



GIG  
CYMRU  
NHS  
WALES

Staff Nyrso  
Nurse Staffing

# Welsh Levels of Care Health Visiting

## Contents

Executive summary	Page 3
Introduction	Page 4
How to choose the right level of care	Page 5
Frequently asked questions	Page 6 - 9
Lay descriptors	Page 10
Clinical descriptors	Page 11
Health visiting theme 1 – Assessment, risk and safeguarding	Page 12 & 13
Health visiting theme 2 - Parenting	Page 14 & 15
Health visiting theme 3 – Social, cultural, and environmental	Page 16
Health visiting theme 4 – Child health, development, and wellbeing	Page 17

## Executive summary

This is the first edition of the Welsh Levels of Care for health visiting, a national tool to measure the acuity and dependency of children. The Welsh Levels of Care have been developed over a number of years, through widespread engagement with health visiting teams throughout Wales. Set out below are descriptions of children and families across five archetypal levels of care, from level 1 universal intervention to level 5 immediate intervention. These descriptions are broken down into typical child and family needs, conditions and situations and the corresponding assessments, interventions and tasks undertaken by the health visiting team.

The purpose of this document is to provide health visiting teams with the advice, guidance and definitions required to endorse their professional judgement in consistently assigning individual children to a level of care. The Welsh Levels of Care tool will enable health visiting teams to consider and evidence the needs of the children and families on their caseload. This data can be collated and analysed, together with information on workload, professional judgement, quality of care and deployed staffing to inform workforce planning and the deployment of staff within health visiting teams.

This is entitled the 'first edition' as the document will continue to develop and evolve, through further learning from audit results and ongoing evaluation and testing.

To support adoption of the Welsh Levels of Care, the Nurse Staffing Programme has provided workshops and trained 'trainers' in each Health Board. These sessions were designed to support implementation of the tool and provide opportunities for health visiting teams to share learning and become confident in using the Welsh Levels of Care.

### **Rhiannon Beaumont-Wood**

Executive Director Quality, Nursing and Allied Health Professionals

Public Health Wales



## Introduction

This document describes the Welsh Levels of Care, developed for use within health visiting services in NHS Wales. The Welsh Levels of Care tool is designed to assist health visiting staff in measuring levels of child and family acuity.

The Welsh Levels of Care consists of 5 levels of acuity ranging from; level 5 where the child and/or family is highly unstable and at risk requiring an intense level of health visiting support, down to level 1 where no unmet health needs are identified, and the child and family's care is routine following the Healthy Child Wales or Flying Start Programme.

This document explains how health visitors can use the Welsh Levels of Care to assign the children and families on their caseload into the right level of care, by providing descriptions of the types of typical child and family at each level. These descriptions are broken down into categories with increasing specificity:

Lay Descriptors – describe in layman's terms the child/family level of need

Clinical Descriptors – more detail including professional considerations at each level

Themes – more technical detail about the child and family and the interventions required at each level

These descriptors were developed through detailed examination and iteration with health visitors from across Wales. They are designed in such a way that the categories are coherent across the 5 levels of care, leading to greater consistency of assigning a level of care to the child and family.

WORKING DOCUMENT

## How to use the Welsh Levels of Care Tool in practice

It is expected that for most children and families the Lay Descriptors will be sufficient to assign an accurate level of care. The Lay Descriptors are given in detail on page 5, but are summarised as follows

<b>Level 5</b>	<b>Immediate intervention</b> – An exceptional high-risk situation or event requiring immediate intervention from the health visiting service alongside intervention from other professionals/services.
<b>Level 4</b>	<b>Intensive intervention</b> – Potential for significant event, risk, or harm. The family or child’s situation is highly unstable and unpredictable requiring intensive periods of intervention from the health visiting service.
<b>Level 3</b>	<b>Enhanced intervention</b> – A number of significant needs within the family that are susceptible to change and require ongoing review, support, and intervention.
<b>Level 2</b>	<b>Additional intervention</b> – A small number of particular needs identified within the family for which a planned short-term, low-level intervention is required.
<b>Level 1</b>	<b>Universal intervention</b> – No additional needs identified will follow the Healthy Child Wales Programme.

