Oldham Safeguarding Children Partnership

Oldham Refreshed Continuum of Need

Our Approach to 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 family help, intensive and specialist support.

Updated June 2026

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1. Introduction

Welcome to Oldham's Continuum of Need – Our shared framework for delivering Effective Support and Help for Children, Young People and Families.

This guidance is owned and overseen by Oldham's Safeguarding Partnership, in line with the statutory requirements set out in Working Together to Safeguard Children 2026. It replaces Oldham's previous Continuum of Need (2025).

In Oldham, we have high ambitions for our children, young people and their families to thrive. We want all children to feel safe and supported and able to thrive across their health, education, relationships and future opportunities. We want children and young people to be confident and resilient, connected to their families, communities and wider support networks, and able to reach their full potential.

This framework reflects Oldham's commitment to early, inclusive and proportionate help, recognising that effective support at the earliest opportunity can reduce risk, prevent harm and improve outcomes for children and families.

Who this guidance is for

This framework is for anyone who has concerns about a child in Oldham, including families, practitioners, volunteers and members of the community. It promotes working with families at the earliest possible opportunity, recognising their strengths and supporting them to identify their own solutions wherever it is safe to do so.

Families First Partnership

In line with national reform, Oldham delivers support through a Families First Partnership (FFP) approach. This model brings together services into a single, coordinated system of Family Help, underpinned by one family, one plan, one lead practitioner. It encourages integrated multi-agency working with a shared understanding of need and risk. This will ensure seamless transitions across services with a focus on outcomes, not service thresholds.

FFP ensures children and families receive the right help, at the right time, in the right way.

A Shared Responsibility

Working Together to Safeguard Children 2026 introduces a strengthened focus on "A Shared Responsibility", making clear that successful outcomes for children depend on strong multi-agency partnership working across the whole system of help, support and protection. This includes effective engagement with parents, carers, family networks and communities, alongside professional curiosity, respectful challenge and clear accountability.

All agencies working with children and families in Oldham have a shared responsibility to:

- identify need as early as possible
- work collaboratively and in a coordinated way
- share information appropriately

- ensure children's voices, lived experiences and outcomes remain central to decision-making
- challenge discrimination, disproportionality and inequality
- ensure services are inclusive, responsive and anti-discriminatory to the diverse needs of children and families, including those from marginalised or underserved communities

Strong partnership working across education, health, police, social care and communities is critical to achieving positive outcomes.

Helping, Supporting and Protecting Children

Working Together 2026 introduces Family Help as a unified system combining:

- Universal Plus (earliest Help)
- Targeted Early Help (TEH)
- Elements of Section 17 support

This creates a joined-up, multi-agency offer that responds proportionately to emerging, escalating or complex needs.

Family Help is:

- Child-centred and whole-family
- Coordinated by a Lead Practitioner
- Delivered through multi-agency plans
- Focused on sustainable outcomes
- Underpinned by strength-based, relational practice

2. Safeguarding and promoting the welfare of children

A wide range of practitioners may act as Lead Practitioner for children receiving support under Section 17 of the Children Act 1989, depending on the child's needs and the level of complexity, with appropriate oversight from social work qualified practitioners where required.

To promote the welfare of children Oldham will:

- have consistent assessment, planning and review
- have support for babies and unborn children where there are concerns
- safeguard disabled children and young carers
- respond to children at risk of harm outside the home, including exploitation and online harm
- support children affected by parental imprisonment, probation supervision, or living in mother and baby units

Particular attention should be given to the vulnerability of babies and infants (under 1 year), who are non-verbal, non-mobile and entirely dependent on caregivers to meet their needs. Reduced visibility to services, combined with wider family pressures, can significantly increase the risk of harm. Practitioners should adopt a precautionary approach and ensure the lived experience of the baby is central to assessment and decision-making.

Role of the Lead Practitioner

The Lead Practitioner is central to effective Family Help and is responsible for:

- Coordinating the multi-agency plan
- Acting as the main relationship for the family
- Ensuring regular reviews and progress
- Escalating concerns when risks increase
- Keeping the child's lived experience central

Child Protection

The national multi-agency child protection standards, setting clear expectations for practice, professional behaviours and decision-making when a child is suffering, or is likely to suffer, significant harm. Where children are at risk of significant harm, statutory intervention is required.

Under the new arrangements, Multi-Agency Child Protection Teams (MACPT) play a central role in delivering these strengthened expectations.

MACPT provides a coordinated response to safeguarding bringing together professionals from children's social care, health, education, police and other safeguarding partners into a single, co-located team.

Key functions include:

- Rapid information sharing
- Joint risk assessment
- Timely, evidence-informed decisions
- Coordinated protective action and safety planning
- Clear accountability

Understanding Complexity and Cumulative Harm

The Continuum of Need provides a framework to support decision-making; however, children and families rarely experience needs in isolation. Risks are often cumulative and inter-related including domestic abuse, mental ill health, substance misuse, poverty and neglect or trauma.

The presence of multiple and interacting needs can significantly increase a child's vulnerability, even where individual concerns may not, in isolation, meet a higher threshold of intervention.

Exploration of complexity should be supported, and practitioners must use professional judgement, consider cumulative harm and use supervision and reflective practice.

