



Bolton Safeguarding Children Partnership

Framework for Action

Providing effective support to children and their parents

Sneak a peek

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Introduction

The Bolton Framework for Action outlines how local practitioners work together to safeguard and promote the welfare of all children in our area. It sets out the thresholds that all partners will apply when working with children and their parents.

This edition of the of the Framework for Action builds on the strengths and learning from previous versions and sets out the local arrangements to:

- Identify, assess and respond to children's needs across our continuum from delivering prevention, early help, to targeted responses, to protecting children from abuse and neglect
- Access additional services to address children's needs
- Seek advice and guidance about thresholds or interventions
- Act when there are disagreements about the level of help and support a child needs

The Framework for Action has been developed with partners and remains rooted in strong multi-agency working to achieve the best for Bolton's children. All services and practitioners, including commissioned services, working in Bolton should ensure their policies and practice embeds the requirements outlined in this document.

The statutory safeguarding partners would like to acknowledge and thank all those who participated in and contributed to the update of this edition.



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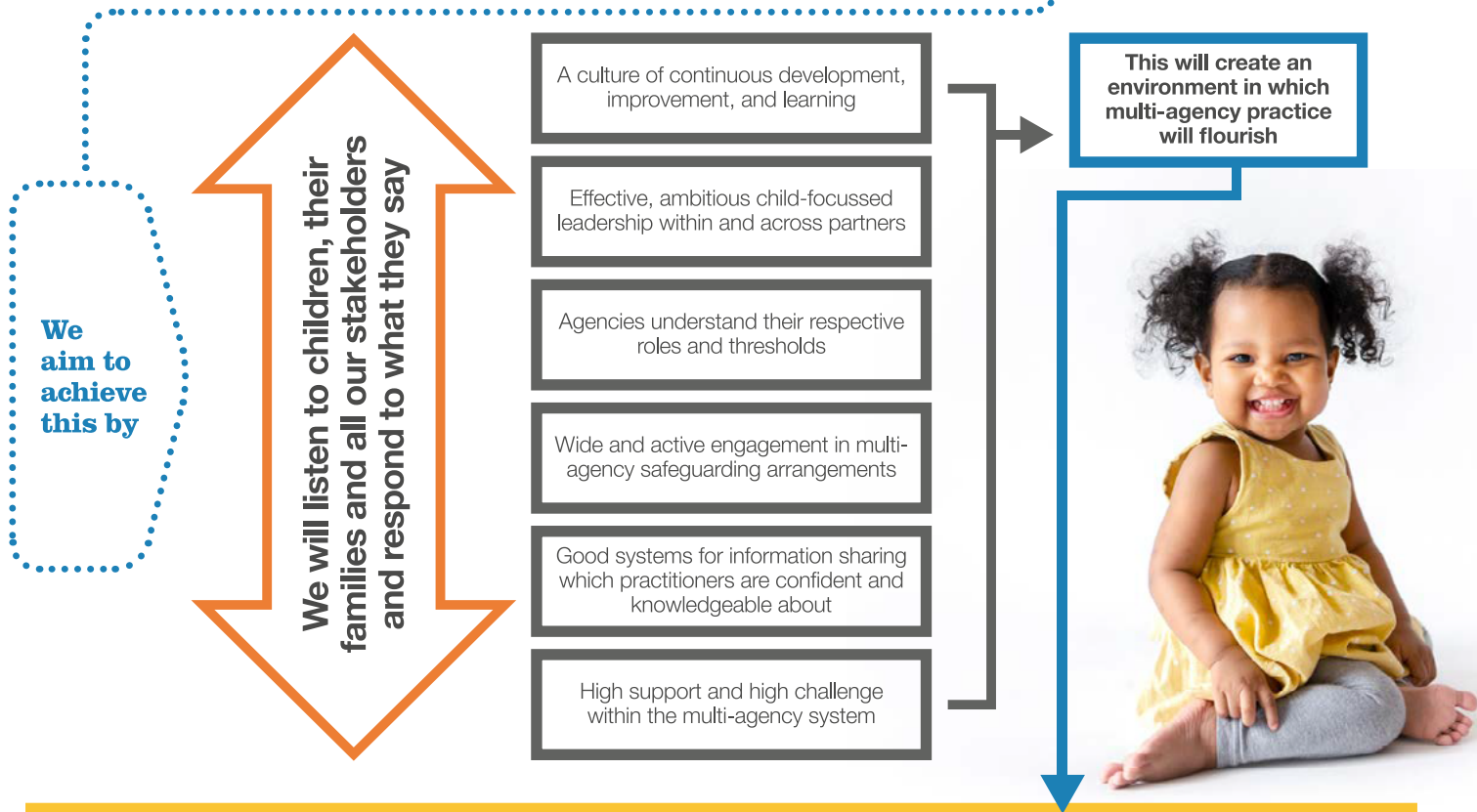


Principles

Effective and consistent use of Bolton’s Framework for Action by all those who work directly or indirectly with children and their parents will support children in Bolton reach their full potential.

These principals will also ensure that the thresholds and safeguarding arrangements set out in this document will support the statutory partners achieve their vision for Bolton:

In Bolton we want to give all our children the best possible start in life, so that they have every chance to succeed, be safe and happy.



We aim to achieve this by

We will listen to children, their families and all our stakeholders and respond to what they say

- A culture of continuous development, improvement, and learning
- Effective, ambitious child-focussed leadership within and across partners
- Agencies understand their respective roles and thresholds
- Wide and active engagement in multi-agency safeguarding arrangements
- Good systems for information sharing which practitioners are confident and knowledgeable about
- High support and high challenge within the multi-agency system

This will create an environment in which multi-agency practice will flourish



This will lead to improved outcomes for children:

Early help is being used effectively to co-ordinate preventative responses to help meet children’s needs

Children and their families tell us that they are able to access services at the right time from the right person and in the right place

Children tell us they have been able to develop trust with their key workers

Parents/carers tell us practitioners have listened and helped them

Children tell us that they have been listened to and involved in their care and service improvement

Practitioners tell us they are confident in local processes and understand what is out there to support children and families

More children will remain in the care of their family unit and will not need to be supported by statutory services

Multi-agency audit highlights that outcomes for children are being met, that there is high quality practice, a good understanding of thresholds and that people are aware of different roles and responsibilities across the partnership

Principles

The Framework is underpinned by the following principles:

- Keeping children safe and achieving good outcomes for all, regardless of their needs, is at the heart of what we do
- All practitioners understand their roles and responsibilities in relation to keeping children safe and use the local thresholds to provide the right help and support
- Help and support is developed with the child and their parents, building on the strengths and solutions they identify
- Holistic assessment is the starting point for offering help and support at any level of need and provides the evidence base to inform decisions about the right threshold
- Help and support is offered at the earliest opportunity -the right help, at the right time from the right people
- All agencies work collaboratively using the Framework for Action to promote co-ordinated, effective support to children and their parents and avoid duplication
- A child centred approach is central and takes account of diverse needs of children and their families, including but not limited to gender, ethnicity, culture, special educational need or disability
- High support and high challenge within the multi-agency system is evident and promotes the best outcomes for children
- Partners commit to integrating the threshold document within their existing organisational or sector guidance such as the SEND Handbook, Early Years Delivery Model etc.

Sharing information

Information sharing is essential for delivering effective help and support to children and their families. Practitioners should be proactive in sharing information as early as possible to help identify, assess and provide a co-ordinated response to a child or family's needs.

Good information sharing also supports practitioners to identify and understand:

- The level of help and support a child needs to grow, develop and be safe
- Patterns of behaviour for a child or their family, or where multiple children appear associated in the same context or locations of risk
- A child and family's lived experience
- When risk is emerging or escalating and indicating possible or actual significant harm to a child

Worries about sharing information must not be allowed to stand in the way of the need to offer help and support to a child or their family. To ensure effective information sharing within safeguarding arrangements:

All organisations and agencies should have arrangements in place that set out clearly the processes and principles for sharing information both within their organisation and with others helping and supporting a child

- All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe
- All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another due to the risk that important information about the child or their family may be lost
- All practitioners should aim to gain consent to share information but should be mindful of situations where to do so would place a child at increased risk of harm

REMEMBER

Before you share information reflect on the 'seven golden rules to sharing information' and 'the information sharing principles' set out in HM Government's 'Information sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers'.

