

Tameside Framework

for Help and Support



Foreword

The Tameside Framework for Help and Support is for anyone working with or in contact with children and families who has concerns about a child. The guidance is to explain how to apply the thresholds of needs to children and families. Thresholds are the point where a child, young person or family is able to access a particular service. It is our aim that children at risk are identified early, responded to at the lowest tier appropriate to meet the needs of the child and responded to promptly to reduce risk.

This document explains how local practitioners can work in partnership to safeguard and support children across the borough, recognising that all organisations working with children and young people have a vital role to play.

The Tameside Safeguarding Children's Partnership is committed to ensuring that all services and practitioners working in Tameside:

- Recognise, assess and act in accordance with children's needs from prevention, early help, to targeted interventions, accessing specialist services and safeguarding.
- Promote the importance of early help.
- Provide children and families with the help they need at the earliest opportunity - the right help, at the right time, from the right place.
- Embed the Signs of Safety framework, supporting families to find their own solutions with the help of their network and offering help at the earliest opportunity.
- Can identify what services are available and how they can be accessed.

All partners should ensure their policies and practices embed the principles highlighted in this document. The Tameside Framework for Help and Support has been drafted as per the requirements under the Government's statutory guidance "[Working Together to Safeguard Children 2018](#)".

Statutory safeguarding partners would like to thank all those who participated in the creation of this Tameside Framework for Help and Support.

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Principles:

- Helping children and families at the earliest opportunity - the right help, at the right time, from the right place.
- Embedding the use of Signs of Safety to help assess risks, concerns and identify solutions in partnership with children and families.
- Listening to the voices of children and families.
- Help is delivered with children and families, building on their strengths and supporting them to come up with solutions with the help of their network.
- Holistic support is provided to families.
- Safeguarding is everyone's business. Everyone working with children, young people and their families understands they are responsible for keeping children safe and promoting the welfare of children.
- Everyone working with children, young people and their families uses the thresholds to provide the right help and support.
- Acknowledging that many situations need a multi-agency response, all agencies will work collaboratively to offer a coordinated response and avoid duplication.
- Everybody is confident with data protection principles and will proactively share information to help recognise, assess and act to provide a co-ordinated response to the needs of the child and family.

- Practitioners should not assume that someone else will pass on information that they think may be vital to keeping a child or young person safe.



Information Sharing:

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and Human Rights legislation are no barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.



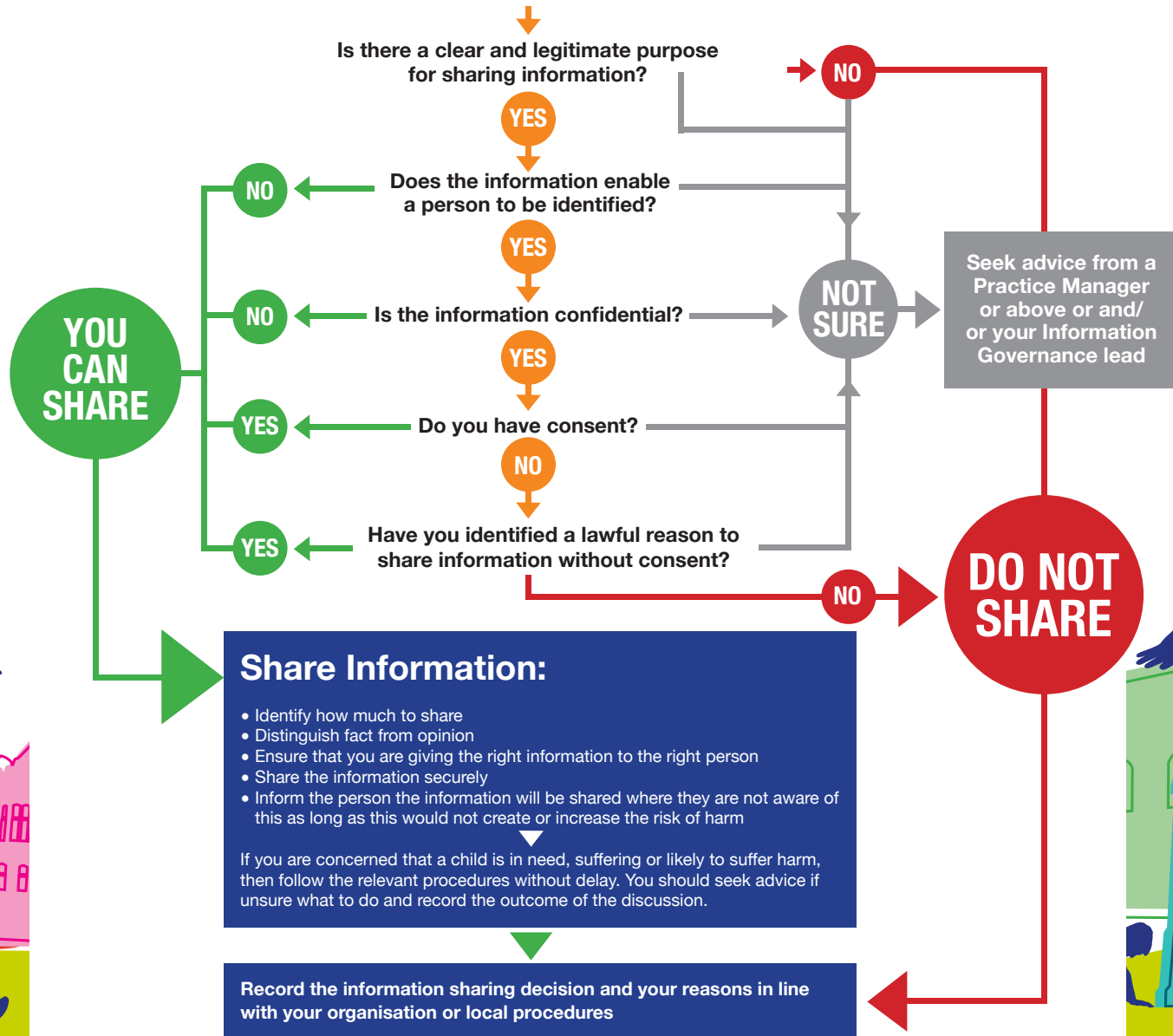
Remember:

Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.



Information Sharing Flowchart

You are asked to share information or you want to share information



Thresholds for support

1. Universal:

My needs are met and I am achieving my expected outcomes.

