Let's Do It!

BURY

Integrated Safeguarding Partnership
Continuum Of Need

Bury COUNCIL

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Introduction

The Bury Safeguarding Partnership Multi-Agency Continuum of Need and accompanying guidance is for practitioners and managers in all agencies who work with, or are involved with, children, young people, and their families. The Continuum of Need can assist practitioners and managers to identify a child's level of need and/or likelihood of delayed development or harm and match that need to the right support, at the right time, by the right person and in the right place.

Professionals can use the tool and guidance to support quality conversations about levels of need and the likelihood of delayed development and harm - and it can be used in professional reflective supervision and in multi-agency discussions to support decision making.

No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who meets them has a role to play in identifying concerns, sharing information and taking prompt action.' (Paragraph 16 – Working Together to Safeguard Children 2018)1. The principle that 'safeguarding children' is everybody's business is at the core of this guidance.

Who is a Child?

A child is defined within the Children Act 19892 as anyone who have not yet reached their 18th birthday. Practitioners should hold in mind that disabled children are three to four times more vulnerable to abuse (Ofsted 2012).

The "Parent" should be taken to refer to anyone who has parental responsibility for the child, or any birth/natural father or any other adult within the family who can reasonably be regarded as having a parenting role. Where there are issues of consent, it will be important to distinguish who has parental responsibility.

Who is a Child in Need (CIN)?

Section 17 of the Children Act 1989 defines a 'Child in Need' as:

- a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority.
- a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services;
- a child who has a substantial and permanent disability.

This would include:

- a child whose parent/s are in prison.
- a child who is an asylum seeker.

Who is a Child in Need of Safeguarding or Protection?

Section 47 of the Children Act 1989 introduced the concept of 'significant harm' as the threshold that justifies compulsory intervention in family life in the best interests of children.

It gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of the child who is suffering or likely to suffer significant harm. Where these inquiries indicate the need, to decide what action if any it may need to take to safeguard and promote the child's welfare.

There are no absolute criteria in making judgements regarding children's well-being.

Practitioners are encouraged to raise concerns and escalate those concerns with other agencies if they feel in their judgement that a child's needs or safety are being overlooked.

1 https://www.gov.uk/government/publications/working-together-to-safeguard-children--2
2 https://www.legislation.gov.uk/

Our Principles and Values

We are committed to support children and families in Bury, developing trusting relationships through quality conversations using strength-based approaches which recognise and build on the strengths, capabilities and connections of children and families, recognises their rights and enables and empowers them to take and share responsibility and accountability and to co-produce solutions to ensure they enjoy a meaningful life.

We are **committed** to **support children** and **families** in Bury, developing **trusting relationships**

The aspiration of the Bury Partnership is that all our Children and Young People reach their potential, are happy, healthy and safe and therefore able to make the best use of their skills to lead independent and successful lives. When applying the Continuum of Need Guidance professionals must ensure compliance with the principles and values set out in 'Let's Do It for Children'

- We are committed to positive relationships and restorative approaches being at the heart of everything we do. We will focus upon building relationships and repairing relationships.
- We will seek to intervene at the earliest opportunity in the least intrusive way.
- Our model of practice will be a whole family approach to enabling and supporting positive change.
- Children's voices will be heard; their lived experience will be clearly understood and will be central to influencing the support they need.

- We will endeavour to ensure that everything we do is done with children, young people and their families not to them

Local agencies will work collaboratively together to:

- Provide universal and targeted Early Help services to address the assessed needs of children, young people and their families at the earliest point of identified need.
- Support families to support themselves (thus reducing dependency).
- Prevent problems escalating.
- Reduce the numbers needing statutory interventions.

This will be achieved by:

- Taking a whole family approach, sharing information with other professionals to support early identification and assessment and to avoid duplication.
- Listening and hearing the voice of the child.
- Keeping the child/young person at the centre of all that we do.
- Working in a relationship-based way.

