is affected by low level anti-social behaviour and/or discrimination in the locality.</p> <p>The neighbourhood is known to have groups of children and/or adults who are engaged in threatening and intimidating behaviour and the child is intimidated and feels threatened in the area.</p>	<p>Family not accessing universal or targeted services, some concern for child's safety within the environment.</p> <p>Family is chronically socially excluded and isolated to the extent it has an adverse impact on the child.</p> <p>The neighbourhood or locality is having a negative impact on the child –for example the child is victim of anti-social behaviour or crime has joined a gang and/or is at risk of being further victimized.</p>	<p>Family refusing to engage, or address areas of risk/need identified.</p> <p>Family is excluded, and child is seriously affected but the family actively resists all attempts to achieve inclusion and isolates the child from sources of support.</p> <p>The neighbourhood or locality is having a profoundly negative effect on the child who has been a repeated victim of anti-social behaviour/discrimination, crime and is now at high risk of exploitation.</p> <p>Family members are detained and at risk of deportation or child is an unaccompanied asylum seeker.</p>

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Note: This is an illustrative rather than a comprehensive list of indicators

	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Social and Community (cont..)		<p>The family and child's legal entitlement to stay in the country is temporary and/or restricts access to public funds and/or the right to work placing the child and family under stress.</p> <p>Difficulty accessing community facilities.</p>		<p>There is evidence child is exposed or involved in criminal activity to generate income for the family (e.g., illegal employment, modern day slavery, child exploitation)</p> <p>Status puts them at risk of involuntary removal from the country (e.g. asylum seeking families or illegal workers) OR having limited financial resources/no recourse to public funds increases the vulnerability of the child to criminal activity (e.g. illegal employment, modern day slavery, child exploitation).</p>
Safer Me - Sexual – Criminal https://www.dcfp.org.uk/keeping-children-safe/	<p>Child or young person does not engage in inappropriate sexual, anti-social or criminal activity.</p>	<p>Concerns regarding sexual development, including in school or early years setting.</p> <p>Suspicion or low-level concerns child is engaging in anti-social behaviour and criminal activity.</p>	<p>Child has been reported or witnessed to have been sexually harassed.</p> <p>Young person regularly involved in anti-social, criminal/violent/ risk taking behaviour or activities.</p> <p>Child starts to have items of clothing, money or gifts etc. that is explained but with some suspicion from parents or friends.</p>	<p>Concern child (and parent) is being exploited, possible indicators:</p> <p>Child associating with older/controlling peers, strong parental concerns, persistent missing episodes, self-harm or changes in emotional wellbeing, isolating self from friends and family, physical assaults/ unexplained injuries/ coercion from an adult to share inappropriate images /changes to sexual behaviour/multiple serious criminal incidents/</p>

CHILD/YOUNG PERSON'S INDICATOR'S				
	Note: This is an illustrative rather than a comprehensive list of indicators			
	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Safer Me - Sexual – Criminal (cont..) https://www.dcfp.org.uk/keeping-children-safe/			<p>Some changes in child's behaviour that concern family or friends.</p> <p>Concerns over child's friendship group, excessive receipt of texts/phone calls/ transmission of inappropriate images.</p> <p>Child/YP lacks a sense of safety that results in risk of danger.</p>	<p>involvement in activities that would constitute arrestable offences.</p> <p>Child is a victim of gun and knife crime which may result in threat to life or serious injury.</p>