2. Early Help:

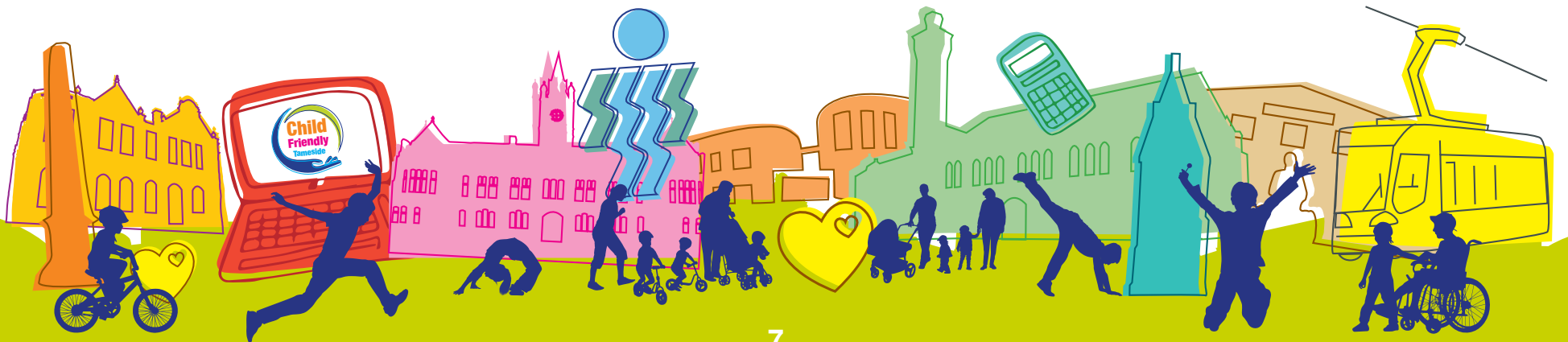
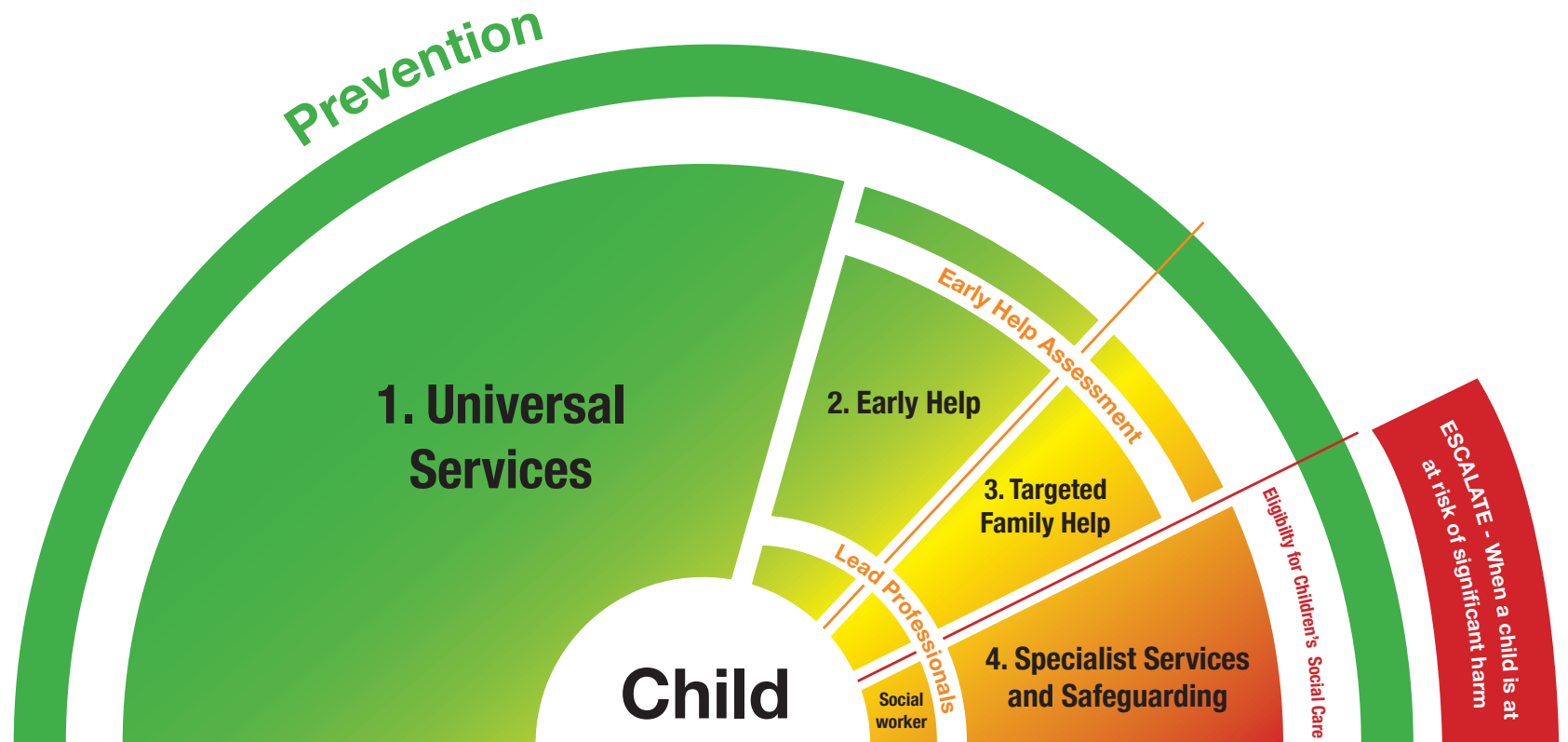
I may need some extra help alongside Universal Services to meet my needs.

3. Targeted Family Help:

There are complex needs. I need different services to work together to promote my welfare.

4. Specialist Services and Safeguarding:

I am a child in need or a child in need of protection. I am at risk of abuse, exploitation or neglect.



Applying the Thresholds:

What does support look like?

Practitioners and individuals should be aware that gaining an understanding of what is happening to a potentially vulnerable child is critical, even if it is triggered by a single event in a child's life.

The approach to then safeguarding that child must involve all those who may be working with the child and/or their family as well as any other people who may be involved in that child's life. Alongside this, it is important to be aware and take account of any changes that may be happening in that child's life and this will require trust and effective communication.

Key to understanding a child and family's needs will always depend on evidence-based professional judgement which leads to ensuring the child and family get the right support at the right time.

In Tameside most children will have an Early Help Assessment, plan and review in place before serious or complex needs are identified. If this approach has not achieved a sustainable positive change for the family then it is appropriate to refer the family into Children's Social Care. Should this be the case the Early Help Assessment, plan and review documents will be considered when the Child & Family Assessment is being undertaken along with an analysis of the current family circumstances.



Applying the Thresholds: Universal

What do Universal Services Look Like in Tameside?

These are services that are accessible to all children and families in Tameside. They are there to ensure all children reach their full potential. In most cases children should be accessing a variety of these Universal Services to ensure they are healthy, can access good quality childcare and education and live in safe and loving environments.