If the Lay Descriptors are insufficient, the health visitor completing the acuity audit can refer to the Clinical Descriptors to assign the right level of care. If this once more proves insufficient, they can then refer to the Health Visiting Themed Descriptors:

- Assessment, Risk and Safeguarding
- Parenting
- Social, Cultural and Environmental
- Child Health, Development and Well-being

It is possible for a child or family to have needs in different levels of care within the health visiting themes. These descriptors are meant as a guide and ultimately the health visitor completing the score will need to aggregate this information and make a reasonable professional judgement, as to the level of care that best describes the child and family. The child and family’s level of care will change over time, and the score will need to be regularly reviewed.

## Frequently asked questions

### What is acuity?

Acuity can be defined as the measurement of the intensity of health visiting support required by a child and family. For the purpose of this work, we use the term 'acuity' as an umbrella term which encompasses other terms such as dependency, intensity, unpredictability, and complexity to describe the amount of support that a child and family requires based on their holistic health needs. When considering acuity, there are two principal attributes: 'severity' which indicates the level of health needs of the child and family, and 'intensity' which indicates the health visiting needs, complexity of the support and the corresponding workload required to work effectively with the child and family.

### Why does the document include so many descriptors?

The Welsh Levels of Care document is a reference guide, it is not an operational process to be followed from beginning to end each time a child and family is assessed. Health visitors are required to make a professional judgement about the levels of acuity of the children and family on their caseload and this document is simply to provide health visitors with sufficient information to validate that judgement. Staff feedback has shown that the Lay Descriptors can be used to consistently identify child and family acuity and the Clinical Descriptors and Health Visiting Themes will be used to provide additional guidance.

### Is there training to support staff in using the Welsh Levels of Care?

A handbook is being devised to assist staff in using the Welsh Levels of Care. Health boards are holding local sessions with managers and health visitors to explore the practical application of the Welsh Levels of Care and discuss how children and families are categorised.

### Why are the levels listed from 1-5?

The levels have been listed from the lowest level, which is level 1 at the bottom, to the highest level, which is level 5 at the top. This is because the format of the levels was designed to match the intuitive method of decision making in practice and mimic directional cues in devices such as a thermometer i.e., cold at the bottom of the range and hot at the top. We also use this cue in the production of the visualiser that replicates the pattern of 1 at the bottom and 5 at the top and serves as a powerful sense checking device.

### Why have Lay Descriptors?

A requirement of the Act is to communicate information to the public using language that can be easily understood. The Lay Descriptors use clear, simple, ordinary language without the use of technical terms to describe the child and family needs at each level of care. These descriptions will continue to be developed and refined to produce a variety of accessible versions of this narrative for sharing with a variety of audiences.

**Does changing some of the descriptors mean that the tool is no longer accurate?**

Work has been undertaken during national workshops where the descriptors have been revised and additions made. The work will be validated by testing the Welsh Levels of Care (version 1) through the bi-annual audits and staff feedback. The Welsh Levels of Care is designed to enable staff to drill down into the detail to describe child and family needs and identify their level of acuity. Analysis will continue to take place as the Welsh Levels of Care continues to be tested through bi-annual audits and further revisions will be made as required.

**Is the level of care assigned to the child or family or both?**

The level of care is assigned to the child on your caseload. We use the terms child/family as the child is always considered in the context of their family/carers and it is difficult to separate the two.

**Do I assign the level of care on the child and family's current situation or what potentially might happen?**

The level of care assigned should be based on assessment of the child and family's current situation. If circumstances change then the level of care will be reassessed at that time.

**Are all new births considered 'intensive' until 6 weeks old?**

New-born babies will be considered 'enhanced' or level 3 until the 'up to 6 weeks' Healthy Child Wales Programme contact. However, there may be some new-born babies who will be a level 4 or 5, use the tool alongside your professional judgement to make that assessment. At the 'up to 6 weeks' contact the level of care should be reassessed and recorded.

**Is there a visiting schedule to go along with the tool?**

No, the tool is used to measure child and family acuity and dependency. Decisions around the frequency of visiting children and families will be based on your assessments, discussions, and agreement with the family alongside your professional judgement and any local or national guidance.

**Should I assess the Welsh Level of Care at every contact with a child/family?**

Yes, child and family levels of need and acuity will fluctuate over time. Therefore, assessment using the tool and review of the assigned Welsh Level of Care should be completed at each contact.

**Transfers in generate a lot of work for health visitors but this is not captured in the tool.**

The tool measures individual child and family acuity and dependency. Workload related to transfers in/out will be captured in the professional judgement element of the triangulation methodology.

