



Herefordshire Safeguarding
Children Partnership



Worcestershire Safeguarding
Children Partnership



Joint Herefordshire and Worcestershire:
Levels of need guidance for delivering support to
children, young people and their families

September 2026

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Introduction

Working Together to Safeguard Children 2026 requires the safeguarding partnership to publish a threshold document that clearly sets out how children, young people and families access help, support and protection. This document meets that requirement by providing a transparent, evidence-based and accessible framework to support consistent, timely and defensible decision-making across the partnership, in line with a Families First approach.

This guidance describes how partners work together to support children, young people and families across a continuum of need, ensuring that help and support is provided at the right time and through the most appropriate approach for the presenting needs.

It establishes a shared understanding of responsibility across all agencies, promoting coordinated responses that build on family strengths, make effective use of universal and community-based support where it is safe to do so, and provide clear escalation where needs and risks increase. It is not intended to be a prescriptive or exhaustive list, nor is it a definitive way to open or close a gateway to a particular service or a range of services.

The document also provides clarity on how coordinated Family Help is accessed and delivered as a single, coherent multi-agency response, bringing together non-statutory and statutory support. It outlines how services work together to assess and understand need, plan effectively with families and their networks, and deliver outcome-focused support that enables children to remain safely within their families wherever possible.

Clear guidance is provided on when concerns must be referred to children's social care for assessment and statutory intervention, including where there is reasonable cause to suspect significant harm and where legal intervention or accommodation may be required. This supports consistent application of thresholds across the partnership and ensures that children at risk receive a timely and appropriate safeguarding response.

Throughout, there is a clear expectation that practitioners will work in partnership with children, families and their wider networks, using family-led approaches to strengthen safety, resilience and sustainable change. All partners share responsibility for ensuring that support is timely, coordinated and proportionate, and that statutory intervention is used where necessary to safeguard children and promote their welfare.

Every child and their family are unique, and their whole family's needs, strengths, wider family and community networks should be considered when determining the right help and support at the right time. **Professional decisions should be made using our professional judgement supported by information we hold, this guidance, and our local partnership interagency child protection safeguarding procedures.**

Our local safeguarding procedures can be found at:

For Herefordshire:

[Children's Policies & Guidance - Herefordshire Safeguarding Boards and Partnerships](#)

For Worcestershire:

[Worcestershire Safeguarding Boards \(safeguardingworcestershire.org.uk\)](https://safeguardingworcestershire.org.uk)

Expectations for multi-agency working

Safeguarding and promoting the welfare of children and young people is everybody's responsibility; protecting them from significant harm is dependent upon effective joint working, information sharing and communication between practitioners with different roles and expertise.

Strong multi-agency and multidisciplinary working is vital to identify and respond to the needs of children and families. Expectations have been developed to underpin this multi-agency working in Working Together 2026. They apply to all agencies and practitioners involved in safeguarding and promoting children's welfare. Specifically, these include police, local authorities, health services, probation services, youth offending services, education providers and childcare settings, housing, and voluntary and third sector organisations.

Multi agency expectations for direct practice include:

Collaborate: practitioners working with the same child and family share information to get a complete picture of what life is like for the child and their family. Collectively, they ensure the child's voice is at the centre and the right support is provided. They work in partnership with parents and carers, who are often experts on the children they care for and involve them in decisions wherever possible

Learn: practitioners learn together by drawing on the best available evidence from their individual fields and sharing their diverse perspectives and reflections on a child's development, experiences, and outcomes.

Resource: practitioners build strong relationships across agencies and disciplines to ensure they support and protect the children with whom they work

Include: practitioners recognise the differences between, and are confident to respond to, circumstances where children experience adversity due to economic and social circumstances and acute family stress, and situations where children face harm due to parental abuse and neglect.

Mutual challenge: practitioners challenge themselves and each other, are professionally curious, question each other's assumptions, and seek to resolve differences of opinion in a restorative and respectful way. This includes providing feedback, advice, and strategies to challenge racism and discrimination, and modelling constructive and effective escalation pathways to respond.

Family engagement: This includes a shared responsibility to identify and engage the child's wider family network. Practitioners across agencies should work together to create opportunities for family-led decision making, recognising the role of family networks in strengthening safety, resilience and sustainable change

The right help at the right time

Many children and families do not need safeguarding at a statutory level but may need help and support to manage a particular identified need or situation or a challenge they are facing. Organisations should have in place effective ways to identify needs, and their own agency offers help and support, or work with other agencies to support a family following their early help pathway.

Across the partnership, this means we offer help and support at the earliest opportunity when we identify that a family have a need; it is about enabling children and their families to get the right help and support or access the right service at the right time for them. In doing this we aim to help them to make the changes they need to as a family; or get involved with the right services to meet their needs to prevent the challenges they face from increasing or risks escalating.

Enabling families to access help and support develops their confidence, knowledge and skills strengthening their resilience and supporting positive outcomes for them as individuals and as a family. It is important that children and young people receive the right service at the right time and at the earliest opportunity to prevent their needs from becoming more complex or escalating.

Whole-family approach

Practitioners who work for specialist services for adults, such as probation, mental health, housing, or substance misuse services, should always consider the needs of any children and young people in the family. This includes the ability of parents or carers to meet the needs of children but also to safeguard and protect children and young people from harm.

Practitioners working with children and young people should equally be aware of any special needs of the parents/carer they work with, including additional needs or emotional/mental health, including for parents whose children have been removed from their care, and work across services to provide support. This should always be considered when addressing an adult's ongoing care, safety/risk or treatment program or discharge from their care setting into the community.

Making a professional judgement about what a family needs.

Practitioners who work with children and young people make judgments about their needs every day as part of their job role. They will help children and their families to access their agencies' own resources as part of their everyday work. In some situations, the agency's own resources will not be sufficient or appropriate, and consideration will need to be given to involve other statutory partners or voluntary agencies to increase help and support or act to protect as a result of concerns about significant harm.

