

Bury Integrated Safeguarding Partnership



The Children and Social Work Act 2017 sets out how agencies must work together by placing new duties on the Local Authority, Police and Clinical Commissioning Groups to work together and include other local partners to safeguard and promote the welfare of all children in Bury.

The needs of children and young people are the concern and responsibility of all agencies and professionals in Bury who work with children, adults and families as outlined in Working Together 2018.

It is therefore important that everyone understands safeguarding as a concept and that roles and responsibilities are clear. 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.

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.

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. If children move towards a higher level quickly, practitioners should reflect on the reasons and learning from this to inform practice.

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

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. The Equality Act 2010 puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity



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 information 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.

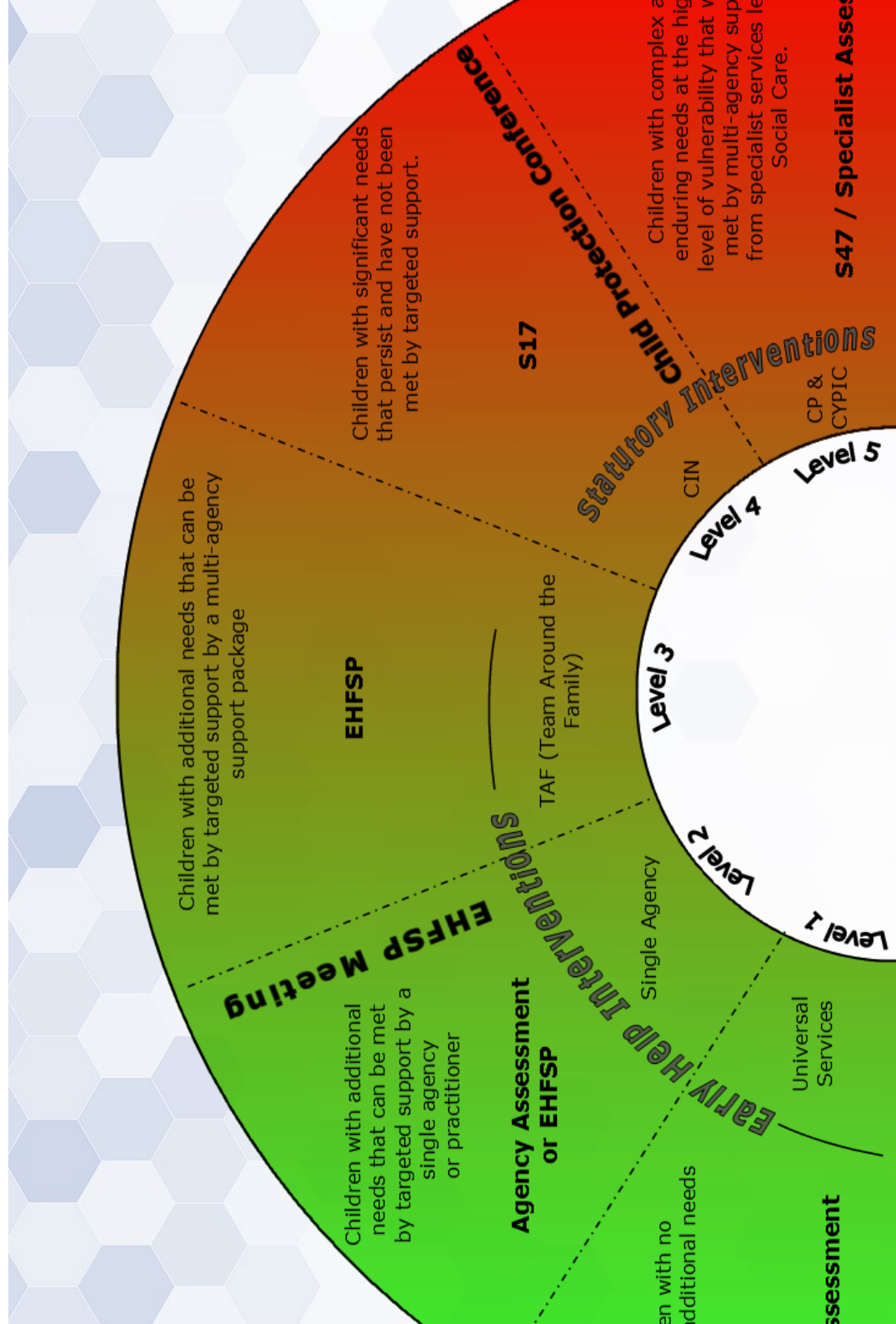
‘The point at which agencies respond when additional unmet needs are identified’.