Universal Services are usually those services that children and families access for longer periods of time and are designed to play a critical role in shaping children's futures at all stages of their development. Families know how to easily access these services and can ask for help and support from services such as GPs, Health Visitors and schools.

Children's Centres	Family Hubs	Health visiting	General Practice
Nurseries	Child-minders	Schools	Maternity Services
Housing	The Voluntary Sector	School Nurses	Emergency Services e.g. Police and Fire Services
Hospitals	Services for teenagers	Sexual Health Services	Pharmacies



Threshold Matrix: Universal Services

Description

My needs are met and I am achieving expected outcomes. The majority of Tameside Children will be considered as “universal”.

Tools

Service Information Directory (SID)

[Welcome to SID, Tameside's Service Information Directory for children, young people and families.](#)

Information Sharing

Explicit and informed consent required.

Health

I am registered and visit GP/Dentist/Optician

I am meeting developmental milestones

I am appropriately cared for when ill

I am living in a clean and safe environment

Emotional, Social and Behavioural

I have positive attachments

I have confidence in social settings

I can successfully deal with life changes & challenges

I have a good relationship with friends and adults



Threshold Matrix: Universal Services

Family / Social relationship

My parents/carers provide me with emotional support and praise to achieve well

I have good relationships with my immediate and extended family

I have a large, supportive family and friends network

I feel safe and am not involved in any crime or anti-social behaviour

Behavioural Developments

I am age appropriately developing

My contribution to society is positive and I understand the law and stick to it

Identity

I feel positive about myself and where I belong

I have good personal hygiene

Self-care and Independence

I have a good understanding for my age of how to meet my self-care needs

I stick to rules and boundaries

I ask for help when needed

I have a good understanding of risk and personal safety for my age



Threshold Matrix: Universal Services

Education and Aspirations

I attend and enjoy school

I am on track to achieve educational milestones

I am a child with special educational needs (SEND) and I am reaching my full potential

I am supported by parent/carer to engage in further education, employment and training

I am electively home educated and my parents/carers meet the expected requirements and I am achieving

Parenting

I have positive role models in my life

My parent/carer promotes healthy & safe choices

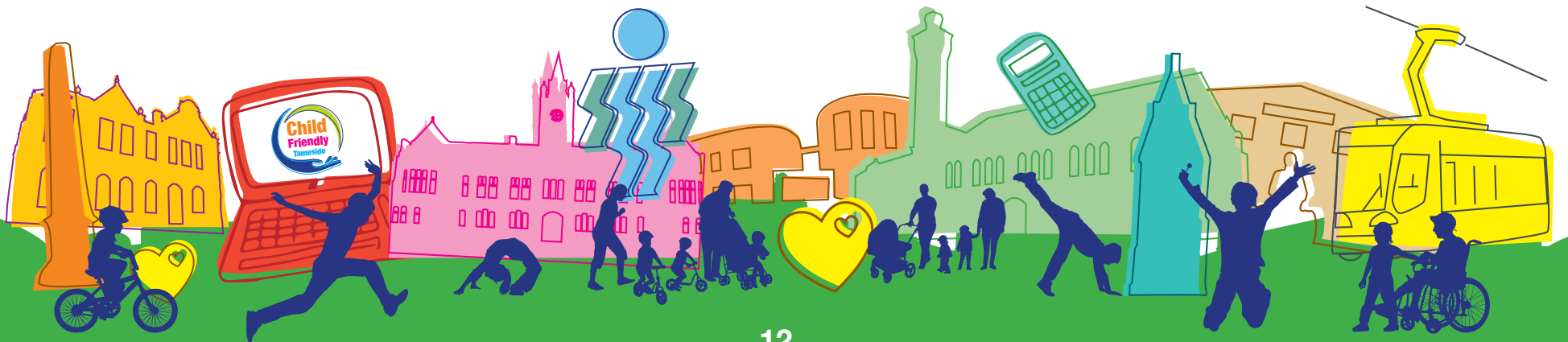
My parent/carer prioritises my needs on a day to day basis

My parent/carer meets my physical, emotional and developmental needs

My parent/carer provides a safe and stable home. I have access to the required material goods

I have positive wellbeing and a stable, supportive family/support network

I have a stable home, which has all the things I need and I feel safe



Applying the Thresholds: Early Help

What does this look like in Tameside?

Most children and families thrive without the need for any intervention or support, but sometimes some children will need some extra help and support for a short period of time. In Tameside this support comes from practitioners, usually in nurseries, schools or health settings, and this support aims to prevent any needs escalating. Early Help Advisers from the Local Authority are there to help support practitioners to coordinate this help. This includes the earliest possible intervention for those children with special educational needs and/or disabilities.

The ethos of this early help is that it aims to support families to reach their own solutions to some of the challenges and problems they are facing as early as possible. This means that this early support and help prevents things getting worse for the family.

Practitioners can also use the Child Exploitation Pre-Screening Toolkit and the Neglect Action Plan Pre-Screening Tool at this threshold. These are used to identify risks to the child, decide upon actions to improve the situation and to identify appropriate support.

The Early Help Offer in Tameside offers the following:

Early Help
Assessment, Plan &
Review

A whole family
approach to help and
support

Helping and
empowering families
to come to their own
solutions with a little
extra help

Brokerage of services
to support specific
needs

Capacity building
and extra support in
schools and childcare
settings

Supporting the Team
Around the Setting
Approach

Giving a helping hand
to families to resolve
any worries and to
improve outcomes for
children

Support by or from
lead practitioner who
is best suited to help
and support that
family

Support from
community
organisations and
assets

The Early Help Advisers in Tameside will work alongside practitioners and families to ensure the most appropriate support is in place as soon as possible.

If you need any help or support in carrying out an Early Help Assessment please call 0161 342 4260 and ask to speak to your Early Help Adviser or email ehadvisors@tameside.gov.uk



Threshold Matrix: Early Help

Description

I may need some extra help alongside universal services to meet my needs.

Early Help Coordinators are there to support practitioners to coordinate this help.

Tools

Early Help Assessment, Team Around the Family, Team Around the Setting, Neglect Screening Tool and Tameside Neglect Action Plan (TNAP), Direct Work Tools to capture Voice of the Child, Referral for Statutory assessment of special educational need (EHCP)

Information Sharing

Explicit and informed consent required.