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the data protection act 2018 and the general data protection regulation (GDPR). To share information effectively:

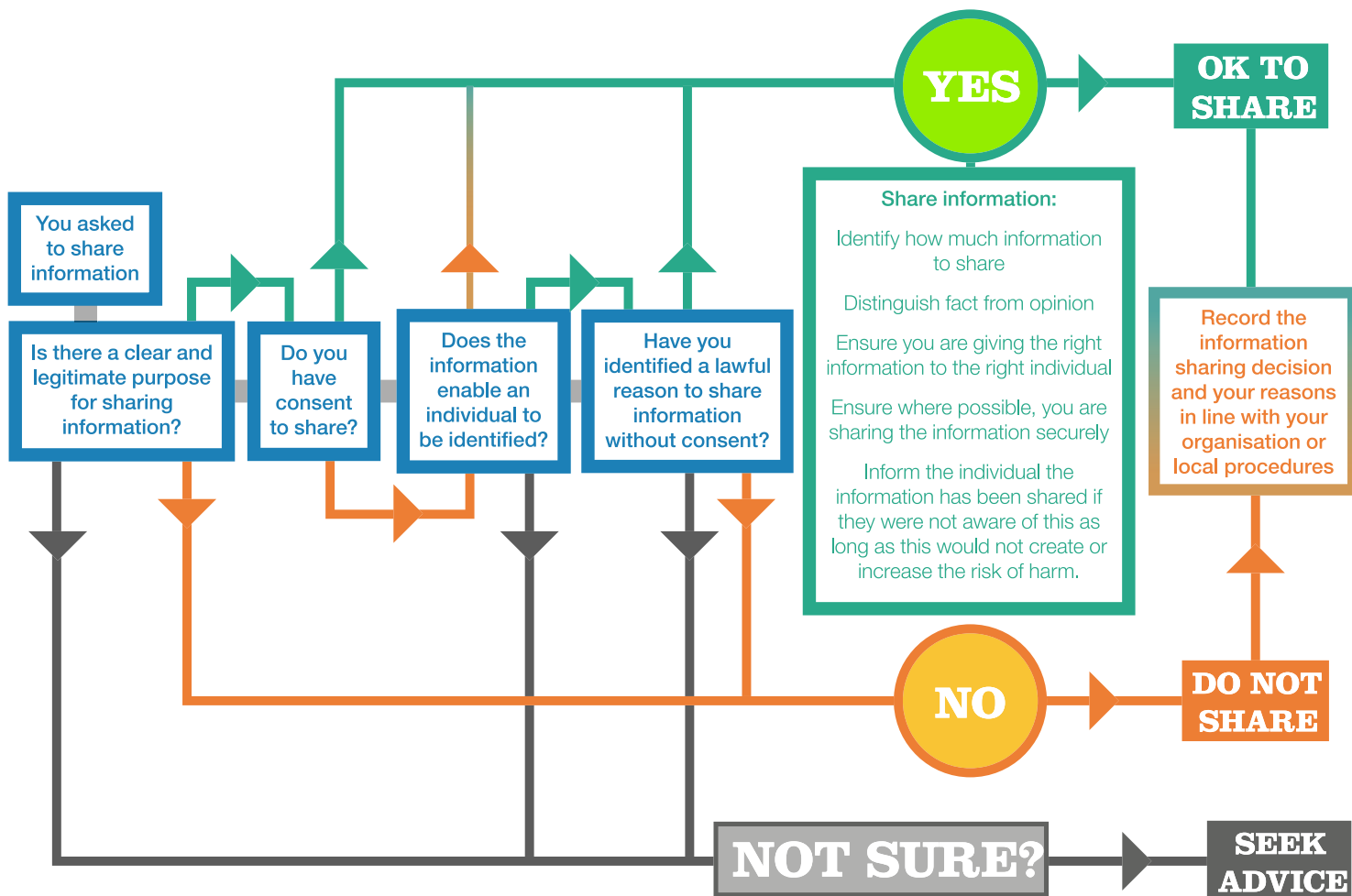
- All practitioners should be confident of the processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information for safeguarding purposes, including information which is sensitive and personal, and should be treated as 'special category personal data'
- Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information. This includes allowing practitioners to share information without consent where it is not possible to gain consent or it cannot be reasonably expected that a practitioner gains consent or if to gain consent would place a child at risk

REMEMBER

Information can be shared legally without consent, if a practitioner is unable to or cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk or there is a mandatory duty to report. You will need to base your judgement on the facts of the case.

Information sharing flowchart

Taken from HM Government Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers



If there are concerns a child is in need, suffering or likely to suffer harm, then follow the relevant procedures without delay. Seek advice if unsure what to do at any stage and ensure that the outcome of the discussion is recorded.

REMEMBER
You should always refer to your organisations Information Sharing policy and guidance

Continuum of help and support – thresholds for responding

Children and their families views and involvement must be at the heart of our work. The help we give should lead to improvements for children and the earlier we offer help, the better chance there is of it being effective. Bolton’s continuum of help aims to build on the existing strengths of a child and their family while ensuring timely, effective support to address need.

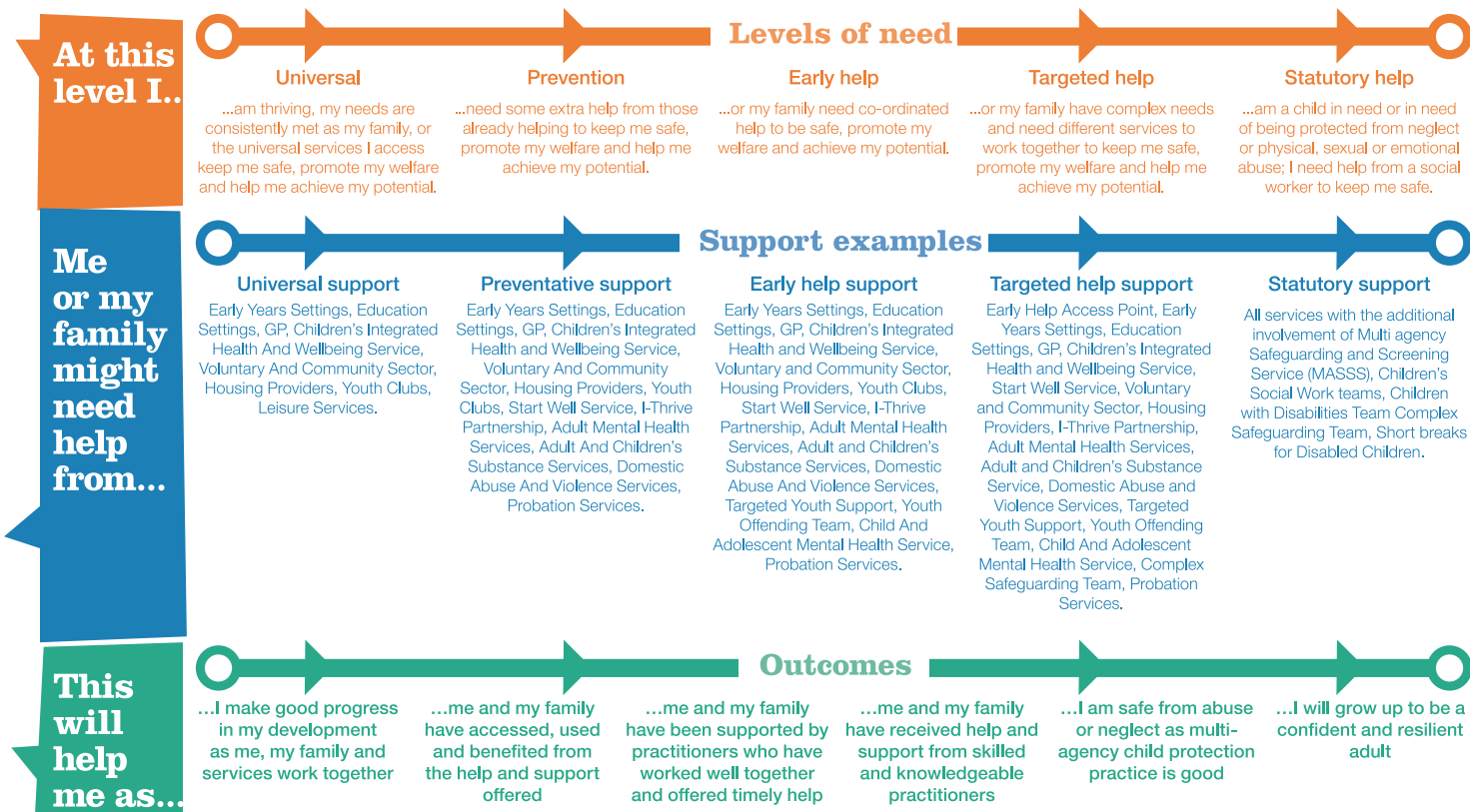
The continuum of help and support, ‘the windscreen’, has been in place for a significant number of years in Bolton. Having a shared model across the partnership not only promotes a shared language and a consistent approach but also informs commissioning of local services.

In Bolton, since the inception of our Area Child Protection Committee’s ‘Child Concern Model’ in 1995 and throughout our journey from a Safeguarding Children Board to the current partnership safeguarding arrangements, we have always promoted and continue to promote the ethos of:



