Herefordshire Safeguarding Children Partnership

Right Help Right Time
Levels of Need

A framework for providing effective support for children, young people and families – making a difference

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Opening Comments

A Multi Agency Framework for Providing Effective Support to Children, Young People and Families

The Herefordshire Safeguarding Children Partnership has developed this document to support practitioners at all levels working in statutory, public, voluntary and independent sectors in Herefordshire.

The document is intended to enable practitioners:

- to make decisions about how best to respond to the needs of children and young people and families;
- to give families access to the right help at the right time;
- to provide children and families with access to the most appropriate services for their needs.

This document was written to meet the requirements of the statutory guidance in Working Together 2018. An initial review was undertaken in January 2024 to align the document with Working Together 2023. This document will be further reviewed before December 2024 to ensure that it fully meets the requirements of Working Together 2023.

Introduction

Children and young people live in diverse and sometimes complex family systems.

Most children will have their day to day needs met by their parents or carers and from within their own community. These children will access universal services that are aimed to support all children.

For some children and their families however, there are times when they will require additional or intensive help and support and a further smaller number of children will require specialist intervention, including protection from likely or actual significant harm.

This framework describes potential indicators of need for children, young people and their families and so provides the basis for services to have a good and shared understanding of the "lived experience of the child". The framework can also be used to inform "professional conversations" between services and practitioners and so promote collective understanding of the type and nature of support that is needed to enable children and young people to achieve their potential.

Working Together guidance (2023) requires three partners with statutory responsibility for developing local safeguarding children partnership arrangements to produce a document that outlines the continuum of need and the local criteria for action and safeguarding. This framework sets out the continuum of need that all services will work to in Herefordshire as well as the action to be taken to respond to the needs of children, young people and their families.

This framework will support professionals and services to work together to improve the wellbeing of children as required by Section 10 of the Children Act 2004. It will also support agencies to deliver their statutory responsibilities to safeguard children and young people as set out in legislation and statutory guidance.

Local safeguarding procedures that have been devised by the Herefordshire Safeguarding Children Partnership compliment this framework and support front line staff and services to identify and respond to a range of issues that will impact on the safety and wellbeing of children.

These procedures can be accessed at the West Midlands Procedures website.

Vision

The Herefordshire Safeguarding Children Partnership vision is “Children are safely cared for by their family. Where needed services will work well together with them to achieve this.”

This vision can only be successfully achieved by supporting the right children and their families, at the right time, in the right place for as long as is needed.

Herefordshire Safeguarding Children Partnership recognises that in order to achieve its vision, services need to:

- Support children and families when they first need help
- Build strong relationships with children, parents, extended family and local communities so children are safe
- Listen to children and parents to understand their strengths and needs and offer support that they know can make a difference
- Provide support so change happens, and children can be cared for by their parents/family

Partner agencies deliver a range of services to support children and families and recognise the need for collaboration with children and families and each other when so doing.

For children and families with more complex needs, Herefordshire partners have developed the Early Help Assessment to assess the needs of the whole family and offer the right support at the right time. Multi-agency services will work collaboratively to support families before their difficulties escalate. Most children and families supported by an early help assessment do not need council or more specialist services to achieve positive change.

There are three targeted early help family support services provided through Herefordshire Council: the internal Early Help Family Support teams and Early Years Support teams who work with children and families that have complex needs, offering targeted support, a commissioned Family Mentoring Service, and a commissioned Family Befriending Service. These services work within the family home or work with families in the community to support children who are living in families with, for example, domestic abuse, parental mental ill health, drug or alcohol misuse, the risk of Child Exploitation, the threat of or actual exclusion from school etc. The Early Years Support teams work specifically with those families who have a child from pre-birth to 5 years as detailed above, using evidence based programmes, and deliver universal/prevention Let’s Play and Baby let’s Play in areas throughout the county where there is an identified need that is not met by a community group.

The council’s children and families directorate has also established the Edge of Care / Home (ECHo) team helping families in crisis to strengthen and to focus on their children’s safety and welfare. Where children cannot remain with their families or where children’s social care services and partners are working to enable them to return home, the ECHo team provide intensive help for parents to support the changes that must happen to support children returning home.

The statutory social work service is available for children who have been harmed or who are at risk of harm or significant harm, children in need (as defined in s17 of the Children's Act), children with disabilities, children in care, and children leaving care.

Principles

In Herefordshire, practitioners in all services are committed to the following principles, which inform the work with children, young people, their families and carers:

- Wherever possible, children and families' needs will be met by universal services
- As soon as any professional is aware that a child has any additional needs he/she will talk to the child and their family and offer advice and support to meet that need
- Families will be encouraged to identify their own difficulties, strengths, needs and solutions.
- In most cases, outcomes for children will only be improved by supporting and assisting parents and carers to make changes
- Partners and professionals should consult one another, share information in line with the Multi-agency Information Sharing Guidance, and work together and with the family, to ensure that the child and their family get the most appropriate and effective support and that it is coordinated.
- Support and services will be offered to help families to find their own enduring solutions. Once improvements happen, services will reduce or end so as not to create a dependency on services

Practice Framework: Restorative and Relationship-based Practice

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, 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 and reaching decisions about levels of need and the best intervention requires discussion, reflection and professional judgement.

