



# **Thresholds for intervention document**

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## **1. Introduction**

- 1.1 Working Together To Safeguard Children 2015 (Department for Education) makes it clear that safeguarding children and promoting their welfare is the responsibility of all professionals working with children and that they should understand the criteria for taking action across a continuum of need. This guidance is intended to provide professionals with clear thresholds that should be applied consistently to ensure the right help is given to a child at the right time - research gives a consistent message that for children who need additional help every day matters.
- 1.2 As safeguarding is everyone's business it is important that everyone understands safeguarding as a concept and that roles and responsibilities are clear.
- 1.3 For the purpose of this document the Working Together 2015 definition of safeguarding and promoting the welfare of children is used, namely
  - Protecting children from maltreatment;
  - Preventing impairment to children's health and development;
  - Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
  - Taking action to enable all children to have the best outcomes.
- 1.4 Safeguarding and promoting children's welfare is most successful when children and their families receive help at a time and level commensurate with their needs. The purpose of this guidance is to identify the levels of vulnerability and need, the services appropriate at each level, how they are accessed and how interventions should be organised. The guidance uses a model in which there are five levels of need and outlines the services that will be most appropriate at each level.
- 1.5 Children will obviously move between these levels of vulnerability according to their particular circumstances and so it is essential that changes in need are identified and service response is flexible. The model is intended to ensure children and families are not excluded from help in an arbitrary manner. The aim is the early identification of children who require additional help and the provision of services to prevent children moving towards higher levels of need and to reduce the level of need wherever possible. The boundaries between the levels are not hard and fast and children may present with needs at different levels. Inter-disciplinary discussion and coordination will ensure appropriate services are arranged. The guidance sets out how this will be done.

- 1.6 Please note that the term child is used throughout this document to refer to all children and young people aged under 18 years old.

## **2. Principles of Practice**

- 2.1 It is important that all those undertaking assessments and delivering services to vulnerable children and families work to a common set of principles that underpin good practice. Working Together identifies these as:-

- **Child Centred**  
Where there is a conflict of interests, decisions should be made in the child's best interest.
- **Rooted in child development and informed by evidence**  
Plans and interventions should be based on a clear understanding of a child's developmental progress and the difficulties the child may be experiencing. Effective practice and sound professional judgement should be underpinned by a rigorous evidence base and draw on the practitioner's knowledge and experience.
- **Focussed on actions and outcomes for children**  
Plans should set out the intended outcomes of each intervention for the child and should be regularly reviewed. The provision of services for parents should have a direct impact on their capacity to meet the child's needs and the link should be identified.
- **Holistic approach**  
Understanding the child in the context of his family and wider community requires gathering information about the child in the different settings in which he or she is growing up and understanding the interaction between the child's needs and the parent's capacity to meet these needs.
- **Ensure equality of opportunity**  
Equality of opportunity means that all children are given the opportunity to achieve the best possible level of health and development, regardless of age, gender, ability, race, ethnicity, sexual orientation and circumstances. Some vulnerable children may be particularly disadvantaged in their access to important opportunities and ensuring their social inclusion optimises their current wellbeing and long term outcomes.

- **Children and families are involved in assessment and planning.**

In the process of trying to understand what is happening to a child and identifying help that will safeguard and promote a child's interest it is essential to listen to what the child has to say about their life. It is also important to try to develop a good working relationship with the parents so that they feel involved and their views valued. Consent should be sought before sharing intervention unless to do so would place the child at risk of significant harm.

- **Build on strengths as well as identifying difficulty**

It is important to identify strengths as well as difficulties. It has been found that building on a child and family's strengths is an effective way of working.

- **Establish an integrated approach**

From birth there will be a variety of different agencies and services involved in a child's life. Effective and timely intervention to prevent family difficulties escalating to crisis should be undertaken by any agency as soon as a child is identified as needing additional help. Interagency working at a level proportionate to the identified needs is likely to produce the best outcomes and to secure the safety and welfare of the child. As soon as it is clear that a single agency cannot on its own meet the additional needs of the child other agencies must be involved in a co-ordinated plan.

- **A continual process**

Understanding what is happening to a vulnerable child is a process not a single event. It requires that changing circumstances must be understood and the impact of interventions reviewed. Interventions and services should be reviewed accordingly.

### **3. Continuum of need and response**

- 3.1 The working definition of the continuum of need and response model within this document is

*'The point at which agencies respond when additional unmet needs are identified'.*

- 3.2 The Bury model is illustrated overleaf via the windscreen model. The model represents all the children and young people who live in Bury, their different level of needs and interventions.