In Herefordshire and Worcestershire, like all other areas, it is important to listen to families to determine the most appropriate help and support they need. As part of this, professionals should always consider who within the child's wider family network may be able to provide support, and how family-led decision-making approaches can inform assessment, planning and next steps.

When making decisions about children the following questions are helpful to understand:

- What additional needs does the child/young person/young adult have?
- What is the child telling me?
- What is the parent/carer saying about the situation?
- What information does my agency hold to inform their needs?
- What other agencies/ professionals are involved in their life now?
- What help and support do they need, and which agencies or professionals can support them with this?
- Is this something I can support them with or help them access/ask a partner agency to help them with?
- Be professionally curious, ask questions, don't make assumptions
- What are the families' barriers to accessing help and support?
- Consider the families own diversity and any specific needs.
- Is the child a child in need (Section 17) or at risk of significant harm (Section 47) as defined by the Children Act 1989?

When considering information provided by family members, friends or neighbours, be sure to give it appropriate weighting within your assessment or decision making.

Always be aware that information provided by children, young people, family members or others associated with the family may be influenced by intimidation and/or coercion from others. Don't take information at face value; maintain a professional curiosity and always look to check, challenge, corroborate, and triangulate information provided.

A practitioner may seek advice and support from their line manager/supervisor and/or safeguarding lead at any time.

Practitioners should consider the value of discussing their interventions with a colleague from another agency who is involved with a child or family to gather a better understanding of the child's situation before deciding on the next steps.

Working in partnership with openness and transparency is important and should always be the approach but there is a duty to share information between agencies where practitioners are seeking to gather information pertaining to the welfare and or protection of a child.

Information Sharing Duty Sept 26: "Under the information sharing duty, information must be shared where it is relevant to safeguarding and promoting a child's welfare, including where concerns relate to early help, prevention and unmet need."

If a practitioner believes a child is at risk of significant harm or is experiencing significant harm, they must always be referred to children's social care without delay. If someone is injured or in immediate danger, call 999.

Children's Wellbeing and Schools Act 2026

The Act delivers a number of significant partnership changes for children and their families. **One is the Families First approach which brings together Targeted Support and Children in Need (s17).** This approach recognises that a family's needs change, they can increase or decrease at different points and that we as partner agencies need to adapt our approach to their needs, so they experience seamless support without the need to keep repeating their story or delays in accessing help and services. The aim of this approach is to work with families in partnership and in a targeted way to prevent their needs and risks from escalating or becoming more complex. This family help model of support and intervention is a preventative consent-based approach to working with families; preventing them from needing statutory intervention through a plan of Child Protection or Local Authority care. It supports keeping families together and enabling them to have their needs met or overcome their challenges wherever safe and appropriate to do so.

The Family Help model also requires a Family Help Lead Practitioner (FHLP) for a family to be appointed. This role can be held by any practitioner working with the family from a range of disciplines within Universal, Community, Voluntary or Statutory services.

Each Local Authority is required under Working Together 2026 to have a Section 17 protocol outlining the role and support to Family Help Lead Practitioners working with children in need

To access your Local Authority protocol:

For Herefordshire:

[Local Protocol for Assessment and Support \(s17 Protocol\) - Herefordshire Safeguarding Boards and Partnerships](#)

For Worcestershire:

[Children's Partnership - professionals | Worcestershire County Council](#)

Working as a Family Help Lead Practitioner

When several agencies are involved in supporting a family, it is important to identify a family help lead practitioner (FHLP). The FHLP will lead the Family Help Assessment of need, where one does not already exist, and co-ordinate the plan for the family, identifying with the family's who is in their wider family network and can be engaged in their family plan. This will enable opportunities for family-led decision making to shape and review the family plan. This approach will ensure:

- The family has a central point of contact for them,
- As practitioners everyone is communicating and sharing information in a coordinated and helpful way for the family,
- That the help and support is well coordinated into a family plan, enabling the family to engage and know who is doing what and when,
- The right help and support is put in place to address the identified needs, avoiding duplication or families having to repeat their information to numerous professionals,
- Through reviews of plans enabling everyone to see the positive impact the family plan is having for the child and their family.

Each local authority will have a level of support, advice and training offered to their partnership workforce acting as Family Help Lead Practitioners.

The continuum of support for children and families

Children and young people may have additional or unmet needs at any age or stage of development (0 to 18 years); their circumstances or that of their parents / carers may have changed over a period or they may have an accumulation of different factors happening which increases a child or young person's vulnerability or unmet needs.