If we are to promote the best outcomes for children and young people, all partners should work to a set of common principles.

Children and young people almost always do best when they grow up within their own families. Even where actual or the likelihood of significant harm has been identified, it will usually be better for the child or young person to remain with their families and for their parents or carers to be supported to make the changes that they need to make in order that they are able to promote and safeguard the wellbeing of their children. All agencies working with children and families share the responsibility to support families in this way.

Parents may feel undermined or threatened whenever it is suggested that they may need additional help and support and practitioners need to discuss such issues sensitively. Research also indicates that the way in which services approach families about possible support needs is a significant factor in how well support is accepted. The principles below, together with those contained within Working Together 2018, are intended to underpin good practice and to increase the likelihood of support being offered to families being successful in securing improved outcomes for children:

> **"Before you decide that I need help or support, you should ask me about what I think and who I know who may be able to help me…"**

It is important that children and their families feel in control of and have a say in the types of support they access. An open discussion with parents or carers [or the young person if they are Gillick competent] will often result in agreement to accepting additional support or to participating in an early help assessment.

Support that is available from family and friends should also be explored not least because it is much more sustainable in the longer term than anything that an outside agency can provide.

Gillick competency essentially says that a child or young person of sufficient age and understanding is able to decide about what happens to them, and the right of a parent 'yields to the child's right to make his/her own decisions when he/she reaches sufficient understanding and intelligence to be capable of making up their own mind on the matter requiring decision'.

> **"I may have other pressures in my life as well as the ones that you say you are worried about"**

Poverty and financial hardship, housing issues, mental health issues, problematic relationships within the extended family, or other caring responsibilities can all increase stress or reduce availability to address other issues.

It is therefore important for practitioners to consider the wider context when discussing what form of support may be most appropriate with families.

"I can usually choose whether to accept the services you offer me…"

People can refuse to accept support. In rare situations, a refusal to accept services may result in legal or other action being taken in order to ensure that very vulnerable children are safeguarded or protected, but these situations are limited to those where children are at risk of serious harm or injury. It is often the skill of people who are working with the individual or family and a recognition of why they may not want to accept support that will make the difference about whether they decide to engage with support services.

Families can sometimes refuse offers of support because they are worried that this might eventually lead to their child being 'taken into care'. Practitioners working in this situation can only do their best to persuade people to accept support. One approach can be to discuss with the individual or the family a specific area where they agree that support may be helpful and build trust by working to address that specific issue. This may make a family more prepared to consider accepting broader support.

Saying NO to prevention or early help services **DOES NOT MEAN** that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others. These risks usually need to be immediate or be present within a short timeframe.

Where a family has declined to engage with prevention or early help services, practitioners must discuss any intention to refer to specialist services such as Children's Social Care with the parent [or young person if Gillick competent] before making the referral. They should explain to the parent or young person why they are intending to make a referral. This will enable the parent or young person to be prepared to be contacted by the specialist service.

Specialist services will always inform those referred to them which professional has made the referral and why. Referring professionals should therefore be open and transparent about their concerns with parents and why they are so worried about their child, except where to do so would place the child or young person at risk of immediate harm.

"I have the right to be involved in decisions that affect me or are about me…"

This principle is about more than simply gaining consent to make a referral. In almost all circumstances, practitioners should discuss their worries about a child or young person with their

This principle is about more than simply gaining consent to make a referral.

parents or carers, before referring them on to another service. The only exceptions to this are circumstances where to do so would place anyone at additional risk of significant harm, may lead to an offence being committed or make it more difficult for evidence to be gathered that may support a conviction.

Discussing the concerns in this way may result in solutions other than making a referral to children's social care or another specialist service being identified.

Where the practitioner remains concerned about the likelihood of a child or young person suffering harm such that a referral is made without consent, the parent or carer will be prepared to be contacted further and will understand the reasons for the concerns even if they do not agree with them.