Right help, at the right time, from the right people

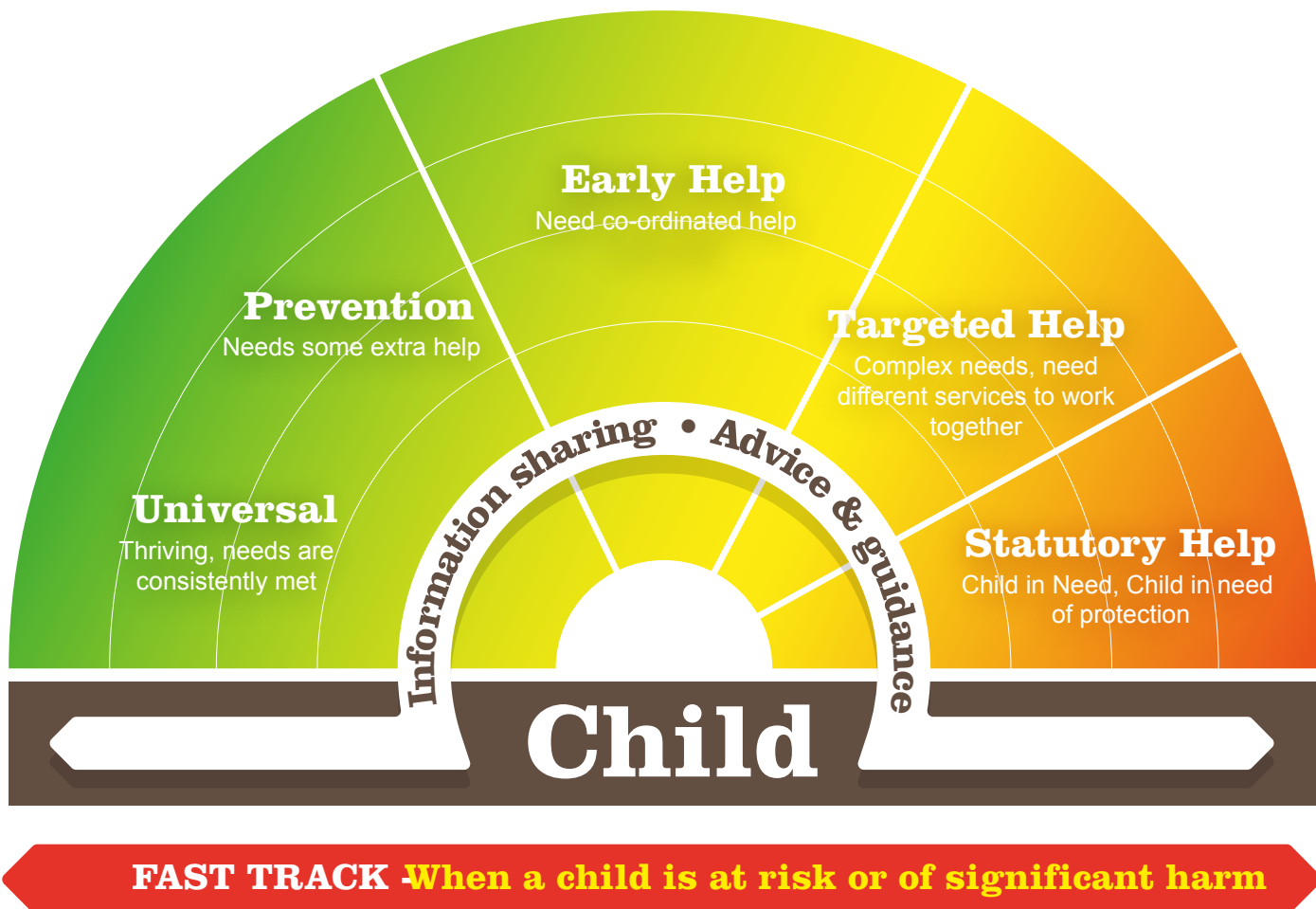
The thresholds for help and support, as well as the desired outcomes and examples of service response are described as follows:



Framework for Action

Providing effective support to children and their parents

Help and support continuum



Applying Local Thresholds

Descriptors have been developed to assist practitioners in making decisions about the thresholds for help and support available to children and families. The descriptors have been created using learning from the Framework for Assessment of Children in Need and their Families and Getting it Right for Every Child a national practice model developed by the Scottish Government.

The descriptors are not exhaustive, nor are they meant to be a checklist. They are also not linear in nature, as we recognise that family life is complex and multi-faceted.

Rather they should be viewed as a tool to guide your work with children and their families, support decision making about when and what type of judgement on the facts of the case. help may be needed and provide this at the earliest opportunities.

Practitioners should use their skills, knowledge and experience of child development, as well as their understanding of the impact of parental behaviours to ensure the appropriate level of help is provided. A good understanding of the child and their family, as well as professional judgement remain essential when determining the appropriate threshold. The descriptors can be applied to any child, regardless of their age, gender, ethnicity, disability, etc.

To support practitioners use the thresholds in practice, a set of detailed, child-centred descriptors can be found below.

Pathways for each threshold have been developed to promote consistency alongside some 'in practice' examples and these are set out below.

If you are unclear about thresholds, you should discuss this with your agency's safeguarding lead or seek advice from the integrated door, using the advice and guidance processes outlined in this document.



What is universal?

All children access universal services, including health, education, leisure and youth services. The vast majority of children will only need access to this level of help to grow and develop safely and healthily.

Universal is:

I am thriving, my needs are consistently met as my family, or the universal services I access keep me safe, promote my welfare and help me achieve my potential

What might a child experience: -

Healthy	<ul style="list-style-type: none"> • My physical and emotional health are generally good; I am always taken to health appointments when needed or encouraged to attend if I want to go on my own • My parents recognise and respond when my health is not good and access the right treatment quickly; they follow medical advice and/or make further enquiries about health care I need • I am encouraged to learn how to look after my own health and take responsibility for this when needed, according to my age and abilities • I am helped to make healthy lifestyle choices; this might be about smoking, alcohol, drugs, sex and relationships, diet, exercise, emotions etc. • My family make sure there is enough food to eat, clothes to wear and that I have a stable, warm home • I am able to express and talk about feelings and emotions, according to my age and abilities • My family make time to listen and understand my feelings and help me when needed • I am able to understand and recognise other people's feelings and respond to these according to my age and abilities; I can recognise how I may affect other people's feelings and what I may need to do if they are upset • I am helped by my family and significant others to find positive ways to express and manage emotions, according to my age and abilities • I have positive and encouraging relationships with my family this helps me to develop my confidence
Learning	<ul style="list-style-type: none"> • Education and learning is important and positively promoted by my family • I have opportunities to explore and develop my knowledge and skills independently; I am encouraged to learn through experience • I am encouraged to use learning and to learn when things don't always go right • I have regular and structured learning opportunities; this may be at home or in an education setting • If I attend nursery, school or college my family helps me to be on time and attend regularly • I am able to express opinions and offer challenge when needed, according to my age and abilities • I am encouraged to share views and opinions and I am listened to
Safe	<ul style="list-style-type: none"> • I can recognise danger and risks that are appropriate to my development and take some action to keep myself safe; if I can't my family will take action to keep me safe • I can communicate to others about the things that frighten or bother me; if I was worried about being harmed there is a trusted adult I can talk to or who will be able to recognise my distress and take action to help me be safe • As I grow older and I think about doing something that's not right, or that's risky to my safety, I am aware of this and able to use my knowledge to make safer choices – I may still take the risk • I can find someone to help me when I need it and I trust them to help me • My home is a safe place; it is generally clean and tidy, hazards and risks are identified, and my family puts things in place to make it safer according to my age – this can be practical things such as stairgates, fireguards, door chains, medicine cabinets, internet passwords or restrictions, smoke alarms etc. • My family talk to me about risks and dangers I may face and help me to think about making safer choices and managing risks • My family listens to any worries I may have such as bullying, being safe in my community, being safe in education etc and gives me advice on what to do or will act on my behalf
Developing	<ul style="list-style-type: none"> • My family set consistent boundaries, and these are understood and generally followed by me; if I push boundaries this is consistent with my development and my family response helps me to learn • I am encouraged to apply rules and boundaries for myself that are appropriate to my development and lead to mostly positive outcomes • I know and understand the rules and boundaries in my daily life and I try to stick to them; they are right for my age and stage of development • My family tries to model positive behaviours most of the time, if they sometimes miss the mark, they acknowledge this and make efforts to get it right in the future • I get positive praise when I am doing well, but when I need consequences or sanctions, they are consistent and age-appropriate • I am given opportunities to get involved in different types of activities to help develop new skills, to motivate me, to help me explore my talents and to encourage my curiosity • My views and opinions are valued in my family • I have a good relationship with my family most of the time; if we do fall out or get angry with each other we try to sort it out • I feel loved when I am with my family and secure in my relationships with them • My family are consistent in their approach with me and work together • I am able and encouraged to find ways to find solutions that are right for my age and stage of development • I will consider trying something new or different and talk about any worries I may have about it • I am proud when goals are achieved, my family also show pride and give positive praise; if goals are not achieved my family help and encourage me try again or look for a different solution according to my age and abilities

Polly

I am happy and safe. My mum and dad are not together anymore but I know they both love me. I access universal services to make sure all my needs are met.

I am 6 years old and I go to school every day. I have a small group of friends who I like to play “what time is it Mr Wolf” with. I enjoy my lessons, especially PE and I got star of the week yesterday for helping to tidy up. I live with my mum and stepdad mainly, but I see my dad and my new baby brother most weekends and we go on holiday too. I broke my arm last week and my mum took me to the hospital and they put a cast on it. The school nurse has been to check on me in school and my teacher has let me stay in at play times so it doesn’t get banged. I really like this as my best friend gets to stay with me.

I like to go to my swimming lessons so I am going to miss this while my arm gets better. When I grow up, I would like to work in a shop and use the till. My dad says I will have to work hard at school if I want to do this.

Polly is accessing universal services to promote good outcomes and keep safe.

Mia

I am thriving, my needs are consistently met as my family, or the universal services I access keep me safe, promote my welfare and help me achieve my potential

I am 15 years old and enjoy my life. I feel lucky to have a supportive and close-knit family and a wide circle of good friends. I try to eat healthily and we always have fruit and veg during the week! I have tasted alcohol at a party, but I wasn’t sure if I liked it. My dad talked to me about being safe at the party before I went. It was a bit embarrassing, but it let me know he loved me and was looking out for me. I like to swim and stay healthy.

When I was younger, I struggled a bit with talking and understanding what people wanted me to do, but my family spoke to my health visitor about this and took me to I was always appointments that helped me. Now I’m older my mum and dad encourage me to talk for myself at any appointments I have, and if needed they leave and let me speak in private.

