

Oldham Safeguarding Partnership

Effective Support and Help Framework, for Children, Young People and Families in Oldham

Shared guidance to help all practitioners working with children,
young people, families and carers to provide additional early help,
intensive and specialist support

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Contents

Table of Contents

1.	Introduction	3
2.	Our Vision for Effective Support and Help	4
3.	Early Help	5
4.	Oldham Continuum of Need and Support Framework	7
5.	Children in Specific Circumstances	9
	5.1 Children and young people with Special Education Needs and Disabilities (SEND)	
	5.2 Young Carers	
	5.3 Private Fostering	
	5.4 Complex and Contextual Safeguarding	
	• Domestic Abuse	
	• Child Sexual Exploitation	
	• Harmful Sexual Behaviours	
	• Serious Youth Crime/Violence	
	• Child Criminal Exploitation	
	• Radicalisation	
6	How to Make a Referral	14
7.	Consent	15
8.	Consultation, Constructive Conversations, Professional Judgement & Escalation	15
9.	Transition Across the Continuum of Need	18
	Appendix A – Levels of Need Indicators	19

1. Introduction

Welcome to Oldham's Effective support and help framework for children, young people and families in Oldham. This guidance is the responsibility of Oldham's Safeguarding Partnership as outlined in ['Working Together to Safeguard Children 2018'](#).

In Oldham we have high ambitions and a clear vision for our children, young people and their families to thrive. We want them to feel safe and to care about their health, education and employment. We want them to be confident and resilient individuals who are connected to their community; providing support so they are able to make an effective contribution as responsible citizens.

Oldham has established a Multi-Agency Safeguarding Hub (MASH). This is a partnership made up of statutory and non-statutory agencies.

Where there is a concern, MASH share information to decide the most appropriate intervention to prevent harm to the person. This gives a full understanding of the situation, so we are able to respond quickly and effectively.

The purpose of this guidance is to assist everyone involved in making decisions about appropriate support for children, young people and their families.

A 'windscreen' framework illustrates that children can present with varying needs, and that these needs can change over time. The guidance clarifies how various levels of support can be accessed as a new level of need is reached. It recognises that many agencies and organisations as well as parents, carers and wider family provide support to children and young people.

A collective understanding across the whole partnership in Oldham, plus our shared use of the principles and processes will result in:

- children receiving the right service for their particular need at the right time
- consistent delivery of the right support delivered in an equitable way
- compliance with statutory requirements

This document should be read alongside Oldham Safeguarding Partnership procedures which present best practice in safeguarding children. These procedures are available at: https://www.oldham.gov.uk/lscb/info/5/policies_and_procedures

2. Our Vision for Effective Support and Help

Oldham's approach to working with children who have safeguarding needs recognises that:

- **Better outcomes are secured by practitioners from different disciplines**
- **Agencies working together provide the best possible service**

We are committed to integrated and multi-agency working at all levels. The levels of need show how we will respond to the requirements of children and families across **Universal, Additional, Intensive and Specialist** services.

Central to this approach, as part of Oldham's Transformation Strategy, we have invested in the **Signs of Safety (SoS) model as our practice framework**.

SoS is a solution-focused, strengths-based approach and by considering seven domains in any assessment:

- What is the harm (past and present) that we are worried about in respect of a child?
- What are we worried is going to happen to the child in the future if nothing changes?
- What are the complicating factors in this family?
- What are their strengths and positive attributes?
- Is there any existing safety or protection?
- What needs to happen to keep the child safe now?
- What does the family want to happen?

In Oldham, we are committed to developing collaborative working relationships with families. This helps us to –

- **Understand the circumstances of each family**
- **Be professionally curious and rigorous**
- **Make judgements to maintain a clear and relentless focus on safety and protection.**

Oldham Family Connect

Children's Service's is leading the way with this system shift by the development of the 'Oldham Family Connect Model, on the journey to continuous improvement.' The core purpose of achieving excellence for our children and young people.

Oldham Family Connect is a key part of a wider place-based approach. Integrating with key statutory, preventative and partnership services and instilling trust and confidence in the communities.