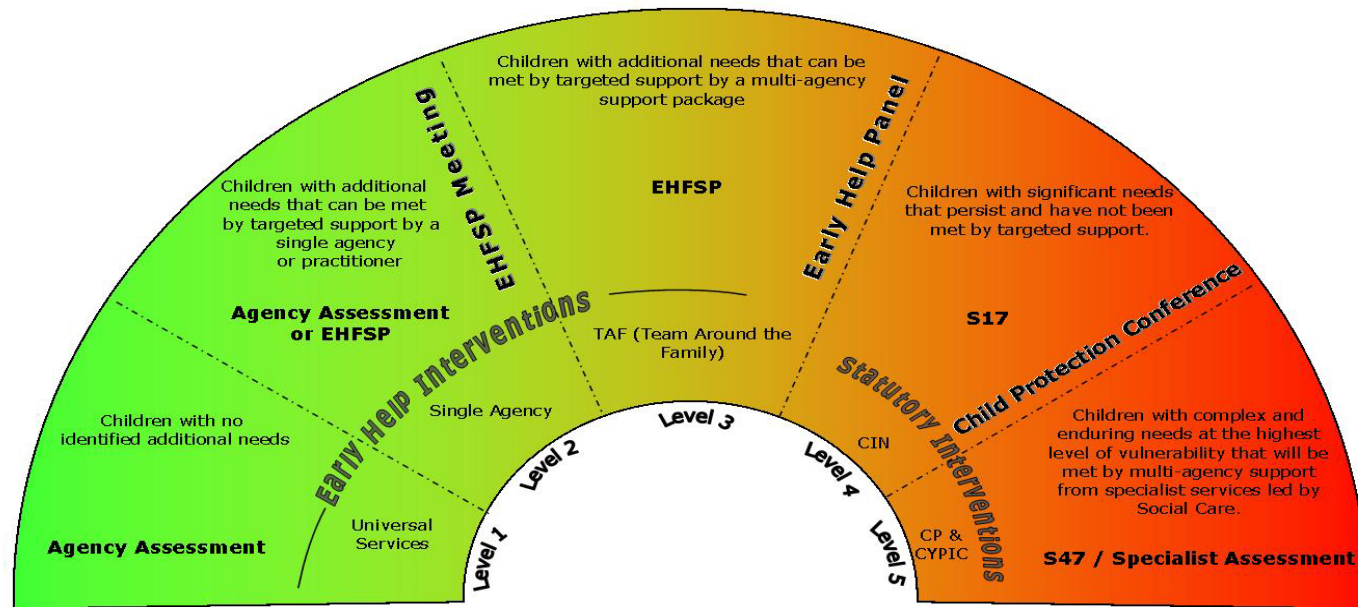
3.3 Children may enter any band at any age or stage of development and may move between bands as their circumstances and needs change.

- **Level 1** represents children with no identified additional needs. Their needs are met through universal services.
- **Level 2** represents children with additional needs that can be met by targeted support by a single agency or practitioner.
- **Level 3 (Team Around the Family, TAF)** represents children with additional needs that can be met by targeted support by a multi-agency support package.
- **Level 4 (Child in Need, CIN)** represents children with significant needs that persist and have not been met by targeted support.
- **Level 5 (Safeguarding/Looked after Children)** represents children with complex and enduring needs at the highest level of vulnerability that will be met by multi-agency support from specialist services led by Social Care.

**Note - All services will be able to meet the needs of children and young people who require additional support and are expected to make reasonable adjustments to enable them to access services as required under Disability Discrimination Act 1995 and Disability and Equality Act 2010).**

## The Bury Model

### *Continuum of Need*



**Key:**  
 CP - Child Protection  
 CYPIC - Children and Young People in Care  
 CIN - Child in Need  
 EHFSP - Early Help Family Support Plan

#### 4. Levels of Vulnerability and Need

4.1 The following tables contain indicative examples of the levels of need and appropriate service response.

##### **Level 1 – Children whose needs are met by Universal Services**

Most children have their needs met by their families, local communities and universal services. Where a short term need arises these are met by a single agency who provide services open to all in a local community

<b>Examples of Vulnerability or Need</b>	<b>Indicators</b>	<b>Response</b>
All new born babies are provided with post natal care through midwifery services	Parent/carer open to support and advice  Baby makes good progress, feeding well and gaining weight	Monitored and passed on to Community Health Services
Parent/carers who requires day care for preschool children are given advice and signposted to local resources	Child's needs are met through good quality local day care	Quality of care is monitored through Ofsted
Children have their education needs met through schools and colleges	Achieving good outcomes	Monitored through school/college processes
All children access the Health Visiting & School Nurse universal Core Programme	Health needs dealt with appropriately  Immunisation up to date  Development within normal limits	Monitored through the Health Visiting & School Nurse universal Core Programme
Young people have need for careers advice, guidance and support met through Connexions	A young person makes good choices in respect of GCSE and A level options  A young person is able to access post 16 training and education opportunities	Monitored through school and college processes

## Level 2 – Children whose needs are met by a targeted services from a single practitioner

Children and families with additional needs or vulnerability may need targeted support to improve outcomes for a child. The vulnerability can be the child's or the parent's but the response must be targeted to meet the needs of the child. Needs are most usefully recorded on a Early Help Family Support Plan

Examples of Vulnerability or Need	Indicators	Response
Child has difficulty in communicating in nursery	Child's speech and language is impaired  Parents are supportive of the intervention	Refer to Speech and Language Therapeutic services  Monitor through Services own procedures
A child has an identified health need	Child is displaying symptoms that require further investigation	Refer to a paediatrician for diagnosis and treatment  Monitored through health processes
A child has difficulty in accessing the curriculum in school	Child is not making the expected progress  Child is falling behind peers  Parents are concerned about lack of progress	Refer to another education professional e.g. specialist teacher, education psychologist  Monitor progress through school procedure
A young person is providing support to a parent with a disability or a mental health problem	Young person is socially isolated, taking on responsibilities that impact on their own social and emotional development	Refer to Young carers  Assess support needs of the parent
A parent appears to be having difficulty in getting a child to school	The child is often late for school  Overall attendance has dipped  Parent is evasive about reasons	Refer to School Attendance Service  Monitor through service and School processes