I am at secondary school and studying for my GCSEs; at the minute I would like to go on to University to become an architect. I am positive about myself and ambitious for the future; I’d like to travel when I’m older. I have a good circle of friends and we help each other out, and I know they are there for me if I am struggling. We like to go out and have fun but we make sure that we always keep each other safe. My parents always know where I am. I currently live at home which I like and it’s a safe area, but if I go to University I’d like to live with other students and be a bit more independent.

Mia is accessing universal support to promote good outcomes and keep safe

What is prevention?

Children, including with special educational needs or disabilities, who need some extra help. This help is accessed from universal services but will not be routinely provided to all children. Families or the child themselves will usually access this directly from the universal service, or a universal service may identify and work with the child and family to provide the help.

It is important that help offered is underpinned by assessment and the effectiveness of the help is evaluated.

Prevention is:

I need some extra help from those already helping to keep me safe, promote my welfare and help me achieve my potential

What might a child experience: -

I am Healthy	<ul style="list-style-type: none"> • When I am struggling with my feelings, I have thought about hurting myself; I have looked on the internet to see what other people do • I sometimes come into education hungry • My parents are occasionally worried or upset and they can't always give me the food I need, take me to appointments, get me to education, make sure my home is safe – they might stay in bed for long periods, cry a lot, shout at me or no reason, change their mood all the time • My speech and language may not be as good as it should be for my age and abilities • I have a disability but minor adaptations or adjustments will help me grow and develop
I am Learning	<ul style="list-style-type: none"> • I am struggling to learn some skills and concepts which I should be able to do • I am starting to be absent from education and my family don't always provide a reason or the reason given is not ok • I am not sure about my future choices for education, employment or training • If I try to share my thoughts, opinions or views I am sometimes made fun of or not heard • My emotions or behaviours are likely to limit my opportunities to learn and grow • I have had internal exclusions and it is possible I will receive a fixed term exclusion from education
I am Safe	<ul style="list-style-type: none"> • There are a few hazards in my home and my family don't always take action that can keep me safe from them • My parents occasionally use alcohol and drugs to the point that they can't take care of me properly • My family is separating and there is arguing; sometimes this involves me or I feel I am to blame • I am bullied and I need help from my family and others • I have thought about running away and going missing • I have been scared when my parents are arguing and fighting; sometimes the police have come to my home • My parents are worried that our home will be taken away • I have been having some online contact with people I don't know
I am Developing	<ul style="list-style-type: none"> • I worry people won't like me and sometimes I am really loud and boisterous to get their attention • I don't like to look at people closely/in the eye; I'm always told to lift my head up because I'm always looking at the floor • We don't have much support from other family members and don't go out much • My family don't spend a lot of time with me, or seem interested in what I am doing • I mostly have a daily routine, clear boundaries and structure but sometimes this slips because my parents are struggling and they are not able to get help • I am starting to do a lot of jobs at home, more than I should for my age and abilities • I have a parent or other person who is important to me that I don't

Sarah

I am 17 years old and I live at home with my mum and dad. I have a moderate learning difficulties and struggle with my speech, and language. I can become frustrated when others don't understand me. I would like to become more independent and start to do more things for myself like cooking and shopping. College have helped me and put in place different methods to improve my independence, this includes using symbols to help me follow instructions, do things in the right order and do it safely. College have also included my family so that they can help me at home and when I am out.

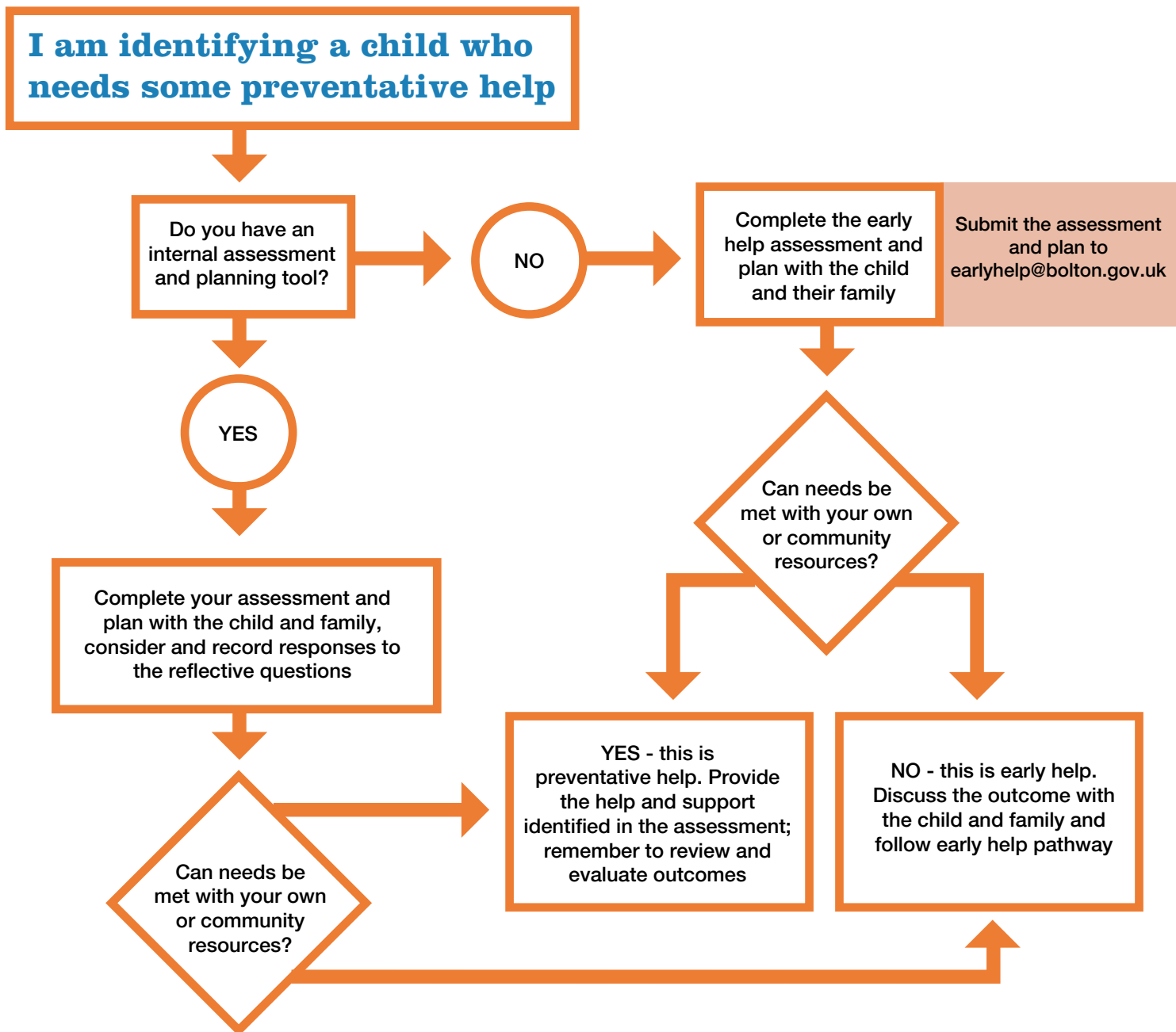
I need some extra help from those already helping to keep me safe, promote my welfare and help me achieve my potential

Toby

I am 12 years old and have started at a new high school. Since I started, some of the other kids are making fun of me because I don't have a mobile phone, and my clothes are not branded. I get angry when this happens and fight back. I am getting into trouble for this. My grandad has also recently died and this has left me feeling sad and a bit confused. I was really close to my granddad and he helped me when I was in trouble at school.

I need some extra help from those already helping to keep me safe, promote my welfare and help me achieve my potential

Prevention



Reflective Questions:

- Have you asked if anyone else is working with the child or family? Have you contacted the Early Help Access Point to check if any other practitioner is supporting a member of the family?
- Do you need to share information with others or let them know of any changes?
- Have you considered the family history and the needs of parents and siblings?
- Have you recorded and highlighted interventions and outcomes in your recording systems?
- Have you planned to review impact and outcomes from the help provided?
- Are you providing help at the right level of need?
- Does the child or family have any special education need or disability?

What is Early Help?

Children, including those with special educational needs or disabilities, or families who need co-ordinated help from a range of services. Elements of this help will be accessed from universal services or from more targeted services to meet the child's needs.

It is important that help offered is underpinned by an Early Help Assessment and Plan that takes account of the child's family and community environment. A lead professional should be agreed and the effectiveness of the early help plan regularly.