Equality and Inclusion

Oldham is committed to addressing discrimination and systemic bias, disproportionality in services and barriers faced by marginalised communities. All practice must be inclusive, culturally informed, and equitable.

Transitional Safeguarding

This Continuum of Need recognises the importance of transitional safeguarding, ensuring that support to protect and promote the welfare of children and young people remains consistent as they move into adolescence and early adulthood. Safeguarding does not stop at age 18, and practitioners should take a developmentally informed approach to assessing risk and need. Support must continue into adolescence and early adulthood and there must be an understanding that transitions between services can create additional vulnerability. Risks may also change, including exploitation, online harm and contextual risks

Services must ensure continuity and strong transitions and Particular consideration should be given to children and young people with Special Educational Needs and Disabilities (SEND), those with complex safeguarding needs, and Cared for Children and Care Leavers, who may experience increased vulnerability and require coordinated support across agencies and service.

3. Our Vision for Effective Support and Help for Children and Families

Our vision in Oldham as a partnership is that we seek to recognise where children and families are experiencing difficulty and work together with them at the earliest possible opportunity to support them to achieve positive change.

We recognise that the earliest possible help is likely to engage families to enable change. However, we are clear regarding our collaborative responsibility to highlight increasing risk or significant unmet need for targeted support or intervention where earliest possible help has not achieved change.

Our key partnership responsibility is to keep children safe and support families to achieve change together where necessary.

Principles

Oldham's approach to working with children and families recognises that:

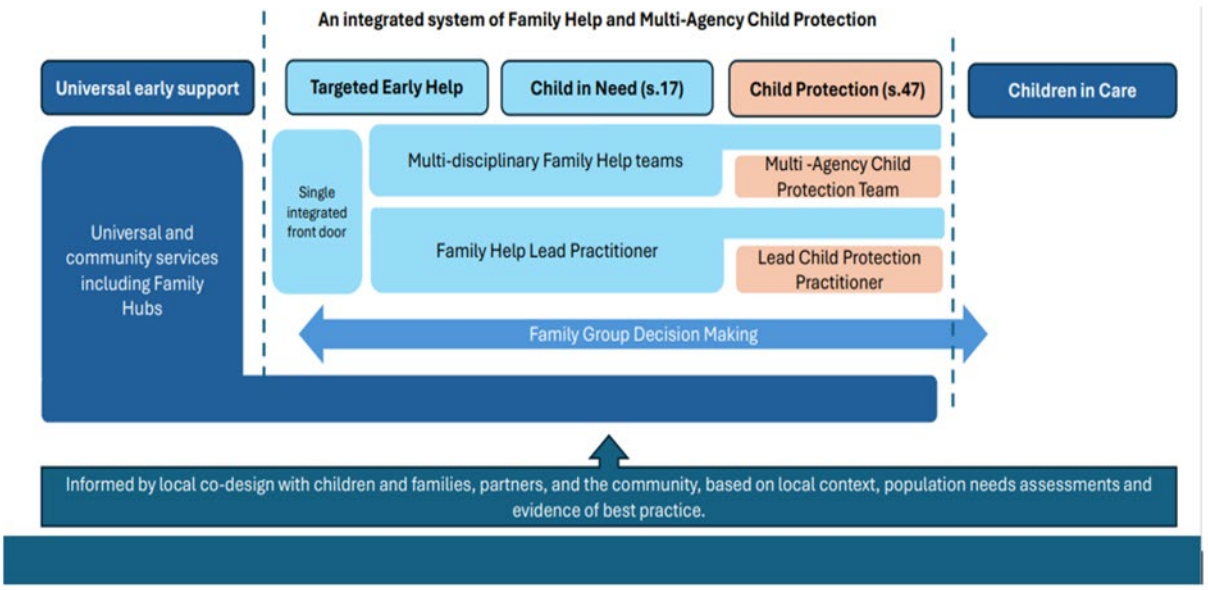
- That the child or young person's voice, views and lived experience is central to designing and directing support or intervention.
- Better outcomes are secured by practitioners from different disciplines – we will achieve more as a partnership than we can as single agencies.

- Agencies working together provide the best possible service when working collaboratively with families.
- We will work with families and communities to build support within these networks, recognising our diverse communities.
- Early support and Family Help is everyone's responsibility.
- It is key that we build on established relationships with families to work with them in achieving change.
- We have clear defined pathways for support, which include recognising key points of transition for children and young people.
- We learn together where we can improve our services to children and families, which includes respectful professional challenge.

Working Together with Families in Oldham

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

- Understand the circumstances of each family, to both individualise and coproduce our response.
- Be professionally curious and rigorous in our approach.
- Make evidence-based judgements to maintain a clear and relentless focus on safety and protection.
- Review and reflect on the impact of help and support offered.
- Target support and work with families to achieve change at the earliest possible point.



4. Continuum of Need

Oldham Safeguarding Children Partnership is committed to integrated, inclusive, and effective multi-agency working across all levels of need and risk. Safeguarding children is a shared responsibility, and all practitioners play a role in identifying need early, responding proportionately, and working together to achieve positive outcomes.

In line with Working Together 2026 and the Families First Partnership Programme, the Partnership uses a Continuum of Need to describe how children and families in Oldham receive support at different levels. The model reflects a child-centred, whole-family, flexible approach, with a strong emphasis on early and coordinated Family Help.