Where a child is **Gillick Competent** concerns about their wellbeing should also be discussed directly with them before any referral is made.

"I have the right to be treated as an individual and not on the basis of assumptions about my religion or cultural background…"

If practitioners are in any doubt about the reasons why a family or individual is saying or appears to be behaving in a particular way, the best way to find out more is to ask the person concerned.

Many newly arrived families and individuals will be struggling to understand systems and processes in the UK. They may, for example have heard a number of stories about how children's services in the UK take children away from their families. Practitioners need to be sensitive to issues such as these and take time to offer additional explanation and reassurance.

"I have the right to be able to talk about complicated things in my first language…"

Ideally, practitioners should be able to speak directly in the first language of the individual. Working through interpreters is a more lengthy process and often affects the richness of the information being provided. However, many of our services do not have a workforce that matches the community being served in terms of diversity. This means that interpreters will be needed on occasion. Family members must not be used to interpret sensitive or complex matters.

"I do not want other people to know about me or my family unless I say that this is OK…"

Unless it would put anyone at risk of harm, services will always let people referred to us know who we intend to talk to about them, and seek their consent to do so.

We always need talk to other professionals as well as people who know the person referred well, in order to make the right decision about what services to offer. We make a professional decision as to who it is necessary to share information with, on a case-by-case basis, making sure that this is legal, necessary and safe, particularly when we know information has been given in confidence.

It may not be possible to help people effectively if they do not want us to talk to others about them If this is the case, we will explain to families and individuals why we may not be able to help them as we would wish.

The records we make about people who are referred for services will be accessed only by staff who need to see them in order to do their jobs.

Information Sharing

The Children Act 1989 encourages all agencies to work in partnership with families wherever possible and to seek their consent to share information and make onward referrals.

To support children and families effectively agencies need to share information routinely and regularly. This is important when providing early help where a family has emerging problems, essential in identifying and meeting a child's needs and when putting in place effective child protection services.

'Information Sharing Advice for Practitioners providing Safeguarding Services to Children, Young People, Parents and Carers' [3](HM Government July 2018) provides guidance for all frontline practitioners and managers working with children and young people, who have to make decisions about sharing personal information on a case-by-case basis. The principles set out in the guidance help practitioners working with children, young people and carers share information between organisations.

Open and honest discussion by practitioners with children and families in order to gain consent to share their information AND compliance with the principles set out in the guidance above will ensure that information can be shared between partners and agencies for the benefit of children and families without breaching Data Protection legislation.[4]

Wherever possible, practitioners should seek consent and be open and honest with children and families from the outset as to why, what, how and with whom, their information will be shared. In particular practitioners should seek consent where an individual may not expect their information to be passed on and consent to share information must be explicitly and freely given.

Family participation in Early Help Assessments ('The Story So Far') and Child in Need Assessments (s17) is voluntary - as is engagement in any resulting plan.

It is therefore essential that professionals work constructively, positively and honestly with families to gain consent prior to making a referral to Children's Social Care or prior to making requests for support from agencies contributing to Early Help Plans.

When a professional contacts the Bury EHASH/MASH it is expected that consent to agency checks and information sharing has been obtained from the parent or carer (unless the contact is for an 'in principle' consultation).

The only time this should not be applied is if the person contacting the EHASH/MASH has reason to believe to do so may place the child at further risk of harm.

Open and honest discussion by practitioners with children and families in order to gain consent to share their information AND compliance with the principles set out in the guidance above will ensure that information can be shared between partners and agencies for the benefit of children and families without breaching Data Protection legislation.

3 Information sharing advice for safeguarding practitioners - GOV.UK (www.gov.uk)
4 Information sharing and data protection | early years alliance (eyalliance.org.uk)

There must be a proportionate reason for not seeking consent and the person making this decision must consider the legal duty to seek consent and the damage that might be caused to future working by sharing information without consent. It maybe that on some occasions if consent to information sharing has not been obtained the Early Help & Safeguarding Hub cannot progress further. The professional making the contact may then be asked to discuss further the issue of consent to information sharing with the family.

