

# Mini Guide

to the Tameside  
Safeguarding Children  
Framework *and*  
Tameside Children's  
Needs Framework



Tameside  
Children and Young People  
Strategic Partnership



**Welcome to the MiniGuide to the Tameside Safeguarding Children Framework and Tameside Children's Needs Framework. This guide is to assist you in your work with children and families, we hope you will find it a useful tool.**

**We would very much like to hear from you if you have any suggestions or comments about the guide or if you have views on how the TSCB can help you in the difficult task of safeguarding and promoting the welfare of children and their families.**

**Lynne Jones**

**Independent Chair,**

**Tameside Safeguarding Children Board**

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1.1 The **Mini Guide** is drawn from two sources:

- Tameside Safeguarding Children Framework, a copy of which should be available in every work place. Whenever possible refer to the full manual when child protection concerns arise. It is also available on the internet at:  
<http://www.tameside.gov.uk/childprotection/guidance>
- Tameside Children's Needs Framework. A copy of the Framework should be available in every workplace. The Framework is also available for download from the internet at:  
<http://www.tameside.gov.uk/cypp/documents>

1.2 The **Mini Guide** is intended as a resource for practitioners, providing a handy reference out of the office. However it does not replace the two main frameworks which should be consulted for more detail.

2.1 The Children Act 2004 requires Council services, relevant partners and other bodies to provide services that enable children and young people in their area to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

2.2 Parent(s)/carer(s) will meet any needs their child/children may have most of the time. However, there will be times in some children's lives when they and their parents will need additional services – beyond what can be provided by universal services such as education, dentistry and their local GP.



- 2.3 Some children have additional need for services - which may only occur a couple of times in their childhood or may be something that a child needs on an on-going basis. The need for such services could arise if the child has a disability or has experienced a critical period of illness.
- 2.4 For a small number of children there may be a concern that the child's development will be impaired if they do not receive specific services. Such a concern may arise because parents or carers are not doing what they should to meet the child's basic needs. This is a concern about the risk of significant harm to a child, an area that is commonly known as 'child protection'.
- 2.5 But the need a child may have for protection should not be separated from consideration of the child's other needs. Hence the holistic approach in Tameside supported through the two Frameworks.

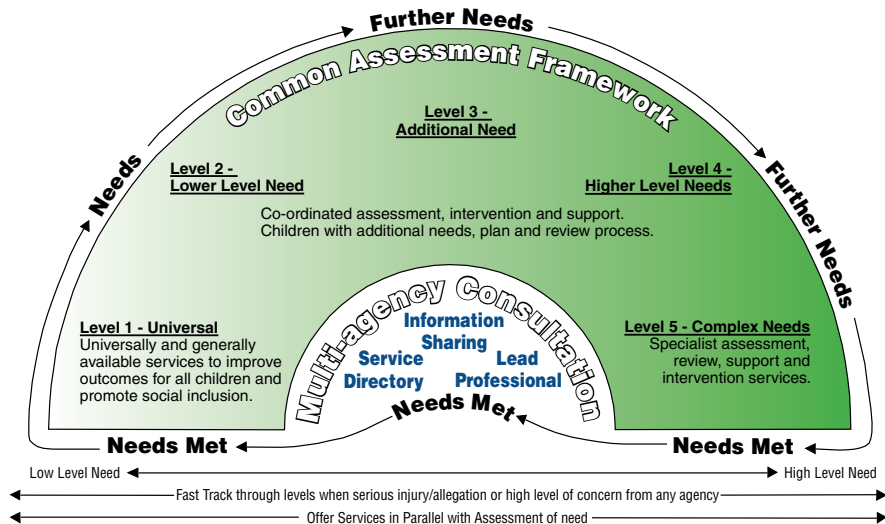
- 3.1 Tameside Children's Needs Framework is central to shifting the focus from dealing with the outcomes of difficulties in children's lives to preventing things from going wrong in the first place. The Children's Needs Framework provides an approach that is common across all local agencies and establishments to identify and describe children and young people's levels of need. It has been developed to support joint work by practitioners and ensure effective communication between all agencies. It will support earlier intervention by providing a common means for identifying needs at the earliest opportunity and a consistent approach in co-ordinating services - using the Common Assessment Framework, the Lead Professional role and Child and Family meetings.



- 3.2 The Children's Needs Framework is intended to locate a child's needs and circumstances on a continuum, and to identify an appropriate level of response. It is not prescriptive, but is to support - not undermine – effective professional assessment, judgement and decision making.



## Tameside's Children's Needs Framework



(see also sections 5.4 to 5.7 on pages 14 +15)

- 4.1 Sharing information about the development, behaviour and circumstances of a child/young person is essential to effectively meeting a child's needs.
- 4.2 If there is a concern that a child/young person is at risk of significant harm the child's need for protection is paramount. Information must not be withheld if doing so would jeopardise the welfare or safety of the child. This area of information sharing is covered below.
- 4.3 However, in most circumstances it is good practice to share information only with the consent of the child, or their parent/ carer.