Health

My parents are refusing and avoiding registration for me with GP/Dentist/Optician

I am not meeting my developmental milestones

I am persistently missing medical appointments

I have repeated infections and infestations i.e head lice

I am engaging in early/unsafe sexual activity or am pregnant at the age of 16 or under

I have an unhealthy diet and lifestyle. I am over or underweight



Threshold Matrix: Early Help

Emotional, Social and Behavioural

I have a lack of attachment and bonding with my parent/carers

I have difficulties in building or sustaining relationships with friends and adults

I have thoughts of self-harm

As an infant I display the following behaviours: head banging, I do not smile, I am overly friendly

Family / Social relationship

I am suffering from a significant life event such as bereavement/loss

I do not get support from my parents/carers or family support network

I do not have any positive role models in my life

One of my parents is in prison

Behavioural Developments

I am not always provided with routines, boundaries or stimulation and therefore my parents/carers may need support from the Parenting team

I sometimes engage in anti-social behaviour in the community

I have tried/experimented with drugs and alcohol

Professionals are worried that I am vulnerable to being groomed or exploited

I recently went missing from home

I am sometimes absent from education

I am persistently late to school



Threshold Matrix: Early Help

Identity

My emotional wellbeing is affected due to my identity and my parents/carers and I need support

People have noticed that my clothing is starting to smell and I look unkempt

Self-care and Independence

I have a poor understanding of my self-care needs

I do not always follow guidance, boundaries or routines from my parent/carer and I lack stimulation

My parents are overprotective of me and this is having an impact on my social, emotional wellbeing/independence

Professionals need to consider if I need a TNAP

Education and Aspirations

Education are worried I am not meeting my educational milestones

Education are worried that I do not have aspirations for the future

I am not supported or encouraged to access education, training and employment. I require an attendance plan with the right professionals to support me to access education i.e. Education Welfare Officer/School

I am electively home educated however my parents struggle to meet the expected requirements. I require support from the Education Welfare Service

I am a child with special educational needs and I am sometimes absent from school and my parent/carer are struggling to engage with school and or implement the recommended interventions and further support is required



Applying the Thresholds: Targeted Family Help

What does this look like in Tameside?

Targeted Family Help in Tameside will be provided by a combination of local authority teams and commissioned services and is there to support those families achieve outcomes when their needs are more complex and may require the support of a variety of agencies. However, families will be supported by a Lead Professional to provide that 'team around' approach.



The types of Targeted Family Help can include (but not limited to):

Early Help
Assessment, Plan &
review(s)

Whole family
approach

Helping and
empowering families
to come to their own
solutions with a little
extra help

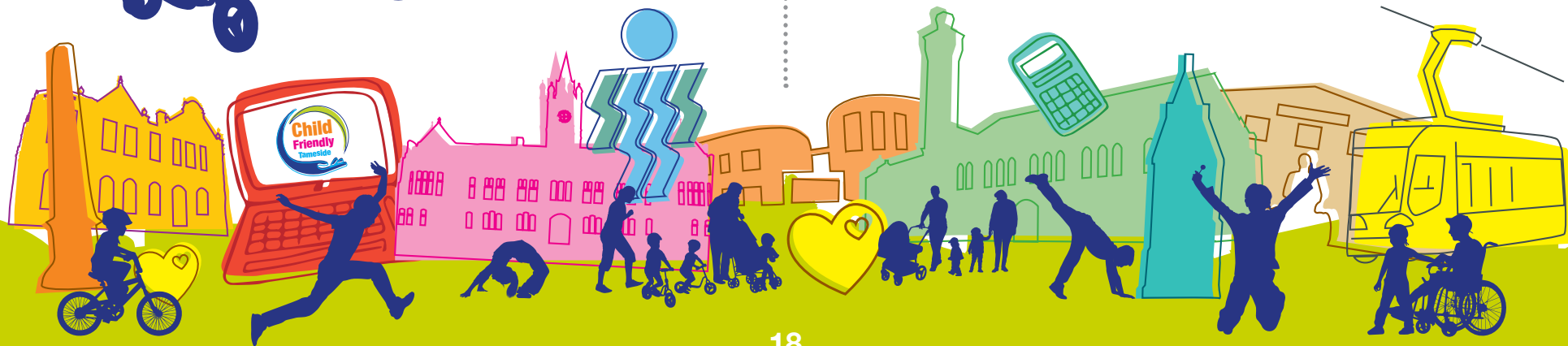
Bringing in services
to support a specific
need or needs

Team around the
family setting
approach will be
undertaken

Lead Practitioner will
be a Case Manager
in the Family Help
Service

Specialist support for
teenagers

Team Around the
Setting



Threshold Matrix: Targeted Family Help

Description

I have complex needs. I need different services to work together to promote my welfare.

This will be delivered by a combination of Local Authority teams and commissioned services.

Lead professional will be a case manager in the Family Help Service.

Tools

Early Help Assessment, Team Around the Family, Neglect Screening Tool and Tameside Neglect Action Plan (TNAP), Direct Work Tools to capture Voice of the Child, Parenting tools, Domestic Abuse tools, Trauma Intervention, Complex/Contextual safeguarding assessment tools, Reducing Risk, Step Up/Down

Information Sharing

Explicit and informed consent required.

Health

Despite Early Help Assessment and support from universal services over a period of time;

My parents have still not registered me with a GP/Dentist /Optician and this may impact on my health

I have not improved in meeting my developmental milestones

I continue to have infections and infestations

I am still engaging in early/unsafe sexual activity or am pregnant at the age of 16 or under

I continue to have an unhealthy diet and lifestyle which is beginning to impact my health



Threshold Matrix: Targeted Family Help

Emotional, Social and Behavioural

Despite Early Help Assessment and support from Universal Services over a period of time;

I have no positive relationships with my family, friends and/or adults. I am socially isolated

Professionals are still worried about me self-harming, having suicidal thoughts and low mood

I still have a negative view of myself and my abilities which impact on my daily lived experience

Family / Social relationship

Despite Early Help Assessment and support from universal services over a period of time;

I am suffering trauma due to a significant life event

Behavioural Developments

Despite Early Help Assessment and support from universal services over a period of time;

I still have a lack of routines, boundaries and stimulation

I frequently engage in anti-social behaviour

I frequently experiment with drugs and alcohol

Professionals have evidence that I am vulnerable to being groomed and exploited

I am going missing from home more often

I am frequently absent from education

I have challenging behaviour that is impacting on my daily life and relationships



Threshold Matrix: Targeted Family Help

Identity

Despite Early Help Assessment and support from universal services over a period of time;

I have a poor sense of belonging within my family which is affecting my emotional wellbeing and I am not supported by my family network

Professionals are worried I may be pulled towards negative influences in the community

Self-care and Independence

Despite Early Help Assessment and support from universal services over a period of time;

My self-care skills for my age are still poor

I still do not follow guidance, boundaries or routines from my parent/carer and I continue to lack stimulation which is beginning to impact on my daily lived experience/family network i.e. risk of edge of care without support

Professionals have evidenced via TNAP/EHA I am wearing dirty clothes and I am unkempt. I also wear inappropriate clothing for the weather or setting.

