



Thresholds of Need Model



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1 Introduction

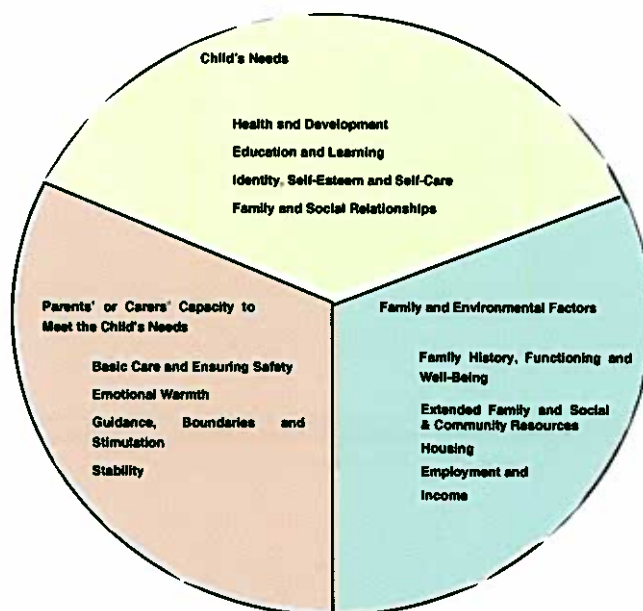
The UNOCINI assessment framework has been developed to:

- improve the quality of assessment within stakeholder agencies
- assist in communicating the needs of children across agencies
- avoid the escalation of children’s needs through early identification of need and effective intervention

UNOCINI has three areas each divided into four domains and all stages of assessment require professionals to revisit the domains and case plan services to address issues in the three areas.

In order to be able to describe the different levels of children’s needs, a multi-agency group of professionals from across Northern Ireland has worked together to develop this model. It is based upon the domains and dimensions of the UNOCINI Northern Ireland Assessment Framework. These are:

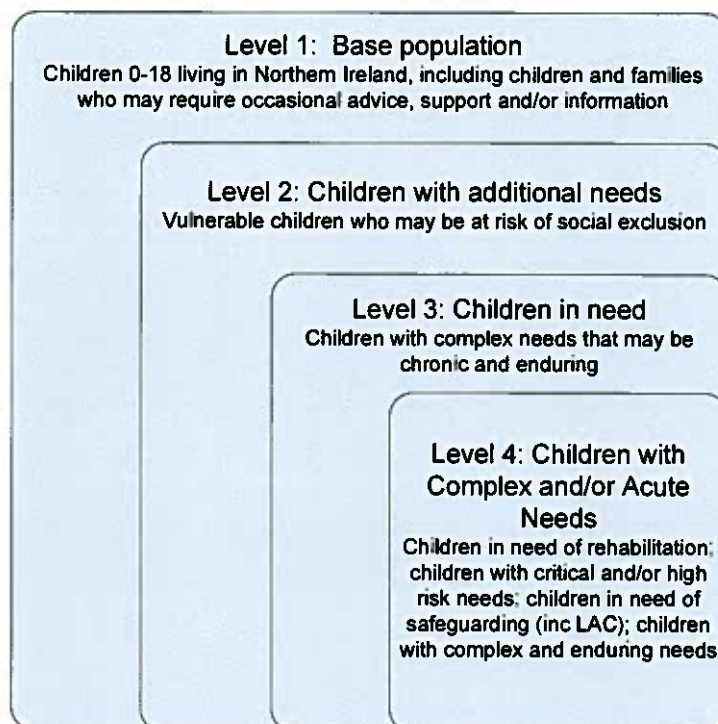
The child’s needs, parent’s capacity to meet these needs and family and environmental factors which impact upon the child or young person. The way in which these factors interact with, and influence each other, must also be carefully analysed in order to gain a complete picture of a child’s unmet needs and how to identify the best response to them.





2 Four Levels of Need Model

This model proposes four levels of need: the model is based upon the work of Pauline Hardiker and also upon the work within the Northern Ireland Family Support Model¹. The diagram below provides a useful way of conceptualising these levels of need:



Children will obviously move between these levels of vulnerability according to their particular circumstances and so it is essential that the service response can be flexible and able to address these changing needs. The model is not intended, nor should it be used to exclude children and families from help in an arbitrary manner. The aim of early identification, referral and service provision (i.e. through use of UNOCINI) is to ensure that children are prevented from moving towards the higher levels of need and wherever possible concerns reduced so that their levels of need reduce. The division between the levels should not be conceived of as 'hard and fast'. Children in need of safeguarding may present with different combinations of needs at level 3 and/or level 4. There will need to be some flexibility around the boundaries to ensure that children are properly assessed, making use of inter-disciplinary consultation and ensuring that appropriate services arranged.



3 Definitions of Levels of Need

Level One: Base Population

The majority of children and families in NI whose needs are being met. They utilise universal services and community resources as required.

Level Two: Children with Additional Needs

Vulnerable children and their families, who require additional support to promote social inclusion, to reduce levels of vulnerability within the family and/or to minimise risk-taking behaviours.

Level Three: Children in Need

Children with complex needs that may be chronic and enduring and whose health (physical & emotional) and development may be significantly impaired without the provision of servicesⁱⁱ. This may include some children who are in need of safeguarding. Children with a disability are also children in need.