The Continuum outlines four levels of support:

- Universal – services available to all children and families to promote wellbeing and prevent needs from arising.
- Universal Plus (Family Help) – early, proportionate support when emerging needs are identified.
- Targeted Family Help – coordinated, multi-agency support for children and families with more complex or persistent needs. (complex needs without statutory thresholds)
- Statutory Intervention – social work involvement under Section 17 (Children in Need) or Section 47 (Child Protection) where needs are acute or risks are significant.

Children's needs change over time. Practitioners must use professional judgement, maintain curiosity, and work collaboratively to ensure smooth transitions across the continuum so that children receive the right help, at the right time.

Early support and Family Help are shared responsibilities across all agencies. Effective information sharing, respectful challenge, and joint planning are essential to achieving meaningful and sustained change.

The Continuum of Need "windscreen" provides a shared framework to support professional conversations and joint decision-making about levels of need, risk, and response. It promotes consistency across the partnership but does not replace statutory guidance. Thresholds for Section 17 and Section 47 remain defined by Working Together to Safeguard Children 2026 and relevant legislation.

Movement Across the Continuum

Movement across the Continuum of Need is fluid, not linear. In line with Working Together 2026, children and families may move up or down between Universal, Universal Plus (Family Help), Targeted Family Help, and Statutory Intervention as their needs change. This movement should always be timely, proportionate, and based on the child's current level of need and risk—not their history.

- Transitions between levels must be coordinated and purposeful, with:
- clear handover between practitioners
- continuity of trusted relationships
- updated and shared plans
- ongoing review to ensure support reduces safely and sustainably

Children and families should experience seamless support, with practitioners working together to ensure that help is flexible, responsive, and delivered at the lowest appropriate level, while acting decisively when risks increase

Key Principles Across the Continuum

- Children's needs change over time; support must be fluid, responsive, and not threshold-driven.
- Family Help replaces fragmented early help and CIN distinctions, offering coordinated, whole-family support.
- Professional judgement, curiosity, and meaningful information sharing are essential to understanding need and risk.
- The right help should be provided as early as possible, preventing escalation wherever possible while enabling rapid action when risk increases.

Universal – All Children and Young People

Most children and young people's needs are met through universal services that promote wellbeing, learning, development, and safety. These include early years settings, schools and

colleges, health services, leisure and community provision, and—critically—the love, care, protection, and support provided by parents, carers, wider family, and community networks.

Children at this level are generally making good progress across all areas of development. They receive appropriate support through universal services such as health, education, and community provision, and may also access leisure activities, housing-related support, or voluntary and community sector services.

Universal services play a vital role in early identification and prevention. Some children and families may have a single or emerging need that can be met by a universal service acting alone. Universal practitioners therefore have a responsibility to:

- Identify emerging need early
- Remain professionally curious, noticing changes and seeking to understand the child's lived experience
- Use assessment tools where appropriate to support early conversations, explore strengths and needs, and guide proportionate responses

Assessment tools will support a guided, child-centred, whole-family conversation with parents, carers, and, where appropriate, children and young people. It helps practitioners build on family and community strengths, promote early engagement, and prevent needs from escalating.

A wide range of universal and community-based services are available across the borough to support wellbeing and resilience.

Families can access information through:

- Help For Families – information, advice, and support
- Community Activities Directory (Action Together) – social groups, practical support, and leisure opportunities
- SEND Local Offer support for children and young people with special educational needs and disabilities

Universal services also have a key safeguarding role. They maintain a child-centred focus, promote inclusion and equality, share information appropriately, and work collaboratively with partners when concerns emerge.

Universal Plus – Earliest Possible Help (Family Help)

Universal Plus represents the earliest possible help, where children, young people, or families have emerging, unmet, or additional needs that cannot be met by a single universal service alone. Support at this level is consent-based, collaborative, and delivered through a Family Help approach.

At this level:

- Two or more agencies work together with the child and family
- A Lead Practitioner * is identified to coordinate support and maintain continuity
- Support is child-centred, whole-family, strengths-based, and proportionate
- Families are actively involved in understanding needs, building on strengths, and agreeing outcomes

Some children and families require additional help to remain healthy, safe, and able to achieve their potential. Evidence shows that timely, coordinated Family Help prevents escalation and reduces the need for more intensive or specialist intervention.

Support at Universal Plus begins with a partner-led Family Help assessment, to develop a shared understanding of needs, risks, and protective factors. This enables practitioners to work alongside families, connect the right support early, and build resilience.

Where coordinated support does not lead to sufficient or sustained change, or where needs escalate, the Family Help assessment and plan should inform timely escalation to Targeted Family Help or Statutory Intervention.

Early support and Family Help are everyone's responsibility. Any practitioner, from any service, can identify emerging need and work with others to respond.

Effective Family Help relies on:

- meaningful partnership with families
- appropriate information sharing
- early identification of need
- a co-produced plan that supports families to thrive

Where Family Help is provided at Universal Plus, it must be:

- Coordinated through Team Around the Family (TAF) arrangements
- Led by an identified Lead Practitioner*
- Reviewed regularly, with decisions informed by impact and the child's lived experience

Family Workers may provide structured support to help families:

- identify and build on strengths and protective factors
- reduce risk and address underlying causes of need
- achieve sustainable improvements in outcomes

Support at this level is time-limited and purposeful, typically delivered over 3–6 months, but flexible to reflect progress, complexity, and the child's lived experience.