Early Help is:

I or my family need co-ordinated help to be safe, promote my welfare and achieve my potential

What might a child experience: -

<p>I am Healthy</p>	<ul style="list-style-type: none"> • I am missing important health appointments and if I am not helped my health will get worse • I worry about not eating the right foods that would keep me healthy as I am overweight/underweight • At times, I am really hungry and my stomach can sometimes hurt; I sometimes try and get food from places that are unhealthy or may be risky for me • I keep getting infections and my family don't always get me help or take me to my appointments • I feel embarrassed that I wet the bed and sometimes I don't have time for a shower or a bath; I might smell and get picked on • I sometimes drink alcohol and/or use different drugs to feel better and I worry about this • I feel nobody cares and when I think about my life, I just want to end it • I am hurting myself as this makes me feel better for a short time; I have looked at this on the internet and used some of the ideas • I can't concentrate for long and think people are talking about me even though they say they aren't • I sometimes get overwhelmed by my feelings and not sure how to handle them or have anyone to talk to about them; I can feel very alone, sad, angry, like I have no future - I just can't see what there is to feel good about • I sometimes withdraw from friends and family can feel withdrawn, as though I'm not part of everyone else • I have a disability or illness that has some impact on my daily life and I need help from different people to help me grow and develop
<p>I am Learning</p>	<ul style="list-style-type: none"> • I am not achieving my developmental milestones at the times I should be, and according to my age and abilities • I am not given regular opportunities to safely learn and explore my environment - if I am little I am sometimes strapped in a buggy or highchair a lot when I would rather be playing on the carpet with my toys and family; if I am older, I am left on my own for long periods, inside or outside without anyone checking or talking to me • I don't have any books, toys or games that are right for my age and abilities • I am regularly late for school and when I get into class everyone has started • On some days, I am not always taken or encouraged to go to school and I am beginning to feel lost in my lessons as I have missed so much work; I feel like I might not catch-up and I feel stupid • My assessment and exam results are not as good as others who are the same age and have similar abilities to me • My emotions or behaviours are limiting my opportunities to learn and grow • I have previously been excluded from education for a fixed term and I am at risk of permanent exclusion
<p>I am Safe</p>	<ul style="list-style-type: none"> • My parents feel sad all the time and don't have time to look after me • There are some hazards in my home and despite my family knowing how to keep me safe from them, they don't always do this • Different people are sometimes in my house and I feel unsafe around them • My family sometimes leave me on my own and I don't feel safe • I play out and don't have a time when I need to come back; nobody in my family asks where I am, who I am with or what I am doing • I sometimes go missing and don't come back when I am supposed to; my family make efforts to find me • I am regularly using apps to contact different people, a lot of whom I don't know and I am thinking of meeting up with them • I live on my own but I feel so alone/don't know how to cook/how to make my money last • I am thinking about doing something that will scare/hurt people and they will all know my name • My friends are getting involved in stealing, carrying weapons or meeting up with risky others; they want me to join in • My parents sometimes use alcohol and/or drugs; it doesn't happen in front of me, but it is in the house and it makes me scared and worried; I don't like the way they act afterwards • Me or my family have been thrown out or lost our accommodation; there is nowhere safe and stable to go • I am very scared when my parents argue or fight; I am worried one of them will get seriously hurt, I also worry when they are not fighting about when it will happen next • I have thought about or I am carrying a weapon to keep safe
<p>I am Developing</p>	<ul style="list-style-type: none"> • I have been in trouble at school and have been on report; my family have not come into school to talk about what's going on or what can help and they have not talked to me about it at home • I am caring for members of my family; I worry about their health and safety; I am not able to meet with friends or go to school all the time • I don't feel confident and I am scared to share my views and thoughts as they don't seem important to anyone • There is lots of fighting between the people who live in my community and it often involves my family • My parents are struggling with their problems, sometimes as a result of their own childhood experiences and they are not able to concentrate on what I need to grow and develop; they been offered help and support but they haven't accessed it

Lara, Hajra and Hina

My family or I need co-ordinated help to be safe, promote my welfare and achieve my potential

I am four years old and live with my mummy and daddy, and my two baby sisters, Hajra who is three and Hina who is one and a half. My mummy is going to have another baby soon, I am excited about this but I am also a bit worried as I already don't get to spend much time with her. My daddy is at work most days and I like it when he puts me to bed and reads us a story, but this doesn't happen very often. Usually me and my sisters just fall asleep downstairs while watching cartoons, and we sleep on the sofa. When we wake up, I usually go and get us all some biscuits.

I don't get to play with other children much as mummy is tired and she doesn't often take me or Hajra to nursery. I really enjoy nursery when I go, and I am sad when I don't go – it makes me feel anxious and unsettled, I end having tantrums. Mummy gets angry with me; shouts really loudly and sometimes smacks me. It's worse if Hajra and Hina start crying as well.

I am not sure what is going to happen about going to big school, nobody at home has talked to me about it. It will be really scary going to school as I am not used to it and other children might be able to do things I can't.

We need Early Help to keep safe and promote good outcomes

Kyle and Louisa

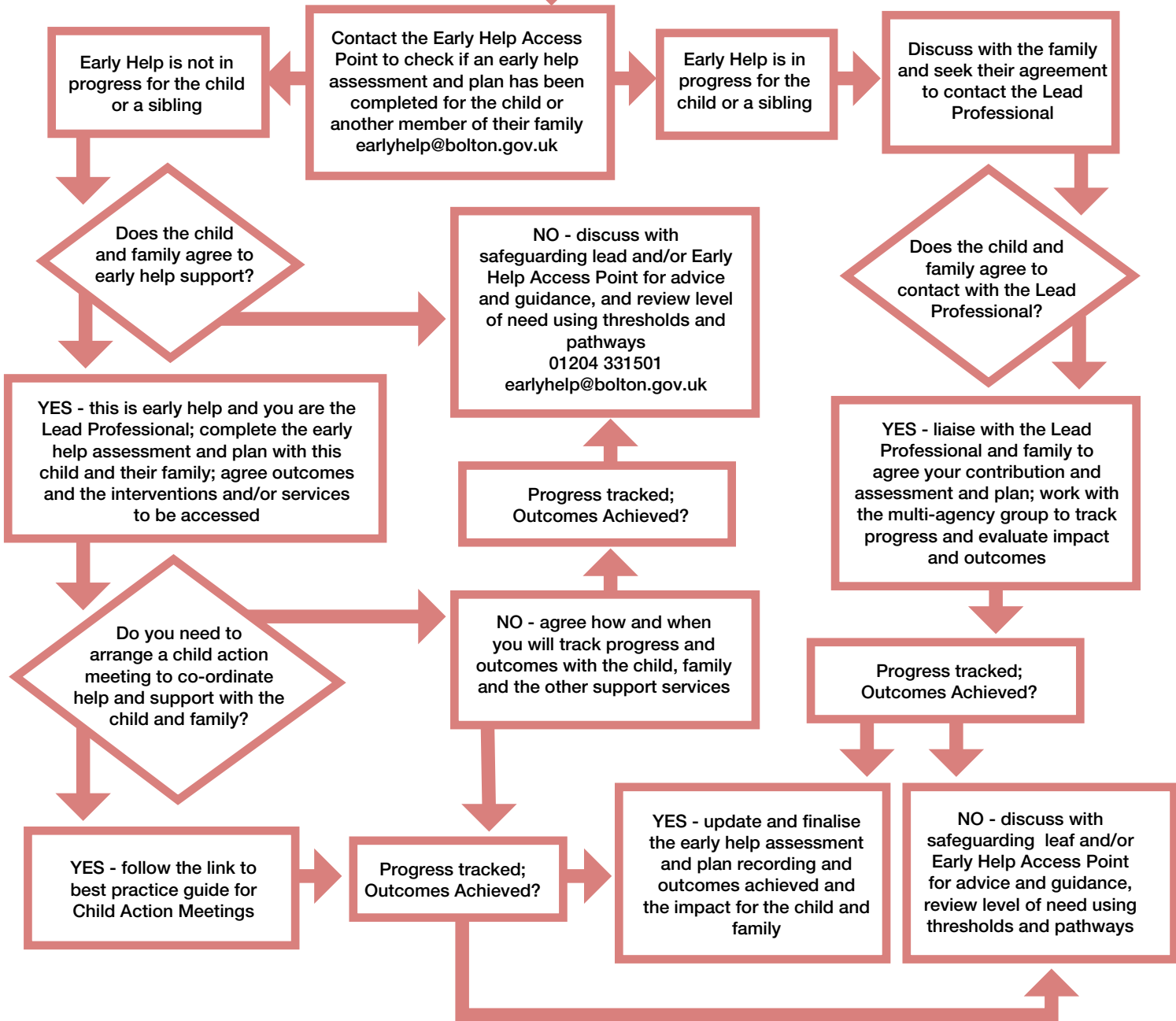
My family or I need co-ordinated help to be safe, promote my welfare and achieve my potential

I am a single parent of two children, Louisa aged three and Kyle aged five years. We are living in a privately rented property but our landlord has said we are going to be evicted as people have told him there are loads of parties and noise coming from the house. They have also said that people are always coming and going and I am always shouting at the kids. I've not been paying my rent and I'm in debt; this is stressing me out and I'm embarrassed. Kyle has said to his school that he doesn't want to live in the house as the living room window is smashed, and his bedroom is messy and cold. He's also told school that he didn't like it when my friend Rob came round, as Rob fights a lot with me and it makes him scared and makes Louisa cry. Kyle has said he tries to look after Louisa and make her happy when she cries.

We need Early Help to keep safe and promote good outcomes

Early Help

I am identifying a child and family who need co-ordinated early help and support



REMEMBER
 Log your early help assessment with the Early Help Access Point. This will support effective information sharing and avoid duplication
 earlyhelp@bolton.gov.uk

- Working together well:**
- Assessments should reflect on the help and support needed by all children in the family, including any family members with special needs or disabilities
 - Maintain communication to avoid duplication and ensure effective support delivery
 - Regularly review progress and impact of the help and support provided; keep everyone informed should things change
 - Regularly check with the child and their family if any other extra help is being offered to them
 - Be alert to signs of reluctance or resistance to access help and be prepared to talk to the child or family about this; use the partnership learning brief to reflect on what's happening
 - Use the assessment to not only meet needs but to identify and respond to early indicators of risk

What is Targeted Help?

Children, including those with special educational needs or disabilities, or families who have complex needs and co-ordinated help from a range of services is needed. While elements of help will continue to be accessed from universal services, involvement from the Local Authority targeted help service is needed.