### **Level 3 – Children whose needs require an integrated approach from more than one service**

Children and families who have a range of unmet needs identified through the completion of the Early Help Family Support Plan (EHFSP) and require an integrated support plan delivered by more than one agency. The 'Team Around the Family' should be coordinated by the professional most appropriate to undertake the 'Lead Professional' role. Where concerns persist or are more complex or entrenched and a social worker may need to be the Lead professional the Early Help Family Support Plan and an interagency form should be sent to the MASH for presentation to the Early Help Panel

<b>Examples of Vulnerability or Need</b>	<b>Indicators</b>	<b>Response</b>
A single parent is struggling to care for her child with complex needs because her mother who has been her supporter has become seriously ill.	<p>School attendance dipped</p> <p>Missed health appointments</p> <p>Mother reporting she is depressed</p>	<p>Professional identifying the problem should, with mother's permission, gather information from other professionals involved with the family to inform a EHFSP</p> <p>Involve the Early Help Consultant who will advise on other services available</p> <p>Call a TAF meeting to develop an integrated support plan</p> <p>Monitor through TAF meetings and refer to MASH if situation does not improve</p>

<p>Parents and or professional concerned that the child is not meeting developmental milestone or compared to peers or has been formally confirmed as having a level of development delay</p>	<p>Child is not meeting developmental milestones or lacks interest in trying new activities</p> <p>Insufficient facilities to meet needs e.g. advice/support needed to access services for disabled children</p> <p>Over –reliance on formal support service</p> <p>Disabled child with complex needs that cannot be met by the parent or carer</p> <p>Child whose communication needs is not being met</p> <p>Statement of Special Educational needs / EHC Plan in conjunction with other risk factors</p>	<p>As above</p> <p>Involvement with School Health Service</p> <p>Involvement with CAMHS</p> <p>Refer to O.T. Service for housing access issues</p> <p>Refer to Bury Parents Forum where the child has additional needs</p>
<p>A parent/carers with a pre-school child has fallen out with the child's grandparents and is living as an unsupported single parent. The Health Visitor notes that parent/carers is not coping and refers to the Children's Centre.</p>	<p>Home conditions poor</p> <p>Parent/carers is isolated and in low mood</p> <p>Parent/carers complains child's behaviour is becoming increasingly difficult</p>	<p>As above</p>

A young person is struggling to progress in life with maintaining good educational progress and into adulthood	<p>Few or no qualifications leading to not being in education, employment or training (NEET)</p> <p>Current rate of progress is inadequate, despite receiving appropriate early education experiences</p>	<p>As above</p> <p>Call a TAF meeting to develop an integrated support plan</p> <p>Complete transition plan at 14</p> <p>Consider request for School Action Plus EHC Plan</p>
A young person is displaying a range of anti social behaviours and non school attendance. Parents ability to manage this is compromised by their own drug use	<p>School attendance is poor</p> <p>Young person reports regular arguments with parents</p> <p>Young person is causing neighbour nuisance</p>	As above
A mother who has fled domestic violence is living with friends in unsuitable accommodation. Her children are exhibiting a range of challenging behaviours at school	<p>Children's behaviour is aggressive</p> <p>Child has numerous fixed term exclusions or becomes 'at risk of permanent exclusion'</p> <p>Children are tired and irritable</p> <p>Mother reports she is depressed</p>	<p>As above</p> <p>Refer to Behaviour Outreach Support</p>

<p>A 13 year old boy has been arrested by the police for causing minor damage to property with others. It is his first offence. He is assessed through the triage process and a community disposal is agreed</p>	<p>Parent/carer reports concerns about the company he is keeping and his poor attitude to her attempts to put boundaries in place.</p> <p>At school his achievement has always been low and now his behaviour is deteriorating. Parent/carer fears he will be excluded</p>	<p>Diversionary approach as part of TAF process as outlined above.</p>
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## Level 4 – Children with multiple and complex unmet needs and a level of vulnerability who require a statutory assessment

Some children's needs may continue to be unmet even though professionals have come together to provide a coordinated package of support. For others, family circumstances will change for the worse or their level of presenting need or vulnerability will require a statutory assessment undertaken by a social worker. In many cases where there has been a TAF support plan it may be useful to undertake a Graded Care Profile assessment to see if a referral to Social Care is required

Examples of Vulnerability or Need	Indicators	Response
Any of the above examples in Level 3 where needs have not been addressed and the persistence of problems may result in the child's health or development being impaired	<p>Lack of parental cooperation with the plan</p> <p>Deterioration in parental health or circumstances</p> <p>Parents reverting to problematic behaviour that impairs their capacity to meet need.</p> <p>Child's problematic behaviour escalating,</p> <p>Entry into the Criminal Justice System</p>	<p>Refer to Children's Social Care</p> <p>Case will be screened and allocated for an appropriate assessment</p> <p>Following assessment the child will either be the subject of a Child in Need plan or an Initial Child Protection Conference,</p> <p>or</p> <p>referred to the Early Help Panel for</p> <ul style="list-style-type: none"> <li>➤ allocation to Team Oasis</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>➤ Stepped down to an identified Lead Professional for ongoing TAF intervention</li> </ul>