** A Lead Practitioner is identified based on who is best placed to coordinate support, which may include practitioners from education, health, Family Help, Family Hubs or other relevant services.*

Targeted Family Help

Targeted Family Help is provided for children, young people, and families with multiple, complex, or escalating unmet needs that require a more intensive and coordinated Family Help response. This level of support is appropriate where Universal Plus has not resulted in sufficient or sustained change, or where needs have increased and are now impacting daily life.

At this level, children may be at risk of becoming unlikely to achieve or maintain a reasonable standard of health or development, or their health or development may be likely to be significantly impaired without targeted Family Help. The purpose of this support is to prevent further escalation and avoid the need for statutory social-work intervention.

At this level:

- Needs are persistent, complex, or escalating
- Risks may be increasing, but do not currently meet the threshold for statutory social work intervention
- Support remains focused on early intervention, prevention, and partnership working
- The aim is to stabilise concerns, improve outcomes, and prevent needs from reaching statutory thresholds.

Targeted Family Help is led by the local authority Targeted Family Help Service or delivered through Positive Steps where appropriate. Interventions are provided through a multi-agency, whole-family approach, underpinned by an assessment and an outcome-focused Family Help plan.

Support at this level is informed by a single, evolving assessment that develops as the child's needs change across the continuum. This ensures that, if a child needs to step up to MACPT or statutory social work intervention, the assessment flows seamlessly into Section 17 or Section 47 processes without starting again.

Family Workers provide structured support to help families:

- identify and build on strengths and protective factors
- reduce risk and address underlying causes of need
- achieve sustainable improvements in outcomes for children

Support at this level is time-limited and purposeful, typically delivered over 3–6 months, but flexible to reflect progress, complexity, and the child's lived experience.

Targeted Family Help aims to stabilise situations, build resilience, and prevent the need for statutory intervention. Practitioners work collaboratively with families and partner agencies, ensuring that support is coordinated, reviewed regularly, and responsive to changing needs.

Statutory Intervention

Statutory intervention is required when children, young people, or unborn babies have acute, complex, or escalating needs, and where risks cannot be safely managed through Family Help alone, or where there is actual or likely significant harm. At this level, Children's Social Care leads assessment, planning, and decision-making.

Escalation to Duty and Advice

Escalation to Duty and Advice should occur when:

- progress is limited or not sustained despite coordinated Targeted Family Help
- risks increase or become more complex
- child protection concerns emerge
- practitioners believe needs may meet the threshold for statutory intervention

Assessment tools and professional analysis must inform timely escalation to Oldham Duty and Advice.

Role of MASH and Multi-Agency Information Sharing

When a contact is made to Duty and Advice, the Multi-Agency Safeguarding Hub (MASH) plays a central role in:

- gathering and sharing information from partner agencies
- analysing risk, need, and protective factors
- supporting timely, proportionate decision-making
- ensuring concerns are understood in a multi-agency context

MASH activity strengthens the quality of assessment and ensures decisions are informed by the fullest possible picture of the child's circumstances.

Duty and Advice will:

- consider all available information, including risk, impact, and protective factors
- draw on MASH information to support multi-agency analysis
- provide consultation, guidance, or decision-making on next steps

Duty and Advice will determine whether:

- support should continue within Targeted Family Help with revised actions

- the case should transfer to Children's Social Care for a Section 17 (Child in Need) assessment
- Section 47 enquiries are required due to actual or likely significant harm

Escalation must be timely, evidence-informed, and based on professional judgement, and should not be delayed due to uncertainty about thresholds.

Children in Need – Section 17

Under Working Together 2026, some Section 17 activity may sit within Family Help where needs can be met through a multi-agency, whole-family approach aligned to the Families First Partnership programme.

However, where needs are more complex, risks require statutory oversight, or a qualified social worker is required to lead assessment, Section 17 becomes a statutory social work function and the case transfers to Children's Social Care.

Child Protection – Section 47

Children's Social Care must undertake Section 47 enquiries where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm.

This includes children at risk of, or experiencing, significant harm due to neglect, physical, sexual, or emotional abuse, or harm outside the home, children who are subject to a Child Protection Plan, where risk has escalated despite Family Help or where immediate protection is required.

Additional Statutory Interventions

Children's Social Care is also responsible for children who are:

- subject to care proceedings under Section 31
- accommodated under Section 20, where children cannot remain safely within their family network

Practice Expectations for Statutory Social Work

In line with Working Together 2026, statutory social work practice will:

- be child-centred, prioritising safety, welfare, and the child's lived experience
- take a whole-family approach, while maintaining a clear focus on risk and protection
- be informed by professional curiosity, analysis, and evidence

- be delivered through robust multi-agency working, with the social worker leading planning and access to specialist services

Step-Down from Children's Social Care

Where assessment determines that statutory thresholds are no longer met, cases should step down in a planned, coordinated, and consent-based way to the most appropriate level of support within the Continuum of Need.