On some occasions the EHASH manager may dispense with consent to carry out further checks. An example of this maybe when information is received from an anonymous source - even so as far as possible consent should be sought to progress information sharing beyond the basic system check. The date of consent to information sharing will be recorded together with the rationale for any decision to seek it or dispense with it, on every recorded contact.

Only where there is a clear child protection concern (Level 5) and there is reason to believe that the risk may escalate by approaching the parents/carers, may lead to an offence being committed or make it more difficult for evidence to be gathered to gain a conviction, can enquiries begin without the parent's/carer's consent, - however consent should then be sought at the earliest opportunity.

Circumstances which may not require consent for information sharing between agencies (not an exhaustive list) include:

- Suspicion that a child will be forced into marriage or removed from the country against their will.
- Suspicion that a child likely to be subjected to female genital mutilation.
- A disclosure of sexual or physical abuse increasing the likelihood of significant harm.
- Suspicion that illness is being fabricated.
- Suspicion that a child is at risk of or is being exploited into criminal activity (often organised) – including but not limited to Child Criminal Exploitation (CCE), County Lines, Modern Slavery including Trafficking and Child Sexual Exploitation (CSE).
- Evidence that the child is likely to suffer immediate harm (a child is not generally at immediate risk if they are in school or at some other venue with a professional present, as action can be taken before the child returns home).

Professionals should remember the right of young people to make decisions and influence plans from the age of 16 years [5] and younger if Gillick competent. If a child aged 16 years or older does not have the mental capacity to make decisions, the 'Best Interest'[6] decision making process should be initiated.

As a partnership we understand and agree that we will work within the legal framework of the Data Protection Act 2018 and the Children Act 1989 and our duties to protect children.

5 https://mental-capacity.co.uk/gillick-competence-fraser guidelines
6 https://ico.org.uk/for-organisations/guide-to-data-protection/ico-codes-of-practice/age-appropriate-design-a-code-of-practice-for-online-services/1-best-interests-of-the-child/

Bury 2030 strategy has an ambition to develop and provide services local to where people live through the neighbourhood model with an emphasis of providing support to families in the right place at the right time and by the right person to address concerns with families as they emerge.

There is a significant body of research evidencing that preventative services and those that provide early help deliver the best outcomes for children and their families. Working Together to Safeguard Children (July 2018) describes how providing early help is more effective in promoting the welfare of children than reacting later. As such our approach deliberately seeks to encourage prevention and early help with a view to reducing the need to impose more reactive and intrusive services on families.

Even with the most effective forms of prevention, early intervention, and early help there will always be a need to provide specialist services to the most vulnerable and those in need of protection or alternative care. The level of need may be increased by a multiplicity of factors, including the family's history, context, disability and the effectiveness of previous interventions, and professional judgement must be applied.

The Bury Continuum of Need Guidance describes at what point support to children and families should be provided by delivery of:

- Universal services (L1).
- Universal services and additional single-agency help for children and families with additional, unmet needs (L2).
- Universal Services and co-ordinated multi-agency Early Help to those children and families with unmet need (L3).
- Universal Services and multi-agency Family Support delivered by children and families' social workers in accordance with S17 C.A. 1989 (L4).
- Universal Services and specialist and multi-agency safeguarding services for children and families in need of family support and who are suffering or likely to suffer significant harm (L5).

All child protection concerns (L5) must result in a referral to Children's Social Care.

Where help is deemed necessary, multiple factors are likely to be present and decisions as to whether criteria are met for a particular level of help or intervention remain a professional judgement.

It is important to remember that the signs that a child or young person has particular needs may not be found in a single piece of evidence but in a combination of factors or indicators for example, a cluster of indicators in Level 3 when considered together may indicate the need for a Level 4 assessment. There will also be, in some situations, a single indicator that is so obviously significant that it will demand assessment at a particular level even in the absence of any other indicator. The Continuum of Need and accompanying Guidance are not able nor intended to give professionals 'the answer.'