CHILD/YOUNG PERSON'S INDICATOR'S

Note: This is an illustrative rather than a comprehensive list of indicators

	Universal LEVEL 1	Early Help	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Safer Me – Digital Safeguarding https://www.dcfp.org.uk/keeping-children-safe/online-safety/online-safety-information-for-professionals/	<p>Child uses internet appropriately and parents ensure appropriate safeguards are in place.</p>	<p>Child at risk of being involved in negative internet and social media use or is a victim of harmful behaviours such as cyber bullying, trolling, sexualised behaviour.</p> <p>Addiction to gaming sites. Internet use is not monitored by parents.</p>	<p>Child is engaged or is a victim of negative internet and social media use cyber bullying, trolling or excessively engaged in gaming which interferes with social functioning.</p> <p>The child is showing signs of secretive deceptive and potentially concealing internet and social media activities.</p>	<p>The child is secretive, deceptive and actively concealing internet and social media activities.</p> <p>Concern's child is being groomed on the internet/ showing signs of addiction to gaming or pornography.</p> <p>Parents do not know child's association with adults online.</p>
Safer Me - Missing https://www.dcfp.org.uk/document/asf-covid-safeguarding/#sub-section-4	<p>Young person has not been missing from school/home or employment.</p>	<p>Concerns child may have had a missing episode.</p>	<p>Regularly missing from home, education, employment or training, including when whereabouts of the child/young person when missing are unknown.</p>	<p>Disappears or is missing from home for 72 hours or persistently going missing from home or school – being found out of their local area.</p> <p>Parents refusing to engage with supportive services or recognise any risk to their child.</p> <p>Parents are reporting child as missing and expressing concern regarding exploitation and/or changes in child's behaviour which suggests inappropriate relationship.</p>

CHILD/YOUNG PERSON'S INDICATOR'S

Note: This is an illustrative rather than a comprehensive list of indicators

	Universal LEVEL 1	Early Help	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
<p>Safer Me - Radicalisation https://www.dcfp.org.uk/child-abuse/radicalisation-and-extremism/</p>	<p>The child does not express any sympathy for ideologies linked to violent extremism or is being radicalized.</p>	<p>The child expresses sympathy for ideologies closely linked to violent extremism but is open to other views or lose interest quickly. There is the potential to become radicalized.</p>	<p>The child or young person is at risk of becoming radicalised expresses beliefs that extremist violence should be used against people who disrespect their beliefs and values. Preventing Radicalisation - Safer Devon</p>	<p>The child or young person is radicalized, supports people travelling to conflict zones for extremist/violent purposes or with intent to join terrorist groups. Preventing Radicalisation - Safer Devon</p>
<p>Honour Based Violence and Forced Marriage https://www.dcfp.org.uk/child-abuse/forced-marriage-and-honour-killings/</p>	<p>There is no concern the child be subject to harmful traditional practices such Honour Based Violence and Forced Marriage.</p>	<p>Concern the child is in a culture where harmful practices are known to exist (in the community or by family or extended family) however parents are opposed to the practices in respect of their children.</p>	<p>Concern the child is in a culture where harmful practices are known to exist (in the community or by family or extended family) and parents are not opposed to the practices in respect of their culture although there is no evidence of actual or planned harm to the child or family member.</p>	<p>Child discloses fear of Honour Based Violence in respect of them or a family member. There is evidence the child may be subject to harmful traditional practices and parents are opposed to resisting these practices.</p>

CHILD/YOUNG PERSON'S INDICATOR'S

Note: This is an illustrative rather than a comprehensive list of indicators

	Universal LEVEL 1	Early Help LEVEL 2	Early Help – Targeted Services LEVEL 3	Specialist/statutory services LEVEL 4
Female Genital Mutilation	There is no concern the child may have been or is at risk of Female Genital Mutilation.	Concern the child lives with family members where Female Genital Mutilation is known to have been performed, however parents are opposed to the practices in respect of their children.	Guidance for FGM Reporting.	Suspicion/risk of or known of a child being taken / prepared for Female Genital Mutilation. Sibling has previously had FGM .
Young Carer	Child has no caring responsibilities.	Child or young people who have a high level of responsibility for others (e.g. parents, siblings). No effective support from extended family or friends.	Young carer with little or no support and struggling to cope. Young carer impacting on development of self.	Sole carer/young carer with no supervision or support from adults, unable to cope impacted severely on their health/social/emotional wellbeing. Young Carer who is entitled to, or is requesting a Young carer assessment of their needs .
Private Fostering	The child is not privately fostered.	The child is privately fostered by adults who have been assessed by children's services to be appropriate carers. Local authority has been notified as per the requirements of 'The Children's (private Arrangements for Fostering) Regulations 2005.	Family difficulties where child is now staying with adults who are not child's parents for less than 28 days.	Child under 16 has been or will be staying with non-related adults for more than 28 days – 'private foster carers' who have not been assessed by children's services. Concern child is a victim of child exploitation, domestic slavery, or being physically abused in their private foster placement.