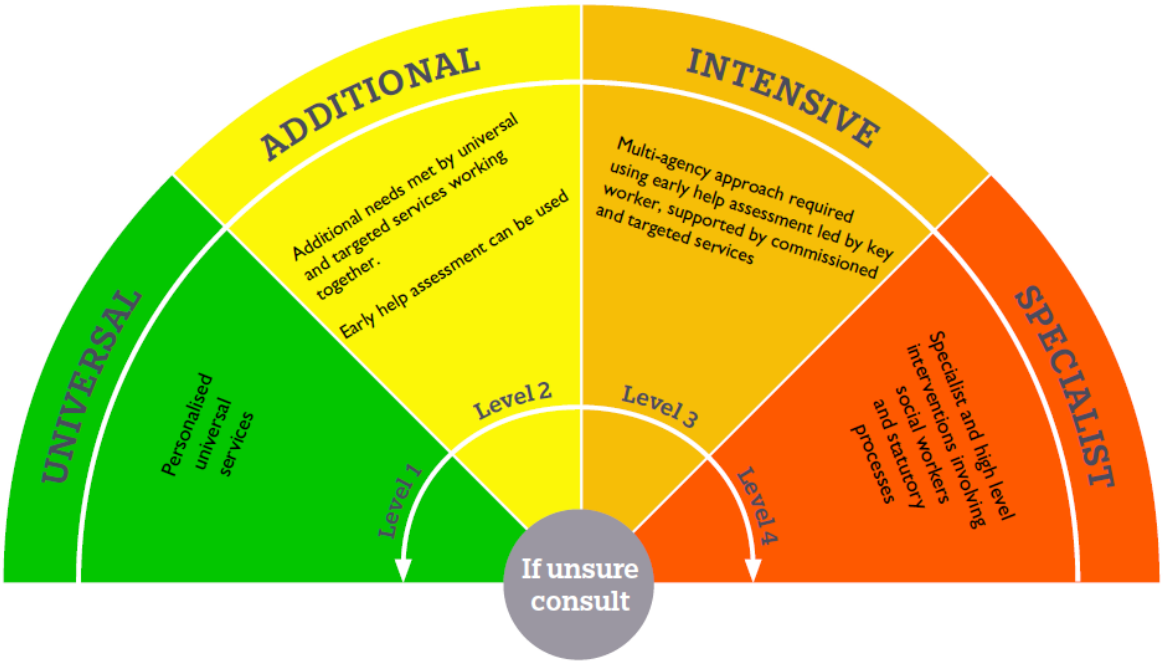
In Herefordshire, we are committed to developing collaborative working relationships with families to help us to understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain a clear and relentless focus on safety and protection. We want children and their families to feel listened to and to be able to take an active role in finding solutions and planning for their future.

Voice of the Child

In order to understand a child's world, all practitioners will need to maintain a relentless focus on understanding the child's lived experience, and seek to understand and record the wishes and feelings of the child. The voice of the child should be evident throughout any assessment and inform planning and the type of support provided.

Continuum of Need

The diagram below sets out the four levels of need that services and professionals will use to ensure the right help is provided at the right time to the right children and families.



Level 1. Universal

Children and young people making good overall progress in all areas of their development and receiving appropriate universal services such as health and education.

Level 2. Additional

Children, young people and their families are experiencing emerging problems, or have additional

needs that require some targeted support. They are likely to require early help for a time limited period, to help them move back to Universal (level 1) and reduce the likelihood of needing level 3 more intensive support.

Level 3. Intensive

Children, young people and families with identified vulnerabilities who are experiencing multiple and complex needs and are likely to need intensive multi-agency co-ordinated approach. They are likely to require longer-term help.

Level 4. Specialist

Children, young people and their families who are experiencing very serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety.

This may be as children in need - CIN (Section 17 of the Children Act 1989) or as children in need of protection- CP (under section 47 of the Children Act 1989). Children, young people and families receiving intervention at level 4 need are supported, where possible, to reduce the seriousness and complexity of need and are then enabled to step down to Early Help support or Universal services as appropriate.

Appendix 1 provides further guidance to support professionals to work collaboratively to identify the needs of children and their families. At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services and settings who work with families should feel able to consult with one another at any time before deciding on a course of action or way forward.

As with all guidance and criteria relating to access for help and support for vulnerable people, the most important and complex task is the making of a professional judgement about next steps. This will always be informed by any known evidence, discussions with other professionals, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing.

The criteria at Appendix 1 are neither exhaustive nor weighted. They should be used to guide professional discussions and not to support fixed and inflexible positions. Their core purpose is to help practitioners and managers make a next steps decision about how a family and its associated network are able to safeguard and promote the welfare of a child or children.

How to Respond

The table below identifies what action to take once the level of need is identified using the practice guidance at Appendix 1. It provides information about when an Early Help Assessment is required, who provides support to the family and how to access support and advice when completing an assessment.

