



Oldham Safeguarding 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 early help,
intensive and specialist support**

Updated January 2021

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1. Introduction

Welcome to Oldham's Continuum of Need – Our Approach to 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 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 enjoying a life where they can meet their full potential. We want to prioritise earliest possible support to work with families to achieve change, ensuring that state intervention is a response only where proportionate to do so.

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 that a child or young person is at risk or earliest possible help has not achieved change, 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. Our integrated Children's Social Care and Early Help team receive, review and respond to contacts received highlighting need for support or concern – taking a holistic approach and engaging with the full MASH and wider involved professionals who may know the family well.

The purpose of this guidance is to assist everyone involved in making decisions about appropriate support for children, young people and their families; focussing on working with families at the earliest possible opportunity.

Our 'windscreen' framework has been refreshed through partnership review and collaboration - this illustrates that children can present with varying needs and that these needs can change over time, however the underlying Universal offer for all children and families remains throughout. The guidance clarifies how various levels of support can be accessed as a new level of need is reached, but recognising needs and risk may increase or reduce. 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 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.

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 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 includes 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.

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.

3. Continuum of Need

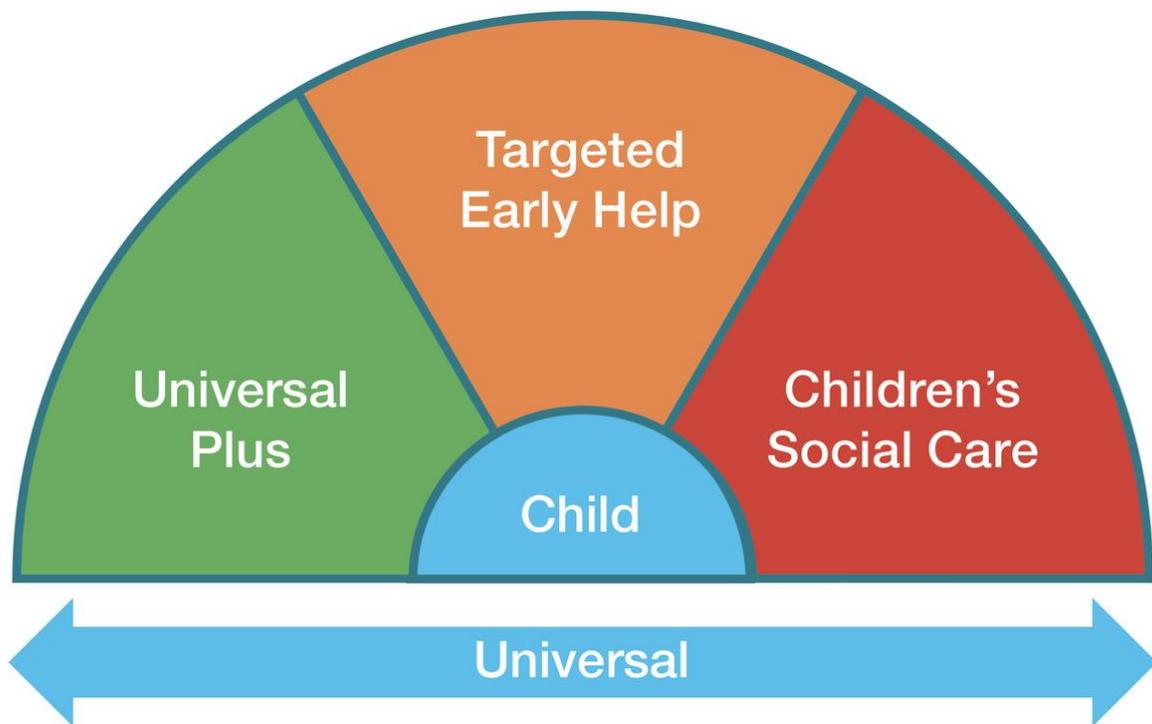
We are committed to integrated and multi-agency working at all levels. The levels of need show how we will respond to the requirements of children and families across **all levels of need and risk**.

Oldham Safeguarding Partnership has set out and refreshed a Continuum of Need model. This ranges from children receiving “Universal” support – so considering every child, then considering those with low level needs to those whose needs are more acute requiring specialist 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.