Education and Aspirations

Despite Early Help Assessment and support from universal services over a period of time;

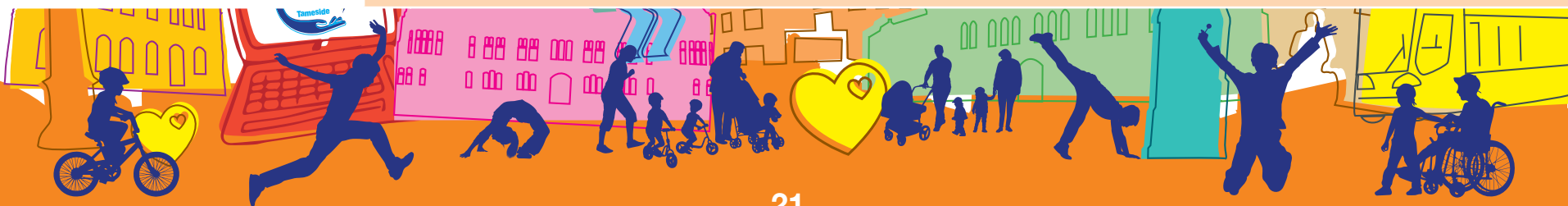
There are still worries I am not meeting my educational milestones which is impacting on my daily lived experience

I am still not accessing education, training and employment which is now impacting on my short and long term economic well being

My parents/carers are not supporting my aspirations and learning in order for me to achieve

I am refusing to access education, training or employment (post 16)

I am a child with special educational needs and I am often absent from school and my parent/carer are struggling to engage with school and or implement the recommended interventions which is impacting on my daily lived experience i.e. ISCAN support is needed



Threshold Matrix: Targeted Family Help

Parenting

Despite Early Help Assessment and support from universal services over a period of time; My parent/carer are still not able to meet my needs due to their Mental Health needs and this is having an increased impact on my daily lived experience and without support could result in harm

My parent/carer are increasingly using drugs and alcohol which is having an impact on my daily lived experience as I am witnessing this on a regular basis

My parents/carers are still struggling due to ill health, physical disability and/or learning difficulties this is impacting on me and more intensive support is required

My parent/carers are separated and they still argue about family time. This is having an impact on my relationships with parent/carers and further intensive support is required i.e due to negative birth messages

Police are more frequently attending my family home due to domestic abuse incidents which is impacting on my wellbeing and safety.

My parent/carers are not sticking to a budget plan or engaging in support therefore we do not always have food in the home and are at risk of eviction

Professionals have evidence of unknown male/partner within my family home

I am at risk of becoming homeless



Applying the Thresholds: Specialist & Safeguarding

Front Door

The Integrated Front Door (or EHASH) is a series of agencies and services from across the council and wider partnership. It is the first point of contact for any new enquiries regarding children and families. It is set up to enable members of the public and professionals to raise concerns about a child at risk. This risk is raised to:

- Children's Social Care
- Tameside Family Help Services

There can be a number of reasons why referrals are made into the Front Door such as neglect, sexual abuse, domestic abuse, exploitation - sexual or criminal relating to children who are missing from home or care. The Front Door may also receive requests for information regarding those children who may be undergoing an Education, Health & Care Needs Assessment as well as enquiries relating to the placement of children who may be from other local authority areas.

Early information and advice should be gained through Early Help Advisers in the first instance where possible.

If you have concerns about a child who may be in immediate need of protection please contact the police on 999. You can also call Children's Services on Children's Services on 0161 342 4101, Out of Hours 0161 342 2222.



Applying the Thresholds: Specialist & Safeguarding

Description

I am a child in need or a child in need (CIN) or a child in need of protection (CP), I am at risk of abuse or neglect.

Professionals have concerns that my needs are not met with Targeted Family Help or I am at risk of significant harm.

Tools

Child and Family Assessment, Child In Need Plan, Multi Agency Strategy Meeting/Section 47 enquiries, Child Protection Plan, Police Power of Protection, Private Fostering, Step Up/Down, CSE/CCE Vulnerability assessment (Complex Safeguarding) Complex/contextual safeguarding assessment, Neglect Action Plan, Greater Manchester Concealed Pregnancies Policy

Information Sharing

Explicit and informed consent required. However, information can be shared without consent where in the practitioner's judgement, there is a lawful basis to do so, such as where safety may be at risk. A record of the decision made by the practitioner and the reasons for it must be kept. If a referral is to be made then unless informing the parents or carer of the referral will put the child at risk, the referrer should advise the parents or carers.

Health

CIN

Professionals are worried about my non-attendance at appointments having a significant impact on my health

I have very frequent significant illnesses and infections/minor health problems/injuries

My parents do not comply with treatment plans, medication and delays in seeking treatment

The diet I am provided with seriously impacts on my health, malnutrition and obesity

CP

My Mothers substance misuse places me as an unborn child at risk of significant harm



Applying the Thresholds: Specialist & Safeguarding

Health

Professionals have evidence that I am persistently and chronically neglected

I have an unexplained /suspicious injury or an inconsistent explanation of the injury

I am a non-mobile baby and I have a bruise, mark or injury

There is evidence I have a life threatening and severe health condition where treatment is not provided or sought by my parents/carers

Health have evidenced that I am suffering harm as a result of fabricated induced illness (FI)

Professionals have evidence that I am not meeting my developmental milestones and this is having a significant impact

Despite support, I do not undertake any physical activity and have a diet which is adversely affecting my health and causing me significant harm

Professionals may have evidence to suspect or confirm that I am at risk of Female Genital Mutilation or breast ironing

My mother has missed important pregnancy appointments or has concealed or denied her pregnancy

Emotional, Social and Behavioural

CIN

History suggests alongside current worries that I am unable to meet my developmental milestones due to the inability of my parent/carer

CP

My challenging behaviour is resulting in significant risk to me and others.

I have severe depression and I am significantly self-harming, I have attempted suicide and/or taken an overdose. My parents/carers are unable to keep me safe even with safety plans in place. I am aware of my surroundings but am unable to express my feelings as I do not trust my carers.