Levels and Referral Routes	Needs	Services (examples)	Outcome
Level 1 Universal **Open access to provision**	All children and families who live in the area have core needs such as parenting, health and education	Early years, education, primary health care, maternity services, housing, community health care, children centre services Let's Play & Baby Let's Play and leisure services. Children are supported by their family and in universal services to meet all of their needs. Talk Community Directory (website)	Children and young people make good progress in all/ most areas of development
Level 2 Additional **Two or three services work together to meet child and family needs, co-ordinated by a service and/or people who know the child/family best.** **It may be helpful for these professionals to complete an Early Help Assessment but not essential at Level 2. If no EHA, it is recommended to have a plan of actions with a review timeline to make sure that the help on offer is making a difference. This would be a plan established and managed by the leading agency.**	Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve their material situation.	Parenting programmes School holiday and short breaks provision for disabled children Extra health support for family members; behavioural support Housing support Additional learning support CAMHS tier 2 support to schools SEN support and help to find education and employment Speech and language therapy Children's centre services Children's Help & Advice Team Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation)	The life chances of children and families will be improved by offering additional support
Level 3 Intensive **An Early Help Assessment to be completed by the agency which knows the family best or who the family trust, with an outcome based support plan agreed by the family. There will be an identified Lead Worker, who will be the main link for the family and is the one practitioner who takes a 'lead role' to ensure that front-line services are co-ordinated, coherent and achieving intended outcomes.** **Support from the special educational needs service.**	Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who: • have a disability resulting in special educational needs • exhibit anti-social or challenging behaviour • suffer some neglect or poor family relationships • have poor engagement with key services such as school and health • are not in education or work long-term	Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a Key Worker and the service is provided ONLY with the consent of the parents/carers A wide range of services might be involved in meeting the family's needs, e.g. CAMHS tier 3, adult mental health or drug/alcohol team Children's Help & Advice Team	Life chances will be significantly impaired without co-ordinated multi-agency support

Level 4 Specialist Access - requires a safeguarding referral (MARF) **Children`s Social Care** **Child Protection** **Care Proceedings** **Children in Need, including children who meet the criteria for support from Children with a Disability Service** **Disposals with the Youth Justice Service** **Tier 4 CAMHS** **Hospital or hospice in-patient**	Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect. This will include victims of child exploitation or radicalisation, and also those at risk of female genital mutilation (FGM). Children with significant impairment of function/learning and/or life limiting illness Children whose parents and wider family are unable to care for them Families involved in crime/misuse of drugs at a significant level Families with significant mental or physical health needs.	Children's social care, youth offending service Criminal justice system Tier 3 and 4 CAMHS In-patient and continuing healthcare Fostering and residential care Health care for children with life limiting illness Services for children with profound and enduring disability Referrals have to be made to services with the power to undertake statutory non- voluntary intervention and services with specialist skills	Children and /or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers

Children in special circumstances

Working together 2023 (par. 124) identifies that professionals should be particularly alert to a child who:

- is disabled
- has special educational needs (whether or not they have a statutory education, health and care (EHC) plan)
- is a young carer
- is bereaved
- is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime
- is frequently missing/goes missing from care or from home
- is at risk of modern slavery, trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised
- is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- is suffering from mental ill health
- has returned home to their family from care
- is a privately fostered child
- has a parent or carer in custody
- is missing education, or persistently absent from school, or not in receipt of full-time education
- has experienced multiple suspensions and is at risk of, or has been permanently excluded

There are a range of services and guidance to support practitioners to respond the needs of these groups of children and these are listed at Appendix 2.

Early Help

Working Together (2023) states that:

“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.” (Working Together 2023, par. 118).

“Effective provision relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help which considers the needs of all members of the family
- ensure good ongoing communication, for example, through regular meetings between practitioners who are working with the family
- co-ordinate and/or provide support as part of a plan to improve outcomes. This plan will be designed together with the child and family, and updated as and when the child and family needs change
- engage effectively with families and their family network, making use of family group decision-making, such as family group conferences, to help meet the needs of the child” (Working Together 2023, par.119)

The Children’s Help and Advice Team (CHAT) in Herefordshire has been developed to promote children and their families get the right help at the right time. The CHAT sits alongside the Multiagency Safeguarding Hub and will be responsible for contacts which come into the local authority at level 3 or below and for contacts that MASH have assessed as not needing level 4 intervention.

The Children’s Help and Advice Team will proactively work with families and referrers to ensure the right support is offered this will include signposting, offering advice and guidance and facilitating the completion of an Early Help Assessment, where appropriate, with those families whose needs meet level 3 or high level 2 and who give their consent.

The contact number for the Children’s Help and Advice Team is (01432) 260261.

Access to Level 2 services – Additional Services

All children, young people and families with additional needs at Level 2 have access to universal services and additional services identified by each agency. The council have commissioned a specialist Befriending Service for children and families with identified needs at Level 2, and some low-Level 3. Other services include:

Children Centre Services – support with parenting, speech and language

Parenting Programmes – Solihull, Triple P Standard, Teen Triple P, Stepping Stones Triple P (for parents of children with additional needs), Transitions Triple P (for separated parents and there is acrimony) and Fearless Triple P (for parents of children experiencing anxiety).
Young Carers Support Service
Women's Aid – programmes for children and young people – Helping hands and Crush
Schools – Behaviour Support, support with attendance.
Health: Health Visitor +, School Nurse service
Mental Health services: CAMHS, Kooth
CLIMB: Support for children and young people at risk of Exploitation / Anti-Social Behaviour
Finance & Debt: Christians Against Poverty
Access to Work: Department for Work and Pensions
Substance misuse: Turning Point
Youth drop in centre: Close House, Bereavement services e.g. St Michael's Hospice, Phoenix Bereavement Support

These services are accessed in different ways and practitioners should use the Herefordshire Talk Community Directory and the Herefordshire Safeguarding Children Partnership's online Youth Hub to obtain further information