Step-down is a structured transition, not case closure. It may include:

- transition to Targeted Family Help, with a clear handover and updated Family Help Plan
- support through Universal Plus, where needs can be met through coordinated early support
- continued involvement of universal services, with clear expectations about their role

Principles of a Robust Step-Down Process

Step-down planning must ensure:

- consent and engagement of the child and family
- continuity of relationships wherever possible
- a warm handover between practitioners
- clear communication about what support will look like
- a shared understanding of ongoing needs, risks, and protective factors
- support proportionate to need, avoiding abrupt withdrawal
- clear pathways for re-accessing support if needs re-emerge
- professional oversight to ensure step-down is safe and appropriate

Preventing "closure with no support"

To avoid cases being closed without appropriate follow-on support:

- step-down must be planned, not reactive
- Targeted Family Help should be involved where ongoing support is needed
- universal services should only hold responsibility where safe and appropriate
- a review point should be agreed to ensure the step-down is working

Children should not be stepped down to universal services alone if:

- needs remain unmet
- risks remain unclear

- coordinated support is required
- circumstances are likely to deteriorate without oversight
- Immediate Safeguarding Concerns

If at any point there is concern that a child has experienced significant harm, or is at immediate risk of significant harm, contact must be made to Duty and Advice—regardless of previous support.

Where immediate risk is not present, practitioners are expected to ensure that earliest possible help has been considered and progressed before referral to Duty and Advice or Children's Social Care.

Where family circumstances are increasingly complex, the Lead Practitioner role may be undertaken or supported by a qualified social worker. In some cases, an alternatively qualified Lead Practitioner may continue, with oversight from a social work manager.

5. Children in Specific Circumstances

Children and Young People with Special Educational Needs and Disabilities (SEND)

Children and young people with special educational needs and disabilities (SEND) may experience additional vulnerability, disadvantage, and barriers to achieving positive outcomes. In line with Working Together to Safeguard Children 2026, all safeguarding and support arrangements must be inclusive, accessible, and responsive to the specific needs, communication methods, and lived experiences of disabled children and young people.

Children's Social Care, alongside education, health, and community partners, plays a crucial role in supporting disabled children and their families, recognising the additional pressures, systemic barriers, and complexities that may arise.

Legal Definition

- Under Section 17(11) of the Children Act 1989, a child is disabled if they:
- are blind or deaf
- are non-verbal
- have a mental disorder of any kind
- are "substantially and permanently handicapped by illness, injury or congenital deformity, or such other disability as may be prescribed"

All disabled children are legally recognised as children in need, meaning their needs must be assessed and met through proportionate, timely support.

This statutory framework operates alongside the SEND reforms and the Education, Health and Care (EHC) process, which provides integrated planning for children and young people aged 0–25 whose needs cannot be met through SEN support alone.

Principles for Supporting Children with SEND

In line with Working Together 2026, Oldham is committed to providing earliest possible help through Family Help, working with families before difficulties escalate or statutory thresholds are met.

Where a child has SEND:

- Support should be coordinated through Universal, Universal Plus, and Targeted Family Help wherever possible.
- Families should be supported through multi-agency planning, without requiring escalation to statutory social care unless risks or needs indicate this is necessary.
- Requests for Children's Social Care involvement must be proportionate, evidence-informed, and based on need and risk; not diagnosis alone.

Children with Disabilities Social Care and Short Breaks Service

We will work relentlessly for our children with disabilities, and additional complex needs to ensure that our plans and interventions are aspirational ensuring they achieve the very best outcomes in life – that they are safe, happy and that they achieve highly. Alongside our aspirational planning we will challenge structural barriers to ensure our young people have access to all the community resources available in Oldham and that they influence decisions and contribute as highly valued members of our community.

Oldham's Children with Disabilities Service provides specialist support where the child's level of disability and complexity of need requires this. The service consists of: The service includes:

- Specialist social work teams delivering statutory assessments, Child in Need, child protection, and looked-after children work.
- Family Intervention Workers, providing an enhanced Family Help offer, including assessment, delivery, and review of Short Breaks provision.
- This integrated model ensures continuity across the continuum and prevents unnecessary escalation.

Eligibility for Specialist Support

Access to the Children with Disabilities Service is aligned to the Continuum of Need, not diagnosis alone. A child or young person may be eligible for assessment where:

A. The child has a substantial and long-term disability (as defined by the Equality Act 2010) that significantly impacts their safety, wellbeing, health, development, or learning.

B. Needs cannot be met through family networks, universal services, or Universal Plus, and require support beyond what Targeted Family Help can provide.

C. The child attends, or is likely to require, specialist educational provision and has, or is being considered for, an Education, Health and Care Plan.

D. Parents or carers require specialist support or interventions to meet their child's needs.

E. The level of need creates a risk of family breakdown, or support is required to prevent escalation into statutory child protection processes.

F. The service needs to work with the whole family, including siblings, recognising the wider impact of disability.

G. There are safeguarding concerns, including neglect, physical, emotional, or sexual abuse, or harm outside the home.

Safeguarding Disabled Children

Disabled children may be more vulnerable to abuse, less able to communicate concerns, more reliant on adults for care and more likely to experience social isolation.

Practitioners must maintain professional curiosity, adapt communication methods, and ensure disabled children's voices are heard and understood.