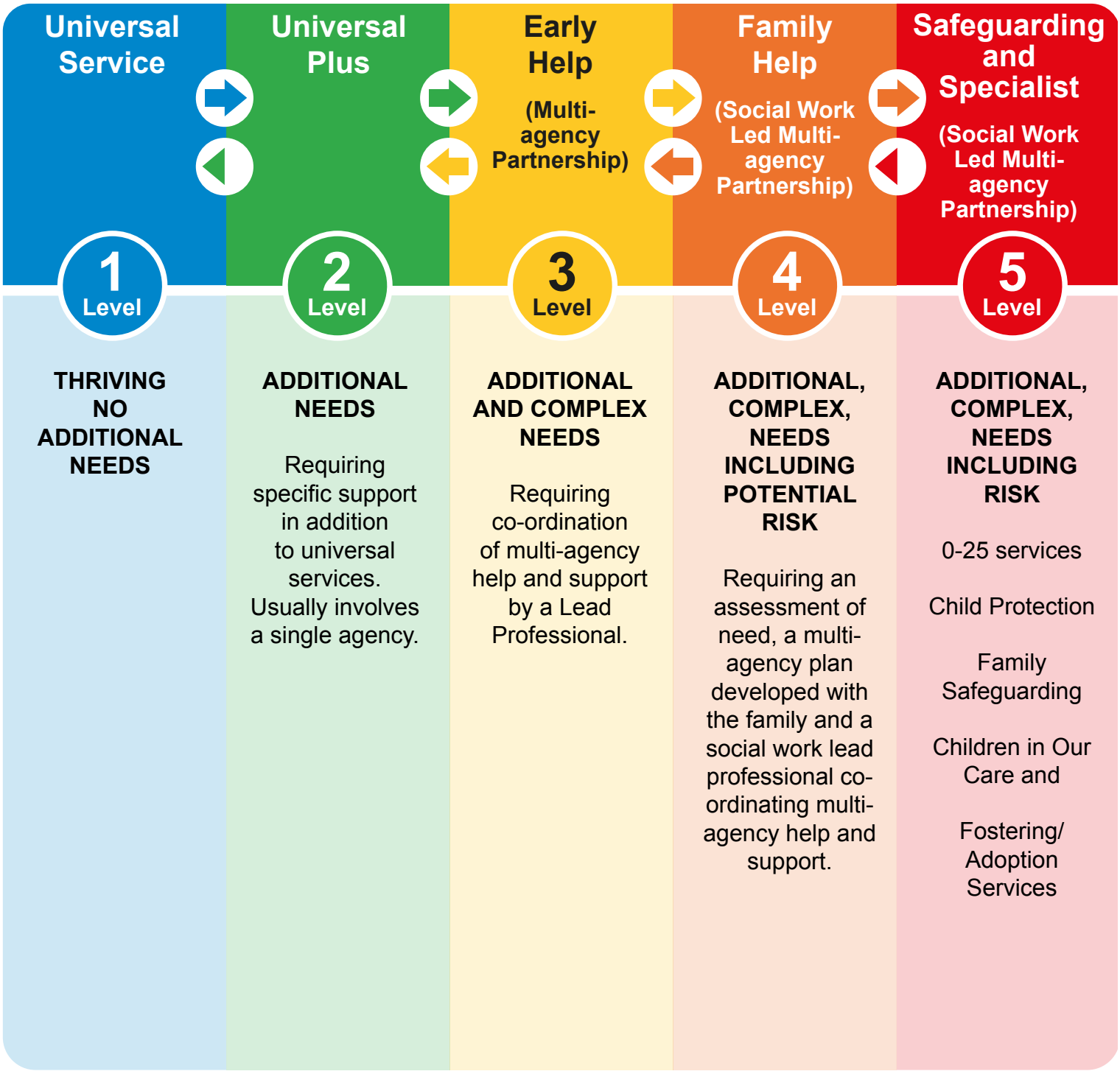
Transitions between levels.