4.4 There are circumstances when information must be shared without consent – for example when,

- the sharing of information prevents the child from committing a criminal offence that could place others in jeopardy or place any other person at risk of collusion
- to seek consent would put the child or another child at risk of significant harm. In particular be careful about sharing concerns with parents/carers in the context of
  - Sexual abuse
  - Organised or multiple abuse
  - Fabricated or induced illness

(continued)

- the child needs urgent medical treatment
  - information is required as part of legal proceedings. This can be by order of the Court or if information is requested by the police to enable them to pursue an investigation.
- 4.5 Additional caution should also be taken about sharing information when it is believed that a young person is facing forced marriage. Consult the relevant procedure, Policy for Working with Young People Facing Forced Marriage at: <http://www.tameside.gov.uk/childprotection/guidance>
- 4.6 Also remember that if a child tells you something that gives you cause for concern never make a promise to a child that you will keep secret what they have told you. Tell the child who you will have to share the information with and when.

- 5.1 This section sets out the basic steps to take if you have a reason to believe that a child has suffered, or is at risk of suffering, significant harm
- 5.2 Before making a referral to Children's Social Care it is good practice to ask the child why they are upset or how the injury happened and to respond to a child wanting to talk to you. Be careful not to ask leading questions or to pursue the questioning to an extent that could jeopardise any subsequent enquiries or proceedings.
- 5.3 Consider the child's age, development, wishes and feelings when sharing information with and about them. It is important to support children when they are sharing information.

- 5.4 If you do not have a concern about significant harm to a child but you have information about that child that you think should be shared with another practitioner it is important that you do this with the consent of the parent/carer and/or child. This is good practice and a crucial part of working in partnership.
- 5.5 However if you decide that information has to be shared without such consent you need to show that there is a 'public interest' in sharing this information.



- 5.6 A public interest can arise in a range of circumstances, for example, to protect children from significant harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services.
- 5.7 The key factors in deciding whether or not to share confidential information are necessity and proportionality, i.e. whether the proposed sharing is likely to make an effective contribution to preventing the risk and whether the public interest in sharing information overrides the interest in maintaining confidentiality. In making the decision you must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on professional judgement.

- 5.8 In the event of a concern about a child's well-being then first, always share your concerns with your manager/supervisor and with colleagues. Do not try to deal with child protection concerns on your own.
- 5.9 If you know or suspect that a child is suffering or is likely to suffer significant harm you have a duty to make your concerns known to Children's Social Care and/or the Police by consultation (see section 7) or by referral (see section 8). You should also ensure that concerns voiced by others are referred appropriately.
- 5.10 Urgent medical needs should be met immediately.



5.11 Child Protection procedures apply if you:

- Work directly with children
- Work with adults who are parents/carers of children
- Supervise, or are a colleague of, those who have contact with children or their parents/carers
- are a concerned member of the public.

5.12A child is defined as any person less than 18 years, including an unborn child.



- 6.1 Practitioners should be alert to the possibility that child abuse may take place in any family, culture, community or location. Also, be alert to the possibility of abuse and neglect among children with disabilities.
- 6.2 Abuse takes many forms and is most usually categorised as
- physical abuse
  - emotional abuse
  - sexual abuse
  - neglect
- 6.3 Be alert to your own safety and welfare when dealing with child protection concerns.

- 6.4 Harm to a child can arise in any setting but be particularly alert in the context of:
- Domestic abuse involving significant adults in the child's life
  - Misuse of substances such as alcohol or drugs
  - Living with an adult who has a mental illness
  - Child exploitation
- 6.5 The child protection procedures also apply when a child dies in suspicious circumstances.
- 6.6 If you are uncertain, consult with others and read the full procedures in the Tameside Safeguarding Children Framework.



- 7.1 The purpose of consultation is primarily to decide on the necessary action to promote the child's needs, including for protection.
- 7.2 Consultation is also an opportunity to ensure that you have the support you need in coping with child protection concerns.
- 7.3 Most agencies that work with children, young people, their parents or carers have a designated person for child protection with whom you should be able to consult. You should also consult with your line manager.



- 7.4 However if there is an immediate child protection concern referral should be made at the earliest opportunity to Children's Social Care or Police.
- 7.5 You may consult with Children's Social Care. This is not a referral. However, if further action is deemed necessary, the information given will be treated as a referral.
- 7.6 Consultation should determine
- Whether or not to refer
  - Whether any action is to be taken and by whom
  - The need to follow any procedures.
- 7.7 If in doubt, consult with Children's Social Care.



- 8.1 Decide who is to make the referral. If you have a child protection concern, you have a responsibility to make a referral or ensure that one is made. The person with first hand information should make the referral or be available to provide that information.
- 8.2 Do not delay a referral. Refer all child protection concerns. Do not cause unnecessary delay. Act quickly in seeking advice or consulting with others.
- 8.3 If possible talk to parents/carers openly and honestly about the concerns (but be aware of when not to, see 4.4 above).