Safeguarding responses must be:

- child-centred
- proportionate
- informed by the child's lived experience
- coordinated across agencies

Universal and Community Support

Most families caring for children with SEND are able to meet their child's needs through family support, universal services, and the SEND Local Offer, which provides accessible information, resources, and community-based opportunities.

Many families will never require Children's Social Care involvement. Universal and community support includes health services, early years settings, schools, and colleges, leisure and

community provision, voluntary and community sector organisations, Oldham SEND Local Offer , SENDirect and other online resources.

Universal services play a vital role in early identification, professional curiosity, and proportionate support, ensuring families receive help at the earliest possible point.

Targeted Family Help and Short Breaks

Some families will require Targeted Family Help, including access to Short Breaks, to sustain family life, promote wellbeing, and prevent escalation.

Short Breaks:

- are accessed via assessment
- are provided where there are no safeguarding concerns requiring statutory intervention
- include completion of a Carer's Assessment
- are reviewed regularly (typically at least every 12 months) based on need

Referrals are screened through existing pathways to ensure families receive the right support at the right level.

Vulnerabilities of Infants (Under 1 Year)

Babies under the age of one are particularly vulnerable and require careful consideration within the Continuum of Need.

Infants are:

- non-verbal and unable to communicate harm
- entirely dependent on caregivers for safety and care
- often less visible to universal and community services

This inherent vulnerability means risks may escalate quickly and be harder to detect.

When combined with wider family pressure, such as parental mental ill health, substance misuse, domestic abuse, poverty, or housing insecurity—the potential for harm increases significantly.

Practitioners should:

- maintain a high level of professional curiosity
- consider the cumulative impact of risk factors
- ensure the baby's lived experience is central to assessment and planning
- use supervision and reflective practice to explore uncertainty and risk

The presence of an infant should always prompt careful consideration of vulnerability and threshold and may require a more precautionary approach

Young Carers

A young carer is a child or young person under 18 who provides unpaid care, help, or support to a parent, sibling, or family member who could not manage without this support due to physical or mental ill health, disability, substance misuse, learning disability and or age-related needs.

Young carers often undertake responsibilities normally expected of an adult. Without identification and support, caring roles can significantly affect a child's health, wellbeing, education, development, and experience of childhood.

- In line with Working Together 2026, practitioners must:
- adopt a child-centred, whole-family approach
- ensure children are not relied upon to provide inappropriate or excessive care
- recognise the impact of caring on the child's lived experience

Young Carer's Assessment

Under the Care Act 2014 and Children and Families Act 2014, all young carers under 18 have a right to a Young Carer's Assessment, regardless of the amount or frequency of care provided.

Within the Families First Partnership support for young carers will usually sit within Targeted Family Help with assessments coordinated across agencies. Assessments should inform understanding of need, risk, and protective factors and planning should focus on reducing inappropriate caring responsibilities and strengthening family resilience.

Where needs are more complex, or child protection concerns emerge, cases may step up to MACPT or statutory Children's Social Care.

Children at Risk of Entering the Criminal Justice System

Prevention is an important strategy aimed at addressing children's involvement in anti- social or criminal behaviour.

One of the key tenets of the Child First principle is to promote a childhood removed from the justice system, using pre-emptive prevention, diversion and minimal intervention, to avoid the stigmatisation that greater contact with the justice system can bring. Within this work, a focus needs to be maintained upon enhancing the wellbeing of children, promoting their social inclusion, building family resilience, and providing access to universal services and facilities.

Providing the right opportunities and support at the right time means that a range of services and supports should be available which are holistic, accessible, responsive, flexible and sustainable. It is recognised that all stakeholders should collaborate as children should not need to enter the youth justice system to have their needs met and so key to this area of work is the strong partnership offer in place across the borough.

Oldham Youth Justice Service (YJS) offers "Turnaround", a Ministry of Justice funded programme to support children at risk of entering the criminal justice system and their families, alongside Prevention Interventions, both of which are voluntary.

Referrals for the above programmes are made through self or partnership referrals using the Prevention Referral Form available on Positive Steps Website. Oldham YJS also implement the PIED (Prevention, Intervention, Education and Diversion) Model of identification, whereby GMP share details of all children named on a crime on a weekly basis. All referrals are taken to the multi- agency, bi- weekly, Oldham Prevention Panel, where discussion takes place as to who is best placed to support the child.

Children who work with Oldham YJS on Turnaround or Prevention Interventions access the full, holistic offer.

Children Who Experience Harm Outside the Home (Extra-Familial Harm)

Working Together 2026 strengthens expectations for identifying and responding to children at risk of harm outside the home. Children's safety is shaped by the contexts, relationships, and environments in which they live, learn, and socialise.

Children may experience abuse or exploitation in:

- schools and colleges
- peer groups and friendship networks
- community and public spaces
- online and digital environments

Harm may be caused by adults or peers and can affect children of all ages.

6. Professional Judgement

Children's circumstances do not always fit neatly into defined levels of need. Practitioners must use:

- their knowledge of the child and family
- practice experience
- multi-agency information
- the Continuum of Need

- reflective supervision

The cumulative impact of risk factors, the child's age, resilience, and protective factors must all be considered.

Escalation and Resolution

Where there are professional disagreements or complicating factors agencies must communicate clearly and promptly and aim to resolve matters. It is important to have a healthy debate and dialogue, especially about differences of opinion, but the child's needs must remain central.

