

Tameside Safeguarding Children Framework

2011 Edition



Foreword

I am pleased to introduce the new **Tameside Safeguarding Children Framework** which replaces the 2007 version.

The Framework has been revised to take into account; changes in Working Together to Safeguard Children, 2010 and learning from recent Serious Case Reviews in Tameside.

Safeguarding and promoting the welfare of children and, in particular, protecting children from significant harm is the responsibility of everyone in the Borough. Children can only be protected if everyone works together well.

This Framework sets out the way in which all those whose work brings them into contact with children must respond if they have any concerns that a child may be at risk of or suffering harm and in need of protection.

It sits alongside [Tameside's Children's Needs Framework](#) which provides guidance for staff to respond to children with additional needs for support.

The Framework has been revised by member agencies of Tameside Safeguarding Children Board (TSCB) and other agencies who work with children, young people, parents and carers in the Borough.

Further linked practice guidance and additional procedures are available on the TSCB website; www.tamesidesafeguardingchildren.org.uk

We welcome any comments on the publications of the Safeguarding Board which should be sent to the TSCB Administrator; anna.cooke@tameside.gov.uk Tel: 0161 342 4348



Lynne Jones,

**Independent Chair,
Tameside Safeguarding Children Board**

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Introduction



Sharing Information



Making Referrals

If you believe a child has suffered or is at risk of Significant Harm Contact Children's Social Care or the Police immediately.
If you're not sure then you can consult with Children's Social Care



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Section 1 - Introduction

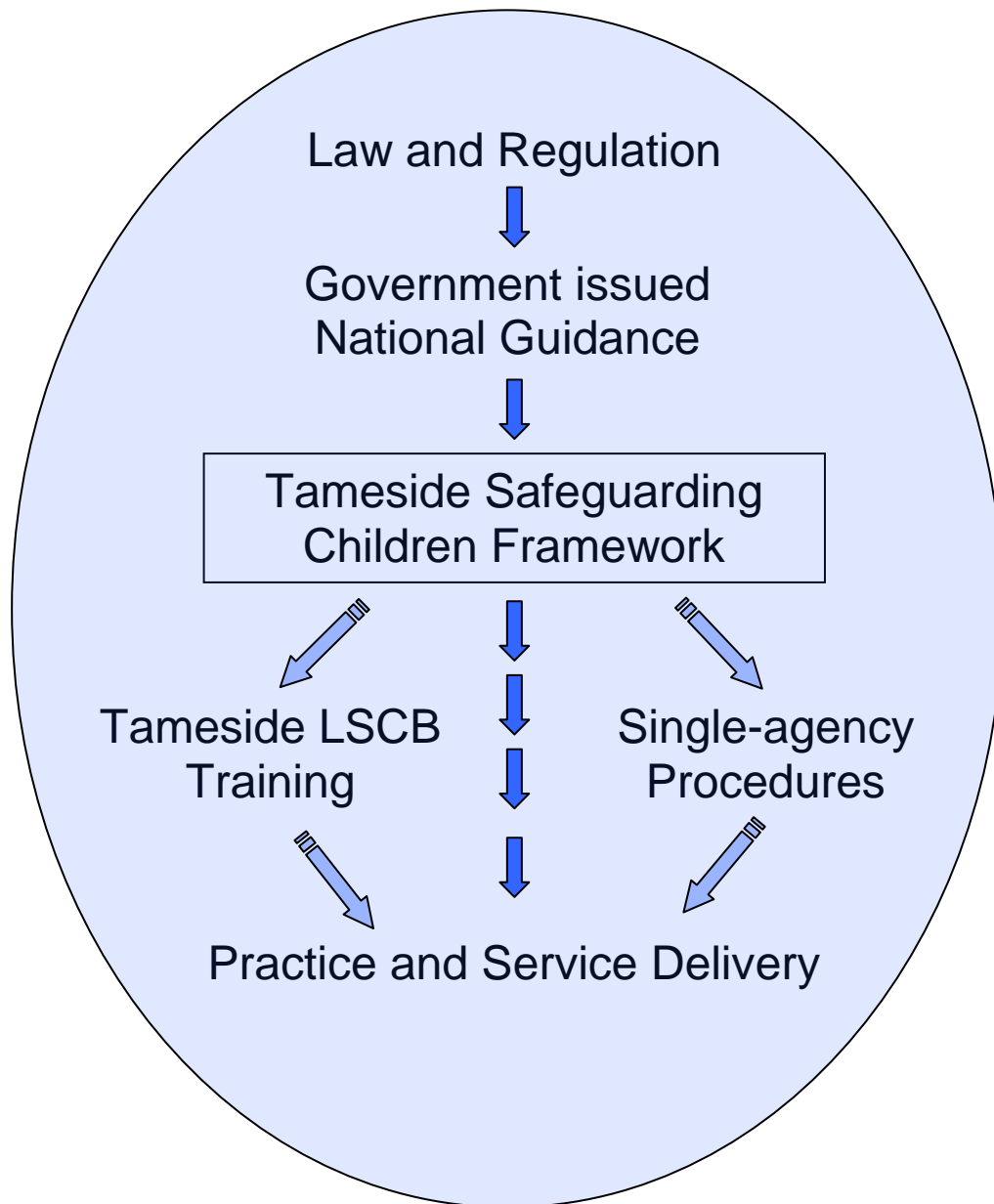
- 1.1 Safeguarding and Promoting the Welfare of Children can be a complex task in modern societies. It is for this reason that policies and procedures are needed. But crucially these must support the delivery of good practice and services that achieve positive outcomes for the people.
- 1.2 The *Tameside Safeguarding Children Framework (TSCF)* has been designed by Tameside Safeguarding Children Board (TSCB) primarily to be an accessible tool for practitioners to use in their work. It is also designed to be a source of reference for the service user who could be any resident in Tameside.
- 1.3 The procedures in this document are the core Child Protection procedures. They can also be downloaded on the TSCB website (www.tamesidesafeguardingchildren.org.uk). Additional guidance on specific areas of policy and practice are available on the website. These can be downloaded from the website and added to this framework as required by, and according to, the specific interests of the user of the TSCF.
- 1.4 The *Tameside Safeguarding Children Framework* provides the child protection procedures for practitioners to assess and manage risk of harm and abuse to children and young people usually by adults and most often family members. The TSCB has also produced additional guidance for when practitioners are working with vulnerable young people who may be at risk of harm, or of causing harm to other children, due to their own behaviour or lifestyle choices. This guidance is available on the TSCB website.
- 1.5 The TSCB website will be used to update the Framework and to provide news on practice and service developments.
- 1.6 The TSCB training programme will continue to offer excellent opportunities to update skills and knowledge to safeguard children in Tameside.
- 1.7