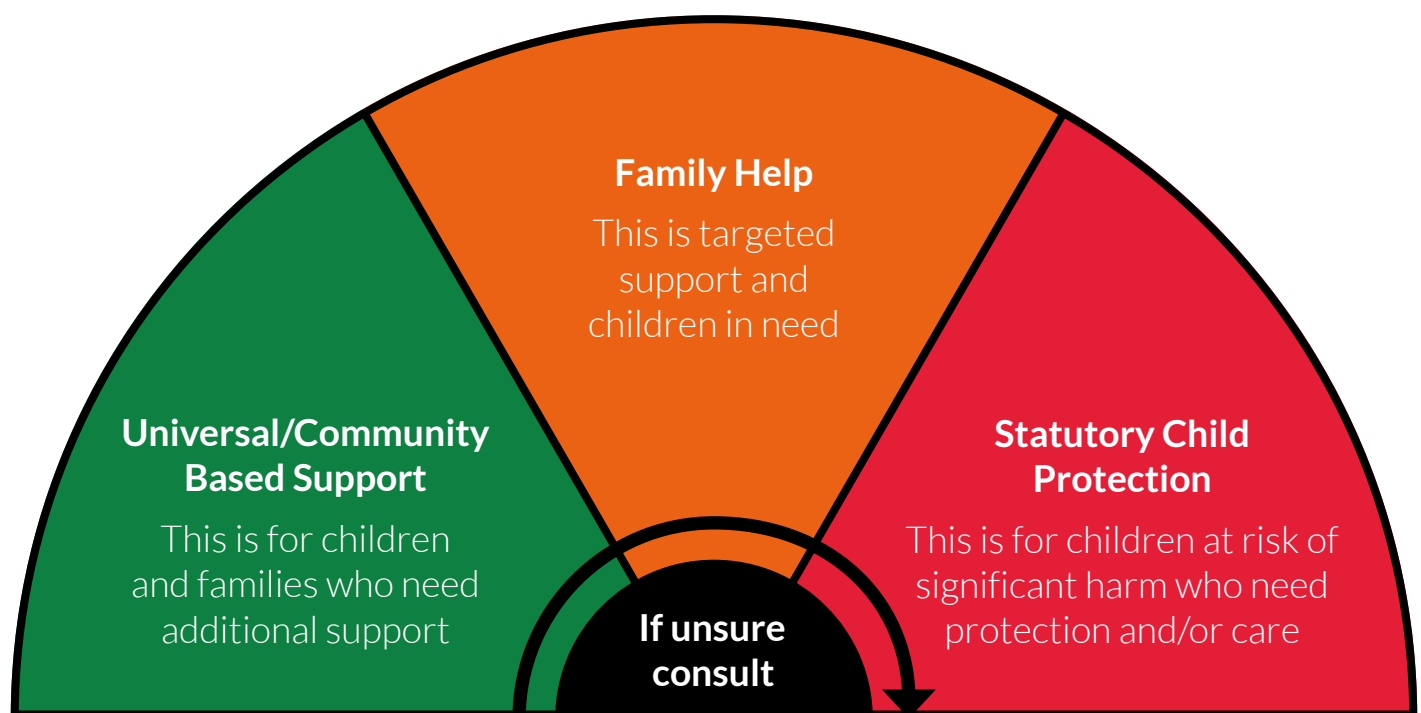
The continuum of need below demonstrates how family's needs are not static. Their level of need can increase in risk or complexity or improve through support and resilience; as practitioners working with families we must adjust our approach accordingly. We should maintain ongoing assessment of a family's needs through our delivery of help and support, ensuring our approach is proportionate, co-ordinated and focused on achieving positive outcomes for children, young people and their families.

Across this continuum, working with the family's network and facilitating family-led decision making is a consistent expectation, not limited to a particular point of need or intervention.

Green: Universal / Community Based Support (previously Level 2) – this is for children and families who need additional support

Amber: Family Help (previously Level 3) – this is targeted support and children in need

Red: Statutory Child Protection (previously Level 4) – this is for children at risk of significant harm, who need protection and/or care



Universal/Community Based Support (previously known as Level 2)

Working Together 2026 states that: *“Universal services and community-based early help is support for children of all ages that improves a family’s resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area.”* (par 126, WT2026)

Most children and young people reach their full potential through the care of their families and communities, with access to universal services when needed. Where a child or their family has identified additional needs and the provision of additional help and support is needed, then both universal and community-based support services can come together and co-ordinate this support.

This may be short-term help and support to support challenges or difficulties, or for some families their family needs longer term support e.g. access to SEND support services, education attendance, housing support, counselling, mentoring. **Services and agencies in the community can be accessed and joined up in Family Plans such as Family Hubs, voluntary sector providers in communities, DWP and youth groups.**

Where a family needs additional support, practitioners should actively consider how the family’s wider network can contribute to support and planning, and whether a family-led approach and engagement of wider network work of family would strengthen outcomes and prevent escalation of need or risk.

Family Help Lead Practitioners may have their own agency early help assessment and plan to use in their practice; alternatively, each Local Authority has an approved partnership format which can be used.

For Herefordshire:

Training can be accessed: [Events & Courses | Herefordshire Safeguarding Partnerships](#)

For Worcestershire:

Training can be accessed: [Partnership training and events | Worcestershire County Council](#)

Family Help – to Children in Need (previously known as Level 3)

For children and families identified as having support needs that requires help and support, both Herefordshire and Worcestershire have implemented the Families First family help approach in line with the Children’s Wellbeing and Schools Act 2026.

The FHLP role can be undertaken by a practitioner from any relevant professional or experienced discipline. Each LA will have a s17 protocol to guide allocation to FHLP who are qualified social workers or who are alternatively qualified/experienced practitioners.

Working in Partnership with Families

Family Help is underpinned by a commitment to working collaboratively with families, enabling them to lead on decisions; identifying their family’s needs and informing their family plan. Engaging their wider family networks is a key part of the approach enabling them to build strong sustainable networks of support to achieve long term and sustained outcomes for them as a family.

Family Help is a voluntary, consent-based approach and requires the informed consent of the family to receive support and services. This consent should be actively reviewed as part of ongoing engagement to ensure that support remains appropriate and effective.

Family Help is the approach whereby there is a single-family assessment of need that is updated when a family's needs change, this leads into a Family Plan and Team Around the Family review meetings.

Where a family withdraws consent to Family Help intervention a professional judgment must be made on the need to consider intervention on a statutory footing to protection of a child from harm or to “step down” to a universal/community Family Help plan to promote the child's welfare.

Assessments of need and risk

A single, family assessment should be undertaken to understand both the child's needs and the wider family context. While Herefordshire and Worcestershire may use different tools for their assessments, the expectation is that these are recognised as serving the same purpose and provide a holistic understanding of need. This single-family assessment replaces both early help assessments and social work assessments, ensuring a single approach for families to assess need and deliver a plan of support..

The outcome of the family assessment will be shared with the parent/s and will inform the development of any Family Plan.