Access to Level 3 services - Intensive Services

All children, young people and families can access all universal services and additional Level 3 services identified by any agency. The council have the internal Early Help Family Support service for children and families with complex needs, and have commissioned a specialist Family Mentoring service for lower Level 3 cases. Other services include:

Children Centre Services – support with parenting, speech and language
Parenting Programmes – Solihull, Triple P Standard, Teen Triple P, Stepping Stones Triple P (for parents of children with additional needs), Transitions Triple P (for separated parents and there is acrimony) and Fearless Triple P (for parents of children experiencing anxiety).
Young Carers Support Service
Women's Aid programmes for children and young people – Helping hands and Crush
Schools – Behaviour Support, support with attendance.
Health: Health Visitor +, School Nurse service
Mental Health services: CAMHS, Kooth
CLIMB: Support for children and young people at risk of Exploitation / Anti-Social Behaviour
Finance & Debt: Christians Against Poverty
Access to Work: Department for Work and Pensions
Substance misuse: Turning Point
Youth drop in centre: Close House
Bereavement services e.g. St Michael's Hospice, Phoenix Bereavement Support

Where a child/family have met level 3 need, an Early Help Assessment should be completed by the professional who has recognised the challenges facing the family – the EHA and supporting information can be found on the Herefordshire Council website.

Statutory thresholds: The Children Act 1989

The Children Act 1989 provides the statutory guidance for Local Authority intervention in the life of a child and their family.

As outlined above, when a child has additional needs, individual services should take swift action to support the child and their family. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need).

The legal definition of a Child In Need of statutory services is:

> *"..a child shall be taken to be in need if –*
>
> *(a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;*
>
> *(b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or*
>
> *(c) he is disabled,*
>
> *and "family", in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living."*

Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm), local authority social care services must make enquiries and decide if any action must be taken under section 47 of the Children Act.

The legal definition is:

> *"Where a local authority—*
>
> *(a) are informed that a child who lives, or is found, in their area—*
>
> *(i) is the subject of an emergency protection order; or*
> *(ii) is in police protection;*
>
> *(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,*
>
> *the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare"*

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

Significant harm could occur where there is a single event, such as a violent assault or sexual

abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Consent and information sharing

All intervention is likely to be more meaningful for children if parents understand professional worries and have an opportunity to work in partnership to bring about change. Having an open and honest conversation with parents as soon as you believe a child needs support or are worried about a child, will generally be the way to start the process of providing help To support trusted relationships, parental consent should be the accepted norm unless in gaining their consent to share information and to make enquiries would create risk or further risk of harm to a child.

We should be working in partnership with families. It is expected that professionals will have made all efforts to discuss concerns with a parent/carer and make them aware of any safeguarding referrals made, unless to do so would create additional risk to the child. In situations where risk is not identified, the lack of parental permission may lead to Children's Services being unable to work with the individual/family.

Parents should be worked with to support a restorative response and consent to support should be considered. Parents do not always have to give permission to make a request for service for social work intervention. This is usually when worries are so great that the child is suffering or at risk of significant harm and child protection responses are required. If you are not sure if this threshold is met, take advice immediately.

If a practitioner believes a child is at risk of significant harm they have a duty to make a referral. These referrals do not require consent but it is good practice to inform an adult with parental responsibility that the referral is being made, UNLESS doing so would place the child at risk of significant harm or may lead to the loss of evidence.

To share information effectively, all practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data.'

Practitioners should also be mindful of the **7 "Golden" Rules of Information Sharing**

1. GDPR and the Data Protection Act 2018 is not a barrier to sharing information.
2. Be Open and Honest.
3. Seek Advice.
4. Share with Consent where appropriate.
5. Consider Safety & Wellbeing.
6. Necessary, Proportionate, Relevant, Accurate, Timely and Secure

7. Keep a Record

Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent:

- If it is not possible to gain consent.
- It cannot be reasonably expected that a practitioner gains consent, or.
- If to gain consent would place a child at risk, e.g. suspected CSA and Fabricated & Induced Illness

In cases where consent is not given, practitioners should consider how the needs of the child might be met. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. This referral can be made by any practitioner.

Access to Level 4 services - specialist children's social care

If, after considering the guidance at Appendix 1, a professional is concerned that a child is or may be, suffering significant harm, they should make an immediate referral to Herefordshire Multi Agency Safeguarding Hub during office hours and out of hours the referral should be made to the Emergency Duty Team.

MASH team - (01432) 260800, or email ReferralsCYPD@herefordshire.gov.uk

Emergency Duty Team - (01905) 768020 (out of hours number for when MASH are unavailable) – contact by phone only, the MASH inbox is not monitored out of hours.

Multi Agency Referral Form (MARF)

If someone is injured or in immediate danger, always call **999** in the first instance.

New referrals should be made using the Herefordshire multi agency referral form. Additional information or concerns on open cases should be shared with the allocated social worker (or in their absence the manager or the duty social worker). If you are unsure who the social worker or team is, you can contact the MASH to find out or to pass the information on.

Further information about referrals, criteria, and support for children with a disability, including short breaks, transitions, and carer assessments, is detailed on the Herefordshire Council website - Disabled children's social care – Herefordshire Council. If there are safeguarding concerns for a child with a disability, the safeguarding procedures must be followed as above, including the completion of a MARF.