Level Four: Children with Complex and/or Acute Needs

Children who are suffering, or likely to suffer, significant harm without the provision of services. This includes children who are looked after; those at risk of being looked after and those who are in need of rehabilitation from a care or custodial setting; children with critical and/or high risk needs; children in need of safeguarding and children with complex and enduring needs.

4 Using the Model to Support Practice

It is intended that this model be used to enable practitioners and their agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland. It is also intended as a tool to enable practitioners to complete a needs 'map', using the tables in **Appendix One**, to assess children and articulate the needs and strengths of the child and the family and the risks and protection issues that may exist.

5 Using the Model to Identify Appropriate Services

Having identified an overview of a child and family's needs, practitioners will be able to apply the general statements below to enhance their understanding of the type of services most likely to be suitable to meet the needs of the child and their family. (For example, a child with level 4 needs will be in receipt of all universal services (alongside all other children in the base population – i.e. level 1); they may also benefit community based services at level 2, and they may also require provision such as accommodation as a looked after child at level 4.)

This understanding can be further enhanced by using the tables available in **Appendix Two**, which identify the services that agencies provide to children across the four levels of need on a Regional basis. The tables are separated to identify services from the following agencies/types of provision:



- a. Health
- b. Social Services
- c. Child and Adolescent Mental Health (CAMHS)
- d. Education
- e. PSNI
- f. Justice (including Probation, Youth Justice, Prison Services, and NIACRO) – **Not yet provided.**
- g. Housing – **Not yet provided.**

Community and voluntary sector services have been included within the most appropriate agency tables: these services are provided by a great number of agencies, teams and groups, many of which are provided in certain localities only. The detailed breakdown of services from the community and voluntary sector should become included within individual Trusts' directories of resources.

The directories of services (being developed by the five individual Trusts within their local areas) can then be used to further support practitioners in identifying the services that may be available to children and families within their locality.

6 General Statements Regarding Appropriate Service Response to the Four Levels of Need

Level One: Base Population

Children and families typically self-refer and access universal and community resources as part of everyday day life. For example, seeing their G.P. for minor ailments; attending school; joining a club; attending a community meeting or play group. Additionally, many agencies undertake preventative and awareness raising work at this level. For example, health promotion sessions and crime prevention road-shows.

Level Two: Children with Additional Needs

In recognition of their vulnerability or potential for social exclusion, some children and families will be offered enhanced assistance from universal services or through community voluntary organisations. For example breast feeding support, Surestart Playgroup, counselling or parenting support group.

Level Three: Children in Need

Children in need and their families will, usually following an assessment, be provided with community based services to safeguard their welfare and well-being, organised through a single agency or on a multi agency basis. For example professionals including health visitors, education staff including teachers, and social workers will cooperate to provide inputs such as specialist



assessment, regular support and intervention from experienced professionals, sponsored playgroup or child minding placement, behaviour management, educational needs statementing, family centre intervention.

Level Four: Children with Complex and/or Acute Needs

Children experiencing the most acute and/or complex difficulties will be provided with coordinated support and intervention that is likely to be on a multi-agency basis. For example, Protection Plans for children, which incorporate inputs from social workers, education welfare officers, health visitors and mental health workers. Those children who have issues that cannot be resolved within their family will be accommodated in health, education, justice or social care placements to facilitate their rehabilitation whenever possible. For example children with serious medical conditions may be in hospital, some children may be in special residential schools, children who have committed serious crimes will be in youth justice placements and other children may be in foster care or social care establishments, including secure placements.

7 Limitations of the Model

The model cannot be an exhaustive list of all likely or possible needs, concerns, risk factors or services. It is indicative and should not be rigidly applied. The presence of single or multiple combinations of factors, the age and resilience of the child and protective factors will all need to be taken into account.

The model is not intended to replace professional consultation, or inter-disciplinary collaboration and relies upon good quality assessment of the child's circumstances by the agency representatives concerned: this degree of professionalism is of paramount importance in identifying the appropriate response.