In some cases, a child or young person will go through a few transition points on their journey to having their needs met – for example a child whose needs remain unmet by the provisions at Level 2 (Universal Plus) may need to receive a more co-ordinated response at Level 3 (Early Help). Similarly, a child supported within Level 3 whose circumstances and situation do not improve may need to receive the specialist assessment and support provided at Level 4 (Family Help). The aim in providing support to families, children and young people is for needs to be met such that they require less intensive support.

It is important to monitor and review the impact of help and support on children and families to inform decisions about the most appropriate level of support.

Information sharing between agencies and services on an ongoing basis is essential to ensure that families and children do not need to repeat their stories when they transition between levels of need.

Bury Integrated Safeguarding Partnership Continuum Of Need



1 Level

LEVEL 1 ALL NEEDS MET – UNIVERSAL

Professional dialogue is essential in order to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals and with them use the guidance to reach a Professional Judgement.

Description	Most children thrive and reach their full potential through the care of their families, communities, and universal services. Universal services are delivered through schools, primary healthcare, leisure services and voluntary services.
Response	Universal services practitioners' signpost to Bury Directory
Services	Early Years Early Help Locality Hubs Education Primary health care Community health care Schools Voluntary Services
Resources/ Tools	Bury Directory
Outcomes	Children and young people make good progress in most areas of development and Universal Services meet all their needs
Information Sharing	Informed and explicit consent required to share information with other agencies

2 Level

LEVEL 2 ADDITIONAL NEEDS – UNIVERSAL PLUS

Professional dialogue is essential in order to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals and with them use the guidance to reach a Professional Judgement.

Description	Children, Young People and Families who have some needs unmet by Universal Services may need additional support to improve education, parenting and/or behaviour or to meet a specific physical or emotional health need. This may involve provision of additional help usually from a single agency. The provision of the additional services renders all needs met.
Response	In Bury every person working or engaging with children and families regardless of organisation or status or position has a responsibility to support families to access appropriate services to enable positive parenting. Universal Plus will be considered core business for all services, teams and agencies working with children and families in the borough. Frontline Practitioners irrespective of agency should always be alert to the needs of the family and how they impact on a child or the children and establish whether other agencies are or should be providing additional support to children and families. (https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance - requires local authorities to consider the impact of an adult person's needs for care and support on other family members including children) At any time, practitioners can seek advice from an Early Help Consultant or Social Worker in EHASH as to whether an Early Help Consultant or Social Worker should take on the role of Lead Professional and co-ordinate a multi-agency response at L3 or even L4.
Services	In some cases, a child or young person and their family supported by the universal services may have additional needs which can be met by more help from a single agency and without the need for a lead professional or a Team Around the Family Approach. Examples of this could include: • A referral to the Speech and Language Team where language delay is considered to stem from a health-related issue rather than an environmental or parenting issue • A referral to Smoking Cessation services where there are no other identified needs.
Resources/ Tools	Bury Directory, SEND
Outcomes	Children and young people make good progress in most areas of development, additional support meets all their needs. The life chances of children and families will be improved by offering additional support
Information Sharing	Informed and explicit consent required to share information with other agencies

3 Level

LEVEL 3 EARLY HELP (MULTI – AGENCY PARTNERSHIP)

Professional dialogue is essential in order to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals and with them use the guidance to reach a Professional Judgement.