Where there is doubt about the most appropriate response, anyone concerned about the welfare of a child should consult with their own manager and/or designated member of staff

and, where they remain unsure, contact the MASH and ask for a consultation with a MASH social worker.

Consultation with Children's Social Care

If you have concerns about a child and want an opportunity to talk these through with children's social care before deciding the best course of action, please contact the MASH on (01432) 260800 and ask for a consultation with a social worker in the MASH team.

Whatever the outcomes or decisions, MASH will record the outcome and/or decision if we are currently or previously been involved. The names of the professionals having the consultation must be included. If, following a consultation, a professional wishes to make a formal referral, they should do this separately.

What happens when a referral is made to MASH

Telephone calls to MASH are received by a Contact Worker in Business Support. The Business Support Contact Workers are not social workers, but they are able to respond to queries and give information about whether a child is known to Children's Social Care. Such discussions do not constitute a consultation because these need to be undertaken with a social worker. MASH has a recording system in place, where all calls are recorded. This is training purposes and to monitor the quality and effectiveness of calls. All calls/emails into the MASH are logged onto the electronic case records system as a case note (provided the call or referral does not relate to an open case, in which case, the details are recorded on open case notes and passed to the allocated worker).

Where a contact is potentially a child in need referral or a child protection referral (i.e. in need of intensive support and help), the MASH will gather further information that day, having a statutory duty to respond to the referrer within 24 hours to explain what is going to happen next.

Where the call or referral suggests that a child is at risk of immediate harm, information will be shared with the police and the details will be passed to the assessment team for immediate action under the supervision of the team manager for the assessment team. Every attempt is made to see the child on the same working day.

All contacts will be considered by a manager or managing practitioner within 24 hours to decide a course of action. MASH operate a RAG rating system where all contacts are given a RAG rating of RED, AMBER or GREEN. Red RAG rating requires an immediate response within 4 hours, Amber requires a response within 1 working day and Green within 72 hours.

Next steps will include:

- Advice and information given
- Sign-posting to other help or targeted services, for example targeted youth or West Mercia Women's Aid
- Arranging a consultation between the referrer and a qualified social worker where next steps are not immediately clear

- Held in the MASH for up to 72 hours if low level concerns have been identified, to gather more information
- Accepted as a referral and allocated to a social worker in the assessment team
- No further action.

A decision is made within 24 hours for immediate safeguarding concerns and within 72 hours for families needing support that is likely to have an Early Help outcome. The referrer will be notified of the outcome thereafter.

When a referral is accepted, it will usually be allocated to a social worker in the assessment team. In most cases, a children and families assessment will be undertaken.

Consent from the family will be sought and recorded prior to an assessment and information sharing with other agencies. If the parents/carers do not consent, a decision will be made on whether the child is at risk of significant harm, or has already been harmed, in which case a strategy meeting may be held to determine whether the threshold for child protection has been met. Consent is not required for a child protection enquiry to take place.

The outcome of an assessment may be the provision of advice or help from an existing service, a child in need plan, request for the Early Help Team to support the child/ family, or no further action. The outcome of the assessment will be shared with the referrer and any agencies from whom information has been sought.

Statutory guidance (Working together 2023) gives up to 45 working days for the completion of an assessment which allows for detailed information from other agencies and family members to be sought, detailed exploration into the family background to be carried out, and the needs of the children to be fully understood. It will be wholly dependent upon the presenting risk and uncertainty, the family history and the judgement about the welfare and safety of the child or children at that time.

Whenever there are child protection concerns, a ‘section 47 (Children Act 1989) enquiry’ is undertaken. This involves liaison with the police and other agencies and will ALWAYS be started following a strategy discussion, often through a multi-disciplinary meeting, to decide and plan next steps.

An assessment of the child’s circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a child in need plan, or to some form of statutory intervention often through an initial child protection conference (which needs to take place within 15 working days of the strategy meeting).

If the decision following an initial child protection conference is that a child protection plan is needed, the plan is written and becomes the agreed working arrangement for everyone to protect the child. This includes the parents, carers and extended family. The child protection plan will make clear to the parents what changes they need to make to ensure the child does not suffer significant or further harm. The plan will also set out what will happen if the changes are not made.

Should the circumstances of the child not improve or where further serious incidents occur, a decision may be made to apply to the court for care proceedings. The first step in this process is usually to have a legal planning meeting and issue parents with a formal public law outline

(PLO) letter stating what must improve to avoid care proceedings.

Once children's social care and other specialist help have successfully reduced the risk of significant harm for the child, targeted and/or intensive services may be asked to continue to support the child and family through the 'effective support' processes already described above.

Remember

To provide effective support to children, young people and families:

- Offer help and support early on.
- Keep offering help and support.
- Use your organisation's Safeguarding Lead for advice, support and guidance.
- Contact the Children's Help and Advice Team (01432) 260261 if you feel the case does not meet Level 4, or you need help and advice.
- Contact MASH (01432) 260800; CYPDReferrals@herefordshire.gov.uk if the child is a child in need or at risk of significant harm.

There is a resolution of professional differences policy available, which should be followed in the event of differing professional opinions or differences as to how best to respond to the needs of the child.