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.

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 with consent
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 with consent
Level 4	(Child in Need, CIN) represents children with significant needs that persist and have not been met by targeted support. The Local Authority has specific roles and responsibilities in respect of Children in Need (section 17, Children Act 1989) for instance to lead a statutory assessment of the child with consent
Level 5	(Safeguarding/Children Looked After) 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. Supported by partners, the Local Authority will lead Child Protection Enquiries (section 47, Children Act 1989)

Note - All services will be able to meet the needs of children and young people who require additional support and are expected to make



Young People in Care

CIN: Child in Need

CP: Child Protection

EHFSP: Early Help Family Support Plan

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

Examples of Vulnerability or Need	Indicators	Response
All new born babies are provided with post-natal care through the health visiting service. This will include conception to aged 2 years (1001 Critical Days)	Parent/carer open to support and advice Baby makes good progress, feeding well and gaining weight	<ul style="list-style-type: none">• Monitored and passed on to Community Health Services• GP will be available for consultation
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	<ul style="list-style-type: none">• Quality of care is monitored through Ofsted
Children have their education needs met through schools and colleges	Achieving good outcomes	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• Monitored through school and college processes

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 an 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Refer to Young carers with the young person's permission • 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	<ul style="list-style-type: none"> • Refer to School Attendance Service • Monitor through service and School processes or to your named welfare officer
Concerns that the parent is experiencing difficulty in managing the needs of a disabled child(ren) with more complex needs	The child has complex health care needs or life limiting condition The child has severe learning disabilities with challenging behaviour with risk of family breakdown	<ul style="list-style-type: none"> • Refer to MASH for screening and consideration for an Early Help Family Support Plan • Refer to First Point

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 discussion regarding Team Oasis allocation.

Examples of Vulnerability or Need	Indicators	Response
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>a. Professional identifying the problem should, with mother's permission, gather information from other professionals involved with the family to inform an EHFSP</p> <p>b. Involve the Early Help Consultant who will advise on other services available</p> <p>c. Call a TAF meeting to develop an integrated support plan</p> <p>d. Monitor through TAF meetings and refer to MASH if situation</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>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</p>	<ul style="list-style-type: none"> • Do a, b, c, d above • Involvement with School Health Service • Involvement with Healthy Young Minds • Refer to O.T. Service for housing access issues • Refer to First Point where the child has additional needs

<p>unsupported single parent. The Health Visitor notes that parent/carer is not coping and refers to the Children's Centre</p>	<p>Parent/carer complains child's behaviour is becoming increasingly difficult</p>	<ul style="list-style-type: none"> Refer to C.F.T. Service for housing access issues Refer to First Point where the child has additional needs
<p>A young person is struggling to progress in life with maintaining good educational progress and into adulthood</p>	<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>	<ul style="list-style-type: none"> Do a, b, c, d above Complete transition plan at 14 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>	<p>School attendance is poor</p> <p>Young person reports regular arguments with parents</p> <p>Young person is causing neighbour nuisance</p>	<ul style="list-style-type: none"> Do a, b, c, d above
<p>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>	<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>	<ul style="list-style-type: none"> Do a, b, c, d above Refer to Behaviour Outreach Support
<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>	<ul style="list-style-type: none"> Do a, b, c, d above Diversiory approach as part of TAF process as outlined above

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.

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 MASH with consent</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 for a targeted response via Team Oasis</p> <p>or</p> <p>Stepped down to an identified Lead Professional for ongoing TAF intervention</p>
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 or any other identified vulnerability such as neglect</p> <p>Child Looked After</p>	<p>Refer to the 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</p>
A young person 16/17 is estranged from family and is homeless Not in Employment Education or Training (NEET)	<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>Refer to the MASH for an assessment of need with the young person's permission</p> <p>CSC will provide a mediation service and, if required, accommodation either under S17 or S20</p>

<p>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 (Youth Offending Service Assessment tool)</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>involvement in his arrest 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>recommendation that the case is considered 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</p> <p>There is insufficient evidence to pursue a criminal prosecution</p> <p>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>	<ul style="list-style-type: none"> • Refer to the MASH for an assessment of need • AIM assessment to be undertaken jointly by Children's Social Care and the YOS • Plan to be managed under CIN procedures
<p>A young person at risk of radicalisation</p>	<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 & support of terrorist activity</p>	<ul style="list-style-type: none"> • Refer to the MASH for an assessment of need • Referral to multi-agency Channel meeting