Statutory social work and early help activity are fully integrated. This removes artificial thresholds and helps build a common culture for families receiving services.

The Oldham Family Connect model maximises the use of community assets. This builds resilience and reduces dependency on statutory services. Dedicated arrangements alongside schools uses best national practice.

Oldham promotes a strong partnership commitment to:

- A co-ordinated multi-agency and integrated approach to the delivery of services
- Embeds the use of the Early Help Assessment and intervention in all agencies
- Providing the right intervention and help at the lowest possible level and at the earliest possible time
- Promoting children and young people to thrive within their community
- Enhances information sharing and collaborative working between practitioners and agencies.

3. Early Help

The Early Help approach seeks to identify people who can help themselves with simple guidance. Those who may need some support to help them, and those who may need more intensive support.

The Early Help Offer is a graduated support offer to all residents, which in addition to Universal Services includes local self-help options through community hubs.

Early Help supports existing district based Universal Services, voluntary agencies and self-help services. It provides self-referral options for supported Early Help assessments, 'light touch' support via the early help assessment process and, where appropriate, supported referrals into specialist services.

For those individuals and families that require more than guided support, structured support is available via the development team to devise outcome focused short term plans. Early Help Engagement Workers work alongside residents and other professionals to plan and deliver support for up to 12 weeks.

For some people the needs are much more complex and a more intensive approach is needed. Intensive Support Teams provide a key worker who systematically helps the individual, family or household to identify the root causes of their problems. They help them to understand how problems can be best addressed, devise step plans focussing on achievable goals, and work intensively with them to achieve positive and sustainable change.

Early Help Assessment

The Early Help Assessment tool is geared to focus on supporting the individual, family or household to meet their own needs. This is done by using the assessment ‘bullseye’ to identify which areas of their lives they feel they need support with.

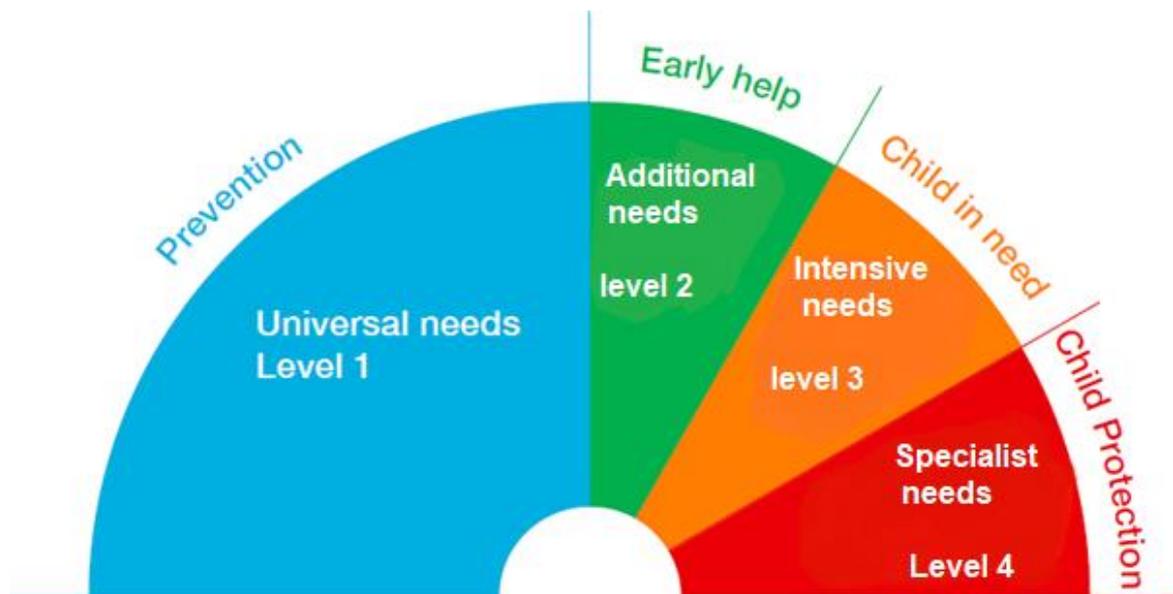
The process of ‘self-identifying’ promotes ownership of the issues and is key to establishing productive engagement between the family and the worker. The family are in control of their own assessment and are not being told what their issues are; there are no set thresholds for an assessment. The scores obtained during the assessment will suggest the level of support likely to be needed and lead to allocation with the most appropriate team.