Team Around the Family meetings

Progress against the plan should be reviewed regularly with the family and all involved practitioners through a Team Around the Family approach. Reviews of the Family Plan should focus on progress against the Family Plan, impact and outcomes, ensuring that plans are adjusted to reflect progress or changing need.

Each local authority has its minimum expectation of frequency for Team Around the family meetings to take place (see the S17 Protocol).

The template for a Family Assessment and Plan can be found here:

For Herefordshire:

[**Children's Policies & Guidance - Herefordshire Safeguarding Boards and Partnerships**](#)

For Worcestershire:

[**Children's Partnership - professionals | Worcestershire County Council**](#)

Statutory Child Protection – children at risk of significant harm (previously known as Level 4)

Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a referral must be made to the Children's social care and, where there is an immediate risk of harm, to the police. Even where there are child protection concerns, practitioners should continue to consider how family networks can contribute to safety planning, using family-led decision making alongside statutory safeguarding processes where appropriate.

For Herefordshire, referrals are received through the Integrated Front Door (formerly MASH), and for Worcestershire through the Children's Family Front Door. Following a referral, the respective front door service will review the information alongside any relevant history to understand the child's needs, strengths and presenting risks.

Where required, further information may be sought from the referrer, partner agencies or the family to support a clear and shared understanding of what is happening for the child and any risks. Decisions will then be made about the most appropriate response, including whether support can be provided through Family Help, or whether the child is at risk of or likelihood of significant harm requiring a statutory child protection response.

The outcome of the referral will be shared with the referrer within three working days, in line with local safeguarding arrangements.

Where a child is subject to child protection enquiries under Section 47, or is supported through a Child Protection Plan, a Lead Child Protection Practitioner (LCPP) must be appointed. The LCPP role is held by a qualified Social Worker.

The LCPP will work alongside any allocated FHLP with a role to undertake the child protection processes from strategy discussion through to S47 enquires and presentation at child protection case conference as required.

A strategy discussion, managed through the MACPT, will determine the partnership response based on the information shared and known history and likelihood of future risk. The meeting will co-ordinate an initial safety plan and make a decision on the need for a S47 enquiry or offer of help and support. The safety plan will look at what wider family network is available to the child and their family to support and/or protect.

The Family Help Lead Practitioner should remain part of the team around the family and work alongside the LCPP.

Child Protection S47 enquiries is a separate assessment report to the Family Help Assessment. The S47 enquiry report aims to identify risk of significant harm posed to the child. Risk, and transferable risk to siblings and other children of the household, will be considered within this enquiry. The outcome of the S47 enquiry will inform the decision to progress to Child Protection Conference and the S47 report will be shared with parents at the end of the S47 or as part of the report to a child protection case conference.

Where a child protection process ends with a child protection plan then it may be necessary to change the FHLP (i.e. where they are not already a qualified social worker). In such cases consideration must be given to how the alternatively qualified FHLP can input and handover to the new worker ensuring the child, young person and family are fully engaged in the process of hand over and the FHLP/child relationship is supported and protected in the interests of the child.

Professional Disagreement

If there is a disagreement about the level of need, threshold decision, or safety plan, practitioners should in the first instance discuss their concerns openly and try to resolve the disagreement as early as possible. If the disagreement remains and cannot be resolved directly between practitioners, the Multi-Agency Professional Disagreement and Escalations Procedure should be used. This can be found at:

For Herefordshire:

[Multi-Agency Professional Differences Policy - Herefordshire Safeguarding Boards and Partnerships](#)

For Worcestershire:

[Welcome to the West Midlands Regional Safeguarding Procedures](#)

Stepping Up and Down Levels of Need

Each local authority has a procedure for stepping up and down, stepping up support up where risk increases, or step down where needs reduce, ensuring children and families receive the right level of intervention at the right time.

The continuum of need on page 8 demonstrates how families may move through the levels of need, with their needs and support provided being regularly re-considered and adapted through dynamic assessment and reviews of plans.

Where there are concerns that a child may be at risk of significant harm, practitioners must refer this to the children's services for consideration for a child protection strategy discussion. This will determine whether a Section 47 child protection enquiry is required, or whether the child's needs can be met through a family assessment with appropriate safeguards in place.

Working with Family Networks and Family-Led Decision Making

Family-led decision making, is a key approach within the Families First model. It is an umbrella term describing a range of ways in which families and their networks are supported to come together, make decisions and develop plans to keep children safe and well. In Herefordshire and Worcestershire, partners may use different approaches to family-led decision making. Regardless of the model used, the expectation is that practitioners actively identify, engage and work alongside the child's wider family network at the earliest opportunity and throughout involvement with services.

Working with family networks and enabling family-led decision making is central to how we support children, young people and their families across Herefordshire and Worcestershire. This is not a single intervention or a discrete stage in a process, but a core and continuous part of effective practice across the whole continuum of help, support and protection.

All practitioners have a responsibility to:

- identify and explore the child's family and support network
- work with families in a way that is strengths-based and builds on existing relationships
- create opportunities for families to lead planning and decision making wherever it is safe to do so
- ensure the child's voice remains central within all family-led processes

GET SAFE: Children at risk of or experiencing exploitation

GET SAFE is our partnership approach to identifying, responding to and tackling child criminal exploitation across both Herefordshire and Worcestershire.

This includes children and young people who are identified as being vulnerable to or experiencing child exploitation. Our GET SAFE approach is for individuals aged 0–25 and is applied across the full continuum of help, support and protection.

Professionals should complete the referral to children's social care and attach their completed Get Safe Risk Assessment to their referral. The children's service team will ensure that the GET SAFE risk assessment is actioned for any immediate safeguarding risks to a child and shared with their multi-agency GET SAFE team. The GET SAFE partnership will review the Get Safe risk assessment or missing incident and agree the right GET SAFE response pathway.