The refreshed language and windscreen tool has been developed by the partnership to recognise our collective responsibility to work with families at the earliest possible point, whilst recognising where risk increases and targeted intervention or response may be required. The language seeks to reflect wider partnership language and has been built on learning through best practice and local review.

The windscreen document aims to provide visual clarity to support discussions with families and professionals around levels of need and risk. This document does not replace Working Together 2018 in consider definition of section 17 or section 47 risk, however recognises the role of early help and indicator for statutory social work intervention.

Oldham's Continuum of Need windscreen:



Universal: 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

Universal Plus “Earliest Possible Help”: Children who may have unmet or complex needs that requires multi-agency support through an early help response involving two or more agencies. This is led by one agency and the aim is to build a plan of support around the child and family to work together to respond to needs.

Targeted Early Help: Children who have multiple and complex unmet need requiring a targeted Early Help response with targeted intervention from Early Help services led by the local authority, where Universal Plus “Earliest Possible Help” has not enabled change to be made. These unmet needs may be complex and could be impacting on the child and family daily life.

Children's Social Care: Children with acute needs requiring statutory social work level intervention. This could be due to increasing risk or where there is actual or likely significant harm. This will require Social Care to undertake a S17 Children in Need assessment or S47 enquiries.

- **Universal – all children and young people**

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

Children and young people who are making good overall progress in all areas of development. These children receive appropriate universal services, such as health, care and education. They may also use leisure and play facilities, housing or voluntary sector services. These children may have a single identified need that can be adequately met by a universal service. However, if further additional needs are identified, further support should be considered within Universal Plus “Earliest Possible Help” commencing with a partner led Early Help assessment.

- **Universal plus “Earliest Possible Help” – working together as more than one partner agency**

*“Earliest possible help” – consent based collaborative approach
Children who may have unmet or complex needs that requires multi-agency support through an early help response involving two or more agencies. This is led by one agency and the aim is to build a plan of support around the child and family to work together to respond to needs.*

This support can cover a range of work and services working together focussing on problem solving and supporting families, commencing with a partner led Early Help assessment. This “Earliest Possible Help” within Universal Plus focusses on proactive engagement – working with families and connecting the right people at the earliest possible point. However, if this support is not effective in working with families to achieve change, contact can be made with the MASH to request consideration for escalation to Targeted Early Help led by the local authority or directed to Positive Steps led support.

- **Targeted Early Help**

Children who have multiple and complex unmet need requiring a targeted Early Help response with targeted intervention from Early Help services led by the local authority or directed to Positive Steps led support, where Universal Plus “Earliest Possible Help” has not enabled change to be made. These unmet needs may be complex and could be impacting on the child and family daily life.

This Targeted Early Help approach will retain the multi-agency working but be led by the local authority or Positive Steps in ensuring a robust plan and any relevant access to specialist services connected with the assessed need for Early Help support. Where support and progress is sustained, return to partner led Universal Plus can take place through a planned approach.

- **Children's Social Care**

Children with acute needs requiring statutory social work level intervention. This could be due to increasing risk or where there is actual or likely significant harm. This will require Social Care to undertake a S17 Children in Need assessment or S47 enquiries, as outlined within Working Together 2018.

The Child/Children is in need of social work led assessment and involvement because there is a risk of significant harm to a child if support is not provided to consider the following Children's Social Care role under the Children Act 1989:

- Children considered at risk of or experiencing significant harm from neglect or from sexual, physical or emotional abuse (S47)
- Children subject to a Child Protection Plan (S47)
- Children who require support from social care under S17 (Consent required for CiN).
- Children subject to care proceedings (S31)
- Children accommodated under Section 20

Children's Social Care would be the lead agency in these circumstances; the decision will be considered within the MASH as to whether this threshold is met and consideration for whether recommendation is given for strategy discussion at point of referral.

This approach will seek to build upon the multi-agency working but be led by the social worker in ensuring a robust plan and any relevant access to specialist services connected with the assessed need and/or risk.

Where assessment considers threshold for continued Children's Social Care intervention is not met, step down to any level on the Continuum of Need windscreen should be considered in line with the needs of the family.