Level of support	Score (all approximates)	Intervention period
Low	Up to 6 in a number of areas	*0 to 8 weeks
Medium	Above 6 in a number of areas	*Up to 12 weeks
Intensive	7 and above in multiple key areas such as Relationships, Behaviour Management, Mental Health, Substance use	*Up to 12 months
*This is not rigid; if engagement is good and outcomes are being achieved, can be extended		

An [Early Help Assessment](#) should be undertaken by any agency as soon as they become aware that unmet needs are present. The Early Help Development team is able to offer support to the professional to undertake the assessment if they haven't done it before or are unsure how to.

4. Continuum of Need and Support Framework

Oldham Safeguarding Partnership has set out a Continuum of Need model. This ranges from those with low level needs to those whose needs are more acute requiring specialist high level intervention. Children's needs can and will change and it is imperative that practitioners are able to support a smooth transition across the continuum. This ensures that we provide the right intervention and help at the lowest possible level and the earliest possible time.



Universal - Level 1: The needs of children are met by universal services such as schools, healthcare services, leisure and community services which are readily accessible to all, as well as the love, care and protection from parents and carers

Additional - Level 2: Children with additional needs that can be met by support, which may only be short-term, but if ignored could lead to an escalation of need

Intensive - Level 3: Children who have multiple and complex needs requiring a multi-agency response with a lead professional. This is the level that may require Children's Social Care to undertake a S17 Child in Need assessment

Specialist - Level 4: Children with acute needs requiring statutory, high level intervention. This could be due to safeguarding issues including child protection concerns where there is actual or likely significant harm. This will require Social Care to undertake a S17 Children in Need assessment or S47 enquiries.

Level of need	Needs	Assessments and Services
<p>Level 1: Universal Prevention</p>	<p>Children in this category are making good overall progress in all areas of their development</p> <p>Sometimes additional and limited intervention from a universal service may be required to avoid needs arising or to meet a single need</p> <p>The majority of children in Oldham are in this category</p>	<p>Agencies can use their own assessment processes to tailor the services they provide</p> <p>Services that may be involved include schools; primary health care, education, school nursing, health visiting, housing, children's centres, voluntary and community sector</p> <p>Agencies should identify what they can do to support the child and their family through their own service</p>
<p>Level 2: Additional Low-level needs</p> <p>Early Help</p>	<p>Children and families with additional needs who would benefit from extra help to improve circumstances behaviour parenting or to meet a specific emotional or health need</p>	<p>Early Help assessment which may include more than one agency, led by a lead professional</p> <p>Services that may be involved include:</p> <p>Schools; Early Help, Family Support, Targeted Youth Services, Education Welfare</p>
<p>Level 3: Intensive Complex and/or multiple needs</p> <p>Child in Need</p>	<p>Children have increasing levels of unmet needs that are more significant and multiple and may prevent them from achieving or maintaining a reasonable standard of health or development if they don't receive appropriate services</p> <p>They are likely to require targeted and/ or longer-term intervention from specialist services</p> <p>Children with a disability (see definition below)</p>	<p>Following appropriate consent, Children's Social Care should initiate a Single Assessment to identify the level of need for children and families to inform any support plan required to meet those needs</p> <p>There should be multi-agency co-ordination in order to deliver the planned support and intervention. Relevant agencies should meet and agree a lead agency, and a Lead Worker</p> <p>Children's Services may be involved to work with the child and their family under a Child in Need Plan and the Social Worker will coordinate work with the family and across agencies to support their needs</p> <p>Services that may be involved include: Children's Social Care, Police, Primary Care, School nursing, housing, Youth Justice, Probation, Education welfare, schools</p>
<p>Level 4:</p> <p>Specialist Acute needs Statutory and/or Specialist high level intervention</p> <p>Child Protection</p>	<p>Children with acute, unmet needs or children in need of protection</p> <p>Whereby the professional has reasonable cause to suspect that a child is suffering or is likely to suffer from significant harm</p> <p>This includes children who need to be accommodated by the local authority</p>	<p>Strategy discussion involving Children's Social Care, Police and Health must take place to decide if Section 47 enquiry is required</p> <p>The Section 47 enquiry is led by the Local Authority, with the help of other organisations to find out what is happening to the child and to consider whether protective action is required, including the need for legal action</p>