Practitioners should seek support from their line manager or safeguarding lead and follow the Oldham Safeguarding Partnership Escalation and Resolution Protocol where disagreements cannot be resolved.

Annex A:

The Family Help Assessment

Oldham's Early Help Strategy reflects the vision set out in Working Together to Safeguard Children 2026, which establishes Family Help as the core, integrated approach to supporting children, young people, and families whose needs are emerging, complex, or escalating.

The Family Help system in Oldham ensures that families; particularly those experiencing multiple or inter-related challenges—receive timely, effective, and coordinated support at the earliest possible point.

Family Help is:

- child-centred
- whole-family
- strengths-based
- proportionate
- multi-agency, where required

The aim is to promote children's safety, wellbeing, and development; prevent escalation to statutory intervention; and address the wider social factors that influence outcomes.

Purpose of Family Help

Family Help supports families to:

- promote children's safety, wellbeing, and development
- enable children and young people to live safe, healthy, and fulfilling lives
- reduce risk and prevent escalation to statutory intervention
- address the impact of poverty, inequality, and wider social factors
- break intergenerational cycles of vulnerability
- Working collaboratively with families to achieve meaningful and sustainable change is central to the approach.

Role of Universal Services

Universal services are a critical part of the Family Help system. They are often best placed to:

- identify emerging needs early
- respond proportionately
- work alongside families using trusted relationships
- Support at Universal and Universal Plus (Earliest Possible Help) levels is coordinated through Team Around the Child (TAC) or Team Around the Family (TAF) arrangements, providing consistency and continuity.

Targeted Family Help and Escalation

Where needs escalate or more intensive support is required despite Universal and Universal Plus intervention, practitioners may seek support from Targeted Family Help.

Access to Targeted Family Help is via consultation with Duty and Advice in the MASH, informed by professional judgement and analysis.

Targeted Family Help is delivered across Oldham's five districts and provides:

- structured, specialist, and coordinated support
- a Family Help Lead Practitioner (qualified social worker or alternatively qualified practitioner)
- oversight of the Family Help plan
- regular review of progress and impact

Support for Professionals

Family Help Partnership Officers within each district Targeted Family Help team provide advice and support to professionals across:

- schools
- early years settings
- Family Hubs
- voluntary, community, and faith organisations

This support strengthens early identification, improves multi-agency working, and helps prevent unnecessary escalation to statutory services.

Further information and downloadable resources, including the Family Help Tool, are available on the Family Help page of the Council website.

Annex B:

Children's Social Care – Statutory and Specialist Intervention

Children's Social Care involvement is required when needs are acute, complex, or escalating, when there is actual or likely significant harm, or when risks cannot be safely managed through Family Help alone.

This includes statutory social work functions such as:

- Child in Need (Section 17) where statutory oversight is required
- Child Protection (Section 47) enquiries
- Care proceedings (Section 31)
- Children accommodated under Section 20

A Carer's Assessment will be completed alongside statutory assessments where parenting tasks exceed those expected of most parents.

Practice at this level must remain:

- child-centred and inclusive
- anti-discriminatory and accessible
- whole-family and strengths-based
- coordinated across education, health, social care, and community services

Oldham is committed to working relentlessly for children with disabilities and complex needs, ensuring plans are aspirational, outcome-focused, and that children and young people are active participants in decisions that affect their lives.

Annex C

Private Fostering

Private fostering occurs when a child under 16 (or under 18 if disabled) is cared for by someone who is not a parent or close relative for 28 days or more.

Close relatives include step-parents by marriage, grandparents, siblings, uncles, and aunts (full blood, half blood, or by marriage/affinity).

This is a private arrangement made between a parent and a carer and is not the same as local authority-arranged fostering.

Legal Requirement

By law, the Local Authority must be notified of all private fostering arrangements.

Professionals who identify a private fostering arrangement must contact Duty and Advice.
When the Local Authority becomes aware of a privately fostered child, Children's Social Care must:

- assess the suitability of the arrangement
- undertake regular visits to the child and carer
- ensure the child's safety and wellbeing

These responsibilities sit within statutory Children's Social Care, not Targeted Family Help.

The Oldham Safeguarding Partnership procedure for privately fostered children can be found at Children Living Away from Home (trixonline.co.uk)

Annex D

Complex Safeguarding

Oldham adopts the Greater Manchester definition:

“Complex Safeguarding is criminal activity (often organised), or behaviour associated with criminality, involving children and young adults (often vulnerable) where there is exploitation and/or a clear or implied safeguarding concern.”

This refers to the nature of the harm, not the child.

Traditional safeguarding responses may be insufficient; coordinated, multi-agency approaches are required.

Complex Safeguarding in Oldham focuses on:

- sexual and criminal exploitation
- emerging risks in communities
- coordinated, proportionate responses
- protecting children, young people, and vulnerable adults

Contextual Safeguarding Approach

Contextual Safeguarding recognises that harm is often embedded in wider social contexts such as neighbourhoods, schools, peer groups, and online spaces. Parents may have limited influence over these environments.