Before accessing this help, the majority of children should have an existing Early Help Assessment and Plan and an identified lead professional. The targeted help offer will continue to be underpinned by the Early Help Assessment and Plan and its effectiveness regularly reviewed.

Targeted Help is:

I or my family have complex needs and need different services to work together to keep me safe, promote my welfare and help me achieve my potential

What might a child experience: -

I am Healthy	<ul style="list-style-type: none"> • I struggle with eating, either not enough or too much, of the right food and it is making me unwell • I am hurting myself as a way to cope; the frequency and severity of what I am doing is getting worse and I may, unintentionally cause lasting harm • I have a disability or illness that impacts on my daily life and I am not getting the help I need to grow and develop on a regular and consistent basis • I am using different drugs and mixing this with alcohol on a regular basis; I am worried about this or others are worried about me • I am often unwell because I am not getting the medicines or medical treatment I need
I am Learning	<ul style="list-style-type: none"> • I am regularly not being taken to education or refusing to attend education; I am significantly behind in achieving my potential • I have very low attendance at nursery/school/college and this has been going on for a long • I have been permanently excluded from education
I am Safe	<ul style="list-style-type: none"> • I am speaking to unknown adults and others on the internet and I have met up with some of them • I have done dangerous or hurtful things that friends have dared me to do and I know are not right to try and fit in • I am involved with stealing, intimidation, violence and aggression or other criminal/anti-social behaviour • I have thought about or I am carrying a weapon • People keep knocking on our door but I don't know who they are and I am frightened and worried • My parents sometimes use alcohol and/or drugs; this is happening in the house and it makes me scared and worried, occasionally they don't look after me • I regularly go missing and don't let anyone know where I am; my family make little effort to find me or appear concerned that I am gone
I am Developing	<ul style="list-style-type: none"> • I have a parent or other person who is important to me that I have lost contact with or who has died; I am not managing the trauma and impact of this in daily like • I find it hard to understand other people's feelings or understand how my actions and choices affect others • I feel alone a lot of the time and I am not coping with this • I don't want to leave home because I am worried about the health of my parent or family member; I provide a lot of care and support to them • My family try to put routines and boundaries in place but these are not consistent, or I am not able to relate to them; without help and support these will not be maintained by them or me

Aaliyah

My family or I have complex needs and need different services to work together to keep me safe, promote my welfare and help me achieve my potential

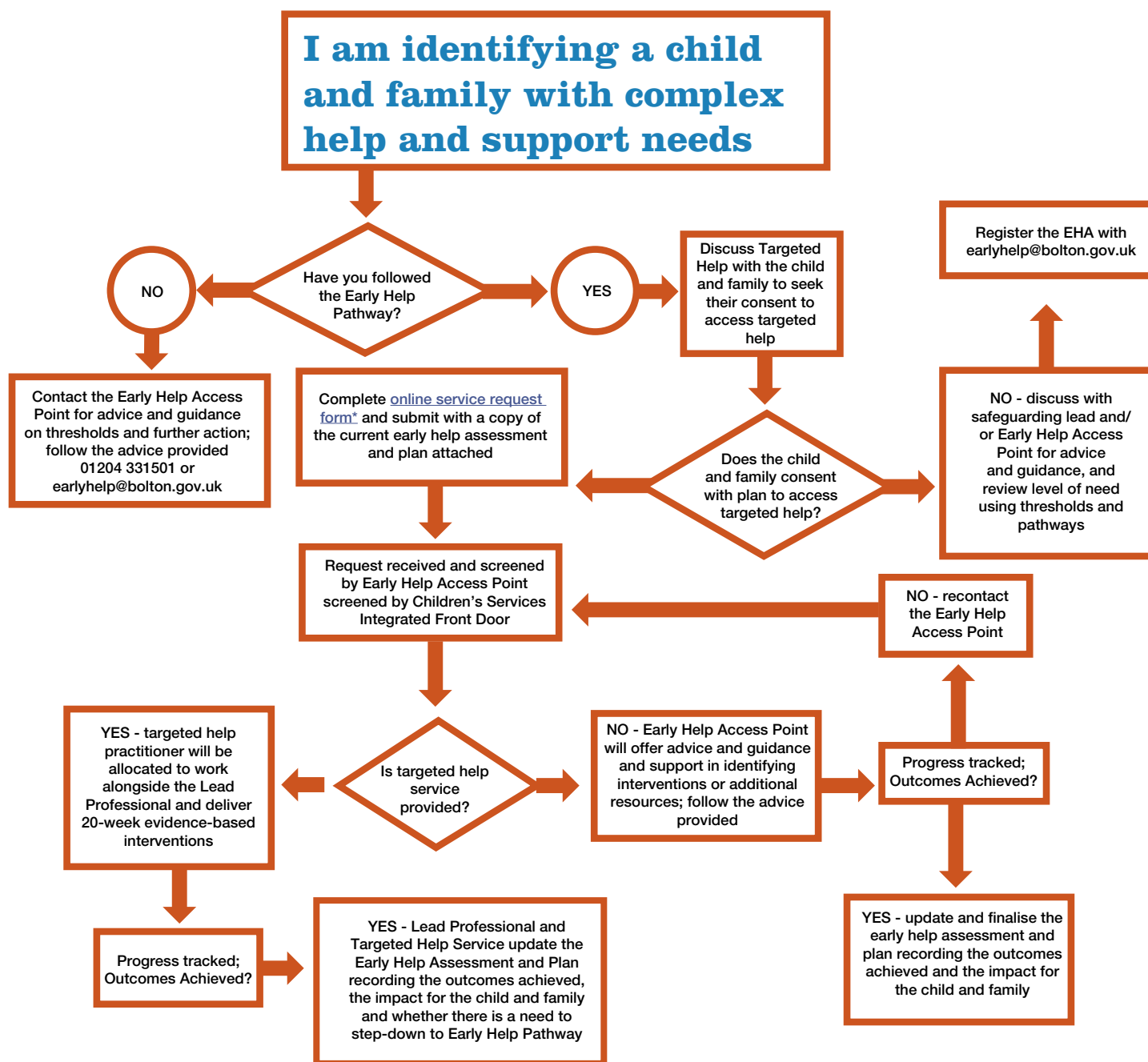
I am 3 years old and live with mum and my older brother who's 12 years old. My dad doesn't usually live with us all the time, but he's around a lot more and staying most nights. My dad uses crack cocaine and people think he is involved in drug dealing. I get scared when different people come to the house looking for him, sometimes they are shouting. When asked my mum has said that drugs are not used at our house. I had been regularly going to nursery, but I haven't been for ages and I feel sad about that. I liked nursery it was safe and warm. My teachers are worried about how I am developing as I can only imitate speech or actions and I was also struggling to follow simple requests or instructions. That's unusual for my age. My mum or dad haven't done anything to follow this up and I have missed key health appointments.

My big brother has told his teachers about the different adults coming to the house day and night, that windows have been broken and this is making us scared. He has also told his form tutor that dad has taken him out late at night in the car to visit different houses. My brother has been looking more tired at school and he is not keeping up with his classwork

An early help assessment and plan was developed and has been in place for four months; it brought together health practitioners, education staff and adult drugs services. However there has been little evidence of change for me and my brother and our attendance at school and nursery is getting worse.

We need targeted help to promote good outcomes and keep safe

Targeted Help



Working together well:

- Assessments should reflect on the help and support needed by all children in the family, including any family members with special needs or disabilities
- Maintain communication to avoid duplication and ensure effective support delivery
- Regularly review progress and impact of the help and support provided; keep everyone informed should things change
- Regularly check with the child and their family if any other extra help is being offered to them
- Be alert to signs of reluctance or resistance to access help and be prepared to talk to the child or family about this; use the partnership learning brief to reflect on what's happening
- Use the assessment to not only meet needs but to identify and respond to emerging risk
- Where you disagree with the threshold decision you should follow local escalation processes

Framework for Action

What is Statutory Help?

Children, including those with special educational needs or disabilities, who are unlikely to achieve or maintain a reasonable level of health or development, without statutory help.

Statutory help should also be accessed where there are concerns a child is suffering or likely to suffer significant harm. This risk of harm may come from within the family environment or from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

The lead professional will be a qualified social worker and all help and support will be underpinned by a child and family assessment and plan. The effectiveness of the plan should be evaluated within locally agreed or statutory timescales.