Description	Children, Young People and Families with additional and complex needs who need a co-ordinated multi-agency targeted response. They will be experiencing persistent problems which it has not been possible to resolve at Universal Plus. Maybe a child with a disability meeting threshold for assessment and requiring involvement of SEND and/or Graduated Response services – or maybe a child with an ASSET plus assessment in place
Response	The professional identifying unmet needs will become the Lead Professional (LP) and undertake an Early Help assessment (Story So Far), establish the 'Team around the Family' and co-ordinate a family plan. Two or more services will then work together to meet child/young person's needs. Regular visits in accordance with need will be undertaken to establish open and honest relationships and enable strength-based work with children and families. There will be regular reviews of plans. Parents of children with disabilities may be eligible for parent carer assessment, non-parent carers of children with disabilities may be eligible for a carer assessment. Children with disabilities may Access the local short breaks offer. Identification of a young carer in the family will result in an offer of a needs assessment for the adult requiring care and support and consideration of whether the child/young person should be referred for a young carers assessment or a needs assessment under S17 of C.A. 1989 (https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance). The Young Carers (Needs Assessments) Regulations 2015. A young carer transition assessment (Care Act 2014). Where children are considered likely to experience avoidable impairment of health and development or the Lead Professional can have a discussion with an Early Help Consultant or Social Worker in EHASH to agree whether a social worker should take on the role of Lead Professional and co-ordinate the multi-agency response at L4 or even L5.

3 Level

Services	Team around School/Schools/ School Family Workers/School nurses Health visitors, CAMHS Youth Service, Youth Justice Service Short breaks for disabled children/Preparation for adulthood, Integrated services for Learners, Graduated Response (Children with Disabilities) Independent Domestic Violence Advisor (IDVA) Services Voluntary and Community Services, Team Around Family/Locality Hubs
Resources/ Tools	The Neglect Toolkit should be used to determine the level of concern around the different types of neglect. The local screening tool should be used to determine the level of concern around a young person's alcohol or substance misuse. The local screening tool should be used to determine level of concern around a young person's offending or low level anti-social behaviour. SEND Support Plan.
Outcomes	Children and Families with additional needs are supported by appropriate and coordinated services through a team around the family.
Information Sharing	Informed and explicit consent is required to share information with other agencies. Where consent is refused for multi-agency information sharing parents/carers should be informed that services will be limited to single agency provision and where risk indicators become apparent it may result in information sharing legitimately without consent. We can only override consent for info sharing if the criteria for actual or likely significant harm is met. Consent remains in place for the episode of service provision or until consent is withdrawn.

4 Level

LEVEL 4 FAMILY HELP (SOCIAL WORK LED MULTI-AGENCY SUPPORT)

Professional dialogue is essential in order to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals and with them use the guidance to reach a Professional Judgement.

Description	• Children, Young People and Families whose needs have not been met at the preceding levels and a child who is unlikely to achieve or maintain, or have opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority. • a child whose health or development is likely to be significantly impaired or further impaired, without the provision of services; • a child who has a substantial and permanent disability. A Lead Professional (social worker) will complete a statutory child and family assessment (s17) coordinate a child in need plan . Children who have caring responsibilities can request an assessment. A young carers transition assessment should be completed prior to 18th birthday.
Response	Regular visits in accordance with statutory requirements and need will be undertaken to establish open and honest relationships and enable strength-based work with children and families. Children and families may be invited to engage with a Motivational Interviewing Approach to help them achieve sustainable change and enable unmet needs to be met. Plans will be subject of regular review.
Services	Family Help social work assessment and safeguarding teams, multi-agency Team Around the Family Youth Justice Service, CAMHS, Children with Disabilities SW team (Education, Health and Care Plan), Prevent.