5. Children in Specific Circumstances

5.1 Children and young people with special educational needs and disabilities (SEND)

Section 17 (11) of the Children's Act 1989 states that a child is disabled if they:

- are blind
- deaf,
- or • non-verbal,
- or • suffer from a 'mental disorder of any kind',
- or • are 'substantially and permanently handicapped by illness, injury or congenital deformity, or such other disability as may be prescribed'

The law recognises disabled children as being in need and a statutory assessment of their needs can be requested by Children with Disabilities Service, as well as an Education, Health and Care (EHC) can be carried out by the Local Authority for children aged between 0-25 who have special educational needs to determine whether an EHC plan is needed. An EHC plan is a legal document which sets out the education, health and care needs of the child, the outcomes expected, and the provision required to achieve those outcomes.

Level 1 Universal Needs – Local Offer

Most children with disabilities achieve outcomes through the care of their families, plus the support of a range of services that are available to all. Universal services include health, education, play, leisure and other community services. Children and young people identified at level one are making good overall progress in all areas of their development with no additional support.

Families may also find the <https://www.sendirect.org.uk/> or the https://www.oldham.gov.uk/info/200368/children_and_young_people_with_special_educational_needs_and_disabilities of benefit and may never need to contact the local authority for support

Level 2 Additional Low-Level needs/ Early Help

These services are aimed at children and young people with disabilities that require more targeted support. This leads to universal service provision (level 2) or, more specialist support to access provision (level 3). Children and families may be struggling and need more specific support aimed at children with disabilities and their families. This group of children and young people may need groups and services that are specifically designed to meet their needs.

Targeted services will need to be accessed through a referral from the early help/short breaks team or allocated social worker. they are not universal access for all. These services are targeted solely for disabled children and young people.

Level 3 Intensive Complex and/or multiple needs/Child in Need

These services will be accessed via an assessment, this may be the early help/short breaks team or a social worker.

For some families, they will try the hardest they can to achieve the best for their child. Without targeted support, there will always be support needs for the child and the family. Without this, the family will not be able to offer a safe and healthy home life to the child.

Level 4 Specialist Acute needs/Statutory and/or Specialist high level intervention

These services are only accessible by a Social Worker assessment. These are families who struggle with the care of their child and/or the family are facing a very difficult time that may be putting pressure on the family.

There are major concerns about the family's skills and abilities to keep their children safe and well without exceptional support the child could be at risk.

Support and service can be provided by one agency or several agencies, to best support the whole family and meet the needs of the child.

This level will include one or more of the following:

- Children who are subject to a Child protection Plan
- Looked After Children
- Children with high and complex needs that require an extensive package of support from a number of agencies.

Support and service can be provided by one agency or several agencies, to best support the whole family and meet the needs of the child.

The child/young person has significant and/or multiple needs because of their disability which prevents them from making friends and/or accessing local services and activities without high levels of support.

Neither the child/young person's nor the parents/carers needs are being met and there is a serious risk of family breakdown.

5.2 Young Carers

Oldham Young Carers define a young carer as **“A child or young person who, without payment, provides help or support to a parent, sibling or other family member, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.”**

The level of care they provide would normally be undertaken by an adult, therefore this impacts adversely on their childhood.