Statutory Help is:

I am a child in need or in need of being protected from neglect or physical, sexual or emotional abuse; I need help from a social worker to keep me safe, promote my welfare and achieve my potential

<p>I am Healthy</p>	<ul style="list-style-type: none"> • I am never taken to health appointments and no one knows if I need extra help or not to keep healthy and grow as I should • I regularly do not have enough food to eat, or food is withheld from me; I am often hungry • My diet is putting my health at significant risk • I am regularly hurting myself and I have tried to end my life; I look at the internet to find out more about this and have thought about or attempted the methods suggested • I am regularly using different drugs and mixing this with alcohol and I am dependent on them • My health is really suffering and I am at risk of dying because I am not getting the medicines or medical treatment I need • It is suspected or known that Female Genital Mutilation was carried out on my mum and there are worries I may be at risk • My home is regularly cold and unsafe for me; there are lots of hazards in my house and the basics, such as window coverings, bedding, cleanliness, floor coverings etc. are not a priority • My parents are actively seeking medical interventions that are not deemed necessary for me
<p>I am Learning</p>	<ul style="list-style-type: none"> • I can't concentrate on learning for any length of time; I regularly appear distracted or I 'act out' when I am in class • I have been permanently excluded from education and my family are not helping to sort this out; I have no meaningful education • My attendance at school is very poor; my family do not take me or encourage me to attend school • My family do nothing to encourage me to learn; they show no interest in what I have achieved or think about where they can help me if I am struggling with schoolwork • I keep being taken to the doctor/hospital and my parent tells them I'm not well, but I feel well and no other adults who know me have concerns; I keep having different tests and operations
<p>I am Safe</p>	<ul style="list-style-type: none"> • I am frequently missing for longer periods of time and no-one knows where I am; my family do little to try and find me • There are regular arguments and fights at home; I am worried that one of family may be seriously hurt or killed • I am involved in criminal activity with my friends, and my behaviour can appear threatening and intimidating to others • Me and my friends are out in the community for long periods and are meeting up with older adults; we hang out with them in their cars or at houses we don't know • I am not sure if I am loved by family or if I am special to them; I am treated differently in my family • I regularly hear or see one of my parents being abused, and the other abusing them; this can be lots of shouting, threats to hurt, not paying for things, putting us down, hitting, punching • I have unexplained bruises, bites, burns, scalds or other injuries • I am speaking to unknown adults and others on the internet and I have met up with them • Other adults come and go from my house; I don't know who they are and I am scared • My parents regularly use alcohol and/or drugs and this is in front of me; they leave it lying around and they don't take care of me afterwards • My parents were not able to look after my siblings and they went into care; others are worried that they may not be able to look after me or need help to do this • My parents have asked someone else to look after me for over 28 days and I am not related to them • I have arrived in the UK from another without my family, or with an inappropriate adult
<p>I am Developing</p>	<ul style="list-style-type: none"> • I have no regular routines or boundaries at home; I am not sure who will be in the house when or for how long and I am left to look after myself and other family members • I can be aggressive and angry with others, 'I flip my lid', sometimes without any obvious reason or for what seems like very small things • I am often left on my own for long periods if I am crying or distressed, I am not sure whether anyone will come to care for me

Ben

I am a child in need or in need of being protected from neglect or physical, sexual or emotional abuse; I need help from a social worker to keep me safe, promote my welfare and achieve my potential

I am 10 years old and live with my mum and younger sister, who is 7 years old. I am a carer for my mum who has drunk alcohol for many years, as long as I can remember. I am really worried about how much my mum drinks, how it makes her act and I try to stop her drinking. Sometimes when I do this, she gets very angry with me and threatens to hit me. I also look after my little sister as my mum is either out drinking or is not able to put her to bed, cook her food, get up to take her to school and all the other things a mum should do. Loads of times we have to ask our neighbour for help as there isn't any food in the house, our beds are scratchy, the house is cold and sometime there is no power.

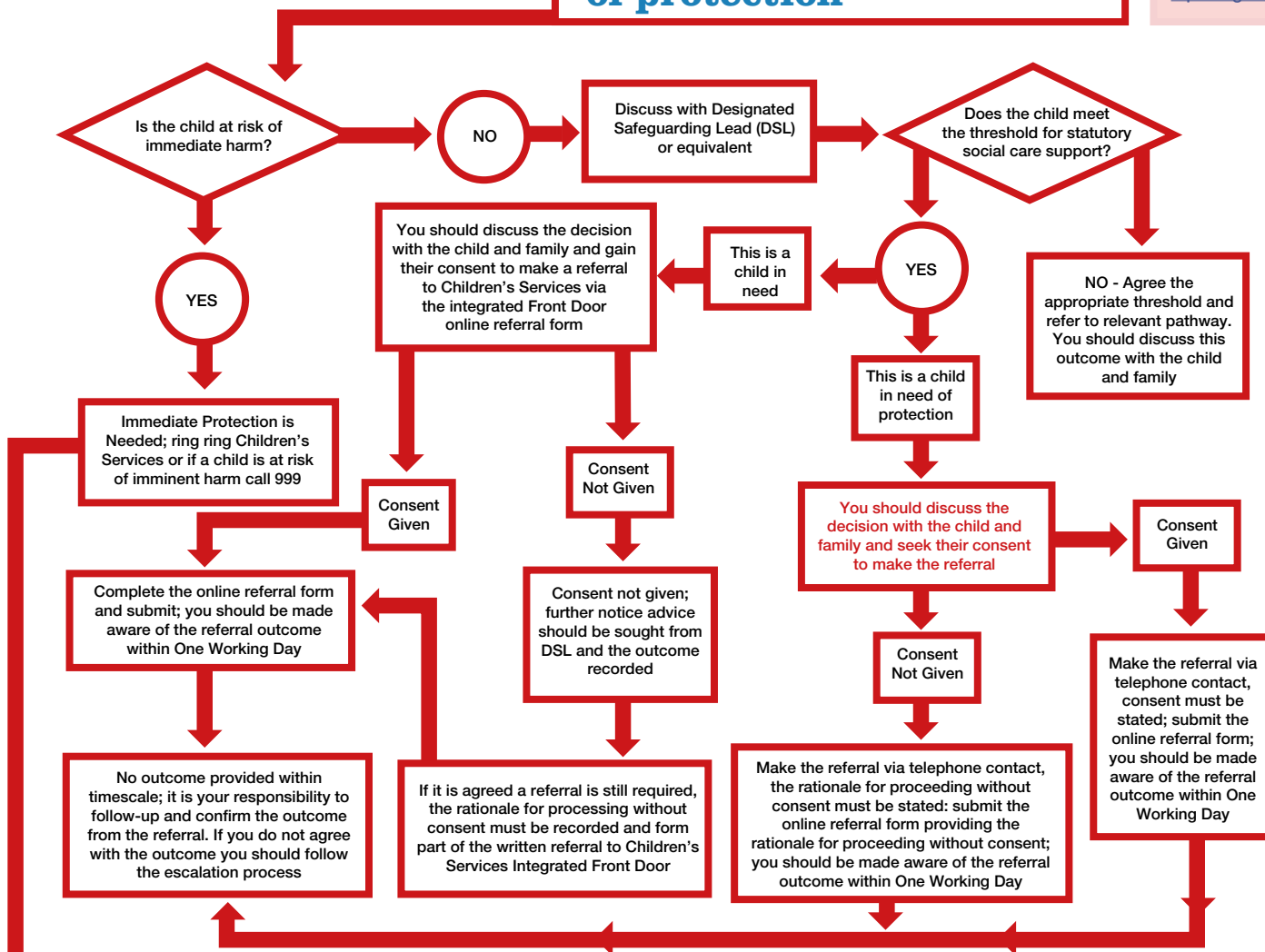
Recently me and my sister have started going to the pub with mum most nights, when I'm there I try to control how much she drinks. I tell her when to stop and if she doesn't listen, I ask the barman to stop giving it to her. The people behind the bar sometimes tell me off. It makes me frightened being in the pub as it's loud, people are fighting and my little sister cries. We stay really late and me and my sister are really tired and hungry. We want to go home to bed but mum won't take us.

My teacher noticed that I was looking sad in class and asked me if I was ok, I just started crying and told her what was going on.

Statutory Help

I am identifying a child in need or a child in need of protection

To make a referral using the online form <https://www.bolton.gov.uk/safeguarding-protecting-children/reporting-child-abuse/1>



Immediate protection:

- Where there is a risk to the life of a child or a likelihood of serious immediate harm
- The local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO)
- Police powers to remove a child in an emergency should be used only in exceptional circumstances

- When considering whether emergency action is necessary; always consider the needs of other children in the same household or in the household of an alleged perpetrator
- The local authority in whose area a child is found in circumstances that require emergency action is responsible for taking emergency action
- Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken

NB If a child has a disability or special education needs and is considered a 'child in need', and there are no child protection concerns, a direct referral should be made to the Children With Disabilities Team

Early Help

Working Together to Safeguard Children 2018 states that early help means providing support as soon as a need emerges, at any point in a child's life, from the early years through to the teenage years. Early help is a key element of the Framework for Action and is reflected in the continuum from 'Every Child' to those children who need 'Multi-agency Help'.

Where a child or parent would benefit from co-ordinated support from more than one organisation or agency (e.g. education, health, housing, police) a multi-agency early help assessment should be undertaken and identify what help the child and family require to prevent needs escalating.

A lead practitioner should complete the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services.

A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs co-ordinator could undertake the lead practitioner role.

Decisions about who should be the lead practitioner should be based on the needs of the child and parent. For an early help assessment to be effective it should be undertaken with the consent of the child and/or their parents and involve all the practitioners who are working with them. It should take account of the child's wishes and feelings

wherever possible, their age, family circumstances and the wider community context in which they are living. In circumstances where consent is not given for an early help assessment, practitioners should consider how the needs of the child might be met.

Bolton's Framework for Action provides clear Early Help thresholds and the response needed. More detail about Bolton's Early Help offer and supporting processes can be found at: www.boltonsafeguardingchildren.org.uk/early-help-working-together

You will find guidance here on:

- Early help assessment and plan
- Child Action Meetings
- Lead Professional
- Early Help Transitions



Advice and guidance

Purpose

Promoting accessible advice and guidance encourages those working with children and parents to actively access additional knowledge and expertise. This expertise may come from designated or named professionals within an organisation or from other partners contributing to local safeguarding arrangements. Using this resource can help inform and strengthen assessments of need, as well as ensure timely, effective help and support is offered to children and their families.

Anyone working with a child or their family, at any level of need, can request advice and guidance. Advice and guidance should always be sought from an individual or agency with the most relevant knowledge and skills to meet the need; for example if there are concerns about parental depression or anxiety, it may be useful to discuss this with local adult mental health services. If the concern related to a child's emotional health and well-being, talking with I-thrive partners would be helpful.