### Why is growth not included in the child health, development, and wellbeing theme?

The descriptors/statements within the tool have not been made too specific as this would result in many more descriptors. The term health refers to physical, social, and mental health/well-being and includes growth.

### Why is attachment/bonding not identified within the tool?

Attachment/bonding is not current terminology. There is a descriptor in level 3 of the child, health, development, and wellbeing theme 'Child/infant and parental relationship or behaviour causing concern and requiring enhanced assessment and intervention'. In addition, in level 3 in the parenting theme 'Concerns identified or parental/carer reporting difficulties with child/infant and parent relationship requiring enhanced intervention'. These descriptors relate to child/infant and parental relationship.

### Can we use the identified Welsh Level of Care as evidence in a safeguarding referral?

That is not the purpose of the tool and Children's Services may have limited knowledge of the tool, but it can be used if this is deemed appropriate. It may not have any impact or weighting to the referral outcome.

### In our health board we visit children monthly after they have been deregistered from the child protection register, this isn't reflected in the tool.

Children whose names have recently been removed from the child protection register are going to require more intense health visiting assessment or intervention for a period of time. Use the descriptors in the tool to support your decision making, for example in the clinical descriptors in level 4 there is a statement 'The family need structured and intensive health visiting assessment and intervention to meet their child's needs.' Or in the safeguarding, risk, and assessment theme a level 4 descriptor is 'Ongoing safeguarding concerns requiring frequent assessment, close observation and intervention with a potential risk for escalation.'

### Why are we using this tool and the FRAIT?

The Welsh levels of Care tool is designed to measure child acuity and dependency and links to staffing levels. The FRAIT tool is designed to help health visitors in making robust, consistent and reliable assessments of family resilience.

### Are we using multipliers to determine the number of staff required?

The Nurse Staffing Levels (Wales) Act 2016 follows a clearly defined approach using a triangulated methodology to estimate the amount of health visiting staff required to provide services to children (0-5 years) and families. We are implementing a much more rigorous process of monitoring staffing levels on a continuous basis rather than relying upon a set of theoretical multipliers. The focus of the work is to calculate the health visitor staffing level by using the triangulated approach, which gives the ability to flex the number and skill mix of staff based on the needs of the child and family at the time.

### Why take a snapshot of audit data?

None of the existing tools are currently capable of describing all the demands placed upon health visiting time. The only way to do that will be to capture timings and scores for every child and family every time their acuity changes and based on the acuity, mathematically weight the proportion of dedicated time in each hour that each child and family sits at each level of acuity, add up the aggregate time, divide by the number of hours which should equate to an average level of care. This is very complicated, we neither have the time nor the technology to enable it and as yet we don't know the correct mathematical weighting for each level. Therefore, we are using a number of statistical techniques to view patterns of activity (including child and family acuity and deployed staffing) over time. Through bi-annual audits we are continuing to develop a robust evidence base to support the effectiveness of real-time decision making.

WORKING DOCUMENT

## Lay Descriptors

The Lay Descriptors provide information on the general characteristics of a child and family at each level of care.

<b>Level 5</b>	<ul style="list-style-type: none"><li>• The child has urgent health or wellbeing needs that require an intensive and immediate level of intervention from the health visiting team.</li><li>• The family are in crisis and require intensive intervention from a range of professionals to meet their identified needs.</li><li>• The child or family situation is highly unstable, unpredictable, and complex and the child's health or wellbeing may be at risk without intervention from other professionals or agencies, alongside intervention from the health visiting team.</li></ul>
<b>Level 4</b>	<ul style="list-style-type: none"><li>• The child/family has increased needs that require more frequent contact and higher levels of intervention from the health visiting team.</li><li>• The family situation may change rapidly and therefore regular and frequent contact with the health visiting team is offered until the situation becomes stable.</li><li>• Referrals and working with other professionals' may be required, for example, health, education, and children's services.</li></ul>
<b>Level 3</b>	<ul style="list-style-type: none"><li>• The child/family require enhanced intervention from the health visiting team for an identified need, over a specific period of time.</li><li>• Referrals to other services or professionals may be required for support with for example, parenting, wellbeing, or health needs. These services may be wider than the health visiting team.</li><li>• A family with a new-born baby up to 6 weeks old.</li></ul>
<b>Level 2</b>	<ul style="list-style-type: none"><li>• The child/family require extra health visiting intervention in addition to the Healthy Child Wales Programme.</li><li>• The child/family has clearly identified health or wellbeing needs that can be supported by the health visiting team.</li></ul>
<b>Level 1</b>	<ul style="list-style-type: none"><li>• All the child/family needs being met.</li><li>• The child/family are offered the Healthy Child Wales Programme, provided to all families in Wales.</li><li>• The health visiting team is available through clinic or telephone contact in addition to home visits.</li></ul>

WORKING DOCUMENT

## Clinical Descriptors

The Clinical Descriptions provide an overview of the type of child and family and the health visiting support that is required to meet the needs at each level of care.