For more information:

For Herefordshire:

Get Safe - Contextual Safeguarding - Herefordshire Safeguarding Boards and Partnerships

For Worcestershire:

Get Safe – Worcestershire County Council

Information sharing and consent

No single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe. Rapid reviews and child safeguarding practice reviews have highlighted missed opportunities to share information, record it, and understand the significance of the information. This can have severe consequences for children.

Information sharing

Practitioners should be proactive in sharing information with wider agencies involved with a child or family including children transferring schools or moving across a local authority border. Sharing information about any adult with whom that child has contact, which may impact the child safety or welfare, is also critical. Information sharing is also essential for the identification of patterns of behavior, escalation of risks, or disguised compliance.

The Data Protection Act 2018 and UK general data protection regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe. Information should be shared where it is relevant to safeguarding and promoting child welfare. There is no requirement for a child to meet a particular statutory threshold before information be shared, and this includes where concerns relate to early support, prevention and unmet needs.

To ensure effective safeguarding arrangements, practitioners should not assume that someone else will pass on the information they think may be critical to keep a child safe or promote their welfare. If a practitioner has concerns about a child's welfare or safety, then they should share the information with the local authority's children social care services, colleagues working with the child and family and/ or the police to ensure all relevant parties have the available information on which to determine needs, risk and decisions for interventions.

UK GDPR provides a number of bases for sharing personal information, it is not necessary to seek consent to share information for the purpose of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal basis that may be appropriate for sharing data in these circumstances could be “legal obligation” or “public task” which includes the performance of a task in the public interest or the exercise of official authority.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information as provided for in the Data Protection Act 2018 and the UK GDPR.

When sharing information or referring to a child, young person, and/or their family/ caregiver to another agency you need to consider the following:

1. If the family needs help and support, you should discuss this with the parent, and the child if the child is over 13 years old and has capacity, and inform them if you intend to share their information with another service.
2. If you believe the child is suffering or likely to suffer significant harm then you must share the information, and you should inform both the parents/carers and the child (see point 4), unless informing them may put someone at further risk of harm.
3. If the child is over 13 years old and has capacity, prior to sharing the information, tell them whom you are sharing information with and why. It is important they know why you are concerned unless:
4. In rare circumstances, whereby the informing of a parent/carer, and /or the child/ young person may increase or pose a risk of significant harm to a child or jeopardise any potential police criminal inquiry, the information should be shared without informing the parent or the child.
5. Cross Border Working Together – All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority to another, due to the risk that knowledge pertinent to keeping a child safe could be lost.

Do not delay in disclosing information to obtain consent if doing so might put a child at risk of significant harm.

For more information please access: Information sharing advice for safeguarding practitioners:
[Information sharing advice for safeguarding practitioners - GOV.UK](#)

Consent

When talking to families about help and support they need, we must seek their consent. They need to agree and want the offer of help and support and know why we are contacting other agencies and sharing their family’s details and what we are asking for. Practitioners need to seek consent from those who hold parental responsibility for the child/ young person. If a young person is under 16 years of age, we need to consider if they are Gillick competent to consent without the permission of their parents or carers.

Consent is needed for offers of early support in the community and also Family Help for both targeted support and Children in Need. When a family is receiving targeted support, we need to seek their consent if they need to step up to child in need. If they are being supported on a child in need plan and their needs step down to either targeted support or early help in the community, then again we need to discuss this with them, so they are aware and seek their consent.

Where a child, young person, parent or carer does not consent to a Family Help assessment, practitioners should seek to understand the reasons for this and provide clear information and reassurance about the purpose of support and the concerns identified. Practitioners should consider whether, where appropriate, involving the wider family network, or other practitioners who have a good relationship with the family, may support engagement and build confidence in accepting help.

If consent is not secured, practitioners must use professional judgement to assess the potential impact on the child if support is not provided, taking into account current needs, risks and any existing support in place. This should include consideration of whether there are any safeguarding concerns.

Practitioners should always seek advice and guidance from their line manager or safeguarding lead if they are unsure or concerned to determine the most appropriate next steps and whether alternative routes to support can be pursued.

Where there are safeguarding concerns and a child may be at risk of significant harm, information must be shared and a referral to children's social care made without delay. This does not require consent.

For advice and guidance, practitioners should contact their local children's services front door:

For Herefordshire:

The Integrated Front Door (formerly MASH) provides advice and guidance to practitioners and families to support timely access to appropriate services and community-based support. See contact details:

[Concerned About a Child? - Herefordshire Safeguarding Boards and Partnerships](#)

For Worcestershire:

Children's Services front door provides professional advice and guidance to partner agencies.

[Report it - Worcestershire Safeguarding Boards](#)

Equality and diversity

We are committed to treating all members of our communities fairly, with respect and dignity, regardless of age, gender reassignment, disability, race, ethnicity, sexual orientation, religious or political beliefs, relationships (being married or in a civil partnership), pregnancy or being on maternity leave.

Practitioners should recognise that family networks may look different across all families, cultures and communities and should work inclusively to identify and engage those who are significant in the child's life.

Practitioners working with children, young people and their families should demonstrate cultural competency by actively seeking to understand how a family's identity, culture, ethnicity and beliefs influence their lives, values and circumstances. This awareness supports respectful, inclusive, and effective practice.

With some families, perhaps the child or young person, or maybe a carer will need professionals to ensure their communication and information sharing process are accessible to them for example where English is not their first language, or where they have a disability or sight or hearing loss. In these circumstances an interpreter may be required, or information provided in the easy read or an alternative format such as large prints or clear print, and/or translated into the family's first language.

Effective communication is essential in supporting children, young people and their families and it is important that children and young people are fully informed so they can engage in decisions about them, understand professionals' worries or concerns.

Possible consequences of not meeting communication needs are that:

- they cannot give informed consent to something they don't fully understand
- they are disadvantaged if they can't access the information they need
- they lose trust and confidence in professionals
- they will not be able to fully engage with services or support

All agencies should have arrangements in place for providing language interpreters including British sign language, translated text and information in alternative formats.