8 Appendix One: Needs Tables

Child's Needs

Level One:	Level Two:
<p>Health & Development</p> <ul style="list-style-type: none"> • Physically well • Adequate diet / hygiene / clothing • Health appointments are kept / developmental checks / immunisations up to date • Regular dental and optical care • Developmental milestones met, or being attended to appropriately (including speech and language) • Feelings and actions demonstrate appropriate responses • Good quality early attachments • Able to adapt to change • Able to express and demonstrate empathy. <p>Education & Learning</p> <ul style="list-style-type: none"> • Acquired a range of skills/interests (including sports, hobbies etc) • Experiencing success/achievement (including sports, hobbies etc) • Access to books/toys, play • Attends school/group regularly and any absences are explained • Usually punctual or lateness acknowledged and explained • Behaves well in classroom or other learning situation • Is actively engaged in learning • Learning is on track, appropriate to age and ability • Has good access to enhanced opportunities to learn in school, home and community <p>Identity, Self-Esteem & Self-Care</p> <ul style="list-style-type: none"> • Positive sense of self and abilities • Demonstrates feelings of belonging and acceptance • A sense of self and an ability to express needs • Appropriate dress for different settings • Good level of personal hygiene • Growing level of competencies in practical and emotional skills, such as feeding, dressing and independent living skills <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Stable and affectionate relationships with caregivers • Good relationships with siblings • Positive relationships with peers 	<p>Health & Development</p> <ul style="list-style-type: none"> • Emotional and behavioural difficulties but not significantly impairing health or development • Susceptible to minor health problems • Minor concerns re diet / cleanliness / hygiene / clothing • Defaulting on health appointments / immunisations / checks • Not registered with GP/Dentist • A&E attendance giving cause for concern • Slow in reaching developmental milestones • Signs of disruptive or challenging behaviour • Early signs of anti-social behaviour • Difficulties with peer group relationships and with adults • Can find managing change difficult • Starting to show difficulties expressing empathy • Low level substance misuse <p>Education & Learning</p> <ul style="list-style-type: none"> • Truants with peers, or being disruptive in class • Reduced access to toys and books • Occasional unexplained absences from school or other group • Poor punctuality • Poor behaviour in classroom/other learning environment • Sudden or sustained drop in preparedness to learn and engage e.g. no kit or homework and not participating in sport and hobbies • Not realising educational potential and /or reaching level appropriate to age and ability • Unable to access or participate in enhanced learning opportunities e.g. groups, trips, etc <p>Identity, Self-Esteem & Self-Care</p> <ul style="list-style-type: none"> • Some insecurities around identity expressed e.g. low self-esteem • May experience bullying discrimination or harassment due to ethnicity sexual orientation, disability or religion • Previously happy child becomes sad, withdrawn, quiet, argumentative, aggressive • Can be over friendly or overly fearful with strangers • Can be provocative in appearance and behaviour • Not always adequate self care e.g. poor hygiene • Some delay in developing age appropriate self-care skills <p>Family and Social Relationships</p> <ul style="list-style-type: none"> • Some support from family friends • Has some difficulties sustaining relationships • Child has caring responsibilities which has some impact on education or development • Being a victim of, or having witnessed a traumatic event



Child's Needs

Level Three:	Level Four:
<p>Health & Development</p> <ul style="list-style-type: none"> Moderate mental / emotional health or behavioural difficulties (including self-harm) Behaviour impacting on health and development Concerns re diet, hygiene, clothing, overweight / underweight Missing routine and non-routine health appointments A&E attendance causing concern Concerns re enuresis / encopresis Developmental milestones delayed and not being attended to Finds it difficult to cope with anger, frustration and upset Disruptive challenging / offending / anti social behaviour at school or in neighbourhood and at home, involvement of agencies, police, Behaviour Support Service, Youth Justice Services Persistent difficulties in relationships with peer group and adults Finds change particularly difficult to manage Unable to demonstrate age appropriate empathy Child young person with permanent & substantial disabilities requires support/care package Some evidence of inappropriate sexual activities Substance misuse potentially damaging to health and development <p>Education & Learning</p> <ul style="list-style-type: none"> Poor school attendance i.e. less than 80%, including child refusing to attend school Regularly late 2-3 times per week Serious behaviour problems in classroom, leading to suspension Disaffected from learning and other school activities Failing to reach potential in exams, test appropriate for age and ability and/or has no record of achievement Not engaged in enhanced learning opportunities eg trips and other groups Statement of special needs requested or in progress Not achieving key stage benchmarks / identified learning needs No interest / skills displayed (including sports, hobbies etc) Toys and books absent from environment <p>Identity, Self-Esteem & Self-Care</p> <ul style="list-style-type: none"> Demonstrates significantly low self-esteem in a range of situations Subject to discrimination e.g. racial, sexual or due to disabilities Child has few (if any) positive relationships and can be hostile to others Is provocative in behaviour / appearance Hygiene problems Child previously able to care for self regresses Poor self care for age including hygiene 	<p>Health & Development</p> <ul style="list-style-type: none"> Has severe mental or emotional health problems or behavioural difficulties which affect development Severe and / or multiple disabilities or serious health problems affecting development Self harming or suicide attempts linked to periods of depression Appears undernourished / obese / dirty / infested / very poor standard of clothing Child has suffered or may have suffered physical, sexual emotional abuse or neglect Multiple A&E attendances causing concern / suspected non-accidental injury Developmental milestones unlikely to be met / failure to thrive Regularly in anti social/criminal activities, which places self or others at significant risk Offending behaviours likely to lead to custody / remand or other court appearance Puts self or others in danger e.g. regularly going missing, violence towards others, relationships dysfunctional Demonstrates disregard for others' feelings Disabled child or young person with permanent & substantial disabilities requires support package to meet needs significantly in excess of that normally Early teenage pregnancy where there are concerns about young person's ability to parent Inappropriate sexual activities Substance misuse or self harming damaging health and development <p>Education & Learning</p> <ul style="list-style-type: none"> Children may be in alternative provision and school placement has broken down Does not attend school on a regular basis(Prosecution likely or in process) Is usually late when attending Behaviour is unmanageable and likely to be expelled or has been expelled Not learning in classroom or other situations No pattern to learning Not engaged in extra curricular development activities Not engaged in education, training or employment appropriate to age Pre-school child who is unable to engage or participate in play activity <p>Identity, Self-Esteem & Self-Care</p> <ul style="list-style-type: none"> Experiences persistent discrimination, placing the child at risk or is adversely affecting the child's health and development Is socially isolated and lacks appropriate role models, placing the child at risk Regularly seen in inappropriate / inadequate clothing Hygiene problems causing isolation affecting child's self-esteem and development Child repeatedly presenting as being hungry Neglects to use self care skills due to alternative priorities e.g. substance misuse