Applying the Thresholds: Specialist & Safeguarding

Family / Social relationship

CIN

My family history suggests, alongside current worries, I have a high level of instability due to chaotic and inconsistent family support networks

Me, my family and family network are experiencing a crisis likely to result in the breakdown of relationships and the care provided to me i.e. Edge of Care

I am living with an unrelated person and professionals would say I am privately fostered

Professionals may have evidence to suspect that I am vulnerable or at risk of Trafficking/Modern Slavery

I am completely isolated and I don't want to engage in support/activities

CP

My home environment places me in danger

My parents/carers have abandoned me or died which means I have nobody to care or make safe decisions for me

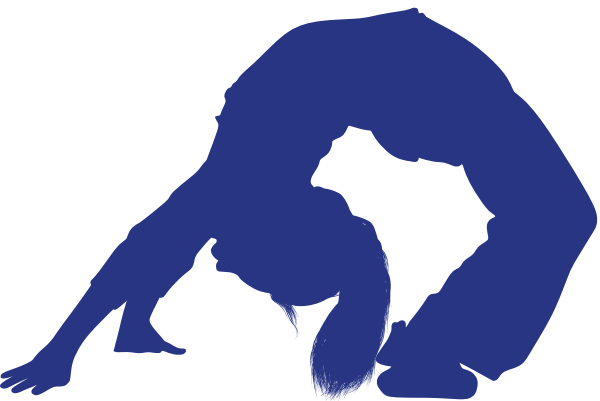
Professionals have evidence or suspect that I am vulnerable or at risk of Honour Based Violence or Forced Marriage

My parent's other children have been removed before



Applying the Thresholds: Specialist & Safeguarding

Behavioural Developments



CIN

I am significantly absent from education which is unauthorised including fixed term exclusions

People are worried that I am getting involved in fights and I am finding myself in dangerous situations

Professionals are concerned that I am increasingly missing from home and I could be at risk of harm/exploitation

Professionals are concerned I am at risk/vulnerable to exploitation and radicalisation

I am regularly using drugs and alcohol

CP

People are worried that I am frequently getting involved with fights or I am finding myself in dangerous situations, I am at risk of significant harm

I am at significant risk and professionals have evidence that I am being exploited and or radicalised

Professionals have evidence that my extreme behaviour is placing me at risk of removal from parents/carers/family network e.g. persistent and high risk substance misuse, involvement in extremist activity, sexually exploited/exhibiting sexually harmful behaviour.

Professionals are worried that my missing from home episodes continue to increase even after intervention and direct work where there are significant safeguarding concerns outside of the family home



Applying the Thresholds: Specialist & Safeguarding

Identity

CIN

Professionals are worried that my parent/carer are not willing to accept my identity and this impacting on my emotional wellbeing i.e. actual self-harm/attempted overdose

I am subjected to discrimination due to my race, religion, age, gender, sexuality, disability and identity. This is having an impact on my daily lived experience.

It is suspected that I am working for adult criminals/ drug-dealers and professionals are concerned that I am being criminally exploited.

I have been found in various locations with older adults and professionals are worried I am being exploited.

CP

There is evidence I am being emotionally abused.

I have been involved in more than one incident in the community of serious violence involving weapons. Professionals are worried I may come to serious harm or I may harm someone else.

Despite working with professionals to keep me safe, I continue to be exploited by adults.



Applying the Thresholds: Specialist & Safeguarding

Self-care and Independence

CIN

History and current concerns would suggest I am suffering from neglect and with previous support no positive outcomes have been achieved for me

Despite TNAP/EHA/Intervention I am still in dirty/unkept clothing which is often inappropriate for the weather or setting

CP

Professionals have evidence that I have a severe lack of age appropriate behaviour and independent living skills likely to result in significant harm

Professionals have evidence that I am inappropriately left to care for self or siblings to a level that places me at risk of significant harm

Education and Aspirations

CIN

I am consistently not attending education and my parents and carers are not fully engaging which means I am not visible to professionals and risks have been identified which are likely to cause me harm

CP

Professionals are worried about my inability to understand, organise information, and solve problems which is adversely impacting on all areas of my development creating risk of significant harm



Applying the Thresholds: Specialist & Safeguarding

Parenting

CIN

Professionals have evidence of impact that Parental factors such as mental health, domestic abuse, substance use is having a direct impact on my health and wellbeing

Professionals have evidence that due to serious debt and poverty my parents/carers are unable to meet my basic needs

Professionals have evidence that despite support my parent/carer is unable to safely and consistently parent me which is impacting on my health, wellbeing and safety

Professionals have concerns that there are risky unknown adults in my home and my parent/carer does not see the risks to me

My parents are worried because my behavior has changed and I am returning home with gifts, money, phones and I cannot explain where they came from. My parents have tried everything they can to keep me safe.

CP

Professionals have evidenced and share concerns that a person who poses a risk to children is living in my home and my parent/carer is refusing to adhere to safety plans.

My parents and support network are unable to keep me safe and I have been missing for a significant period of time. I have returned home in a disheveled state with unexplained injuries and professionals suspect that I may have been sexually exploited.



Applying the Thresholds: Specialist & Safeguarding

Parenting

Professionals have evidence that my parent/carers mental health, alcohol and/or substance misuse is significantly impacting on my health, wellbeing and safety

Police and Professionals have evidence of domestic abuse incidents that I continue to witness and this places me at risk of significant physical and emotional harm

I am homeless



Potential Outcomes for Each Referral

If a referral has been made into The Front Door there are a number of things that can happen some of which are highlighted below although is not an exhaustive list:

- A strategy meeting will be convened in the Front Door – this is a multiagency safeguarding meeting that happens when concerns have been raised about the safety and well-being of a child or children. Families will be told about this meeting unless to do so would place the child at risk of significant harm, impede a police investigation, or would place another person at risk. The primary purpose of the meeting is to determine the child's welfare and plan rapid action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm. A Children's Social Care social worker and their manager, health practitioners and a police representative should, as a minimum, be involved in the meeting.
- Child & Family Assessment is undertaken by a Social Worker.

If a referral into the Front Door results in the need for a Child & Family Assessment, this will be carried out within 45 days of the referral being received and the assessment must contain the voice of the child. The purpose of the assessment is to work with the family to gather as much information as possible to find out about what daily life is like for the child and to analyse this information to determine the needs of the child or children and/or their family and the nature of the level of any risk of harm to the child or children. The assessment will determine whether the child is a Child in Need (Section 17) or is suffering/likely to suffer significant harm (Section 47).

- The case may be allocated to the Complex Safeguarding Team if there are concerns that a child or children are either being criminally or sexually exploited.

Again, an assessment will take place and information analysed to determine the level of support that is required for the children and their family.

- Sometimes, after the referral has been considered it may be appropriate that advice and information is provided to the referrer to help support the family or to gather further information.
- The case may be allocated to the Family Help Team or back to another agency with in the Early Help offer to undertake an Early Help Assessment / Team Around the Setting.

In addition to this, sometimes notifications or requests for information are dealt with in the Front Door, from such as another local authority, or an agency such as Cafcass, Probation or Police.



Assessment Principles:

During any assessment, the needs of children and families should be completed with the family and be holistic in nature so that an evidenced-based view of the child and family is gathered. This will provide a true and clear picture of the day to day lives of the families that are being assessed.