- 8.4 Inform parents/carers of the intention to refer (except as in 4.4 above). If you do not inform parents/carers about the intention to refer, discuss with Children's Social Care/Police when and how they will be informed.
- 8.5 Gather as much information as possible before referring, but do not delay if some is not readily available. (see Appendix 1).
- 8.6 If the concern is about abuse or risk of abuse from someone who is not known to the child/family refer direct to Police.
- 8.7 If unsure about whether to make a referral, consult with the duty social worker in Children's Social Care.



- 9.1 An Initial Assessment will be made by Children's Social Care, who will then decide on further action. If there is reasonable cause to suspect that a child has suffered, or is at risk of, significant harm then a child protection enquiry will be carried out under section 47, Children Act 1989.
- 9.2 A child protection, or 'section 47', enquiry will involve a core assessment which must be completed within 42 working days of the date of the referral (including the maximum 7 working days taken to complete the initial assessment).
- 9.3 The initial and core assessments will focus on the needs of the child, with particular attention given to the views of the child and their parents/carers. Although a referral may have commenced as a concern about significant harm it is the purpose of the assessment to ensure that the response to the referral is not just about protecting the child but also about promoting the child's welfare.

- 9.4 Before or during a child protection enquiry a strategy discussion will take place involving agencies which hold information relevant to the concerns about the child. The strategy discussion is used to share information in the planning of the enquiry.
- 9.5 A practitioner making a referral will be informed of the outcome of the assessment and/or child protection enquiry as well as the reasons for decisions made.



- 9.6 Those actively involved in child protection enquiries will be kept informed throughout.
- 9.7 The referrer will be given the amount of information that is consistent with the best interests of the child and proportionate to promoting the child's welfare.



10.1 The referrer should keep a written record of:

- Discussions with child
- Discussions with parent
- Discussions with their managers/ designated child protection person
- Information provided to Children's Social Care
- Decisions taken (with time & date clearly noted, and signed)

10.2 Indicate the original source of information.

10.3 Date and sign the record.

10.4 Send a copy of the referral information to the agency to which the referral has been made within 1 working day. Keep the original secure.



- 11.1 An Initial Child Protection Conference is convened if the child protection enquiry shows that the child has suffered, or is at risk of, significant harm.
- 11.2 A Child Protection Review Conference reviews the circumstances of the original concern and the progress made since the Initial Conference.
- 11.3 Each Child Protection Conference also has to decide whether a Child Protection Plan is needed to safeguard and promote the child's welfare.
- 11.4 The first Child Protection Review Conference should be set to take place within 3 months of the initial conference. Further review conferences should take place at intervals of not more than 6 months for as long as the child remains the subject of a Child Protection Plan.
- 11.5 Each Child Protection Conference considers the information or evidence for the concern and whether the parents/carers have the capacity to ensure the child's safety and promote the child's healthy development.

11.6 The Child Protection Conference is attended by those people who have a significant contribution to make because of their knowledge of the child and family, or their expertise is relevant to the case.

11.7 If the conference decides that a Child Protection Plan is needed and you become a member of the Core Group to implement the Plan then refer to the full set of child protection procedures contained in Tameside Safeguarding Children Framework at:

<http://www.tameside.gov.uk/child-protection/guidance>



The referrer should be as clear as possible in making the referral what the cause for concern is, including details of any allegations, their sources, timing and location.

Have as much as possible of this information available before referral:

- A Common Assessment, if this is available
- Full names, date of birth and gender of the subject child
- Family address and school/nursery attended
- Identity of those with parental responsibility
- Names, date of birth and gender of all household members
- Ethnicity, first language and religion of children and parents/carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of the child

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- Any significant / important recent or historical events/incidents in child's or family's life
- Child's current location and emotional and physical condition
- Whether the child needs immediate protection
- Referrer's relationship to, and knowledge of, child and parents/carers
- Details of person who is alleged to have either caused harm to the child or to have put them at risk of harm
- Known current or previous involvement of other agencies / practitioners, including Lead Professional
- Information regarding parental knowledge of, and agreement to, the referral

- **Name of Agency/Team**

**Details of Designated Child Protection Person**

**Name:**

**Phone number:**

**Email address:**

**Postal address:**

**Use this section to make a note of the  
Designated Child Protection Person in your agency**

- Tameside Safeguarding Children Board (TSCB)  
Union Street, Hyde SK14 1ND Tel: 0161 342 4348  
[lscb@tameside.gov.uk](mailto:lscb@tameside.gov.uk)  
[www.tameside.gov.uk/childprotection](http://www.tameside.gov.uk/childprotection)
- Tameside Council's Children's Social Care team can be contacted on:

Office hours, Monday to Friday – 0161 342 4150

Outside office hours, Monday to Friday and weekends and public holidays – 0161 342 2222

- Greater Manchester Police Public Protection Investigation Unit (for Tameside) can be contacted on:  
Family Support Unit - 0161 856 9314

**Remember, if in doubt, contact Children's Social Care for consultation and/or referral**