<p>Family and Social Relationships</p> <ul style="list-style-type: none">• Lack of positive role models / deteriorating parental relationship• 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 impacted on education / developments• Young person living independently and not coping	<p>Family and Social Relationships</p> <ul style="list-style-type: none">• Concerns about a child who is or was previously looked after• Family breakdown related in some way to child's behavioural difficulties• Peers / siblings engaged in criminal / high risk activities• Child has caring responsibilities that impact significantly on child's education / health / development• Young person living independently, but homeless• Parent or sibling suicide
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Parents' or Carers' Capacity to Meet the Child's Needs

Level One:	Level Two:
<p>Basic Care & Ensuring Safety</p> <ul style="list-style-type: none"> • Provide for child's physical needs, e.g. food, drink, appropriate clothing, medical and dental care • Protect from danger or significant harm, in the home and elsewhere <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Shows love, praise and encouragement <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Provide guidance so that child can develop an appropriate internal model of values and conscience. • Facilitates cognitive development through interaction and play • Enable child to experience success, or cope with disappointment • Consistent parenting providing appropriate guidance and boundaries • Supports the child in developing appropriate peer and other relationships • Ensures that legal obligations in respect of child's education are met • Demonstrates support for child's education • Ethnic minority – 'to be supplied' <p>Stability</p> <ul style="list-style-type: none"> • Ensure that secure attachments are maintained • Provide consistency of emotional warmth over time 	<p>Basic Care & Ensuring Safety</p> <ul style="list-style-type: none"> • Poor maternal health / not accessing post/ antenatal care • Inability to recognise health care needs for self or child • Parent requires ongoing advice on parenting issues • Parental engagement with services is poor • Professionals are beginning to have some concerns around child's physical needs being met • Mental or physical health needs, or learning disability, substance misuse or other health problems but they do not appear to significantly affect the care of the child • Some exposure to dangerous situations in the home or community • Parental stresses starting to affect ability to ensure child's safety • Condoned absence from school • Misplaced anxiety regarding child health <p>Emotional warmth</p> <ul style="list-style-type: none"> • Poor parent/child relationships • Inconsistent responses to child by parent(s) • Child able to develop other positive relationships <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Child behaves in anti-social way in the neighbourhood e.g. petty crime • Inconsistent parenting – difficulties setting boundaries • Limited parental guidance in relation to appropriate emotional responses • Child spends considerable time alone e.g. watching television. • Child is not often exposed to new experience or activities • Parent has literacy/numeracy/communication difficulties that impact on their ability to fully engage in their child's educational development • Ethnic minority differences 'to be supplied' • Fails to engage with school or attend school events <p>Stability</p> <ul style="list-style-type: none"> • Key relationships with family members not always kept up • May have different carers • Starting to demonstrate difficulties with attachments • Irregular pattern of emotional interactions



Parents' or Carers' Capacity to Meet the Child's Needs

Level Three:	Level Four:
<p>Basic Care & Ensuring Safety</p> <ul style="list-style-type: none"> • Inadequate care not meeting physical needs • Inability to put child's need before own needs • Inability to recognise health needs for self or child such that child's health and development is likely to be significantly impaired • Difficult to engage parents with services • Professionals have serious concerns • Parent is struggling to provide adequate care • Mental or physical health needs, substance misuse or frequent health problems leading to the majority of parenting responsibilities not being undertaken and child's health and development is likely to be significantly impaired • Child perceived to be a problem by parents • Parental stresses affecting ability to ensure child's safety • Child may be subject to neglect e.g. exposed to dangerous situations in the home or community; experiencing unsafe situations • Child regularly left alone or unsupervised • Child previously looked after by Trust <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Child / parent relationship at risk of breakdown • Receives erratic or inconsistent care • Has no other positive relationships • Parental instability affects capacity to nurture <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Parent does not offer a good role model e.g. by behaving in an anti-social way • Erratic or inadequate guidance provided • No parental guidance in relation to appropriate emotional responses • Not receiving positive stimulation; lack of new experience or activities <p>Stability</p> <ul style="list-style-type: none"> • Child has multiple carers • Child has been looked after by Trust • Parent has withdrawn from emotional interaction 	<p>Basic Care & Ensuring Safety</p> <ul style="list-style-type: none"> • Failure to access adequate health care resulting in serious risk to child's health (includes unborn child) • Concerns about parenting of child • Severe mental or physical health needs, substance misuse or other health problems such that vital parenting roles cannot be undertaken and child at risk of significant harm • Persistent serious domestic violence such that child is at risk of significant harm • Parents involved in crime which is affecting parents capacity to provide care or is significantly impacted on child's development • Parents unable to keep child safe • Young child left alone or unsupervised • Concerns about a child in a family where parents were unable to care for previous child and child has been removed • Concerns about parenting of a child who is / or has been looked after or is at risk of becoming looked after • Child refusing to return home • Allegation or reasonable suspicion of serious injury / abuse or neglect • Currently or previously on Child Protection Register <p>Emotional Warmth</p> <ul style="list-style-type: none"> • Parents inconsistent, highly critical or apathetic towards child / concerns of emotional abuse. 'low warmth high criticism' <p>Guidance, Boundaries & Stimulation</p> <ul style="list-style-type: none"> • Frequently behaves in an anti-social way in the neighbourhood leading to risk of criminal conviction or subject to an Anti-Social Behaviour Order • No effective boundaries set by parents leading to child being beyond parental control • Parental disinterest in child's emotional development • Parental disinterest in child's educational development • No constructive leisure time or guided play which significantly impacted on child's development <p>Stability</p> <ul style="list-style-type: none"> • Child is beyond parental control • Child has no parent or carer / abandoned child or unaccompanied minor • Parent / carer has rejected child from home or is threatening to reject child from home