If at any point in a child's life there is a concern that a child has experienced significant harm or if there is an immediate risk of significant harm, irrelevant of previous support or targeted early help, contact should be made to the MASH.

However, if this immediate risk is not present, there is an expectation earliest possible help has been considered and progressed prior to referral through to the MASH for either Targeted Early Help or Children's Social Care.

4. The Early Help Assessment

The vision for Early Help in Oldham is a borough wide approach to earliest possible support and intervention from Universal and Community services through to targeted services working more intensively with children and their families; we are dedicated to working with families to achieve change together.

Universal services are best placed to identify needs and support children and families at an early stage; they know the children best and can use their positive relationships with children and families to help affect change. Universal and Universal Plus services can provide the consistency and continuity needed by children and families.

However, when these services are no longer able to meet the needs of children and their families alone despite partnership working, where issues are escalating and require additional support, this support is available via the targeted Early Help Service through a Targeted Early Help contact into the MASH. Delivered across the five Districts, targeted Early Help can provide additional and more specialist knowledge and support; they can coordinate services for children through a Team around the School or Family approach.

The Early Help assessment tool is designed to help children and families understand the issues that are impacting on their lives; it enables practitioners to understand the work required to support children and their families. This should be used to work with families at Universal Plus. The Early Help assessment takes a person centred and a strengths-based approach, the assessment is effective at identifying issues at any stage or level of complexity and provides a framework to build subsequent plans and drive change.

Early Help Partnership Officers within each Family Connect District team will provide support for other professionals, for example schools or children's centres, to carry out their own Early Help assessments at Universal Plus and support problem solving. This support will help to identify emerging issues at the earliest possible opportunity, preventing the need for more specialist services.

The team will also be instrumental in supporting other services and organisations in their District to develop activities to support children and families locally; for example, the provision of therapeutic play for children, or group support for parents.

www.oldham.gov.uk/info/200386/child_protection/2456/early_help

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. However, we would encourage earliest possible support and partnership working around this family prior to progressing a contact into the MASH for assessment led by Children's Social Care.

Eligibility Criteria for Accessing a Service from the Children with Disabilities Social Care and Short Break Service.

The Children with Disabilities service is made up of two teams, a team of dedicated social workers with a professional interest and background within the specialist focus of the team. The team complete statutory assessment of need, child in need and child protection work. They also currently offer a social work service to disabled children that are looked after by Oldham. The social work offer is supported and complemented by a team of family intervention workers providing an enhanced early help offer focused on the assessment, implementation and review of short break provisions.

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.

Not all disabled children in Oldham will require a service from the children with disabilities service. The following therefore need to be considered in determining whether a social work or family intervention work offer from the Children with Disability service is required.

A child or young person will be eligible for an assessment from the Children with Disability specific service if the following is met, aligned with the Continuum of Need windscreen model:

- A. The child experiences a disability* that impacts in a way that is complicating their ability to achieve their full potential (their progress in being safe, happy, healthy and ability to achieve). The child or young person has a substantial and long-term disability which affects their ability to carry out age appropriate day to day activities.

**The Equality Act 2010 provides a recognised definition of disability. A person has a disability if “you have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities”*

- B. Their needs cannot be met solely within the family, wider family/friends support networks or by universal and targeted services.
- C. The child attends a specialist educational provision and will have an Education and Health Care Plan.
- D. Parents and Carers require specialist interventions and support to meet the needs of their disabled child.
- E. The level of support required to the child and family is so significant that there is a risk of family breakdown or they require a level of intervention that will prevent them escalating to statutory social work processes, and this support is linked to the needs of the disabled child.
- F. The Children with Disability service will work with a whole family including siblings.

Additionally, a disabled child may need a service from the Children with Disability social work team if:

- G. There are serious safeguarding concerns for a disabled child who has experienced or is at risk of being exposed to neglect, physical, emotional or sexual abuse.

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

Universal Plus - Additional Low-Level needs/ Earliest Possible Help

These services are aimed at children and young people with disabilities that require more targeted support. This leads to universal service led provision in a co-ordinated manner. 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 Early Help - Intensive Complex and/or multiple 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.