Safeguarding
Herefordshire Safeguarding Children Partnership

Appendix 1: Practitioners guide to determining need - *A Practitioners Guide*

Features	Level 1 Universal Needs **Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation**	Key Partner Support Agencies
Level 1 'Universal': children, young people, carers and families with no additional needs who may from time to time require support that can be met within Universal Services.	**Development Needs**	• Health visiting service • Midwifery • School Nursing • Police • Housing • Voluntary and Community Sector • Early years childcare settings • Schools • Online counselling services • Parenting groups • Adult mental health universal services • SALT and drop in Sexual health services • Dentist / Ophthalmic services
	Learning/education • General development is age appropriate • Achieving education key stages • Good attendance at school/college/training • No barriers to learning • Planned progression beyond statutory school age	
	Health	
	Good physical health with age appropriate development, and language	
	Social, emotional, behaviour, identity • Good mental health and psychological wellbeing • Good quality early attachments, confident in social situations • Knowledgeable about the effects of crime and antisocial behaviour • Knowledgeable about sex and relationships and consistent use of contraception if sexually active, where the young person is of an age to consent	
	Family and social relationships • Stable families where parents are able to meet the child's needs	
	Self-care and independence • Age appropriate independent	
	Family and environmental factors	

	• Family history and wellbeing • Supportive family relationships	
	• Housing, employment and finance • Child fully supported financially • Good quality stable housing/amenities	
	• Social and community resources • Good social and friendship networks exist • Safe and secure environment • Access to consistent and positive activities	
	Parents and carers	
	Basic care, safety and protection • Parents able to provide care for child's needs appropriately **Emotional warmth & stability** • Parents provide secure and caring parenting - praise and encouragement **Guidance boundaries and stimulation** • Parents provide appropriate guidance and boundaries to help child develop appropriate values	
Features	**Level 2 Additional** **Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation**	**Key Partner Support Agencies**

Level 2 - a family's needs can be met by a universal service offering extra support within its own remit or by signposting or working together with another service where applicable. They are likely to require early help / intervention for a time limited period, to help them move back to Universal (Level 1) and reduce the likelihood of being moved to level 3 and level 4.	**Development Needs** **Learning/education** • Limited access to books, toys or educational materials • Occasional truanting or non-attendance and poor punctuality • Poor stimulation • Some fixed term exclusions • Identified language and communication difficulties • Few or no qualifications NEET • SEN support at school level **Health** • Slow in reaching development milestones • Overdue immunisations or checks • Minor health problems • Dental problems and untreated decay - poor dental hygiene • Experiment with tobacco, alcohol and illegal drugs • Parent has undergone FGM procedure, but risk assessment undertaken by health professionals identifies there isn't a perceived risk of the child being subject to FGM • Overweight/Underweight	• Health visiting service • Midwifery • School Nursing • Adolescent support services • Police • Housing • Voluntary & Community Sector • Early years childcare settings • Schools (including SEN support) • Online counselling services • Parenting groups • Adult mental health universal services • SALT and drop in Sexual health services • Dentist / Ophthalmic services
Features	**Level 2 Additional** **Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation**	**Key Partner Support Agencies**

Social, emotional, behaviour, identity

• Difficulty making and sustaining relationships with peers
• Early onset of sexual activity or at risk of early pregnancy, where the child is of an age of consent
• Lack of confidence/low self-esteem which affects behaviour
• Social isolation
• Lack of positive role models
• Child subject to persistent discrimination
• Exhibits antisocial/anti-authoritarian behaviour
• Emerging concerns in relation to attachment
• Low level mental health or emotional issues
• Low level concern about child being radicalised or exposed to intervention extremism
• Children involved in bullying or low level cyber bullying
• Resistance to boundaries and adult guidance
• Lack of empathy
• Exhibits aggressive challenging behaviour

Self-care and independence

• Lack of age appropriate self-care skills and independent living skills that increase vulnerability to social exclusion

Family and environmental factors

Family and social relationships and wellbeing

- Parents/carers have relationship difficulties which affect the child
- Low level inter-sibling violence and aggression
- Child has some young carer responsibilities
- Unresolved issues arising from parents separation
- Family is socially isolated

Housing, employment and finance

- Overcrowding in poor housing conditions
- Families financial resources impact negatively on child's basic physical needs
- Housing arrangements are temporary or unstable and child's needs not being met
- Unstable or unknown immigration status
- Serious debt or rent arrears

Social and community resources

- Families are victim of hate crime
- Associating with anti-social or criminally active peers
- Poor access to leisure and recreational amenities and activities

Parents and carers

Basic care, safety and protection

- Inappropriate child care arrangements
- Some exposure to dangerous situations in the home or community
- Low level concerns about parental alcohol or substance use
- Young or inexperienced parents
- Parental lack of insight into effects of child's exposure to parental conflict

Emotional warmth & stability

- Inconsistent parenting, but development not significantly impaired
- Inconsistent responses to child/young person
- Failure to pick up on the child's emotional cues

Guidance boundaries and stimulation

- Lack of routine and inconsistent boundaries
- Poor supervision within the home
- Low level physical chastisement that does not cause physical injury

Features	Level 3 Intensive Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
Level 3 - Young people, carers and families with identified vulnerabilities who are experiencing multiple and significant complex needs and are likely to require a multi-agency coordinated approach. They are likely to require longer term intervention to help them move to Level 2 or Level 1 services.	**Development Needs** **Learning/education** • Short term exclusions or at risk of permanent exclusion, persistent absence from school • SEN school support or EHCP truanting • No access to books, toys or educational materials • Children who are electively home educated where there are concerns that their educational needs are not being consistently met • Inadequate stimulation leading to developmental problems • Parent does not engage with school and actively resists support	Where practitioners identify that a child and their family would benefit from a more intensive response than they can provide, they should discuss this with the family and complete an Early Help Assessment to help to identify the child's, young persons and/or family's needs and develop a plan to address these. Guidance and support can be accessed through the Children's Advice and Help Team A more intensive level of family support may be needed from Early Help Specialist Family Support Services These indicators are meant as a guide but clearly rely on professional analysis and interpretation.