Under the Care Act 2014, local authorities will have a duty to consider the needs of children living in households where there is a family member with a disability or impairment that requires help or care as part of a “whole family assessment”. This assesses why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place.

All young carers under the age of 18 have a right to an [assessment](#) regardless of who they care for, what type of care they provide or how often they provide it.

The assessment is undertaken to ensure that sufficient support is in place for both the young person and the family. Alongside family support services and/or social workers, we work together in partnership to reduce inappropriate caring roles and the impact of this. The needs of the young carers should be assessed in the whole family assessment with ongoing support. This assessment would consider the young carers work, education and leisure need.

5.3 Private Fostering

Private fostering happens when a child is being looked after by someone other than a **close relative** for 28 days or more.

It is different to a fostering arrangement that is organised by the council and applies to any child up to the age of 16, or under 18 if the young person has a disability.

When parents make plans for their child to be cared for like this, regardless of how the arrangement came about or how good it may be for the child, it is private fostering.

By law the Local Authority must be notified when parents make arrangements for their child to be cared for by someone other than a close relative (for example; friends, neighbours or extended family) for more than 28 days.

Professionals who identify a private fostering arrangement must contact:

MASH directly on 0161 770 7777

When the Local Authority becomes aware of a privately fostered child it has a duty to assess the suitability of the arrangement and to make regular visits to the child and the private foster carer.

The Oldham Safeguarding Partnership procedure for Privately Fostered children can be found at:

https://greatermanchesterscb.proceduresonline.com/chapters/p_privately_fost_ch.html?zoom_highlight=private+fostering

5.4 Complex and Contextual Safeguarding

Keeping Children and Young People safe from exploitation is a key priority for Oldham. Bringing together the various strands of complex and contextual safeguarding include:

- Children involved in the Youth Justice System
- Children who go missing from care, home or education
- Children at risk of exploitation
- Children at risk of radicalisation

For Children, Young People and their Families where need and vulnerability and risk are complex, multiple and acute, an integrated, coordinated and collaborative response is essential.

Contextual Safeguarding can often have an 'issue specific' response, for example a young person is a victim of **child sexual exploitation (CSE)** and interventions are focused on reducing risk in this area, however the young person may also experience domestic abuse from a partner and be at risk of gang related violence.

Domestic Abuse: relating to young people aged 16 and 17 who experience physical, emotional, sexual and / or financial abuse, and coercive control in their intimate relationships;

(GM procedures [4.3.6 Domestic Violence and Abuse](#))

Child Sexual Exploitation: captures young people aged under-18 who are sexually abused in the context of exploitative relationships, contexts and situations by a person of any age - including another young person;

(GM procedures [4.11.1 Safeguarding Children and Young People Abused through Sexual Exploitation](#))

Harmful Sexual Behaviour: refers to any young person, under the age of 18, who demonstrates behaviour outside of their normative parameters of development (this includes, but is not exclusive to abusive behaviours);

(GM procedures [4.11.3 Harmful Sexual Behaviours Presented by Children and Young People](#))

Serious Youth Crime / Violence: reference to offences (as opposed to relationships / contexts) and captures all those of the most serious in nature including murder, rape and GBH between young people under-18.

(GM procedures [4.4.2 Safeguarding Children and Young People Who May be affected by Gang Activity](#))

Child Criminal Exploitation: In addition to these areas there is also growing evidence relating to the issue of the exploitation of young people across geographical areas, commonly referred to as 'county lines' (although branded 'Trapped' in Greater Manchester initiatives <http://www.itsnotokay.co.uk/professionals/trapped1/>).