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		
Examples of Vulnerability or Need	Indicators	Response
There is evidence that the child is at risk of or experiencing significant harm	<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>	<ul style="list-style-type: none"> • Refer to MASH immediately – MASH will inform if a Graded Care Profile 2 is required • Strategy meeting • S47 inquiries undertaken • Initial Child Protection Conference • Care proceedings may be initiated
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>	<ul style="list-style-type: none"> • Refer to MASH for an assessment • Strategy meeting • S47 inquiries undertaken • Initial Child Protection Conference • Care proceedings may be initiated
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>	<ul style="list-style-type: none"> • Refer to MASH for an assessment • Strategy meeting • S47 inquiries undertaken • Child may be made subject to PPO or EPO if required

emotional health issues	<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>	<ul style="list-style-type: none"> • S47 inquiries undertaken • Initial Child Protection Conference • Care proceedings may be initiated •
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>	<ul style="list-style-type: none"> • Refer to MASH for pre-birth assessment • Initial Child Protection Conference • Care proceedings may be initiated
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 with no specific return date/mentions of special celebrations for girl whilst abroad</p> <p>Mother or sister who has undergone FGM</p>	<ul style="list-style-type: none"> • Refer to CSC (MASH) for an assessment • Strategy meeting • S47 inquiries undertaken • Other agencies such as schools and health may need to follow additional mandatory reporting procedures in relation to FGM

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.

A consultation may 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).

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.

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 the MASH or if a child is an open case to Children's Social Care to their allocated social worker.

5.2 Sharing Information

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.

Consent to share information with other professionals should be gained from a parent or a Gillick competent child 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.

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 \(2018\)](#).

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.

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 levels 1-3 of the model. At level 4 it is important to assess carefully whether there is sufficient reason to share confidential information without consent and that the reason for doing so is fully documented. At level 5 there is a duty for agencies to share information as detailed above (section 47, Children Act 1989).

In all cases where neglect is suspected the Graded Care Profile 2 should be used as a way

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](#).

In Bury an EHFSP that requires the involvement of more than one agency should be registered with the Early Help Consultants in Team Oasis.

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

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.

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 and that permission is sought to undertake the TAF.

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

Children who have been the subject of a child protection plan may benefit from continuing help delivered through the TAF approach. Arrangements for which will be made through the Core Group or subsequent Child in Need meetings.

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.

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

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.

5.6 Children in Need

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 the MASH with consent of the parents/ carer and the child if appropriate and where doing so does not bring further harm the child.

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 assist a child to live with his/her family the case will be passed for a S17 assessment.
(Child and Family or 'C&F' Assessment)

If the assessment concludes that a child is 'in need' within the definition given in S17(10) of the Children Act 1989 a Child in Need (CIN) plan will be developed by a social worker from the Initial Response Team before the case is transferred to a Social Worker from the Safeguarding Service.

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.

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 the MASH should be made without delay.

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.

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. If you are in any doubt contact MASH for advice.

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 being or suspected of being groomed for criminal purpose or encouraged to undertake criminal acts on behalf of or to the benefit of others (see appendix A for definitions).**
- ⇒ **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**

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.

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 \(child protection conference section\)](#).

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.

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](#).

5.9 Services available in Bury to support children and families at each level of the continuum of need

[The Bury Directory](#) is a useful resource for practitioners. It provides information on a wide range of services, referral and contact details.

If you need help or guidance please [contact the MASH](#).

and/or a clear implied safeguarding concern.

The definition of child sexual exploitation is:

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

The definition of child criminal exploitation is:

CCE occurs when 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 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator, and/or (c) through violence or the threat of violence.

The victim may have been criminally exploited even if the activity appears consensual. CCE does not always involve physical contact, it can also occur through the use of technology.

The definition of county lines is:

County lines is the term used to describe gangs and organised criminal networks involved in exploiting illegal drugs into one or more importing areas using dedicated mobile phone lines or other form 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.

Possible signs of child exploitation:

- persistently going missing from school or home and / or being found out-of-area;
- unexplained acquisition of money, clothes, or mobile phones
- excessive receipt of texts / phone calls and/or having multiple handsets
- relationships with controlling / older individuals or groups
- leaving home / care without explanation
- suspicion of physical assault / unexplained injuries
- parental concerns
- carrying weapons