Family and Environmental Factors

Level One:	Level Two:
<p>Family History, Functioning & Well-Being</p> <ul style="list-style-type: none"> • Good relationships within family, including when parents are separated • Few significant changes in family composition • Good access and use of universal services • Family live in an area unaffected by civil unrest <p>Extended Family and Social & Community Resources</p> <ul style="list-style-type: none"> • Sense of larger familial network and good friendships outside of the family unit • Family is integrated into the community • Good universal services in neighbourhood <p>Housing</p> <ul style="list-style-type: none"> • Accommodation has appropriate facilities • Security of tenure and absence of harassment <p>Employment & Income</p> <ul style="list-style-type: none"> • Parents able to manage the working or unemployment arrangements and do not perceive them as unduly stressful • Reasonable income over time, with resources used appropriately to meet individual needs 	<p>Family History, Functioning & Well-Being</p> <ul style="list-style-type: none"> • Parents have some conflicts or difficulties and minor incidents of domestic abuse (which have not involved children) have been reported • Child has experienced loss of significant adult through separation or bereavement • Child has caring responsibilities • Parent or sibling has received custodial sentence Sibling with disability or significant health problem • Refugee family able to access community resources • Asylum seeking family able to access community resources • Impact of multiple births/number of pre-school children • Family live in an area affected by civil unrest but are not directly involved <p>Extended Family and Social & Community Resources</p> <ul style="list-style-type: none"> • Limited support from friends and family • Some social exclusion experiences • Family may be new to the area • Family experiencing harassment or discrimination or are victims of crime • Adequate universal resources but family may have access issues <p>Housing</p> <ul style="list-style-type: none"> • Adequate / poor housing without some basic amenities • Uncertain tenure / rent arrears • Frequent change of address <p>Employment & Income</p> <ul style="list-style-type: none"> • Parents have limited formal education affecting ability to find employment • Periods of unemployment of the wage earning parents • Low income from work or welfare benefits • Some early concerns regarding debt



Family and Environmental Factors

Level Three:	Level Four:
<p>Family History, Functioning & Well-Being</p> <ul style="list-style-type: none"> • Incidents of domestic abuse between parents have been witness by children and/or caused them distress • Acrimonious divorce / separation • Child is principle carer for parent, sibling or other family member • Parent or sibling is in custody • Family have serious physical and mental health problems • Refugee family without access to community services • Asylum seeking family refused the right to remain • Family under strain due to impact of civil unrest <p>Extended Family and Social & Community Resources</p> <ul style="list-style-type: none"> • Family has poor relationships with extended family or little communication • Family is socially isolated and limited support from extended family • Parents socially excluded • Parents experience stress without support network • Poor quality universal resources and access problems to these and targeted services <p>Housing</p> <ul style="list-style-type: none"> • Poor state of repair, inadequate temporary or overcrowded housing • Eviction in process / awaiting temporary housing <p>Employment & Income</p> <ul style="list-style-type: none"> • Parents find it difficult to obtain employment due to poor basic skills • Parents experience stress due to unemployment or overworking • Sustained low income • Serious debts / poverty impact on ability to have basic needs met 	<p>Family History, Functioning & Well-Being</p> <ul style="list-style-type: none"> • Significant parental discord and domestic abuse that is witnessed by children, who appear to be affected by domestic violence. • Violence from siblings / parents • Imminent family breakdown and risk of child becoming looked after • Schedule One offender is living in the family Wider Family • Family have serious physical and mental health problems that pose a significant risk to the child's well-being and development • Refugee family socially isolated and scapegoated by community • Asylum seeking family denied right to remain and awaiting deportation without access to funds or other support • Family breaking up or a member is absent du to civil unrest <p>Extended Family and Social & Community Resources</p> <ul style="list-style-type: none"> • Destructive / unhelpful involvement from extended family • No effective support from extended family • Family chronically socially excluded • Poor quality services with long term difficulties with accessing target populations <p>Housing</p> <ul style="list-style-type: none"> • Physical accommodation places child in danger • Homeless and is not eligible for temporary housing from official bodies <p>Employment & Income</p> <ul style="list-style-type: none"> • Family unable to gain unemployment due to significant lack of basic skills or long term difficulties e.g. substance misuse which affects their ability to provide basic care and parenting • Chronic unemployment that has severely affected parents own identities and has seriously impacted on their ability to parent (see parenting domain) • Family / young person not entitled to benefits with no means of support • Extreme poverty / debt impacting on ability to care for child and have basic needs met; food, warmth, essentials, clothing