- Safeguarding responses should:
- be child-centred and trauma-informed
- address contextual and environmental risk, not just family factors
- promote shared responsibility across education, health, police, youth services, and community partners
- focus on prevention, disruption, protective factors, and safety planning in the locations where harm occurs

Referrals and Assessment

Where concerns arise about harm outside the home and the child is not already open to Children’s Social Care, a referral should be made to Duty and Advice (MASH)

This enables timely information sharing and ensures the child receives the right support at the right time, whether through a non-statutory assessment within Targeted Family Help, or a statutory social work assessment.

Annex E

Radicalisation and Channel Referrals.

Radicalisation is recognised in Working Together 2026 as a form of harm outside the home. Children may be exposed to extremist ideologies through:

- online platforms
- peer networks
- community spaces
- trusted relationships

Safeguarding responses must be child-centred, proportionate, and focused on early help and prevention.

Channel Programme

Channel is the national multi-agency safeguarding programme for individuals at risk of radicalisation. It is:

- voluntary
- supportive
- preventative
- chaired by the local authority

Channel aims to:

- identify risk early
- provide tailored support
- reduce vulnerability
- safeguard children from the harms of extremism
- prevent involvement in terrorism-related activity

Channel addresses concerns relating to all forms of extremism, including Islamist, far-right, and other ideologies.

(These groups have caused severe harm and loss of life; Channel exists to protect children from such risks.)

Responding to Concerns

If a child is at immediate risk of harm, call 999.

If there is an immediate risk or emergency linked to terrorism, call 999.

If you have concerns about suspicious activity potentially linked to terrorism, contact:

- Greater Manchester Police (non-emergency): 101
- Anti-Terrorist Hotline: 0800 789 321

Referrals

Where there are concerns that a child or young person may be vulnerable to radicalisation, a Channel referral should be made.

The national Channel referral form is available via the Prevent and Channel section of the Oldham Council website.

Completed online referrals are automatically shared with Duty & Advice (MASH) and Counter Terrorism Policing North West (CTPNW)

Professionals are encouraged to seek advice from Duty & Advice before submitting a Channel referral.

Multi-Agency Safeguarding

CTPNW undertakes an initial gateway assessment to ensure referrals are appropriate and do not compromise ongoing counter-terrorism activity.

Where wider safeguarding concerns exist, Duty & Advice must liaise with CTPNW to agree a coordinated response.

No action should be taken independently of this discussion.

Radicalisation concerns should always be considered within a whole-child, contextual safeguarding framework, ensuring responses are timely, proportionate, and multi-agency.

Annex F

How to Make a Safeguarding Referral

If you have concerns that a child may be at risk of harm, you must make a referral to:

- Duty and Advice (MASH Front Door) 0161 770 7777
- Monday–Friday, 08:40–17:00(Calls accepted until 17:00)
- Outside these hours, contact the Emergency Duty Team (EDT): 0161 770 6936

Duty and Advice is Oldham's first point of contact for:

- safeguarding referrals for children, young people, and adults
- access to Targeted Family Help
- care and support services
- mental health support
- early intervention to prevent escalation

Role of MASH

The Multi-Agency Safeguarding Hub (MASH) supports Duty and Advice by providing:

- coordinated, timely information sharing
- multi-agency analysis
- a fuller picture of the child's circumstances
- proportionate, well-informed decision-making

MASH partners include:

- Children's Social Care
- Adult Social Care
- Greater Manchester Police
- Early Help
- Education and Early Years
- Specialist Health Practitioners (GMICB and NCA)
- Healthy Young Minds Oldham
- Positive Steps
- National Probation Service
- Community Rehabilitation Company
- Community Safety
- Independent Domestic Violence Advisors (IDVA)

MASH does not replace Duty and Advice — it strengthens decision-making.

If a child is suffering, or at risk of suffering, significant harm, the referral will be reviewed by the Integrated Family Help and Children's Social Care team within Duty and Advice.

Annex G

Consent

In line with Working Together 2026, professionals should work openly and transparently with children and families wherever possible.

Consent should normally be sought when contacting Duty and Advice for advice, initiating Family Help or Universal Plus support and when sharing information with other agencies.

In most situations, practitioners should seek consent before sharing information with other agencies. However, there are circumstances where it is not appropriate, safe or lawful to seek consent. In these situations, information can and should be shared without consent where there is a lawful and proportionate safeguarding justification.

When Consent Should Not Be Sought

Information can and should be shared without consent where seeking consent would:

- place a child or another person at increased risk
- compromise the child's safety or wellbeing
- prejudice a police investigation
- escalate harm within the family

Examples include concerns relating to:

- sexual abuse
- fabricated or induced illness (FII)
- honour-based abuse
- forced marriage
- child trafficking
- female genital mutilation
- modern slavery

Where safe and appropriate, practitioners should be open with families about concerns, but openness must never override the need to protect a child.

If a parent or child (where appropriate) withholds consent, practitioners must consider whether the level of concern indicates a safeguarding risk. In these circumstances, the practitioner should consult their safeguarding lead to determine whether there are grounds to override consent in order to protect the child's welfare.

Any decision to override consent must be:

- lawful
- necessary

- proportionate
- clearly documented

Information Sharing Without Consent

Where sharing information is necessary in the public interest, including to protect a child from harm or prevent/detect crime, practitioners have a legal basis to share without consent.

Safeguarding and promoting the welfare of the child takes precedence.