Tameside's approach to assessment is undertaken in line with the Signs of Safety practice model. This model allows for practitioners working across the continuum to make informed decisions and judgements on safety and strengths, harm and impact to a child, meaning next steps can be proportionately arrived at. Using this model of practice also allows practitioners to determine the risks posed and any other needs that family may need to be supported to move forwards.

Below are some of the key principles involved in completing good quality, child-centred assessments:

- Assessment clearly identifies strengths and areas of concern, provides a detailed analysis and includes all members of the household. This may also include contextual risks in the community that are outside of the family home and/or network.
- Assessment is of a good quality and identifies a clear plan with relevant analysis of strengths, needs and risk.
- Assessments are written in plain, jargon free language that is understandable to parents/carers with explicit explanations of worries/danger, strengths and safety. Identifies whether appropriate to work as

Child in Need, Child Protection or No Further Action. Full and or advice or information about other services available to support the child and/or their family.

- Assessment includes some analysis regarding multi-agency context and this information is used to inform decision making.
- Child seen alone (where appropriate), spoken to and their views recorded and reflected in assessment.
- Assessment demonstrates a sense of the child. There is evidence of direct work undertaken with the child to ascertain what life is like for them.
- Diversity and disability issues addressed and support to address any challenges arising out of diversity and disability.
- Assessments reviewed and signed by manager within timescales. Evidence of some quality assurance by manager.
- Assessment shared with parents/carers promptly and feedback sought.
- Outcome of the assessment is shared with parents/carers and child/young person (appropriate to age and understanding). Feedback is sought.



What is an Early Help Assessment & Social Care Assessment

‘Preventative services will do more to reduce abuse and neglect than reactive services, and the co-ordination of services is important to maximise efficiency’ Eileen Munro, 2011

The Tameside Early Help Assessment is in line with the Signs of Safety Practice Model meaning it takes an evidence-based approach to safeguarding children. It aims to make a meaningful assessment of the needs of the family that clearly shows that children and family have been involved in the assessment process. It requires practitioners to develop trusting and honest relationships and allows for transparency that enables the family and the practitioner to focus on the key issues so that plans can be made to improve on those issues.

This approach to assessment allows for a family plan to be developed with the family that seeks to address all of the current and emerging worries and build on the strengths of the family.

As with all assessments, an Early Help Assessment requires families and practitioners to work together using good communication as well as offering appropriate challenge where appropriate, coupled with strong evaluation.

What is a Social Care Assessment?

Unlike Early Help Assessments, these are undertaken under a statutory framework, and whilst it covers much the same as an Early Help Assessment, it is undertaken by a qualified social worker. The main focus of the assessment is to determine whether the child and their family are held as ‘Child in Need’ or they need to be escalated to ‘Child Protection’ or in some cases, the family may remain with another Lead Practitioner in the Early Help offer by the Tameside Family Help Team.



Support of the Family, Friends & Community Network

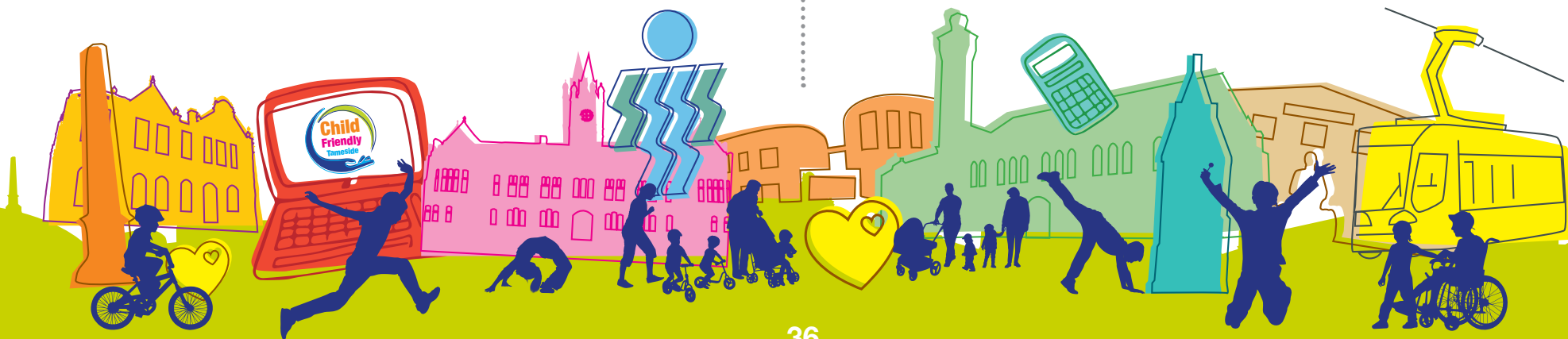
Here in Tameside we believe many of the families we work with have the solutions to their own challenges and we recognise that families find the people around them are important to help support them. This kind of support captured as part of the assessment and in the Family Plan is often what makes them achievable.

Most importantly this leads to the family and children being safe, happy and well.

When considering these family and friends network that we know are so important to families you may want to ask some questions to help identify those networks, such as:

- Are there any other people that you think are important and who are offering you support at the moment?
- Am I able to talk to some of these people to help with assessment and planning?
- Have you ever spoken to anyone else (not always a professional) about your problems before, and was it helpful? Maybe they can help again!
- Is there anyone who sometimes helps you to look after the children – not necessarily formal childcare?
- If you weren't well for any reason, who would you go to for help with the children?
- Is there anyone who you do talk some of your worries through with?
- Are there any people in your network that the children particularly like?

There are lots of ways you can gather this information and the Signs of Safety practice model provides a number of tools that may be helpful in doing this especially when gaining the child's voice when assessing and planning. Tools like 3 houses, wizard, fairy and words and pictures are excellent ways to support practitioners.



Signs of Safety

Signs of Safety is a strength based model which assesses risks and identifies solutions, in collaboration with the family .

It asks the following simple questions when working with a family:

1. What's working well?

We think about existing strengths and existing safety

2. What are we worried about?

We talk about past harm, dangers and complicating factors

3. What needs to happen?

We think about safety goals, next steps and everyone's goal

4. How worried are we on a scale of 0-10?

We then explore what the family, children's services and partner agencies can do to support the family to keep the child safe and happy. The next stage is to work with the wider family network to pull together a plan – this is called 'the safety plan'.