Personal details about a child or parents should not be shared when accessing advice and guidance unless you have sought explicit consent from the child or their parent. The ethos behind this approach is to seek advice on an issue basis rather than on an individual case basis. For example contacting the adult substance misuse service to ask advice on how high levels of alcohol use may impact on a parents abilities

to meet their child's needs or speaking to a health visitor about child development at particular stages etc.

Process

Advice and guidance may be requested where one or more of the following is met:

- It is an agreed outcome of supervision/case discussion with a line manager/supervisor
- There is a need for advice and guidance in relation to a specific issue about which your own agency does not have knowledge or expertise, e.g. substance misuse, child protection thresholds, emotional or physical health, education provision etc.
- To clarify the child's level of need to better inform assessment and interventions

Prior to contacting to seeking advice and guidance you should:

- Identify the most relevant agency to provide advice and guidance
- Be clear that you are requesting advice and guidance only, using the process outlined in this document
- Prepare any relevant, anonymised information prior to the discussion

If at any time, during the discussion it becomes apparent that the concerns indicate that the child is at risk or they, or a parent, would benefit from an immediate specialist service, then appropriate contacts should be made to the relevant agency or agencies. Where possible consent should be sought prior to contact being made; where consent is not sought you should clearly record the rationale for this.

Recording

It is important that outcomes and actions resulting from the process are recorded in a consistent manner by those seeking advice. It is the responsibility of the practitioner requesting advice and guidance to record details of who provided the advice and the agreed outcome. This should be recorded on the relevant case record held by that agency and clearly identified in the record as a request for advice and guidance.

Escalation

On the rare occasion that a disagreement about the advice given or recommended action arises, the person requesting the advice must discuss this with their line manager or supervisor. If necessary, the line manager will contact the line manager of the agency providing the advice for further discussion. For further guidance on escalation: https://greatermanchesterscb.proceduresonline.com/chapters/p_resolv_prof_dis.html?zoom_highlight=escalation

Framework for Action

Providing effective support to children and their parents

Children in specific circumstances

Disabled children

Disabled children may be especially vulnerable to all forms of abuse as they may:

- Have fewer independent contacts outside the family when compared to other children
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties which may make it difficult to tell others what is happening
- Be inhibited about complaining because of fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers are

Safeguards for disabled children should be the same as those for non-disabled children. However particular attention should be paid to promoting a high-level of awareness among workers to the increased vulnerability of disabled children and adapting approaches to ensure communication opportunities. This will ensure they receive the same levels of protection as other children.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_ch_with_disabilities.html?zoom_highlight=disabled+children

Online abuse

As technology develops, so too does the means by which abuse can be perpetrated on a wider population of children.

Over the last few years there has been increasing awareness that child abuse can occur on-line. Abuse can come in the form of sexual harm and grooming but also exposure to hateful online content, seeing violent or other disturbing content, seeing self-harm related content and online bullying.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_yp_online.html?zoom_highlight=online+abuse

Fabricated or Induced Illness (F.I.I.)

Fabricated or Induced Illness by parents occurs when a parent or carer invents or induces physical symptoms in a child. The child is taken to healthcare personnel who undertake unnecessary investigations and treatment which mainly themselves carry risks. It is often accompanied by neglect of the child's healthcare needs at other times. This form of abuse is both emotionally and physically abusive; risks include death and severe emotional trauma resulting in long term damage.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_fab_ind_illness.html?zoom_highlight=FI

Children & young people who display sexually harmful behaviour

Sexual exploration and experimentation are a normal part of childhood development. However, children can also be vulnerable to sexual abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult.

To help identify or indicate the presence of abuse, the following factors should be considered:

- Absence of consent and the presence of a power imbalance and exploitation
- The nature of the relationship between the children/young people, the perpetrator having authority or responsibility of care for the victim
- Age inappropriate sexual activity, subject to an assessment of the young person's cognitive development
- Difference in age between the victim and the alleged abuser
- The use of aggression, coercion and bribery
- The child's perception of the abuse

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_harm_sex.html?zoom_highlight=harmful+sexual+behaviour

Child sexual exploitation

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 under the age of 18 into sexual activity in exchange for something the victim needs or wants, and/or 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.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ab_sexual_exploit.html?zoom_highlight=child+sexual+exploitation

Child criminal exploitation and county lines

Child criminal exploitation occurs when an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child 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.

This 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 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. The criminal exploitation of children is broader than just county lines It includes, for example, children forced to work on cannabis farms or to commit theft.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_yp_gang_act.html?zoom_highlight=criminal+exploitation

Female Genital Mutilation (F.G.M.)

Female Genital Mutilation is a collective term used for different degrees of mutilation of the female genitalia. It is commonly referred to as 'female circumcision'. The Prohibition of Female Genital Mutilation Act 2003 makes female genital mutilation an offence, except on specific physical and mental health grounds.

F.G.M. is an act of extreme violence against women and children. It can be performed from birth onwards. It presents a risk of physical and psychological harm that can last a lifetime, in the most extreme cases it can result in death.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_fgm.html?zoom_highlight=fgm

Forced marriage

In a forced marriage, one or both parties do not consent to the marriage and some element of duress is involved. Where a forced marriage involves a child under the age of 18 it constitutes child abuse. A clear distinction must be made between a forced marriage and arranged marriage. In an arranged marriage there is always a final element of choice.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_force_marriage.html?zoom_highlight=forced+marriage

Modern slavery and trafficking

Modern Slavery is a term used to describe anyone, including children who are exploited for criminal gain. The impact can be devastating for the victims. Modern Slavery comprises slavery, servitude, forced and compulsory labour and human trafficking. The common factors are that a victim is, or is intended to be, used or exploited for someone else's (usually financial) gain, without respect for their human rights. The perpetrators seeking to take advantage of them could be private individuals, running small businesses or part of a wider organised crime network. Child victims are not able to give informed consent and therefore exploitation even without any element of coercion could constitute modern slavery.

Modern slavery takes many different forms however currently there are four broad ways in which perpetrators may seek to exploit victims Labour Exploitation, Domestic Servitude, Sexual Exploitation and Criminal Exploitation.

The Act of recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Broken down into simpler terms, this means human trafficking is movement or recruitment by deception or coercion for the purpose of exploitation.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_sg_ch_trafficked.html?zoom_highlight=modern+day+trafficking

Child abuse linked to spiritual child abuse and possession

The belief in 'possession' and 'witchcraft' is present in a number of belief systems. It is not confined to particular countries, cultures, religions, or communities. The definition which is commonly accepted across faith-based organisations, non-governmental organisations and the public sector is the term 'possession by evil spirits' or 'witchcraft'.

It is important that professionals feel confident asking difficult questions to ascertain the cultural beliefs within the family and challenging those that are a risk to children. Any concerns about a child which arise in this context must be taken seriously.

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_abuse_linked_spiritual.html?zoom_highlight=child+abuse+and+possession

When children hurt themselves

As well as being mistreated by those around them, children can sometimes behave in ways that lead to serious self-harm. This may take the form of:

Substance misuse

Children may regularly misuse legal and illegal substances including alcohol, glue, opiates, stimulants, legal highs, steroids and hallucinogens. While some level of explorations and experimentation with substances is normal, continuous, chaotic or dependent use can be very harmful

Threat of suicide

Threats of suicide, suicidal thoughts, or suicidal behaviour by a child should always be assessed and responded to

Deliberate self-harm

As with suicidal behaviour, if a child is repeatedly engaging in self-harming behaviours (for example cutting or self-strangulation, eating disorders etc) this should always be assessed and responded to

More detailed information on this theme can be accessed here: https://greatermanchesterscb.proceduresonline.com/chapters/p_suicide_self_harm.html?zoom_highlight=self-harm

Key definitions

Child	A child is defined as anyone who has not yet reached their 18th birthday; 'children' or 'child' refers to children and young people throughout
Parent	The term parent is used in this document it refers to any adult who has parental responsibility for a child, or is an adult who provides routine care and support to a child in a home environment but is not necessarily a blood relative, i.e. step-parent
Family	The term family is used to describe the people in a child's life who offer regular care and support and or of importance to the child; this could be parents, carers, siblings, relatives or other significant adults
Child in need	<p>Under Section 17 (10) of the Children Act 1989, a child is a Child in need if they are:</p> <ul style="list-style-type: none">- Unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority- Health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services- Disabled
Significant harm	<p>This threshold justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.</p> <p>Harm is defined as the ill treatment or impairment of health and development. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single episode may constitute significant harm but more often it is an accumulation of significant events, both acute and long-standing, which interrupt, damage or change the child's development.</p>

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For further information please contact

**Bolton Safeguarding Children Partnership boltonsafeguardingchildren@bolton.gov.uk
or 01204 337479**



Bolton Safeguarding Children



Are you worried
about a child?

If you're worried about the safety and wellbeing of a child, it's important to take action.

**To discuss your concerns,
contact a member of our team
on 01204 331500.**

For further information about the arrangements, share your experiences of safeguarding in Bolton or get involved in the work we do, contact:
Phone **01204 337479**
Email **boltonsafeguardingchildren@bolton.gov.uk**

This document was published on July 2021. All information is correct at the time of production. While every effort has been taken to ensure this tool is accurate and up to date, Bolton Safeguarding Children Partnership will not be held responsible for any loss, damage, injury or inconvenience caused by any inaccuracies contained herein.