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.

Children's Social Care - 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 significant pressure on the family or 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.

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. Private fostering is when a child **under the age of 16 (or 18 if disabled)** is cared for by someone who is not their parent or a 'close relative'. This is a private arrangement made between a parent and a carer, for 28 days or more.

Close relatives are defined as step-parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or marriage/affinity).
<https://www.manchestersafeguardingpartnership.co.uk/resource/private-fostering/>

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

In Oldham, we have taken on the agreed Greater Manchester definition of Complex Safeguarding:

“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.”

Complex Safeguarding addresses the direct influences on children and young people outside of the family home, specifically where there is risk of sexual and/or criminal exploitation. Oldham aim to ensure we have a solid understanding and response to different forms of exploitation of children, young people and vulnerable adults.

Complex Safeguarding Hub

In April 2020 Oldham launched its Complex Safeguarding Hub Phase 1 approach to bring together key partner agencies in supporting children and young people open to statutory social work services where exploitation is a significant concern.

For Oldham, the Complex Safeguarding Hub has functions for Phoenix (Child Sexual Exploitation), Child Criminal Exploitation, Organised Crime and Gangs, Modern Slavery and Trafficking within one service. The Complex Safeguarding Hub combines the three key partners for safeguarding as an integrated service for response, consultation and intervention.

Our vision is that all children, young people and adults who are highly vulnerable to exploitation, either criminal or sexual, are provided with a clear targeted response which enables and promotes a targeted multi-agency response to need and risk.

The Oldham Complex Safeguarding Hub will work with any child up to the age of 18 years (or up to the age of 25 years for any young adult currently open to the After Care Service for Oldham) who are open for assessment, intervention or planning to Children's Social Care, where there is an identified high risk of, or current experience of exploitation. The team also work with a number of partner agencies and third sector services, in particular to ensure appropriate information sharing and timely signposting to key services inclusive of Probation, Housing, TOG MIND and KOGS (Keeping Our Girls Safe).

The Hub proposes a Phase 2 development by summer 2021 which incorporates advice and guidance in relation to professionals working with young people and adults where there is increasing concern regarding exploitation.

Levels of strength and vulnerability

In Oldham we have sought to develop levels of need relating to strength and vulnerability in relation to Complex Safeguarding, seeking to reflect lived experience that considers contextual circumstances.

We have developed the following Risk and Vulnerability Management Categories in seeking to support practitioners working with children, young people and families in determining holistic overall view – these seek to take into account strengths, worries, evidence of any exploitation and vulnerabilities in understanding how we can best work together.

Our Multi-Agency Complex Safeguarding Hub is accessed through the MASH and provides consideration around both Medium and High levels of concern, as outline below. This is further considered in detail within our Oldham Contextual Approach to Complex Safeguarding strategy (in final stages of completion – launch Spring 2021).

These levels are supported with a practitioner led reflective tool developed by the partnership (proposed launch February 2021) where Medium or High level of concern relating to Complex Safeguarding should lead to contact being progressed to the MASH for consideration.

Risk & Vulnerability Management Categories to determine holistic overall view:	
Presenting some vulnerability factors in the checklist but appear to relate to 'normal teenage' behaviour. No statutory intervention required but may benefit from low level ongoing monitoring, awareness raising or support. There are no indicators of active exploitation.	LOW - Vulnerable but no evidence active exploitation, we are worried.
Presenting numerous vulnerability factors but not at immediate risk. Some protective factors present. Would benefit from professional support or intervention, assessment, awareness and prevention work.	MEDIUM – Our worries are increased, risk of exploitation growing.
Child is presenting high number of vulnerability factors and high risk factors, is known to have been exploited and/or groomed. Regularly goes missing and concerns in relation to drugs/alcohol and inappropriate adult associates. Child has disclosed exploitation. Requires statutory intervention to protect. A referral through to the MASH should take place.	HIGH – We are very worried this young has been or is being exploited.