Health

- Child has some chronic/recurring health concerns or a disability where support is required to enable the child to progress and develop to reach their full potential Mental health issues emerging e.g. conduct disorder, ADHD, badly managed anxiety, depression, eating disorder, self- harming
- Developmental milestones not being met due to parental care
- Failure to engage in antenatal services
- Persistent substance misuse
- Obesity as a contributory factor to other issues including neglect
- Lack of food
- Parent has undergone female genital mutilation (FGM) procedure and/or there are other indicators that child might be at risk of FGM. (In these cases, a multi-agency response might be required, including a discussion with MASH, to ensure that information is shared to assess the risk)
- Sexual activity / sexual behaviour that is potentially harmful to self or others and may be at risk of sexual exploitation
- Self-harming behaviours
- Mental ill-health concerns not being addressed or acknowledged
- Concern about explained injury

Social, emotional, behaviour, identity

- Evidence of regular/frequent drug use which may be combined with other risk factors
- Child under 18 is pregnant (if the child is under 13, this would be Level 4)
- Risk of gang involvement or vulnerability to gang activity/ exploitation
- Low or medium level indicators of child exploitation or peer on peer abuse
- Concern about child being radicalised or exposed to extremism
- Child or young person engaging in risk taking behaviours
- Child or young person is starting to commit offences
- Mental health/physical needs impact adversely on the care of the child
- Prosecution of offences resulting in court orders
- Child is engaging in cyber activity that potentially places others or themselves at risk of harm
- Significant low self esteem
- Clear concerns about parent and child attachment

If you are in doubt about whether the child's circumstances are at level 3 or 4 you can ask for advice and support from the Children Help and Advice Team

Features	Level 3 Intensive Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
	Self-care and independence • Lack of age appropriate behaviour and independent living skills, likely to impair development or compromise safety	
	Family and environmental factors	
	Family and social relationships and family wellbeing • Parental illness or disability leading to inability to provide basic care • History of ongoing domestic violence • Risk of relationship breakdown leading to child possibly becoming looked after • Concerns about inter-sibling violence and aggression which does not result in significant emotional or physical harm • Child is a young carer and this is adversely impacting on their development and welfare • Destructive or unhelpful involvement from extended family	
	Housing, employment and finance • Severe overcrowding, temporary accommodation, homeless • Intentionally homeless	
	Social and community resources • Family require support services as a result of social exclusion • No recourse to public funds • Parents socially excluded, no access to local facilities • Family financial resources seriously compromise child's basic physical needs being met/their general wellbeing	
	Parents and carers	
	Basic care, safety and protection • Child is left at home alone but this does not seriously place them at significant risk of harm • Inappropriate child care arrangements which are prejudicing the child's safety and welfare • Health and safety hazards in the home or emerging concerns about home conditions • Escalating concerns that parental alcohol or substance use is adversely impacting on the child • Parent fails to prevent child's exposure to potentially unsafe situations through cyber activity	

	Emotional warmth & stability • Inconsistent parenting impacting emotional or behavioural development • Parent is unresponsive or fails to recognise child's emotional needs • Parent ignores child or is consistently inappropriate in responding to child **Guidance boundaries and stimulation** • Parent provides inconsistent boundaries or responses	
Features	**Level 4 – Specialist** **Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation**	**Key Partner Support Agencies**
Level 4 Serious complex needs; Children, young people and families who are experiencing very serious, prolonged or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These acute needs may require statutory intensive support for children and young people to be protected.	**Development Needs** **Learning/education** • Chronic non-attendance, children persistently missing from education, truanting, permanent exclusions, consistently poor educational attainment/progress, which are attributable to the parenting that the child is receiving and the parent has consistently failed to engage with services at the early help level to address this • Children where there are significant concerns that the child's educational needs are not being met • Inadequate stimulation leading to significant developmental delay **Health** • Serious physical and emotional health concerns that are consistently not addressed by the parent e.g. failure to thrive, seriously obese/ underweight, serious dental decay, persistent and high risk substance misuse, acute mental health problems including self-harming behaviour, risk of suicide, specific physical or medical conditions which require specialist interventions • Children with disabilities who meet the criteria for support from the children with disability service • Concern about serious unexplained injury • Persistent presentation to professional with injuries: raising concerns about child safety/ parental behaviour • There is information or concern that child is at risk of FGM, or has undergone FGM • Refusing medical treatment endangering life • Poor nutrition / hygiene • Repeat/patterns of injuries, infestations/infections • Growing professional concern about potential fabricated and induced illness and there may be evidence of significant harm	Referrals to services with the power to undertake statutory non voluntary intervention or services with specialist skills For immediate safeguarding concerns/child protection: If a child is at risk of physical, emotional, sexual abuse, or neglect, refer to MASH. Where an immediate response is required because of the child's physical / medical health dial 999 for an ambulance. Where a child's safety is at immediate risk contact the police by dialing 999. After any immediate protective action has been taken you need to refer to MASH. If this incident occurs out of hours contact EDT service. You will be required to complete the Multi-Agency Referral Form.