9 Appendix Two: Services Tables

Threshold of Need

Services Available to Children across the Four Levels of Need: Health

	Level 1 – Base Population	Level 2 – Children with Additional Needs	Level 3 – Children in Need	Level 4 – Children with Complex and/or Acute Needs
Needs:		←	→	
Assessments:	Family Health Needs Assessment	UNOCINI Preliminary Assessment	Specialist Assessments	
Services:	<p><u>Health For All Children:</u></p> <p><u>Health Promotion</u> - feeding and nutrition, reducing sudden infant death, baby care, behaviour management, safety/accident prevention, oral health, parenting skills, immunisation, information on local support services, how to promote child development, smoking cessation, routine enquiry of mothers about whether they are experiencing domestic abuse, and routine assessment of maternal mental health.</p> <p><u>Health Protection</u> - immunisation programmes, neonatal blood screening, neonatal hearing screening, TB risk assessment, ongoing surveillance of the general health and development of the child, awareness session for teaching staff regarding anaphylaxis/ diabetes/epilepsy,</p>	<p>Community based support to children and families with additional needs; some children may be receiving assistance and/or treatment from specialist clinics. This may also include services to families and groups who are socially vulnerable.</p> <p>For example, A&E attendance and short-term hospital stays, supporting children recently discharged from hospital following an acute or chronic illness, speech therapy, assessment and/or treatment from health consultants, services to teenage mothers, postnatal depression treatments, behaviour advice, TB liaison, A&E liaison, review of visual/hearing/growth health needs, reviews for specific medical conditions, individual work with children/young people regarding lifestyle/risk-taking/ diet, and support to parents re the same, enuretic</p>	<p>Advice, support and planned intervention to children and their families with more complex needs, in community, hospital and clinic settings.</p> <p>For example, support with enteral feeding, behaviour management clinics, support to young carers, support to disabled and/ or looked after children/young people and their families and to those with chronic health problems, child protection visits to children/young people on the child protection register and their families, health needs group for looked after children, care plans for children with complex health needs, supporting children with ADHD/Autistic Spectrum Disorders/ severe learning disabilities and their families, speech and language input for children with complex needs, acute hospital stay, and</p>	<p>Support to children with more complex health needs and their families, for example to those with life-limiting, and severe long-term/chronic conditions.</p> <p>For example, in-patient and hospice care, secure treatment for young people with high level risk-taking behaviours (e.g. suicidal behaviour, significant self-harming behaviours), care packages (possibly defining multi-agency input) to meet complex health needs in children and young people.</p>



	<p>and weight and height monitoring</p> <p><u>Building Relationships with Families</u></p>	<p>services within school health, supporting families where parenting capacity has been compromised by additional health needs in parents, and referral to other agencies.</p>	<p>supporting families where parenting capacity has been significantly compromised by substantial health needs in parents.</p>	
<p>Professionals:</p> <ul style="list-style-type: none"> ▪ The above services are provided by a range of professionals, including: <ul style="list-style-type: none"> ▪ G.P.s ▪ Health Visitors ▪ School Nurses ▪ Hospital and Community Midwives ▪ Health Promotion Officers ▪ Newborn Hearing Screeners ▪ Community and voluntary sector workers 	<p>In addition to those professionals providing services at Level 1, the following professionals may become involved at Level 2:</p> <ul style="list-style-type: none"> ▪ Hospital staff ▪ Allied Health professionals ▪ Community and Hospital Paediatricians ▪ Mental Health and/or addictions workers ▪ Surestart ▪ Voluntary sector workers working with children with additional needs 	<p>In addition to those professionals providing services at Level 1 and 2, the following professionals may become involved at Level 3:</p> <ul style="list-style-type: none"> ▪ Child Development Clinic staff ▪ Professionals providing dietetic services to children and young people with eating disorders ▪ Health Visitor to looked after children ▪ Psychiatry / Tier 3 CAMHS ▪ Crisis Intervention Team staff (for parents with mental health issues) ▪ Forensic Medical Officer (in cases of suspected/alleged child abuse) ▪ Voluntary workers (services likely to be directly contracted or commissioned by Social Services – e.g. Barnados, Extern, NHC, NSPCC, Women's Aid) 	<p>In addition to those professionals providing services at Level 1, 2 and 3, the following professionals may become involved at Level 4:</p> <ul style="list-style-type: none"> ▪ Professionals working within secure accommodation provision ▪ Professionals working within in-patient psychiatric services 	



Thresholds of Need

Services Available to Children across the Four Levels of Need: Social Services

	Level 1 – Base Population	Level 2 – Children with Additional Needs	Level 3 – Children In Need	Level 4 – Children with Complex and/or Acute Needs
Needs:				
Assessments:	Early Years Assessments	<p>UNOCINI Preliminary Assessment</p> <p>Residence and Contact reports to court</p>	<p>UNOCINI Initial Assessment</p> <p>UNOCINI Pathway Assessment Children in Need + CIN Case Plans</p>	<p>UNOCINI Pathway Assessment Looked After Children + Care Plans</p> <p>UNOCINI Pathway Assessment Child Protection + Protection Plans</p>
Services:	<p>Children within the base population access resources and services through universal, community and voluntary sector resources. Although Social Services do not directly support children and families at this level, they do commission others.</p> <p>For example: child minding, day care, play groups, after schools clubs, parenting programmes, interpreting services, Court Welfare services, contact centres, and a range of voluntary and</p>	<p>The majority of children with additional needs will access services through enhanced universal services and community and voluntary sector resources (which may be funded wholly or in part by Social Services as part of their preventative strategy). A minority of children with additional needs, following assessment, may receive either direct or commissioned social service provision to prevent deterioration of their circumstances and/or escalation of their needs.</p>	<p>Specialist Assessments (e.g. Domestic Violence, Graded Care Profile of Neglect)</p> <p>Children in need, including some children in need of safeguarding and children with a disability, following assessment may receive planned services. The focus of these services is to promote the welfare and well-being of the child within their own family and community.</p> <p>For example: supported housing for young homeless, therapeutic intervention for children who exhibit sexually harmful behaviours</p>	<p>Assessment of needs and Pathway Plans for looked after young people and care leavers aged 16 - 19</p> <p>The small number of children who have complex and/or acute needs will receive the highest levels of care and intervention. Some of the children within this group may be subject to Care Orders. Children at this level often receive services coordinated and commissioned from multiple agencies. It is unlikely that the range of care and intervention required by this group of children could be met by any single agency.</p> <p>For example: services to care leavers, advocacy services for</p>