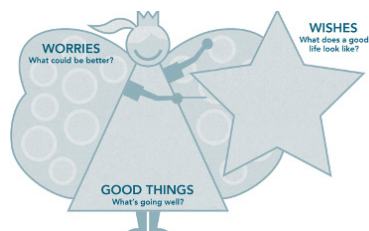
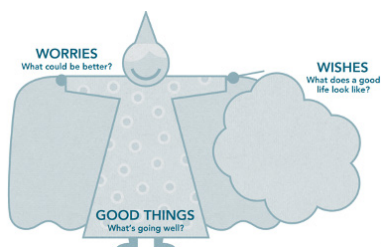
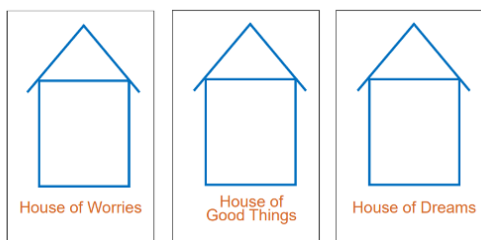
Signs of Safety

Child Participation and Signs of Safety:

The Signs of Safety model also has a variety of tools to gain the child's perspective as well as explain things to them.

This can be used to inform assessment and planning.

The tools include the three houses, wizard/ fairy, safety house and words and pictures diagram.



Scaling Questions:

- Scaling questions help us to assess the effects of a situation on a child or young person.
- The scale runs from 0-10 with 10 being the best case scenario and 0 indicating the worst case scenario.
- Scaling questions help us to understand each person's views.
- Answers to scaling questions can help us to track progress or concerns and gain further information from everyone involved.
- The next part is considering what you would need to see to increase the scale by one point.
- If new worries are identified through the safety scale process, you will need to consider amending the danger statement and safety goal to reflect this.



Children in Specific Circumstances

Disabled Children:

Some disabled children may be more vulnerable to abuse and/or exploitation. This can happen for a number of reasons:

- Have less contact with other people outside of the family network
- May receive personal intimate care and these children are sometimes unable to set the boundaries in the same way as other children
- May not have full physical or mental capacity therefore making it difficult to identify and then resist abuse
- Be even more vulnerable to forms of bullying and harassment than their peers

Children and young people with disabilities are safeguarded in the same way as other children. However, practitioners need to be aware of these additional vulnerabilities and will need to adapt how they work with them and respond to any concerns around safeguarding.

Complex Safeguarding

When we talk about complex safeguarding we are referring to those children who are vulnerable to criminal and sexual exploitation.

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology and social media.

Child criminal exploitation is common in county lines and occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology and social media. Criminal exploitation of children is broader than just county lines, and includes for instance children forced to work on cannabis farms or to commit theft.



Children in Specific Circumstances

County lines is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of “deal line”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

County lines activity and the associated violence, drug dealing and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Children in the Secure Estate:

Children and young people enter the youth secure estate either because they have been remanded by the court awaiting trial/sentence or because they have been sentenced to custody. Any child who is remanded into custody will become cared for by the local authority and as such will have access to all of the services and support that this entails. At the end of the remand period an assessment must take place to determine the level of support required to meet their changing needs. Resettlement planning for children within the youth secure estate, starts from the point that they enter the system and needs to include all relevant agencies throughout the process. All work with children in the youth justice system will adopt a Child First, Offender Second approach.



How to make a Referral

Targeted Family Help

Before referring to Tameside Family Help, partner agencies should have held a Team Around the Setting (TAS) and initiated an Early Help Assessment. Without this we are unable to fully understand the needs of the child and the family. It will also assist in understanding the best services and support that family need in a supportive way with the family engaged.

If the TAS process has determined that the needs of the child and family are becoming increasingly complex, but the child is not at significant risk of harm, partners can invite an Early Help Adviser to the TAS meeting to discuss whether the case should be stepped up or whether other additional support may help the family.

Specialist Safeguarding Services

To make a referral you must complete a Multi Agency request for Service (MARS).

Unless informing parents and carers of a referral being made would put the child at risk, then the referrer should advise parents and carers. As much relevant and accurate information about the child and/or family should be included in the referral.

Once this is received the Front Door will gather as much information from as many partners as possible about the child to assist in making the right decision as to what happens next for that child and their family.

If you have concerns about a child who may be in immediate need of protection please contact please contact the Early Help and Safeguarding Hub (EHASH) on:

Monday to Wednesday: 8.30am - 5pm

Thurs: 8.30am - 4.30pm

Fri: 8.30am - 4pm

Telephone Contact Number

0161 342 4101

Monday to Friday outside of normal hours weekends and public holidays

Emergency Duty Team Number

0161 342 2222

This must be followed up with a Multi-Agency Request for Service (MARS) within 48 hours.

If you think a child/young person is in significant and imminent harm, requiring an immediate response please call **999**.



How to make a Referral

Still Worried?

What can I do if I am still worried and I don't think the right decision has been made?

In a few cases sometimes practitioners have differences of opinions and different judgements on what should happen next occur. This could be because of differing views on need, not always understanding roles and responsibilities and the need for action and communication. It is absolutely right that there should be constructive challenge amongst colleagues within agencies and between agencies. However, if a member of staff from any agency is concerned that worries or agreed actions regarding a child are not being addressed or acted upon in a timely manner, it is expected that the TSCP Practitioner Resolution and Escalation [Policy](#) should be used to reach a satisfactory outcome that is in the best interests of the child.



Recording /Decision Making

It is critical that any involvement with children and families should be recorded appropriately, accurately and in line with individual agency procedures. This recording should include any conversations that took place in relation to the child and family, when it took place, what was discussed, what was agreed and why.

Recording needs to be:

- Clear
- Concise
- Timely
- Distinguish fact from opinion
- Respectful
- Able to evidence the rationale behind any conclusions drawn or decisions

The important thing to note is as these are the child's records and they may wish to see them one day, so make sure they are understandable to everyone and that the child's voice is captured in the recording.

The use of the Signs of Safety practice model is a great tool to support recording and making decisions, which are evidence based and focused on specific observable behaviours rather than judgement or interpretations. Signs of Safety can be used for all areas of need, including universal. All meetings within Children's Services in Tameside follow a Signs of Safety methodology.



Glossary

GDPR – General Data Protection Regulations

EHA – Early Help Assessment

SID – Service Information Directory

SEND – Special Educational Needs

TNAP – Tameside Neglect Action Plan

EHCP – Education, Health and Care Plan

CAMHS – Children and Adolescent Mental Health Service

CHIDVA – Children's' Independent Domestic Violence Advocate

PPP – Police Powers of Protection

EPO – Emergency Protection Order

ISCAN – Integrated Services for Children with Additional Needs

EHASH – Early Help and Safeguarding Hub

CSE – Child Sexual Exploitation

CCE – Child Criminal Exploitation

CRE – Child at Risk of Exploitation

CP – Child Protection

CIN – Child in Need

FII – Fabricated Induced Illness

TAS – Team around the Setting

MARS – Multi Agency Request for Service





Tameside
Safeguarding
Children Partnership



Greater
Manchester
Integrated Care
Partnership

 **Tameside**
Metropolitan Borough