Children who may be at risk of Child Sexual Exploitation	<p>Missing from home</p> <p>Early and excessive consumption of alcohol and of drugs</p>	<p>Refer to Children's Social Care MASH team for screening by the CSE team</p> <p>An assessment will be undertaken and if CSE or the risk of CSE is shown to be likely a CSE plan will be established at the appropriate level as above i.e. CP, CSE, CIN or TAF. Where a plan remains with the CSE team a planning meeting &amp; reviews will be chaired by a designated IRO.</p>
A young person 16/17 is estranged from family and is homeless	<p>Not in employment education or training</p> <p>'sofa surfing'</p> <p>Substance misuse</p> <p>Experiencing social and emotional difficulties</p> <p>Engaging in anti-social behaviour</p> <p>In the Criminal Justice System</p>	<p>Refer to Children's Social Care for an assessment of need</p> <p>CSC will provide a mediation service and, if required, accommodation either under S17 or S20.</p>

<p>A 13 year old boy is arrested for a common assault on his parent/carer. It is a first offence and he receives a diversionary disposal. Whilst undertaking work on the consequences of further offending a history of domestic abuse within the family home emerges.</p> <p>An Asset is undertaken</p> <p>Father is currently out of the home but the boy is fearful his mother will let him back in as this has happened many times before. He has younger siblings</p>	<p>Unexplained absence from school.</p> <p>Involved in fights at school and sometimes aggressive towards siblings.</p> <p>Complaining he is being bullied.</p> <p>Previous EHFSP /CAF but mother has not sustained her engagement with professionals</p> <p>Mother reports she is depressed</p>	<p>Refer (with Asset) to MASH for screening with a recommendation that the case is considered by the Early Help Panel for allocation to Team Oasis</p>
<p>A 15 year old boy has been arrested by the police for an alleged indecent assault on another pupil. There is insufficient evidence to pursue a criminal prosecution. Concerns remain regarding the possible risk posed by the young person</p>	<p>Young person is using sexually explicit words and phrases</p> <p>Allegations of inappropriate touching</p> <p>Using sexual violence or threats</p>	<p>Refer to Children's Social Care(MASH) for an assessment of need.</p> <p>AIM assessment to be undertaken jointly by Children's Social Care and the YOS.</p> <p>Plan to be managed under CIN procedures.</p>

Concerns that the Parent is experiencing difficulty in managing the needs of a disabled child(ren) with more complex needs	<p>The child has complex health care needs or life limiting condition</p> <p>The child has severe learning disabilities with challenging behaviour with risk of family breakdown</p> <p>A service is required to enhance the child's social opportunities and needs cannot be met by mainstream services</p>	<p>Refer to Children's Social Care (MASH) for screening and consideration of an assessment of need.</p> <p>Refer to Bury Parents Forum</p>
A young person at risk of radicalisation	<p>Supports extreme right wing ideology and based on this is actively targeting pupils of other races in an aggressive manner</p> <p>Attends animal rights marches with parents and has disclosed that they have been thinking of ways in which to scare the employees of a laboratory</p> <p>Uses social media to view jihadist extremist material e.g. ISIL and has posted extremist rhetoric</p> <p>Outspoken views &amp; support of terrorist activity</p>	<p>Refer to Children's Social Care (MASH) for an assessment of need.</p> <p>Referral to multi-agency Channel meeting.</p>

## **Level 5 – Children with the highest level of vulnerability who appear to require protection and their needs met through an integrated specialist plan**

Some children's needs are so acute i.e. they are being physically or sexually abused or neglected or are complex and enduring and their parents have been assessed as unable to meet these needs that the child requires the protection of the Local Authority. This will be achieved either through becoming the subject of a child protection plan or by becoming looked after

<b>Examples of Vulnerability or Need</b>	<b>Indicators</b>	<b>Response</b>
Child has been neglected over a period of time and the impact on the child's health and wellbeing is significant	<p>Delayed physical, social and emotional development</p> <p>Poor school attendance</p> <p>Isolated</p> <p>Behavioural problems resulting in fixed or permanent exclusion from school</p> <p>Left to care for self inappropriately</p>	<p>Undertake Graded Care Profile assessment and refer to CSC</p> <p>Strategy meeting</p> <p>S47 inquiries undertaken</p> <p>Initial Child Protection Conference</p> <p>Care proceedings may be initiated</p>
Child is living in home where domestic violence is perpetrated	<p>Domestic violence is reported to the police</p> <p>Child is anxious and withdrawn</p> <p>Child exhibits aggression to others</p> <p>Child is guarded and reluctant to talk about home</p> <p>Child expresses concern about parent</p>	<p>Refer to CSC for an assessment</p> <p>Strategy meeting</p> <p>S47 inquiries undertaken</p> <p>Initial Child Protection Conference</p> <p>Care proceedings may be initiated</p>

Suspicion that a child is being physically abused by a parent	<p>Child missing from school on a regular basis</p> <p>Child is anxious and withdrawn</p> <p>Child is reluctant to change for PE</p> <p>Child has bruises or other unexplained injuries</p> <p>Child makes a disclosure</p>	<p>Refer to CSC for an assessment</p> <p>Strategy meeting</p> <p>S 47 inquiries undertaken</p> <p>Child may be made subject to PPO or EPO if required</p>
Concerns that the Parent is not responding to a high level of disability, co-operating with services, around physical and / or emotional health issues	<p>Parents refuse medical or not accessing medical care for child resulting in significant harm to child</p> <p>Parent fabricating and / or inducing illness to child</p> <p>Child not in education and concerns for safety in conjunction with EHC / Statement of Special Educational Needs</p>	<p>Refer to CSC for an assessment</p> <p>Strategy meeting</p> <p>S47 inquiries undertaken</p> <p>Initial Child Protection Conference</p> <p>Care proceedings may be initiated</p>
Concerns that a pregnant woman may not be able to care adequately for a new baby or baby may be at risk	<p>Mental Health difficulties</p> <p>Substance misuse</p> <p>Learning disability</p> <p>Previous children removed from care of either parent</p>	<p>Refer to CSC for pre-birth assessment</p> <p>Initial Child Protection Conference</p> <p>Care proceedings may be initiated</p>