	Social, emotional, behaviour, identity • Serious persistent offending behaviour attributable to neglectful absent parenting • Allegations of child on child sexually harmful behaviour • Serious concerns/evidence that the child is being exploited • Evidence of gang affiliation and gang related activities • Safety and welfare seriously compromised by gang involvement and parents failure to manage these significant risks • Complex mental health issues requiring specialist interventions which are consistently not being adequately managed by the parent • Child goes missing and child's age/level of vulnerability means that welfare and safety is seriously compromised • Frequently missing from home which seriously compromises the child's safety and wellbeing • Child emotional health and physical safety is compromised by exposure to radicalisation and extremist ideology • Child is engaging in cyber activity that places them at risk of harm from others and is not managed by the parent • Sexual activity that may constitute criminal activity	
	Self-care and independence • Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm	

Features	Level 4 – Specialist Example Indicators: These indicators are meant as a guide but rely on professional analysis and interpretation	Key Partner Support Agencies
Children, young people and families receiving intervention for level 4 need are helped, where possible, in reducing the seriousness and complexity of need and are then enabled to access early Help or Universal services appropriately	**Family and environmental factors** **Housing, employment and finance** • Clear evidence that a family is destitute/ No recourse to Public Funds • Young people who are homeless aged 16-17 Social and community resources • High levels of domestic abuse that put the child at serious risk of significant harm (This could include extreme coercive and controlling behaviour in the household) • Imminent risk of parental/carer and child relationship breakdown leading to child possibly becoming looked after. • Child is young carer and this is significantly impacting on their development and welfare • There are indicators that a child/young person is at risk of honour based violence or forced marriage • Parental illness or disability resulting in inability to provide basic care leading to serious neglect of the child's needs • Concerns about inter-sibling violence and aggression which does result in significant emotional or physical harm and is not managed by the parent • Child is subjected to physical, emotional, sexual abuse or neglect • Persistent but unsubstantiated concerns about physical, emotional or sexual abuse. • Child is privately fostered • There is nobody with parental responsibility to ensure the child's wellbeing and stability of care • Unaccompanied minors • Trafficked children	

	Parents and carers	
	Basic care, safety and protection • Parents mental health or substance misuse seriously compromises the health, welfare and safety of the child • Parent has a history of being unable to care for previous children • Inappropriate child care arrangements which are consistently putting the child's safety and welfare at risk • Parent has a severe physical or learning difficulty that seriously compromises their ability to meet their child's basic needs • Parental disclosure of serious harm to the child • Parent is unable to assess and manage serious risk to the child from others within their family and social network • Parental abuse or neglect of a child with disabilities that is putting the child's safety, health and life expectancy at risk • Inappropriate parental chastisement e.g. puts child in stress positions	
	Emotional warmth & stability • Inconsistent parenting significantly impairing emotional or behavioural development	
	Guidance boundaries and stimulation • Consistent lack of effective boundaries set by the parent leading to risk of serious harm to the child	

NB – Changes made to Appendix 1 for Version 2 (January 2024): Revisions made to threshold examples for:

- children with Special Education Needs
- children with disabilities
- FGM
- use of "stress positions" (moved to Level 4),
- children who are pregnant, and
- gang affiliation.

Appendix 2: Guidance for supporting children and young people in special circumstances

	Guidance
• Children with disabilities.	Children with disabilities – Multi-agency guidance and procedures Children with disabilities – Herefordshire Council
• Children with special educational needs.	SEND
• Young carers.	Young Carers Young Carers assessment - advice for professionals
• Children involved in anti-social or criminal behaviour.	Anti- Social Behaviour
• Children missing from care or home.	Children missing from care, home and education
• Children who are/at risk of being harmed by modern slavery, trafficking or exploitation.	Children affected by Exploitation and Trafficking (including Gangs) See also exploitation tools and pathways *select Herefordshire
• Children affected by parental substance misuse	Children of parents who misuse substances
• Children affected by domestic abuse	Domestic violence and abuse * select Herefordshire
• Children affected by parental/carer mental health.	Children of parents with mental health problems
• Children who are misusing alcohol or drugs	Alcohol and Drugs
• Children who have returned home from care.	Leaving care

	Guidance
• Privately fostered children.	Private Fostering
• Unborn children	Pre-birth assessment *select Herefordshire

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To be approved by	Safeguarding Partners
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Version Log

Version	Date	Description of change	Reason for Change
2	January 2024	Updated information about services and procedures (CHAT replace EHH; WeAreWithYou now Turning Point; MASH procedures (e.g. RAG rating) Reviewed guidance on consent to match new MARF and MASH Information Sharing Guidance. Updated Practice Framework to reflect Restorative Practice. Clarified level of support for children with Special Education Needs and children with disabilities. Clarified threshold examples for: FGM, use of "stress positions" (moved to Level 4), children who are pregnant, and gang affiliation. Initial review to align with Working Together 2023, but further review will be needed before December 2024	Routine review / update. Align to new MARF (May 2023) Initial review to align with Working Together 2023