<b>Level 5</b>	<ul style="list-style-type: none"> <li>• The child is experiencing or at risk of significant harm.</li> <li>• The family need immediate health visiting assessment and intervention, alongside multi-agency, or multi-professional intervention to meet their child's needs.</li> <li>• Frequent and ongoing assessment and appropriate intervention based on identified need is required due to the unpredictability of the situation, ensuring the child's safety and wellbeing is paramount.</li> <li>• Immediate referrals to other agencies including for example, the Police and Children's Services may be required.</li> <li>• The child may need immediate referral to other health professionals or admission to hospital for emergency care.</li> <li>• The family may need support to develop an understanding of professional concerns.</li> </ul>
<b>Level 4</b>	<ul style="list-style-type: none"> <li>• The child may be at risk of significant harm.</li> <li>• The child may have complex, long-term or life limiting health issues.</li> <li>• The family need structured and intensive health visiting assessment and intervention to meet their child's needs.</li> <li>• There is a need to refer to and work collaboratively with other professionals or agencies.</li> <li>• The situation is susceptible to rapid change and escalation.</li> </ul>
<b>Level 3</b>	<ul style="list-style-type: none"> <li>• The child's short-term or long-term health and wellbeing will be impacted without early intervention by the health visiting service.</li> <li>• The child/family require an enhanced level of health visiting assessment and intervention to meet their child's needs.</li> <li>• The child/family needs may fluctuate, requiring regular assessment and enhanced intervention.</li> <li>• The family require intervention to develop an awareness of individual or family health needs and healthy lifestyle choices.</li> <li>• A family with a new-born baby up to 6 weeks old.</li> </ul>
<b>Level 2</b>	<ul style="list-style-type: none"> <li>• The child/family have additional health needs, requiring a small variation in care.</li> <li>• Additional contacts will be offered alongside the Healthy Child Wales Programme to support the child and family.</li> </ul>
<b>Level 1</b>	<ul style="list-style-type: none"> <li>• Following assessment, the child and family needs are predictable and routine and are being met within the Healthy Child Wales Programme.</li> <li>• Healthy Child Wales programme contacts will be offered, with additional support via clinic or telephone/virtual contact.</li> </ul>

## Health Visiting Theme 1

### Assessment, risk and safeguarding

<b>Level 5</b>	<ul style="list-style-type: none"> <li>• Child living with exposure to one or more adverse childhood experience posing significant/ immediate and/or persistent risk to the child and family.</li> <li>• Child or family at significant risk of harm.</li> <li>• Child is on the child protection register and/or requiring multi-agency intervention, a high level of concern persists despite multi-agency involvement.</li> <li>• A crisis, child removed from the care of parent/carer due to safeguarding concerns requiring emergency placement and ongoing legal proceedings.</li> <li>• Parents/carers have little or no engagement with professionals/services and do not attend appointments/ non-compliance/ disguised compliance.</li> <li>• An emergency or crisis situation due to multiple factors that is highly unpredictable.</li> <li>• The family requires immediate assessment, intervention, and support from the health visiting service.</li> </ul>
<b>Level 4</b>	<ul style="list-style-type: none"> <li>• Child is on the child protection register requiring multi-agency intervention, the level of health visiting concern has reduced due to multi-agency involvement and positive engagement with the child protection plan.</li> <li>• Family situation is complex and unpredictable, there are ongoing safeguarding concerns requiring frequent assessment and intervention to help minimise the risk of escalation and to ensure the child's needs are met.</li> <li>• Child subject to a care and support plan requiring early intervention, regular health visiting contact and multi-agency involvement. The family require close observation, frequent assessment, and review.</li> <li>• Child has been placed in a new looked after child placement. Child and carers need a period of intense assessment and intervention to identify and meet their needs.</li> <li>• Lack of engagement posing significant risk and potential for escalation where there are existing concerns regarding the safety and well-being of the child.</li> </ul>
<b>Level 3</b>	<ul style="list-style-type: none"> <li>• A family with complex needs requiring regular visits for ongoing assessment, review and enhanced intervention from health visiting services.</li> <li>• Child living in a family where there is one or more adverse childhood experience present requiring enhanced intervention from health visiting services.</li> <li>• Child subject to a care and support plan requiring early intervention, regular health visiting contact and multi-agency involvement. Family engaging with support and professional advice and requires close observation, frequent assessment, and review.</li> <li>• Child in a stable looked after placement requiring enhanced intervention, statutory health assessment and completion of looked after child reviews.</li> </ul>