This often relates to adolescents and young people being exploited by older criminals but may also incorporate peer on peer abuse and criminal exploitation, dependant on status and structures of criminal gangs. Criminal exploitation of children and vulnerable adults is a geographically widespread form of harm that is a typical feature of county lines activity. It is a harm which is relatively little known about or recognised by those best placed to spot its potential victims. Like other forms of abuse and exploitation, county lines exploitation can:

- Affect any child or young person (male or female) under the age of 18 years;
- Affect any vulnerable adult over the age of 18 years;
- Still be exploitation even if the activity appears consensual;
- Involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence;
- Be perpetrated by individuals or groups, males or females, and young people or adults; and
- is typified by some form of power imbalance in favour of those perpetrating the exploitation

Children at risk of radicalisation:

The process for safeguarding individuals at risk of being drawn into terrorism or extremism leading to terrorism is known as Channel. All Channel referrals in Oldham are currently sent direct to the Multi-Agency Safeguarding Hub (MASH)

- (E-mail: child.mash@oldham.gov.uk).

All Channel referrals relating to children and adults vulnerable to being drawn into radicalisation will need to be forwarded immediately by staff in the MASH to both:

- Dovetail Team at GMChannel@manchester.gov.uk
- CounterTerrorismPolicingNorthWest(CTPNW)at channel.project@gmp.pnn.police.uk

Prevent related referrals must be sent for de-confliction to where there are wider safeguarding concerns in addition to the concerns around radicalisation. MASH staff should e-mail the referral to CTPNW as normal, but also telephone the Prevent Team at CTPNW on 0161 856 6332/6345 to discuss the concerns and agree how to proceed in a way which addresses other safeguarding concerns but does not compromise any CTPNW activity. Concerns should not be acted upon before this discussion with CTPNW has taken place.

Tools

It is essential to consider the influence of peers and community during assessments of adolescents. Assessments often focus on individual and familial characteristics and can miss the vulnerabilities and risk to adolescents outside of the family from peers and social spaces. A focus on individual risk factors can lead to the vulnerabilities of some young people being under-identified by the multi-agency partnership.

Tools are available to support your assessments and capture contextual factors: <https://www.contextualsafeguarding.org.uk/publications/contextual-assessment-framework>

6. How to Make a Referral

If you have concerns that a young person may be at risk from any form of exploitation or harm you must make a referral to the [MASH](#):

The MASH is Oldham's first point of contact for:

- Safeguarding referrals to protect children, young people or adults from harm, abuse or neglect; and
- Care and support services which help individuals or families to meet their long-term needs, access the Early Help service and mental health support, prevent or delay needs becoming more serious, lead independent lives and reduce dependence on public services

A range of organisations make up the MASH including:

- Social Care for children and adults
- Greater Manchester Police
- Early Help
- Education and Early Years
- Pennine Care and Bridgewater NHS Trusts
- Healthy Young Minds Oldham
- Positive Steps
- National Probation Service
- Greater Manchester & Cheshire Community Rehabilitation Company

If you have a concern that a child is suffering, or is at risk of suffering, significant harm this will be assessed by Children's Social Care. Information may be shared between the organisations within MASH to inform this assessment and to help decide what action needs to be taken.

Where concerns are below the level of need for specialist services, referrals may be passed to Early Help to other services to provide support to individuals or families.

But this can only happen with the consent of the individual or family involved.

You can contact MASH from 8.40am to 5.00pm on Monday to Friday:

- Telephone: 0161 770 7777
- Email: child.mash@oldham.gov.uk

For urgent concerns outside of office hours please call:

- Emergency Duty Team on 0161 770 6936

An [online referral form](#) is also available

If you suspect a child is at immediate risk of harm call:

- **999 and speak to the police**

7. Consent

All referrals which are made at Levels 1, 2 and 3 must be made with parental consent or the child's consent, where the child is of sufficient age (13 years or older) and understanding to give it.

Referrals made at these Levels (1, 2 and 3) which are not accompanied by parental or child (where relevant) consent cannot be accepted as the law does not give authority to work without consent unless the threshold of significant harm has been met.

At Level 4, professionals should also normally seek consent from parents or the child (if of sufficient age [13 years] and understanding) to share information. This is deemed to be best practice and it demonstrates work that is done transparently and openly.