Concerns regarding Female Genital Mutilation	<p>Family are from a high risk country of origin</p> <p>Girls being taken on a long holiday to the family's country of origin</p> <p>Mother or sister who has undergone FGM</p>	<p>Refer to CSC (MASH) for an assessment</p> <p>Strategy meeting</p> <p>S 47 inquiries undertaken</p>
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## **5. Guidance on implementing the model**

### **5.1 Consultation**

- 5.1.1 Concerns about the welfare of a child should always be discussed with a line manager or supervisor and a course of action should be agreed and documented. Managers may wish or be required by their agency's procedure to consult with a designated safeguarding person. Consultations may also be had with the Early Help Consultant or if the concerns are more serious or immediate with a duty social worker from the Multi Agency Safeguarding Hub (MASH).
- 5.1.2 Workers may wish to discuss their concerns with a professional from another agency also involved with the child or family to gain a better understanding of the child's situation before deciding on a course of action.
- 5.1.3 If you believe a child is at risk of significant harm (i.e. at level 5 of the model) the child must be referred to Children's Social Care without delay either by a referral to MASH or if a child is an open case to Children's Social Care to their allocated social worker.

### **5.2 Sharing Information**

- 5.2.1 Confidential information is personal information that is not in the public domain or readily available from another public source and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.
- 5.2.2 Consent to share information with other professionals should be gained from a parent or a Gillick competent child<sup>1</sup> unless
- There is evidence that a child is suffering or likely to suffer significant harm.
  - There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm.
  - There is a need to share information to prevent significant harm from arising to a child.
- 5.2.3 In these circumstances refusal to consent to information sharing should not prevent the sharing of confidential information. The Government has produced Guidance that will assist in making these decisions: [Information sharing: advice for practitioners providing safeguarding services \(2015\)](#).
- 5.2.4 There is a duty under S47(9) on agencies working with children to co-operate and to share information if it is requested in the course of a Section 47 inquiry.
- 5.2.5 Applying this to the threshold model means that consent to share information and to undertake an assessment should be gained from a parent or a Gillick competent child when working at level 1 – 3 of the model. At level 4 it is important to assess carefully whether there is sufficient reason to share

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<sup>1</sup> For information about [Gillick competence](#)

confidential information without consent and that the reason for doing so is fully documented.

- 5.2.6 Using the [Graded Care Profile](#) is a useful way of making an assessment that assists decision making in many cases where compromised parenting is the issue.
- 5.2.7 If at levels 1 – 3 a parent does not give consent this may, in itself and depending on circumstances demonstrate that a referral to Children's Social Care is required. An example of this would be a vulnerable, single mother with a baby who was not accepting an intervention at a TAF level. In this case the likelihood of significant harm would be high.

### **5.3 Undertaking an Early Help Family Support Plan**

- 5.3.1 The Early Help Family Support Plan (EHFSP) is a standardised approach to identifying a child's additional or unmet needs at an early stage and developing a plan. The EHFSP is carried out with the consent and involvement of parents and older children and can be done by a single agency or in collaboration with others.
- 5.3.2 The EHFSP forms the basis for planning a coordinated approach to supporting children and their families. Forms and information can be downloaded from the [Bury Council EHFSP webpage](#).
- 5.3.3 In Bury an EHFSP that requires the involvement of more than one agency should be registered with the Early Help Consultants in Team Oasis.
- 5.3.4 An Early Help Consultant can assist in the following ways:
- Tell you if a plan already exists
  - Offer advice, support and guidance on completion of EHFSP's
  - Offer training in the completion of the EHFSP/TAF Attending Team Around the Family (TAF) meetings
  - Support failing plans
  - Advise on cases moving down from social care (step-down)
  - Advise on cases moving up to social care (step-up)

### **5.4 Team Around the Family**

- 5.4.1 Where a plan for a child involves professionals from more than one agency or organisation it is delivered through a Team around the Family (TAF) approach. The team will ensure that an appropriate 'lead professional' is nominated to coordinate the interventions, convene review meetings and act as a single point of reference for the family. The lead professional will assist the child and family to make choices about services and to find their way through the system.
- 5.4.2 A TAF meeting is a model of inter-agency or partnership working that brings together a range of different practitioners to plan and deliver a co-ordinated package of support to meet the needs identified through the Early Help Family Support Plan. It is important that parents/carers (and where

appropriate the child/young person) are included as partners in the meeting process which includes being key to any decisions being made.

5.4.3 A blank TAF template can be found [Bury Council TAF webpage](#) to support this process.

5.4.4 Children who have been the subject of a child protection plan may benefit from continuing help delivered through the TAF approach.

## **5.5 Team Oasis**

5.5.1 The main purpose of Team Oasis is to prevent children and families' problems escalating to the point where a statutory intervention is required. They will do this by co-ordinating the provision of Bury's Early Help Offer through the integration of each agency's work with the family to achieve an inter-agency approach.