<p>Professionals:</p>	<p>community groups offering universal family support services, e.g. Parents Advice and Women's Aid.</p>	<p>For example: Sponsored childminding schemes, community holidays and Summer schemes, mediation services, support to families of children with autism and/or learning disabilities, parents' support and parenting groups, services for young people at risk of offending drug and alcohol advice, counselling and advice, assessment and family support to children whose circumstance may deteriorate without input.</p>	<p>In addition to those professionals providing services at Level 1, the following professionals may become involved at Level 2:</p> <ul style="list-style-type: none"> ▪ Early Years workers ▪ Travellers support workers ▪ Community development workers ▪ Court Welfare Officer ▪ Women's centre workers ▪ Homestart workers ▪ Community and voluntary sector workers 	<p>looked after children, housing schemes for care leavers, services to looked after children (e.g. accommodation, social work support, intervention with families of looked after children), applications to court for secure orders and secure accommodation</p>
	<p>In addition to those professionals providing services at Level 1, the following professionals may become involved at Level 2:</p> <ul style="list-style-type: none"> ▪ Social Workers in Gateway Teams working with children who have higher level 2 needs ▪ Social Workers providing family support services to children with higher level 2 needs ▪ Social Workers working in early years services ▪ Family support workers ▪ Surestart workers ▪ Play and development workers ▪ Juvenile Justice workers ▪ Family centre workers ▪ Voluntary sector workers working with children with additional needs 	<p>In addition to those professionals providing services at Levels 1 and 2, the following professionals may become involved at Level 3:</p> <ul style="list-style-type: none"> ▪ Social Workers providing family support services ▪ Social Workers working in Gateway Team ▪ Social Workers working with children who have a disability ▪ Social workers working with children in need of protection (high level 3 needs) ▪ Residential social workers providing outreach services ▪ Voluntary workers (services likely to be directly contracted or commissioned by Social Services – e.g. Barnados, Extern, NHC, NSPCC, Women's Aid) 	<p>In addition to those professionals providing services at Levels 1, 2 and 3, the following professionals may become involved at Level 4:</p> <ul style="list-style-type: none"> ▪ Foster Carers ▪ Residential Workers ▪ Social Workers working with looked after children ▪ Social workers working with children in need of protection ▪ Psychologist (Attached to residential services) ▪ Voice of Young People in Care (VOYPIC) ▪ Personal Advisors for looked after children and care leavers 	



Thresholds of Need

Services Available to Children across the Four Levels of Need: CAMHS

Needs:	Level 1 – Base Population	Level 2 – Children with Additional Needs	Level 3 – Children in Need	Level 4 – Children with Complex and/or Acute Needs
Assessments:	Routine FHNA, school medical screening, GP diagnosis	Preliminary Assessment	Specialist Assessment	Specialist Assessment
Services (inc. referral route):	<p>Tier One: children's emotional health and well-being needs are met by professionals currently engaged with the child. There is no specialist CAMHS service at this level.</p> <p>For example, recommendations regarding lifestyle choices; positive parenting advice</p>	<p>Tier Two: assessment, treatment and intervention. Some families will self-refer to tier 2 services, other are referred through by Tier 1 staff as a consequence of its complexity, levels of risk and persistence. CAMHS services are provided through Family Centres and direct work in people's homes.</p> <p>For example, professional consultation and assessment; group work to groups identified as requiring CAMHS services; family therapy; advice about building sense of self, identity and self-esteem; individual psychotherapy; parent management training; NLP (Neuro-Linguistic Processing); behaviour therapy; cognitive therapy;</p>	<p>Tier Three: assessment, management and treatment of children and adolescents whose mental health needs cannot be managed at Tier 2 because of the complexity, risk, persistence and interference with social functioning and normal development.</p> <p>In addition to those services provided at Tier Two, the following may be provided: self-regulation therapy; eye movement desensitisation Reprocessing (EMDR)</p>	<p>Tier Four: In-patient assessment, treatment and intervention for adolescents who are referred from Tier 3 services due to their mental health problems being extremely complex, high-risk and persistent.</p> <p>provision of specialist intervention on a regional basis which would not be cost-effective in every locality</p>
Professionals:	<ul style="list-style-type: none"> ▪ General practitioners ▪ Community paediatricians ▪ Health Visitors ▪ Social Workers ▪ Teachers ▪ Staff in community and voluntary organisations providing direct provision to children. 	<p>In addition to those professionals providing services at Level 1, the following professionals may become involved at Level 2:</p> <ul style="list-style-type: none"> ▪ Child care social workers ▪ Education psychologist ▪ Youth Justice Workers 	<p>In addition to those professionals providing services at Level 1 and 2, the following professionals may become involved at Level 3:</p> <ul style="list-style-type: none"> ▪ Clinical Psychologists ▪ Child Psychiatric Nurse Specialists ▪ Social Work staff with specific 	<p>In addition to those professionals providing services at Level 1, 2 and 3, the following professionals may become involved at Level 4:</p>