5.5 Radicalisation

The national programme for safeguarding individuals at risk of being drawn into terrorism or extremism leading to terrorism is known as Channel. Channel provides support for people who are vulnerable to being drawn into terrorism, and is delivered through local authority-chaired, multi-agency panels. Participation in Channel is voluntary, and is not any form of criminal or civil sanction. The aim is to intervene early to safeguard people from the harm which radicalisation can cause, and to prevent their involvement in any criminal behaviour relating to terrorism or extremism. Channel addresses risks relating to all forms of terrorism, including Islamist, far right and others.

The North West is part of a pilot approach to the operation of Channel through which local authorities, rather than the police, take on responsibility for case managing individuals referred to Channel, and functions associated with this such as assessing the vulnerability of individuals and organising Channel panels. Within Greater Manchester the process is supported by a team of Channel Co-ordinators who work across the ten districts.

If you have a concern about terrorism and it is an **emergency**, dial **999**. If you consider anything to be suspicious or connected with terrorism, contact Greater Manchester Police on the non-emergency number **101** or the Anti-Terrorist Hotline on **0800 789 321**.

If you have a concern that a child or young person in Oldham may be at risk of radicalisation into terrorism, you should make a Channel referral through the MASH using the national <https://www.olscb.org/professionals/referrals/>

The form should be e-mailed to child.mash@oldham.gov.uk and copied to both:

- Greater Manchester Channel team at GMChannel@manchester.gov.uk and
- Counter-Terrorism Policing North West (CTPNW) at channel.project@gmp.pnn.police.uk
- Please call the MASH on 0161 770 7777 for advice about making a referral.

CTPNW undertake an initial gateway check to ensure the appropriateness of referrals, and to avoid any risk of compromising ongoing counter-terrorism activity. If there are wider safeguarding concerns in addition to those relating to the risk of radicalisation, MASH staff should contact CTPNW to discuss the concerns and agree how to proceed in a way which addresses these, but does not compromise any CTPNW activity. Concerns should not be acted upon before this discussion with CTPNW has taken place.

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 (through daily risk)*
- *Greater Manchester & Cheshire Community Rehabilitation Company (through daily risk)*
- *Education (through daily risk)*
- *Community Safety (through daily risk)*
- IDVA

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

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 safeguarding 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 contacts which are made to the MASH or where earliest possible help is commenced through Universal Plus 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.

At Statutory Social Work level, 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.

Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given. There may be some circumstances where it is not appropriate to seek consent, because the individual cannot give consent, or it is not reasonable to obtain consent, or because to gain consent would put a child's or young person's safety at risk. 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 and this needs to be clearly documented when making contact to the MASH.

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.

Please note the Consent and Information “Myth busting guide” within the Working Together 2018 document which can be found here: <https://www.olscb.org/professionals/referrals/>

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.

Escalation and Resolution Conversations

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’s [Escalation and Resolution Pathway](#).

Appendix A – levels of need indicators

Level of need	Needs	Assessments and Services
<p>Universal <i>(aligned with I-thrive “Thrive”/“Getting Advice and Signposting”)</i></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><i>Information can be provided about universal services dependent on need which can help with promoting wellbeing.</i></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>Universal Plus “Earliest Possible Help” <i>(aligned with I-thrive “Getting Help”)</i></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><i>This group can benefit from focused, evidence-based solutions which have clear aims and criteria. There should be clarity and transparency from the outset about children and young people’s goals, measurement of progress movement and action plans, with explicit discussions if goals are not achieved and options to explore alternative options.</i></p> <p>Ensure shared decision making is taking place and the voice of children, young people and families is central.</p>	<p>Early Help Assessment approach led by partner agencies 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>Concerns may include:</p> <ul style="list-style-type: none"> - Children in households where parents/carers are under stress which may affect a child’s well being - Children/parents who have a learning difficulty that impacts on the child’s routine. - Children with emerging behavioural difficulties - Children who have started to have poor school attendance/ Missed health/ educational appointments - A Child who has been excluded from school or is vulnerable to exclusion. - Self-harming behaviours that are escalating in severity, frequency or typology. - Child exposed to domestic abuse, but the impact and all risks to the child (especially from any ‘hidden males’) have been assessed and one or both parent/s are engaged in behaviour change and have the capacity and motivation to protect a child from harm - Children at risk of / early indicators they are engaging in criminal activities