Meeting the needs of children and families

It is to be acknowledged that exceptional circumstances will still occur where a families' needs do not fit neatly into locally defined categories. In these exceptional circumstances, it is expected that agencies will work together in a consultative, solution-focused way with the family to identify pathways of support and protection that safeguard children and promote their welfare. Where agreement cannot be reached about how best to support a family, professionals should follow the steps outlined in the [Devon's Safeguarding Children Partnership's Escalation Protocol and Procedures](#).

Where an agency working with a family identifies additional support that is needed that their agency can deliver under **Early Help or the Adolescent Safety Framework**, they should use their own internal processes for doing so. Sometimes, it is helpful for them to use an Early Help/Safer Me Plan to identify how they will support the particular needs of the family. Where the family needs other services to support them, the agency must seek consent from the family and then contact can be made directly to the appropriate agency. In the spirit of openness and respect it is important parents should provide written consent for any referrals and for practitioners to share information.

Where there is more than one service working alongside a child and family, it can be helpful for the family and involved services to hold a Team around the Family/Safer Me meeting, to share information and co-ordinate an Early Help Assessment together. If you need help to co-ordinate a TAF/Safer Me meeting, contact Early Help in the MASH.

"Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment."

"Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from co-ordinated support from more than one organisation or agency (eg. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989."

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Early Help Assessments and Early Help Plans

The Early Help assessment is a tool to discuss and record the family's needs, strengths, the goals they would like to or need to achieve and this leads to a plan to support them. Should the family require more intensive support, it is important that practitioners have completed this record as it will avoid duplication of effort, the family having to repeat their story and will enable Early, Targeted Help or specialist sources to make an accurate decision about how best to help. More information on Early Help assessments can be found on the Devon Children and Families Partnership website: [Early Help information for professionals](#).

The Early Help Plan is based on a best practice approach to engaging families. The approach used in assessing families makes them central to identifying their needs, supporting them to tell their own story in their own words and being key to planning, implementing and sustaining the changes they need.

Early Help Plans (EHPs) can be developed using existing assessment and planning processes within agencies. Once a plan is developed, the Child Champion will work with the family and relevant services to implement and review the plan. Early Help Plans must be given to all family members that are involved, including children and young people (age and understanding permitting).

A completed Early Help Plan remains the responsibility of the supporting agency / service to retain, in accordance with their own record-keeping procedures.

Targeted Help (Level 3) the following services are available for more targeted support for Children and families: Children's Centres, Family Intervention Teams (FITs), Youth Intervention Teams (YITs). To access these the Lead Professional will be required to undertake an Early Help Assessment on Right for Children to identify needs and outcomes and the Lead Professional will then book into a local Early Help Triage Meeting.

Adolescent Safety Framework and Safer Me Plans

The ASF aims to provide a co-ordinated mechanism for professionals to effectively assess, plan and intervene through the lens of child welfare, in relation to contextual exploitation, by engaging a range of community partners to keep children safe within the spaces and places they live.

The ASF is a strength based multi-agency safeguarding approach to managing risk that is primarily found outside of the home, thereby supporting young people aged 11-18 years (up to 25 years for Care Leavers) and their families to increase safety. The approach is focused on our collective capacity as professionals and communities – not just the family – to keep young people safe from exploitation and harm.

The framework provides a single and holistic approach to referral and assessment (via [the Safer Me Assessment](#)) of individual children, peer groups, neighbourhoods, locations or persons of concern.

- **Safer Me TAF** reflects an Early Help approach to responding to need where the harm is identified as outside the family home.
- **Safer Me Child In Need** reflects a Child in Need Approach to responding to need where the harm is identified as outside the family home.
- **Safer Me Child in Care Meetings** are a response where the harm is identified as outside the placement home for a Child in the care of the Local Authority.
- **Safer Me Plus** reflects a Child Protection Conference approach to responding to significant harm where the harm is identified as outside the family home.

The processes and procedures that underpin these different levels of response will largely remain the same. The difference will be the focus of the discussion to shift to the issues external to the home. That is not to say difficulties within the family should not be considered as there will be an interplay between the two that needs to be understood.