5.5.2 It is a key strand in ensuring that families receive a tangible offer of early help before problems escalate through the offer of direct and appropriate support.

5.5.3 Referrals to Team Oasis will be through the Multi Agency Safeguarding Hub (MASH) where they will be screened and if appropriate sent to the Early Help Panel for discussion and allocation.

5.5.4 Cases supported by an Early Help Family Support Plan will be allocated to either a social worker or a child and family worker, who will work with the family and where deemed appropriate act as lead professional. They will co-ordinate and track a timely, outcomes focused inter-agency plan. Regular reviews will monitor the progress of the plan and the effectiveness of interventions. If a review identifies that an agency is not contributing to the plan concerns will be raised via the appropriate channels.

5.5.6 The terms of reference for the Early Help Panel are attached as [Appendix 1](#).

## **5.6 Children in Need**

5.6.1 Some children will have needs that persist or get worse despite early intervention having been given, others will have needs that seem too complex to be dealt with at an early help level. Often these children will also have parents who fail to cooperate fully with the professionals trying to assist them. These children should always be referred to Children's Social Care through the MASH.

5.6.2 The referral will be screened and initial inquiries will be made. If the screening concludes that it seems likely that there is a need to intervene

- to prevent neglect or abuse,
  - to reduce the need for care proceedings or
  - to assist a child to live with his/her family<sup>2</sup>
- the case will be passed for a S17 assessment.

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<sup>2</sup> Part 1, Schedule 2 [Children Act 1989](#)

- 5.6.3 If the assessment concludes that a child is 'in need' within the definition given in S17(10) of the Children Act 1989<sup>3</sup> a Child in Need (CIN) plan will be developed by a social worker from the Safeguarding Service.
- 5.6.4 The social worker will act as the lead professional until the case can be stepped down or closed. The CIN plan will be an integrated plan to which all relevant agencies will contribute.

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<sup>3</sup> A child shall be taken to be in need if

- (a) He is unlikely to achieve or maintain or to have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of a service for him
- (b) His health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services or
- (c) He is disabled

## 5.7 Children who may be the subject of Child Sexual Exploitation

The [BSCB child sexual exploitation procedures](#) should be followed.

## 5.8 Child Protection

- 5.8.1 When it is known or suspected that a child has been physically, sexually or emotionally abused or are severely neglected then the child is in need of immediate protection and a referral to Children's Social Care through the MASH should be made without delay.
- 5.8.2 It is good practice to inform a parent or carer of a referral but this is not required and a referral should not be delayed because a parent cannot be contacted.
- 5.8.3 However please note that in some situations parents or carers **must not be told** about the referral. Specifically in case where sexual abuse, fabricated illness or forced marriage is known or suspected.
- 5.8.4 Concerns that would require a referral include: -
- child has or is likely to be significantly harmed through a deliberate act, neglect or domestic violence
  - child is being or suspected of being sexually abused or groomed for sexual purpose
  - child is exhibiting significant emotional/psychological problems due to neglect, poor parenting or emotional abuse
  - Reported pregnancy where there are current child protection concerns such as parental mental health or substance misuse or where there have been previous child protection concerns
  - Fabricated illness
  - Forced marriage of a minor
  - Non organic failure to thrive
  - Parents involved in serious criminal acts e.g. drug dealing viewing sexual images of children
  - Sexual exploitation of a young person
  - Adult known to be a risk to children living in or visiting the home of a child or having other contact
- 5.8.5 This is not an exhaustive list and any significant concern should be referred to the MASH. If there is any doubt about whether a concern reaches the threshold for a referral, professionals should contact the MASH for a consultation. **It is very important that concerns are shared. The rule of thumb is - if you go home worried you should consult.** Remember you are not making an allegation you are sharing a concern about which inquiries may need to be made.
- 5.8.6 Helpful advice can be found in the Government leaflet ['What To Do if You're Worried A Child Is Being Abused'](#) <sup>4</sup>.

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<sup>4</sup> [What To Do If You're Worried A Child Is Being Abused](#) HM Government 2015

- 5.8.7 When a child is thought to be a risk of significant harm a strategy meeting will take place to which the professional making the referral will be invited and S47 inquiries will be instigated. If it is concluded that the child has suffered significant harm a Child Protection Conference will be convened to which professionals all relevant agencies will be invited. If you are unfamiliar with Child Protection Conferences it may be useful to read the GMSP safeguarding procedures ([child protection conference section](#)).
- 5.8.8 Children in need of protection will usually be safeguarded and their needs addressed through a child protection plan but in exceptional circumstances Social Care may apply for a court order to remove a child.
- 5.8.9 A child protection plan will be coordinated by a Core Group of professionals working with the child and family. For further information, please see [Core Group Guidance Notes](#).
- 6. Services available in Bury to support children and families at each level of the continuum of need**
- 6.1 The [Bury Directory](#) is a useful resource for practitioners. It provides information on a wide range of services, referral and contact details.

# EARLY HELP PANEL

## TERMS OF REFERENCE

### 1. Purpose of the Panel

The purpose of the Panel is to ensure that:-

- Children and families who require co-ordinated services below the threshold for statutory intervention receive timely services, appropriate to their needs.
- Case responsibility transfers in a safe and timely manner.
- Multi agency case discussion and decision making is available to representatives from any agency working with children with additional needs.