4 Level

Resources/ Tools	The Neglect Toolkit should be used to determine the level of concern around the different types of neglect. The Bury local screening tool should be used to determine the level of concern around a young person's alcohol or substance misuse. The local screening tool should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour. The local Missing, Sexual Exploitation and Trafficking Screener should be used to determine the level of concern around children and young people who go missing, or are at risk of sexual exploitation, criminal exploitation or being trafficked. The AIM 0-12 toolkit or the Brook Traffic Light Tool (or equivalent) should be used to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and young people. The DASH Risk Assessment (or equivalent) should be used to determine the level of response to domestic abuse. The FGM National Risk Assessment should be used to determine the level of response to the potential for Female Genital Mutilation. Where there are concerns about Extremism or Radicalisation, a PREVENT referral can be made or advice sought by following the link https://www.bury.gov.uk/index.aspx?articleid=14807 Family Network Meetings may be offered where appropriate.
Outcomes	Children and Families receive support from skilled and knowledgeable practitioners who work together and with children and families to keep children safe, promote their welfare and help them achieve their potential.
Information Sharing	Informed and explicit consent is required to share information with other agencies (implicit consent for targeted service provision is acceptable). Where consent is refused parents/carers must be informed that services will be limited to single agency provision but where risk indicators become apparent it may result in information sharing legitimately without consent. We can only override consent for info sharing if the criteria for actual or likely significant harm is met. Consent remains in place for the episode of service provision or until consent is withdrawn i.e. Information sharing is not a one off event.

5 Level

LEVEL 5 SAFEGUARDING AND SPECIALIST SERVICES (SOCIAL WORK LED MULTI-AGENCY PARTNERSHIP)

Professional dialogue is essential in order to make informed decisions in the best interests of the child. Talk to the family, talk to your safeguarding lead, talk to other professionals and with them use the guidance to reach a Professional Judgement.

Description	Children and Young People whose needs have not been met at the preceding levels and who are at risk of/are suffering significant harm and/or at high risk of harm to self and others. Child Protection procedures should be followed where significant harm is due to the care afforded or not by parents. Young people who pose a risk to self or others may need either psychiatric or criminal pathway.
Response	The local authority social worker will lead multi-agency S47 C.A. 1989 enquiries in accordance with statutory timescales and where appropriate will be the Lead Professional co-ordinating a multi-agency child protection plan - or where it is unsafe for the Child/Young Person to remain within his/her birth family will make alternative arrangements for his/her safe care either S20 or S31 C.A. 1989. Visiting frequency should be no less than statutory requirements and should be in order to undertake strength-based work with the family to achieve sustainable change and the safe care of the child.
Services	Multi Agency Safeguarding hub Social Work Assessment Team Family Safeguarding Service Children with Disabilities Social Work Team (Education, Health and Care Plan)

5 Level

Resources/ Tools	The Neglect Toolkit should be used to determine the level of concern around the different types of neglect. The Bury local screening tool should be used to determine the level of concern around a young person's alcohol or substance misuse. The local screening tool should be used to determine the level of concern around a young person's anti-social or low-level offending behaviour. The local Missing, Sexual Exploitation and Trafficking Screener should be used to determine the level of concern around children and young people who go missing, or are at risk of sexual exploitation, criminal exploitation or being trafficked. The AIM 0-12 toolkit or the Brook Traffic Light Tool (or equivalent) should be used to determine the level of response to inappropriate sexual or sexually harmful behaviours in children and young people. The DASH Risk Assessment (or equivalent) should be used to determine the level of response to domestic abuse. The FGM National Risk Assessment should be used to determine the level of response to the potential for Female Genital Mutilation. Where there are concerns about Extremism or Radicalisation, follow the link to make a PREVENT referral or gain advice https://www.bury.gov.uk/index.aspx?articleid=14807
Outcomes	Children will be safe from abuse or neglect and will grow up to be confident and resilient.
Information Sharing	Best practice is to share information with informed and explicit consent. To overrule this requires a judgement by the practitioner (with management oversight) that seeking consent may place the child at risk or further risk of harm, prejudices the detection of crimes or leads to an unjustified delay in making enquiries. Where consent is sought and refused, if there is reasonable cause to believe a child suffering or likely to suffer significant harm, then case notes should clearly record the practitioners (and manager's) decision to proceed to proceed with enquiries and information sharing based on evidence/reasonable cause.