<b>Level 2</b>	<ul style="list-style-type: none"><li>• The family has clearly defined needs that are non-complex and easily managed but requires planned short-term intervention, regular assessment, and review.</li><li>• Parents/carers are engaged with other services. Requires ongoing liaison and assessment with professionals.</li><li>• Care is managed as needs are predictable but further assessment and intervention maybe required.</li></ul>
<b>Level 1</b>	<ul style="list-style-type: none"><li>• The family is stable and predictable, and care is routine. No additional needs identified.</li><li>• Healthy Child Wales programme offered.</li></ul>

WORKING DOCUMENT

## Health Visiting Theme 2

### Parenting

<b>Level 5</b>	<ul style="list-style-type: none"> <li>• Family has a chaotic lifestyle; the situation is extremely unpredictable due to high risk behaviours (e.g., domestic abuse/persistent drug and/ or alcohol abuse) that impact on parenting capacity.</li> <li>• Family and child at immediate risk as the family are non-compliant/ disguised compliance with services to support the family.</li> <li>• Child at significant or immediate risk due to new or deteriorating parent/carer physical or mental health difficulty that impacts on parental capacity or child and parent relationship.</li> </ul>
<b>Level 4</b>	<ul style="list-style-type: none"> <li>• An unstable and unpredictable situation due to multiple factors that impact on parenting (e.g., domestic abuse, drug/alcohol abuse, physical/mental health or learning difficulty), requiring intensive health visiting intervention.</li> <li>• Parent/carer is vulnerable has complex and unpredictable mental and/or physical health needs that impact on their ability to meet the child's needs and the child is at risk of significant harm. The situation requires frequent assessment, intervention, and close observation with a potential risk for escalation.</li> <li>• Parent/carer has low resilience and vulnerability factors which compromises their ability to parent and meet the child's needs. They lack support so require ongoing assessment and periods of intensive intervention.</li> </ul>
<b>Level 3</b>	<ul style="list-style-type: none"> <li>• Family has multiple and fluctuating needs/risk factors so requires ongoing assessment and enhanced intervention from a range of professionals.</li> <li>• Parent/carer finding it difficult to meet child's health, development, and wellbeing needs. Family requires enhanced intervention to meet their child's needs.</li> <li>• Parent/carer physical/mental health and wellbeing is unstable requiring enhanced support, ongoing review, and intervention as they have the potential to deteriorate.</li> <li>• Family have fluctuating needs and/or inconsistent engagement with services so require ongoing assessment and enhanced intervention and/or referrals to agencies.</li> <li>• Concerns identified or parental/carer reporting difficulties with child/infant and parent relationship requiring enhanced intervention.</li> <li>• Family with a new-born baby up to 6 weeks old.</li> </ul>
<b>Level 2</b>	<ul style="list-style-type: none"> <li>• Family has clearly defined needs and there are some variations in care so requires assessment, the family may require intervention for short periods.</li> <li>• Parent/carer has emerging or predictable and managed health and/ or mental health needs that have the potential to deteriorate so may require additional assessment and short term, low level intervention.</li> <li>• Parental engagement is inconsistent, or parent/carer is unresponsive to public health messages which requires short-term, low-level intervention and/or support.</li> </ul>

**Level 1**

- Family has clearly identified needs that are predictable and stable the care provided is routine. No concern identified.
- Parent/carers are engaged with the Healthy Child Wales Programme and responsive to public health messages. They are accessing support, services and guidance when required.
- Positive child and parent/ carer relationship. Responsive and positive parents/care givers.
- High resilience. Family able to manage change effectively.
- Normal emotional transition to pregnancy and parenthood.