### 2. Principles underpinning the work of the Panel

Parents will be supported to care for their children where this is consistent with safeguarding and promoting the children's welfare.

Help will be timely; it is recognised that for children requiring additional help time matters.

Parental consent to interventions and information sharing will always be required unless there is a safeguarding concern.

Plans will build on families' strengths, focussed on outcomes for the child, help to build resilience and raise aspirations.

The child's and families wishes and feelings will be ascertained and taken into account when developing plans.

### 3. Panel Remit

The remit of the panel will be to:

- Receive referrals from the Multi Agency Safeguarding Hub (MASH) which will include a Summary Sheet and a MASH Inter Agency Referral Form (see Appendix 1) and the most recent assessment, e.g. a EHFSP, Initial Assessment, Core Assessment, ASSET, Graded Care Profile etc where available).
- Discuss the case in a way that keeps the needs of the child central to the discussion and focuses on the provision of services that meet these needs.
- Agree which of the following pathways is most suitable having discussed the case
  - a referral to Team Oasis; or
  - a TAF level of intervention or a TAF with additional support from Team Oasis, in which case a lead professional will be appointed by the identified lead agency; or

- a referral to either a) a single agency b) identified support programmes e.g. Supporting Communities, Improving Lives etc; or
  - a referral to Social Care for assessment if the risks are deemed to be at a level that requires a statutory intervention.
- Provide direction and advice as to what action the Panel believe is required in each case via an updated Summary Sheet and a nominated Panel member where needed.

#### **4. Panel Membership**

The Panel membership will comprise of a core of representatives from:

Children's Social Care  
 Children's Centres  
 IYSS (Connexions/Youth Service/Teenage Pregnancy/Young Carers)  
 Health Visiting/School Nurse Service  
 School Attendance Service  
 Team Oasis  
 Children with Disabilities Service  
 CAMHS  
 MASH  
 Early Break

Representatives should be at the appropriate level of seniority within their own agency to allocate work, take case management decisions and provide a link to other relevant early help support services where identified. Deputies may be appointed to attend provided they fulfil this requirement.

All Panel members must have current enhanced CRB/DBS checks where these apply.

## 5. Operation of the Panel

### Administration

The Panel will be convened and serviced by Children's Social Care. A Panel Administrator will be responsible for the collection, distribution and follow up of referrals and taking and distributing Panel outcomes as recorded on Summary Sheets

Panel members will normally receive panel papers 3 working days before the date of the Panel via e mail.

### Frequency

The Panel will meet on a fortnightly basis on Tuesday mornings between 9.30 a.m. and 12.30 p.m. at the Redvales Centre.

### Chairing

A Panel Chair will be appointed by the Executive Director of Children's Services. The chair will be a professional at or above operational manager level.

## 6. Referral to the Panel

In order to have a consistent approach to the implementation of the Early Help threshold, **referrals to the Panel will be made via the MASH** where they will be regarded as contacts, screened and if appropriate forwarded to the Panel. Referrals to the Panel by the MASH **must be** supported by a Summary Sheet, an Inter Agency Referral Form and/or any other assessments that have been undertaken. In cases of neglect/poor parenting it is expected that the referrer will have completed the Graded Care Profile.

Parental consent must be obtained before a referral to the Panel can be made and should be recorded on the Inter Agency Referral Form.

Referrals should normally be received at least 3 working days before the date of the next Panel meeting. Late referrals may be considered if agreed by the MASH manager and the Team Oasis Manager.

### **Referral Criteria**

Where a case has been referred to the Panel by the MASH this indicates that the case falls into high level 3 of the Threshold for Intervention model. **The key referral criteria are**

#### **a) In need of a co-ordinated intervention not necessarily led by a social worker**

For example

- Children/young people who have been subject to a single agency intervention but experience has shown that additional and co-ordinated intervention is required;
- Children/young people who have been subject to co-ordinated intervention via a TAC but where additional support may be required;

- self referrals to the MASH by parents/carers or other family members requesting additional support; and
- young people who have been subject to a court order and have been supervised by the YOT who would continue to benefit from co-ordinated services after the order has finished but who do not meet the threshold for social care intervention.

## **b) Step Down**

Where a referral has been made to Social Care by MASH and a Child and Family assessment indicates there is no need for a CIN/Child Protection intervention, a 'step down' to the Early Help Panel can be made via the MASH if it has not been possible to identify a lead professional to chair a TAF.

## **c) Retrospective Referrals**

Where a referral is made to the MASH which requires a response that is needed prior to the next Early Help Panel, but is not deemed to meet statutory thresholds, agreement for intervention will be discussed between the MASH and Team Oasis manager. The case will be presented to the Early Help Panel retrospectively at the next available panel to discuss appropriate allocation within early help provision.

## **7. Developing a Plan**

The chair will assist the Panel to identify the desired outcomes from each referral made and the most appropriate pathway, e.g. a TAF is required, and who should lead on this. These details will be recorded on the Summary Sheet which will be distributed as required depending on the pathway agreed. The referrer will receive a letter detailing the actions recorded on the Summary Sheet (see Appendix 2) and will be expected to inform parents/other interested parties about the decisions made by the Panel.

Where a TAF is required it will be the responsibility of the lead agency to appoint the lead professional and to ensure that a TAF Support Plan is completed with the child and their parents, co-ordinated and managed.