		<ul style="list-style-type: none">▪ Community Psychiatric Nurses▪ Specialist mental health services (for example, Family Centres) provided or commissioned by the Trust for children with the more complex needs	child and adolescent mental health expertise	<ul style="list-style-type: none">▪ Clinical Psychologists▪ Child Psychiatrists▪ Community Paediatricians
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Thresholds of Need

Services Available to Children across the Four Levels of Need: Education

Needs	Level 1 – Base Population	Level 2- Children with additional Needs	Level 3- Children in Need	Level 4-Children with Complex and/or Acute Needs
Assessments:	<ul style="list-style-type: none"> ▪ Key Stage Assessments ▪ Termly / Yearly School tests and reports ▪ Public Exams 	<ul style="list-style-type: none"> ▪ Discipline Record ▪ SENCO – Stage 1 or 2 Code of Practice for SEN ▪ UNOCINI Preliminary record 	<ul style="list-style-type: none"> ▪ SENCO – Stage 3,4 or 5 of Code of Practice for SEN ▪ Statement of Special Education Needs 	
Services:	School or pre-school group manages all aspects of child's education and learning needs	School manages all aspects of child's education and learning needs with advice from	Education Support Services work with the school to support the child through the provision of specialist services	Education Support Services, schools and other services work together as a multi-disciplinary/agency response to address the child's needs
Professionals:	<ul style="list-style-type: none"> ▪ Teachers ▪ Designated Teacher for Child Protection ▪ Pastoral Care Staff ▪ SENCO 	In addition to those professionals providing services at Level 1, the following professionals may become involved at Level 2: <ul style="list-style-type: none"> ▪ Education Support Services as necessary ▪ CPSSS ▪ Education Welfare Service ▪ Educational Psychologist ▪ Behaviour Support Team 	In addition to those professionals providing services at Level 1 and 2, the following professionals may become involved at Level 3: <ul style="list-style-type: none"> ▪ Special Educational Needs professionals ▪ Withdrawal Units ▪ Counselling Support 	In addition to those professionals providing services at Level 1, 2 and 3, the following professionals may become involved at Level 4: <ul style="list-style-type: none"> ▪ SAM Programme ▪ Looked After Children Education Support Team ▪ Parent Support Programmes ▪ Young Offenders Support



Thresholds of Need

Services Available to Children across the Four Levels of Need: PSNI

Needs	Level 1 – Base Population	Level 2- Children with additional Needs	Level 3- Children in Need	Level 4-Children with Complex and/or Acute Needs
Assessments:	PSNI needs assessment	UNOCINI information notification/Preliminary Assessment	UNOCINI Assessment/Joint Protocol Assessment	UNOCINI Assessment Joint Protocol Assessment
Services (inc referral route):	<p>Protection and well being of all children. This will be achieved through prevention and education examples of which are outlined below:</p> <p><u>Education</u> CASE – Provision of good citizenship programme, healthy lifestyles and crime prevention. APU – Information on staying safe on our roads, Road traffic legislation, alcohol misuse on our roads. DRUGS – Provision of prevention of drugs and substance misuse programme.</p>	<p>Engaging with children and young people who are displaying signs of risk taking behaviour. To also engage with those C&YP who are victims and witnesses to crime. Example of which is outlined below:</p> <p><u>Risk Taking Behaviour:</u> ASB – Preventative measures including voluntary contracts with police, specialised officers providing guidance and support, referral to external agencies (support services), education packages (CASE), Youth Diversion Scheme.</p>	<p>Responding to children and young people suspected of involvement in criminal activity and engagement with vulnerable Children and young people. Example of which is outlined below:</p> <p><u>Sexual Activity:</u> Child abuse investigation, deployment of MASRAM services, engagement of support services, referral to external agency, multi-agency meetings.</p>	<p>Responding and engaging with all those children and young people involved in critical and or high risk situations that requires immediate police intervention.</p> <p>Incidents referred to in Level 3 that include additional aggravated factors, which will escalate the risk to Level 4 and will receive enhanced police response proportionate to the needs identified.</p>
Professionals:	<p>Below are a range of disciplines within policing that can provide a range of services to meet children's needs:</p> <ul style="list-style-type: none"> ▪ Beat officers ▪ Road policing officers ▪ Domestic abuse officer ▪ Youth Diversion officer ▪ Community & schools officer ▪ Minority liaison officer 	<p>In addition to those disciplines outlined in Level 1 the following may become involved in Level 2:</p> <ul style="list-style-type: none"> ▪ Public Protection officers ▪ Family liaison officers ▪ Investigate officers 	<p>In addition to those disciplines outlined in Level 1 and 2 the following disciplines may become involved:</p> <ul style="list-style-type: none"> ▪ Child abuse investigators ▪ MASRAM officers 	<p>As outlined in Level 3.</p>



ⁱ For example Southern Area Children's Services Plan 2005-2008 pages 41-42
Southern Health and Social Services Board

For example Children's Services Plan 2005-2008 pages 16-16
Western Health and Social Services Board

ⁱⁱ Children in Need:

A child shall be taken to be in need if -

(a) he is 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 him of services by an authority under this Part;

(b) his health or development is likely to be significantly impaired, or further impaired without the provision for him of such services; or

(c) he is disabled,

and 'family', in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living. Article 17

The Children (Northern Ireland) Order 1995

Equality

This guidance has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998, and it was found that there were no negative impacts on any grouping.

Human Rights

This guidance has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained within the Act.