There may be occasions when seeking consent to share information at Level 4 may place the child at potential risk of harm or further harm or compromise a police investigation. Examples of these circumstances when consent should not be sought to share information include (but is not limited to):

- allegations of sexual abuse by parent/s
- suspicions of fabricated or induced illness
- concerns about so called 'honour' based violence, forced marriage, child trafficking or female genital mutilation

If a parent or a child (where relevant) withholds their consent for the professional to share information or to make a referral, the practitioner should consider with their Designated Safeguarding Lead whether they have grounds to override consent in order to protect the child. It is possible to consult with members of the MASH team about making the referral whilst withholding the personal identifying information of the child, in order to seek advice.

Where a referral is necessary in the public interest, i.e. to protect the child or to prevent crime, practitioners will have a legal basis to share information without parental consent.

8. Consultation, Constructive Conversations, Professional Judgement & Escalation

Consultation is the act of sharing information to obtain the perspective of another practitioner, it is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms from a telephone call to a series of meetings between two or more practitioners. The principle here is that we want more conversations to help us offer the right response. This should be instead of spending unhelpful energy on gatekeeping which often means families and children do not get the help or advice they need.

Whenever consultation takes place it is important that practitioners follow the principles of information sharing and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioner should ensure they follow their own agency procedure for information sharing.

If the consultation is external (between practitioners from different organisations), the guidance [Government advice on information sharing](#) should be used to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should be aware that the consultation is taking place and where appropriate, be given the opportunity to be involved.

Principles of consultation

- Consultation should be open to all agencies who work with children, young people and their families
- Consultation should take place when there is a clear benefit to the child or young person and their family
- Consultation is an important part of helping agencies and practitioners work together to achieve the best possible outcomes for children and young people.
- Consultation is a two-way process and demonstrated an acknowledgement of different but equally valid knowledge and expertise
- You should be able to explain to a family why you feel it would be helpful to consult with other agencies. Families should whenever possible be aware of and involved in consultations and informed of the outcomes and decisions taken as a result
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and their family. However, it is important that you have due regard for the principles of confidentiality
- All consultations should be recorded to ensure clarity and enable you to evidence any decisions that you have made

Constructive Conversations

Collaborative working does not only rely on information sharing or making referrals. It also requires meaningful discussion or 'conversations' between the professionals who are involved, those who might need to be involved and with the family.

These conversations are very important and should go beyond the presenting concerns. They should aim to be constructive and form part of an informed assessment and the building of understanding of the child, leading to appropriate action and support for the child and their family. When a child's needs change and they move between different support services conversations must also take place to ensure this happens in a planned and safe way. In this way, multi-agency work done for children is:

- founded on collaboration, co-operation and conversation
- undertaken in a spirit of shared responsibility and flexibility
- based on recognising the complexity of unique needs of each individual child and family
- addressing and reducing bias of individual professional and agency decisions through debate

Professional Judgement

Children's circumstances will not always easily fit neatly into these specific levels. Professionals will need to use their knowledge of the child and family, practice experience, professional knowledge, the information in this document and collaborative discussions with others to reach a professional view about the level of need and the type of support required. The presence of single or multiple combinations of factors, the age and resilience of the child and protective factors will all need to be considered. Practitioners will need to take into account the cumulative effect of factors on the child.

Children's Social Care Consultation

If you have concerns about a child and want the opportunity to talk these through with children's social care before deciding the best course of action, please contact:

MASH on 0161 770 7777 and ask for a consultation with a social worker

Whatever the outcomes or decisions, the consultation must always be recorded by the MASH team. 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.

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, schools 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.

Escalation

Where there are complicating factors that are perplexing or professional disagreements around the level of need, both agencies need to communicate effectively to resolve matters. It is important to have a healthy debate and dialogue, especially about differences of opinion, but they must not overshadow the needs of the child, which must always remain paramount.

All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate inter-agency concerns and disagreements about a child or young person's wellbeing. Practitioners should seek support from their line manager or agency safeguarding lead and implement the concerns resolution procedures.

Where differences of opinion cannot be resolved, professionals must follow the Oldham Safeguarding Partnership [Escalation Policy](#)

9. Transition Between Levels of Need

The 'windscreen' model illustrating the four levels of need indicates that levels of need and the nature of the support can change. It is important that practitioners continually assess children's circumstances to ensure that the right level of need is being supported by relevant services.