## **8. Monitoring**

### Panel Referral Reviews

A review date will be set for identified referrals that have been considered at each Panel meeting so that progress against the actions agreed can be monitored. Feedback will be provided using a Review Sheet (see Appendix 3) which will be distributed prior to the relevant Panel meeting. At this point the Panel can decide to

- close the referral;
- identify further action to be undertaken and set another review date;
- identify further action and leave any subsequent review dates open; and/or
- escalate the referral for statutory assessment.

Where available the Early Help Panel Chair will be sent a Case Closure Report (see Appendix 4) when a referral is closed e.g. by Team Oasis. This report will include any evidence of impact made e.g. Outcome Star indicators.

In addition where any referral is considered to be at Level 4/5 on the threshold and is therefore escalated for statutory assessment, confirmation that this assessment has taken place will be made via the MASH Team Manager on a quarterly basis.

#### Bury Safeguarding Children Board

The work of the Panel will be monitored by the Bury Safeguarding Children Board. The chair of the Panel will present an annual report to the Chair of the Safeguarding Board outlining the work of the Panel and the outcomes of the cases considered by the Panel. The report will make reference to any gaps in services that have been identified in the course of developing support plans etc, issues that had an impact on the work of the Panel during the year and any recommendations for changes to the functioning of the Panel if these are considered necessary.

## SUMMARY SHEET FOR EARLY HELP PANEL

Name of Child/Young Person:
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Date of Birth:
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<u>MASH Recommendation(s)</u>
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<u>Actions Agreed By Early Help Panel:</u>
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Date screened by MASH:
------------------------

Name of person screening:
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Bury Children's Services  
Multi Agency Safeguarding Hub  
Inter-Agency Referral Form



Date of Referral	
------------------	--

<b>1. Details of Referrer</b>			
Name		Work Address	
Role		Organisation	
Telephone		E-mail	

<b>2. Details of Children</b>					
Child/ren's Name	R'ship	DOB	Gender	Disability	UPN
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
				Yes/No	
Ethnicity	Religion				
First Language	Interpreter required			Yes/No	

<b>Immigration Status</b>			
Asylum Seeker		Refugee Status	
		Exceptional leave to remain	

<b>3. Details of Parents/Carers</b>					
Name		DOB		Tel No.	
Address			Relationship		
			Parental Responsibility	Yes/No	
1 <sup>st</sup> Language		Ethnicity		Interpreter required	Yes/No

Name		DOB		Tel No.	
Address			Relationship		
			Parental Responsibility	Yes/No	
1 <sup>st</sup> Language		Ethnicity		Interpreter required	Yes/No

<b>4. Details of Other Household Members</b>			
Name	DOB	Relationship	Telephone No.
First Language	Interpreter required		Yes/No

<b>5. Parents Consent</b> – You should seek the agreement of the child and family before making such a referral UNLESS to do so would place the child at increased harm.			
Are parents/carers aware of this referral ?	Yes	No	
If you have answered <b>No</b> please provide details here as to why they have not been informed. / If you have answered <b>YES</b> please provide details here of their responses.			

<b>6. Agencies Involved</b>		
Agency	Professionals Name	Contact Details
GP		
Health Visitor		
School Nurse		



## APPENDIX 2

**Mark Carriline**  
**Executive Director of Children's Services**

*Our Ref*  
*Your Ref*  
*Date*

*Please ask for* Oasis Team  
*Direct Line* 0161 253 5200  
*Direct Fax* 0161 253 7200  
*E-mail* [earlyhelpservice@bury.gov.uk](mailto:earlyhelpservice@bury.gov.uk)

Social Care Division

Jackie Gower  
Assistant Director  
(Social Care & Safeguarding)

Dear

### **Early Help Panel Referral Response**

This letter is to confirm that your referral to the Early Help Panel for ..... (*enter child's details*)..... was considered by Panel on Tuesday ..... 2014.

The following actions were agreed from this Panel Meeting:

- 

*(Copy information from the summary sheet actions once approved into this part of the letter)*

Yours sincerely

Kate Allam  
Early Help Panel Chair



## REVIEW SHEET FOR EARLY HELP PANEL

Name(s) of Child/Young Person:
Date of Birth:
Name(s) of siblings and date(s) of birth

<u>Actions Agreed By Early Help Panel (taken from Summary Sheet):</u>
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<u>Review of progress</u> (please include evidence of how the voice of the child and family engagement have influenced the actions taken/outcomes)
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<u>Actions completed:</u>
---------------------------

Actions outstanding (including any suggested additional requirements which are assessed as necessary):

Please indicate suggested outcome at this stage

Case to be closed to Early Help Yes/No (delete as appropriate)

Reasons for closure:

Case to remain open with Early Help Yes/No (delete as appropriate)

If case is remaining open to Early Help, suggested further review date:

Review completed by:

Job Title:

Date:

## CLOSURE SUMMARY

Name of Child/Young Person:
Date of Birth:
Name(s) of siblings and date(s) of birth
<u>Case Synopsis:</u> <i>(when allocated, issues identified, work completed)</i>
<u>Closure Summary:</u> <i>(analysis of current situation and ongoing plan)</i>
<u>Outcome Star:</u> <i>(analysis of the scores and journey travelled)</i>
(Please attach a copy of the Outcome Star reports)
<u>Social Worker:</u>
<u>Date:</u>

## APPENDIX 5

### Early Help Panel Flow Chart