If you require further information and advice, you can contact:

For Herefordshire:

The diversity team at Herefordshire Council on diversity@herefordshire.gov.uk, or your own agency's lead.

For Worcestershire:

The quality manager at the County Council on equality@worcestershire.gov.uk or your own agency's lead.

Our Partnership Models of Practice with Families

Each local Authority has a model of practice underpinning the way they work with families and to assess their needs and engage them in accessing help and support.

The next section outlines the model of practice in Herefordshire and Worcestershire.

Herefordshire Model of Practice: Restorative Practice

In Herefordshire, we are committed to developing collaborative working relationships with families to help us to understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain a clear and relentless focus on safety and protection.

We want children and their families to feel listened to and to be able to take an active role in finding solutions and planning for their future.

The fundamental premise for restorative practice is that, "human beings are happier, more cooperative and productive, and more likely to make positive change in their behaviour when those in positions of authority do things WITH them rather than To or For them."

When we work with and alongside people, based on mutual respect and trust, there is strong evidence to say that outcomes for children and their families are improved.

This includes being explicit about what needs to be done to safeguard or protect a child, using a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families and professionals. The aim is to achieve sustainable change and reduce the likelihood of dependency on professional services, including repeat referrals of children to safeguarding services.

Each child and family member is an individual; each family is unique in its make-up. Reaching decisions about the most appropriate support and intervention requires discussion, reflection and professional judgement

Worcestershire Model of Practice: Signs of Safety

Our vision in Worcestershire is to work together with children, young people, their families and the wider community to ensure the safety and wellbeing of every child's needs are paramount.

We use the Signs of Safety approach to create a shared way of talking about worries, strengths, and safety. This helps us and families build clear, effective plans that support positive outcomes. At the heart of our approach is relationship-based practice where honest conversations and strong partnerships with families are central.

Our interventions focus on gathering clear evidence about their needs, risk and vulnerabilities but also about their potential for change, while working alongside families and their wider support networks to keep children safe. Signs of Safety provides a structured framework that balances analysis of risk, family strengths, and protective factors, helping us engage constructively even when there are different perspectives or uncertainty.

We believe families should always understand why we are involved and what the concerns are. Together, professionals and family members agree on:

- What is working well
- What the worries are
- What needs to happen next
- Who will support the child's everyday safety

We are committed to engaging with all children and young people, making sure their voices are heard. We ask them what makes them happy, what worries them, and what changes they would like to see in their family and community. Our aim is to use a consistent and shared language across the child's journey; the child's voice drives everything we do.

Further reading:

- [Working together to safeguard children - GOV.UK](#)
- [Information sharing advice for safeguarding practitioners - GOV.UK](#)
- [West Midlands Safeguarding Procedures](#)

Appendix 1 Levels of need examples

The tables below are for professional guidance and is not an exhaustive list of presenting needs. In all examples below, practitioners should consider how family networks and family-led decision-making approaches may support assessment, planning and outcomes.

Universal/Community-Based Support (previously known as Level 1 and 2)

Universal and community-based support which are services available to all children and young people in England to access. The child and their family need some additional support for a period of time, that that can be delivered through both universal and community-based services, to prevent worries from escalating and impacting on the child/young person. This can be provided by universal and community-based services such as:

Early Years, Best Start Family Hubs, Education, Primary Health Care, Maternity Services, Housing, Community Health Care, Family Hubs, Parenting Programs, Speech and Language Therapy, Youth Offending Services, Leisure Services.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Health	■ Slow in reaching development milestones; short intervention makes improvements. ■ Identified language and communication difficulties. ■ Some chronic/ recurring health problems or terminal illness impacting the family. ■ Minor concern regarding diet/ dental /health/ hygiene, and clothing. ■ Mild to moderate emotional health / mental health problems including low mood and/or anxiety. ■ Missing health checks/ immunisations. ■ Limited engagement with anti-natal appointments. ■ Risk of teenage pregnancy. ■ Child needs healthy relationship advice/ sexual health. ■ Child has additional health needs that require health intervention, assessment or long-term condition management support e.g. community pediatrician, therapy services or specialist nursing ■ Mother has undergone FGM procedure, and the risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to FGM..

Area of development and needs	Potential presentation of child, young person and their family at this level.
Education	■ Occasional irregular absence from education, poor punctuality, including sickness, e.g. attendance 90-95% ■ Child is identified as having additional learning needs (SEN support) or unmet SEND needs ■ Child at risk of exclusion and on a school Individual Support Plan. ■ Few opportunities for play/ socialisation/ peer relationships. ■ Identified language and communication difficulties that are not responding to support or intervention or no plan in place. ■ Not achieving educational milestones with support. ■ Struggling with reading and writing given age and development needs. ■ Parents not engaging/ supporting child with school/ and weak or no partnership with school.
Identity	■ Some insecurities and worries around identity. ■ Child or young person needs support around their own self-identity e.g. race, culture, disability, sexual orientation, sex, gender reassignment, religious beliefs. ■ Child subject to persistent discrimination ■ Poor self-image/body confidence. ■ Children involved in bullying/ cyber bullying / isolation around perceived difference or bullying of others.
Parenting capacity, emotional and behavioural development	■ Low level mental health or emotional health and wellbeing needs. ■ Involved in anti-social behaviour (low level). ■ Bereavement support / loss of parent/ carer/ sibling or significant person. ■ Peer relationships of concern/ unhealthy/ poor influence/ conflicts/ bullying including online. ■ Low parental aspirations for themselves or their child. ■ Parents struggling with parenting, needing additional professional support/ guidance. ■ Inconsistent approach to providing access to education and relationship with education setting.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Family relationship, environment, history and functioning.	■ A parent is serving a custodial sentence. ■ Parent / care giver having additional caring responsibilities for wider family members. ■ Child has some low-level young carer responsibilities (limited amount) ■ Struggling with managing teenager behaviours and boundaries. ■ Low level concerns about missing from home/ school. ■ Child worried about sibling rivalries / conflict at home. ■ Young and / or vulnerable parent in need of support including practical, advice and support. ■ Parents needing support around behaviour management and appropriate sanctions and responses. ■ Parent /carers isolated or lack of wider family or positive support networks. ■ Conflict between parents who parent apart and little parental insight into effects on the child. ■ Impact of mental health needs on the family. ■ Family struggling with low income/ unemployment/ redundancy. ■ Poor / inadequate housing / home conditions. ■ Budget and financial help needed.
Social presentation	■ Inappropriately dressed for weather/ occasion. ■ Poor personal hygiene. ■ Withdrawn / loss of interest in self and others. ■ Avoids interaction / loss of confidence/ self-esteem. ■ Social isolation, not engaged with community support/ unaware of community support. ■ Family is the victim of hate crime ■ Vulnerability in the community (Contextual safeguarding). ■ Police involvement / call outs for low level/ nuisance activity/ offences..