WORKING DOCUMENT

## Health Visiting Theme 3

### Social, cultural, and environmental

<b>Level 5</b>	<ul style="list-style-type: none"> <li>• Home environment is highly unstable, highly unpredictable, unsafe, and dangerous posing significant risk to child and family.</li> <li>• Crisis high risk situation due to multiple factors requiring immediate and intensive intervention from a range of professionals to minimise imminent risk.</li> <li>• A situation of extreme poverty/ homelessness where immediate intervention is required and urgent referral to other professionals/ agencies is necessary.</li> </ul>
<b>Level 4</b>	<ul style="list-style-type: none"> <li>• Situation is unstable and unpredictable requiring urgent care and intensive intervention to avoid rapid escalation.</li> <li>• Family living in a refuge, homeless or in unsafe accommodation. The family have frequent changes of address (x3 in the past year). A rapidly changing and unpredictable home situation requiring intense intervention.</li> <li>• Family in serious financial difficulty and/or a life event within the family or social network that impacts on the family functioning and level of need, requiring intensive assessment and intervention.</li> </ul>
<b>Level 3</b>	<ul style="list-style-type: none"> <li>• Vulnerable family with lack of a supportive network/ positive relationships posing significant risk due to social, cultural, or environmental factors.</li> <li>• Family with multiple/ fluctuating needs that are unpredictable so require increased assessment and intervention from a range of professionals due to the potential for situations to escalate.</li> <li>• The family are living in inadequate accommodation (e.g., overcrowding/ lack of amenities) or have limited access to supportive network/ services and are at risk of isolation, requiring additional intervention.</li> <li>• A parent or family who has difficulty accessing services due to communication difficulties, social, cultural and/or environmental factors and so requires enhanced intervention to access basic services. This includes communities of interest.</li> <li>• Life event within the family or social network that impacts on family functioning and level of need requiring enhanced assessment and intervention.</li> <li>• A child or family whose health or well-being is at risk due to the wider social determinants of health.</li> </ul>
<b>Level 2</b>	<ul style="list-style-type: none"> <li>• Some clearly defined issues relating to social, cultural, and environmental factors that are not significantly impacting on child/ family and requires small additionality to the Healthy Child Wales Programme.</li> </ul>
<b>Level 1</b>	<ul style="list-style-type: none"> <li>• Safe, stable, and nurturing, home environment.</li> <li>• Good family support and access to supportive network. No barriers to access community resources or services.</li> </ul>

## Health Visiting Theme 4

### Child health, development, and well-being

<b>Level 5</b>	<ul style="list-style-type: none"><li>• An emergency or serious life-threatening situation where the child is at significant and/or imminent risk requiring immediate intervention.</li><li>• A sudden infant or unexpected child death.</li></ul>
<b>Level 4</b>	<ul style="list-style-type: none"><li>• Child requires urgent intervention, and the family requires intensive support due to abnormal test or screening results.</li><li>• Child has complex health or developmental needs requiring intensive health visiting intervention.</li><li>• Child discharged from an acute hospital setting with complex health needs, requiring immediate and intensive intervention from the health visitor, alongside members of the multi-disciplinary team.</li><li>• Family accessing the care of next infant (CONI) programme, requiring weekly home visits for a period of time.</li></ul>
<b>Level 3</b>	<ul style="list-style-type: none"><li>• Enhanced intervention and guidance on complex feeding issues.</li><li>• The child has emerging, multiple or fluctuating health, or developmental needs which may require further assessment, intervention, and referral to other professionals.</li><li>• Previous sudden infant or child death requiring frequent assessment and ongoing intervention.</li><li>• Child/infant and parental relationship or behaviour causing concern and requiring enhanced assessment and intervention.</li><li>• Concerns around child's emotional wellbeing or development requiring ongoing review and assessment.</li><li>• New-born baby up to 6 weeks old.</li></ul>
<b>Level 2</b>	<ul style="list-style-type: none"><li>• Child has clearly defined health or developmental needs that can be predictable but require increased observation, review, and periods of additional intervention.</li><li>• Identification of developmental delay requiring low level intervention and review.</li><li>• Advice and guidance required to address developmental concerns (e.g., toileting).</li><li>• Advice and guidance on feeding issues.</li></ul>

**Level 1**

- Child thriving and meeting developmental milestones. Healthy Child Wales programme offered.
- Childs holistic needs are met.

WORKING DOCUMENT