Specialist Help/Intervention (Level 4)

Where children require more specialist intervention in accordance with the Children Act 1989, such as:

- S17 child in need a, b, and c (see below) or
- children with a long-lasting and substantial disability which limits their ability to carry out the daily tasks of living,
- children and young people with severe and complex special educational needs and disability (SEND) requiring an education health and care plan (EHCP) and potentially a specialist educational placement
- S47 (child protection),

Children's Social Care (CSC) has a responsibility to respond under section 17 of the Children Act 1989. That is, children whose development would be **significantly impaired** if services are not provided. This includes children who have a long lasting and substantial disability, which limits their ability to carry out the tasks of daily living. These would be deemed as specialist and high level support and interventions and may involve statutory processes (Level 4)

~~Under section 17 of the Children Act 1989, a child shall be taken to be 'in need' if:~~

- ~~a) they are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by a local authority~~
- ~~b) their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or~~
- ~~c) they are disabled~~

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A Request/Referral for Support to Children's Services is appropriate when:

- More substantial interventions are needed because the **child is 'in need'** or
- Where a child's development is being significantly impaired because of the impact of complex parental mental ill health, significant learning disability, alcohol or substance misuse, or very challenging behaviour in the home.
- A **Young Carers** is entitled to request an assessment of their needs (under S17 of the Children Act 1989).
- Parents need practical support and respite at home because of a **disabled child's** complex care needs. In these situations, Children's Services will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent problems escalating to a point that statutory child protection intervention is needed.

A key area of Children's Services responsibility is **child protection**; that is where Children's Services must make enquiries under **Section 47** of the Children Act 1989, to determine whether a child is suffering or is likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria upon which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. It is important to consider age and context – babies and young children are particularly vulnerable – and parental factors such as history of significant domestic abuse, substance misuse or mental ill- health.

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to make a referral (Request for Support) to Children's Social Care when it is believed or suspected that the child:

- Has suffered significant harm – **child protection**
- Is likely to suffer significant harm – **child protection**
- Has significant developmental or disability needs, which are likely only to be met through provision of Children's Social Care family support services (with agreement of the child's parent) – **children in need**

Children's Services engagement with **children in need** is on a voluntary basis. Parents, or young people who are assessed to be competent, can refuse some or all such offers of assistance. Often, families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. Where consent cannot be obtained, the social worker must determine whether the child may suffer significant harm without the provision of services and this may require a Children & Families assessment to be undertaken.

When Children's Services undertakes a S47 child protection enquiry the Devon safeguarding procedures will be used. Partners involved in supporting the family will be asked to share relevant information and assist in further support for the family.

New referrals for support and referrals on closed cases should be made by completing the [request for support form](#).

Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral.

Where there is doubt about the most appropriate service pathway to take, professionals concerned about the welfare of a child should, before they make a Referral/Request for Support, consult with their own manager and/or designated safeguarding lead, where they remain unsure, speak to a qualified social worker by contacting [0345 155 1071](tel:03451551071) and asking for the Child Protection Consultation Line.

If a child is considered to be at **IMMEDIATE** risk of significant harm professionals should telephone MASH or call the Police using 999.

Additional information or concerns on open cases should be made directly to the **allocated social worker** (or in their absence the manager or the duty social worker of that team).

Useful Links

- [Levels of Need Indicators - Information & resources for professionals](#)
- [Early Help - Devon Children and Families Partnership \(dcfp.org.uk\)](http://dcfp.org.uk)
- [A one minute guide to Early Help in Devon](#)
- [Early Help outcomes framework, a one-minute guide](#)
- [Early Help information leaflet](#)
- [Adolescent Safety Framework \(Safer Me\)](#)
- [A quick guide to the Adolescent Safety Framework](#)
- [Preventing Radicalisation - Safer Devon](#)
- [PinPoint](#) - for voluntary or community resources in your locality
- [Children's Centres](#)
- [Contact details for SEND](#)
- [DHC Home page | Devon Home Choice](#)
- [Contact us | Devon Home Choice](#)
- [Restorative Practice - Devon Children and Families Partnership \(dcfp.org.uk\)](http://dcfp.org.uk)
- [Introduction to Restorative Practice Workshop: Introduction to Restorative Practice Workshop \(learningpool.com\)](#)
- [Course: Levels of Need Workshop \(learningpool.com\)](#)
- [Course: Levels of Need Workshop for Schools/Education – facilitated by Devon Education Service \(learningpool.com\)](#)