Family Help – to Children in Need (previously known as Level 3)

Children, young people and their families who are identified as having multiple and/or complex needs that require targeted intervention and support by a range of agencies or multi-disciplinary practitioners to help them manage their challenges or create the changes needed.

Due to the complexity of needs, a whole family assessment is completed to identify the family's needs which informs a Family plan which is reviewed through Team Around The Family meetings (TAF). The family assessment and plan is led by a Family Help Lead Practitioner and the service is provided ONLY with the consent of the parents/carers or where a child is deemed Gillick competent.

A wide range of services might be involved in meeting the family's needs, e.g. education, mental health services, substance misuse, housing etc.

Children in Need includes children who are privately fostered, families with no recourse to public funds, disabled children and children with an enduring disability and/or life-limiting illness, who, along with their families, require additional support under Section 17 of the Care Act 1989.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Health	■ Child with a disability and requiring support services. ■ Pre-birth additional support required due to vulnerabilities / health needs of mother or baby. ■ There is a significant impact on the development of milestones due to family or environmental factors. ■ Significant concerns about diet / hygiene / clothing impacting on the child's emotional wellbeing. ■ Acute, severe and enduring mental health problems including conduct and oppositional defiant disorder, compulsive / obsessive disorder, eating disorder, suicidal ideation. ■ Parents not responding appropriately to child's health needs impacting upon the well-being or development of the child (including missing routine and non-routine health appointments for the child). ■ Sexual activity / sexualised behaviour that is potentially harmful to self or others and may be at risk of sexual exploitation. ■ Conception aged under 16 years. ■ Children with neurodivergence or those on an associated assessment. ■ Concerns around healthy and safe relationships for the child/young person and/or parent/carer (having an impact on the child).

Area of development and needs	Potential presentation of child, young person and their family at this level.
Education	■ Persistent absence (<90%) that is worsening, or severe absence (<50%). ■ Not in Education, Employment or Training (NEET) ■ Permanently excluded from school or at risk of permanent exclusion (e.g. repeated suspensions). ■ Children who are electively home educated where there are concerns that the child is not receiving suitable education. ■ Care needs being assessed as part of an Education, Health and Care needs assessment. ■ Disabled child with care and support needs in education. ■ Contextual safeguarding concerns for the child / young person in the education setting. ■ Social and communication skills significantly impacting on learning, despite help and support being offered. ■ Concerning peer relationships in education setting including, anti-social behaviour, bullying, misogynistic behaviour and/or attitudes.
Identity	■ Subject to discrimination and / or bullying. ■ Child experiencing difficulties with their own or their family's race, culture, religion, sexuality, gender. ■ Poor self-image / self-worth impacted upon their day-to-day functioning, engagement and interaction with others. ■ Mental health significantly impacted by low self-image / self-worth. ■ Young person's use of social media or online activity causing concern for their vulnerability/ risks from others. ■ Risk of exploitation, identifying as in a gang, peers who are known to carry weapons. ■ Child or young person is starting to low-level offend.
Parenting capacity, emotional and behavioural development	■ Child is often scapegoated by parents / family. ■ Child receives inconsistent care / has multiple caregivers. ■ Child is rarely comforted when distressed. ■ Parents lack empathy, interest or support for the child / young person. ■ Difficulty coping with anger, frustration and upset (emotional regulation). ■ Offending or regular anti-social behaviour. ■ Problematic substance misuse. ■ Hostile and / or physically aggressive to other children / adults. ■ Self-harming / risky behaviours. ■ Carrying / using weapons to defend self and others. ■ Peer violence / aggression. ■ Emerging concerns about child being radicalised or exposed to extremism.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Family relationship, environment, history and functioning.	■ Young carer needing additional help and support. ■ Privately foster children / young people. ■ Child experiencing difficulties with separation, bereavement and loss. ■ Young parent (under 18's or care leavers) who need additional support. ■ Child on parent aggression and violence. ■ Risk of relationship breakdown leading to child possibly coming into care ■ Parental breakdown and conflict adversely affecting the child / young person. ■ Starting to go missing from home or school. ■ Previous legal interventions to address school absence. ■ Wider family and associates negatively impacting the care of the child or young person. ■ Substance misuse not being addressed. ■ Persistent disputes and hostility between parents, including children being exposed to domestic abuse. ■ Family seeking asylum / refuge and / or No Recourse to Public Funds. ■ Parents require specific targeted intervention regarding boundaries, discipline and routines for their children. ■ A parent repeatedly involved in criminal activity, and police involvement. ■ Emergency services being called to the home numerous times in a short period (e.g. 12 months). ■ Parental mental health issues impacting on the child / young person. ■ Fleeing domestic abuse / honour-based violence / forced marriage and needing help to settle in area. ■ Families in refuges requiring support due to complex needs / risks. ■ Housing / temporary accommodation / risk of homelessness. ■ Gambling or other financial risks impacting on the family (e.g. substance / alcohol misuse). ■ Home conditions need improving for the child / young person's safety and welfare. ■ Serious debts / poverty impacting on the ability to care for the child, finance the home, food etc. ■ Parents not able to provide adequate care without needing support from a number of agencies. ■ Parents with learning disabilities, cognitive functioning or additional needs impacting on their ability to provide care without support agencies. ■ Parents or young people who are involved in criminal activity.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Social presentation	■ Family socially excluded. ■ Escalating victimization of the family. ■ Criminal activity due to drugs alcohol aggression mental health. ■ Concern about child-on-child abuse and harm. ■ GET SAFE / contextual safeguarding concerns vulnerable to child criminal exploitation. ■ Online harm and abuse or vulnerability. ■ Hate crimes impacting on the family and their safety.