At each stage, before considering a higher level of intervention, practitioners and lead professionals should consider these factors:

- Is the child at risk of abuse, neglect or significant harm?
- Are the child's needs being met at the current Level? If not, what is the impact of this on the child now and/or what would the impact be for the child in the future?
- To what extent is the family engaging effectively in the plan?
- What timescales does the child need for change to happen?
- What are the consequences for the child if the situation does not change?
- Can the child's needs be met under the current Level of provision?
- Is consent required to refer this to a higher Level of Threshold?

Where child protection concerns emerge in early help cases a [child protection referral](#) via the MASH will be made. Similarly, where it is felt that Child in Need thresholds may have been met a referral will be made to social care via the MASH safeguarding pathway.

The objective of interventions should be that children are bought up safely and well by their family. Where a child, young person or family is moving from statutory services (Level 4 - specialist) to Child in Need/Early Help (Level 3 – Intensive) multi agency support at Level 3 should be offered for a period of time, before support is then offered by universal services. It is important that there is continual support to ensure:

- as part of the signs of Safety approach, the plan for the children and young person and family plan is fluid
- progress continues to be made by the family in accordance with the plan
- that the family continue to receive support whilst making the transition to universal services
- the child's needs do not escalate

There should be continued multi agency support which will be determined and included as part of the plan.

Whenever possible, a successful intervention should result in a transition to universal services.

Appendix A – levels of need indicators

LEVEL 4 (specialist)	LEVEL 3 (intensive)	LEVEL 2 (additional)	LEVEL 1 (Universal)
<p>There is evidence that the child(ren) is suffering or likely to suffer immediate harm TODAY.</p> <p>Where there is serious concern about the care, health or development of the child(ren) or they are likely to suffer significant harm without immediate intervention.</p> <p>Where evidence suggests the situation is so unsafe for the child that they cannot return home or may need a place of safety to ensure their well-being.</p> <p>Where required, a co-ordinated response will be provided by a Children's Social Worker and other relevant professionals, for example, Police officer.</p>	<p>Children in this category have increasing levels of unmet needs that are more significant and multiple. The range, depth or significance of the problems faced by children at Level 3 may prevent them from achieving or maintaining a reasonable standard of health or development if they don't receive appropriate services.</p> <p>Following appropriate consent, agencies should initiate an Assessment to identify the level of need for children and families. There should be multi-agency co-ordination in order to deliver the support plan and intervention. Relevant agencies should meet and agree a Lead Worker who will be a central point of contact in supporting and coordinating plans. Children's Services may be involved to work with the child and their family under a Child in Need Plan, the Social Worker will coordinate work.</p>	<p>Children have emerging or presenting with additional needs then an Early Help Assessment should be undertaken, either by the main supporting service involved or in collaboration with others.</p> <p>Children's Services are not involved.</p> <p>Agencies should consider using their own internal assessment tools/framework, for example, the neglect toolkit, complex safeguarding tools) and the Signs of Safety framework.</p> <p>The identification of early stressors and provision of services are at a preventative level and should reduce the likelihood of escalating difficulties.</p>	<p>Children where their needs are being met by Universal services such as, Housing, Education, Primary Health Care, Community Resources, Children's Centres and/or other universal service provision. Children in this category are making good overall progress in all areas of their development. Sometimes additional and limited intervention from a universal service may be required to avoid needs arising or to meet a single need. The majority of children on Oldham are in this category.</p> <p>Agencies should identify what they can do to support the child and their family through their own service.</p> <p>Agencies can use their own assessment processes to tailor the services they provide, for example neglect toolkit, PAMS assessment, complex safeguarding tools.</p>
Children's Social Care response within 3 hours	A decision is required within 24 hours	A decision is required within 72 hours	

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Decision 1 – 3 hours Multi Agency response	A decision is required within 24 hours	A decision is required within 72 hours	