		<ul style="list-style-type: none"> - Antenatal support is required to ensure there is sufficient parental capacity and support. - Indicators of neglect or emotional harm but parent/s appear to have the capacity and motivation to make necessary changes and maintain this with ongoing support - Parents who demonstrate poor parenting capacity but willing to engage in support. - Children who are living in households where there is substance misuse but there is capacity and motivation to protect the child from harm. - Children living in a household where there is parental or sibling mental health that has implications for the child's well-being but no evidence of immediate harm.
<p>Targeted Early Help led by the Local Authority <i>(aligned with I-thrive "Getting More Help")</i></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><i>There should be supportive but transparent conversations about what different interventions are likely to lead to, including the limitations of interventions and the possibilities of needing to put in place management of ongoing difficulties as relevant.</i></p>	<p>This Targeted Early Help approach will retain the multi-agency working but be led by the local authority or Positive Steps in ensuring a robust plan and any relevant access to specialist services connected with the assessed need for Early Help support.</p> <p>Services that may be involved include:</p> <p>Schools; Early Help, Family Support, Targeted Youth Services, Education Welfare</p> <p>Concerns where earliest possible support have been ineffective in achieving change in relevant issues or in addition may include :</p> <ul style="list-style-type: none"> - Children who are isolated with unsupported carers / or Young carers - Parents with mental/ physical health difficulties that impact on the child's daily routine. - Children with inappropriate sexualised behaviour. - Self-harming behaviours that are escalating in severity. - Child exposed to domestic abuse, but the impact and potential risks to the child are growing. - Beyond parental control concerns growing. - Children at risk of / engaging in criminal activities where concern is growing. - Antenatal support is raising concern about parent capacity. - Indicators of neglect or emotional harm but parent/s appear to have the capacity and motivation to make necessary

		<p>changes but may require targeted support.</p> <ul style="list-style-type: none"> - Parents who demonstrate poor parenting capacity but need more targeted support. - Children who are living in households where there is substance misuse but there is a need for more targeted support. - Children living in a household where there is parental or sibling mental health that has implications for the child's well-being but no evidence of immediate harm.
<p>Children's Social Care</p> <p><i>Specialist Acute needs Statutory and/or Specialist high level intervention</i></p>	<p>The Child/Children is in need of social work led assessment and involvement because there is a risk of significant harm to a child if support is not provided to consider the following under the Children Act 1989:</p> <ul style="list-style-type: none"> - Children considered at risk of significant harm from neglect or from sexual, physical or emotional abuse (S47) - Children subject to a Child Protection Plan (S47) - Children who require support from social care under S17 (Consent required for CiN). - Children subject to care proceedings (S31) - Children accommodated under Section 20 <p>Children's Social Care would be the lead agency in these circumstances; the decision will be considered within the MASH as to whether this threshold is met and consideration for whether recommendation is given for strategy discussion at point of referral.</p>	<p>Children with acute needs requiring statutory social work level intervention. This could be due to increasing risk or where there is actual or likely significant harm. This will require Social Care to undertake a S17 Children in Need assessment or S47 enquiries, as outlined within Working Together 2018.</p> <p>Concerns may include:</p> <ul style="list-style-type: none"> - Unborn child's safety/health/development may be at risk – i.e. Pre-birth assessment required - Repeated missed appointments for essential health services for a child that will result in suffering. - Children regularly witnessing domestic abuse or occasional severe domestic violence. Parental capacity to change and/or protect is lacking. - Persistent indicators of neglect and despite support, concerns either continue or escalate. - Household members/regular visitors/wider family with whom the child has contact are considered to pose a risk of abuse to children. - Children at risk of sexual abuse or exploitation . - Children whose sexualised behaviour poses a risk of harm to others (particularly children in household). - Children experiencing crisis likely to result in family breakdown. - Parents have mental health, substance/ alcohol dependency problems that compromise their ability to parent to a 'good enough' standard. - Child has acute developmental/emotional needs that need specialist assessment or support. - Parents refuse <u>essential</u> assessments or are unable to recognise their children's needs and obstruct relevant support.