Statutory Child Protection – Children at risk of significant harm (previously known as Level 4)

Children who experience harm within their own family (intra-familial), or outside of their family (extra-familial), who may suffer or are likely to suffer significant harm which requires a statutory child protection response through Child Protection procedures. Referrals should be made to children's services and /or the police.

Child Protection statutory responses at Level 4 include:

- Children subject to Child Protection plans
- Custodial sentences or criminal justice system outcomes
- Children who are Looked After
- Children subject to Police Protection.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Health	■ There is a likelihood of significant harm to child's health and development due to physical, emotional, sexual abuse or neglect. ■ Severe chronic / reoccurring health problems, including severe obesity and dental decay unresolved by previous family help interventions. ■ Growing professional concern about potential fabricated and induced illness and there may be evidence of significant harm. ■ There is information or concern that child is at risk of FGM, or has undergone FGM. ■ Concerns about diet / hygiene / clothing, persistent and severe and not improving following Family Help interventions. ■ Risk to a child or young person's life or the life of others due to mental health problems e.g. self-harm, suicidal ideation or attempts, eating disorders. (Call 999 for any immediate risk to life). ■ Limited engagement and evidence of change, even though parents are aware of short and long-term implications which are likely to cause significant harm, physical and / or emotional harm. ■ Child with disabilities meeting the criteria for children's social care intervention due to child protection concerns. ■ Sexual Activity under the age of 13 years. ■ Child identified as being at significant risk of exploitation through the GET SAFE risk assessment. ■ Significant development delay due to neglect / parenting that is neglecting the child's needs through direct acts or omission.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Education	■ Significant concern and evidence that the child's educational needs are not being met including severe absence (<50%), truanting, permanent exclusions, consistently impaired educational attainment / progress, which are attributable to the parenting that the child is receiving and the parent has consistently not engaged with services at the Family Help level to address this. ■ Severe Absence from school constituting educational neglect, despite interventions. ■ Persistent suspensions from school/setting. ■ Lack of stimulation leading to significant developmental delay. ■ Elective Home Education is not suitable or safe.
Identity	■ At risk of harm and/or self-harm due to discrimination and or bullying. ■ Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent. ■ Child / young person's emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology. ■ Child / young person is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent.
Parenting capacity, emotional and behavioural development	■ Puts self or others in danger of life. ■ Child abuses other children (e.g. physically, sexually). ■ Young people charged with a crime and go to court and / or are convicted of a crime and given a sentence, where there is a pattern of criminal behaviour that is putting the child at risk of harm or exploitation. ■ High criticism and / or low warmth resulting in emotional harm to the child. ■ Child abandoned. ■ Attempts to engage with the family have been unsuccessful and / or not demonstrated significant or sustainable changes in the time scales for the child given Family Help intervention and support leading to harm to a child or escalation of risk to self or others. ■ Parents are unable to protect their children and cannot prioritise the needs of the child over their own. ■ Parents are not providing access to suitable and safe education and have not responded to interventions or support. ■ Severe or long-term harm has been or is likely to be done to the child and the parents or carers are unwilling or unable to engage in work to improve the care provided. ■ Parents are abusive verbally, emotionally, mentally, and / or sexually towards the child. ■ Physical chastisement of child / young person causing harm.

Area of development and needs	Potential presentation of child, young person and their family at this level.
Family relationship, environment, history and functioning.	■ Multi agency interventions are not working, and the child is suffering or likely to suffer significant harm. ■ Family breakdown and need for edge of care / accommodation. ■ Deceased parents and no arrangements to care for the child. ■ Child is separated and / or trafficked. ■ Child / young carer's responsibilities are significantly impacting on their development and welfare, despite support at the Family Help level. ■ Teenage parent who is subject of a child protection plan or is a child looked after. ■ Domestic abuse impacting on the safety and welfare of the children. ■ Young person in a domestic abuse relationship with another young person. ■ Frequent aggression and violence. ■ Criminal activity. ■ Honour based violence ■ Forced marriage. ■ Person posing a risk to children (PPRC) in contact with children. ■ Special Guardianship Order applied for. ■ Parental mental health, drugs / alcohol and domestic abuse, where there is a risk of significant harm. ■ Previous history of children removed / adopted / on child protection plan. ■ Physical accommodation places child in danger. ■ No fixed abode or homeless, including at risk of homeless (Southwark judgement). ■ Drug and alcohol abuse / suspected dealing. ■ Missing from home or care.
Social presentation	■ Poor hygiene persistent and chronic, having a significant impact on the child / young person's social experiences and health, despite advice and support at Family Help level. ■ Persistent mental health needs impacting on the ability to safely and appropriately care for children. ■ Family chronically socially isolated likely to cause significant harm to the child. ■ Persistent anti-social behaviour in community by parents/carers. ■ Children are subject to care proceedings or on a Court Order Wardship, police protection, EPO, Care, supervision order. ■ Remanded to LA care. ■ Transfer-in cases from other local authorities (e.g. child protection, final court orders).



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