<p>If you are worried that a child or young person is at risk of harm, contact Children's Social Work as soon as possible on 0161 342 4150 or out of office hours on 0161 342 2222. If you believe that the child or young person is in immediate danger, 'phone 999.</p>
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Please note:

- 1.8 Throughout the Tameside Safeguarding Children Framework, the terms 'child' and 'children' are meant to include young people under the age of 18 years old and the unborn child.

Figure 1 - The Legislative and Policy Context of Safeguarding Practice and Service Delivery in Tameside



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Section 2 – The Principles of Safeguarding

- 2.1 A new version of *Working Together to Safeguard Children* was published in the Spring of 2010. This has re-stated the principles of safeguarding, including the following revised definition. **Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:**
- protecting children from maltreatment
 - preventing impairment of children's health or development
 - ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
 - undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.
- 2.2 Protecting children from maltreatment is important in preventing the impairment of health or development though that in itself may be insufficient to ensure that children are growing up in circumstances consistent with the provision of safe and effective care. These aspects of safeguarding and promoting welfare are cumulative, and all contribute to achieving the best outcomes for children.
- 2.3 Young people at serious risk of harm from organised or community based violence such as gang, group and exploitation (including knife crime) are likely to have significant needs. Agencies and practitioners should ensure that the safeguarding process responds effectively to needs of children at risk of suffering such violence or exploitation. This may involve both the perpetrators and victims of violence or exploitation.
- 2.4 The new version of *Working Together to Safeguard Children* has stated the following principles of safeguarding. These draw on findings from research and should be followed when implementing the guidance in the TSCF. They will be relevant to varying degrees depending on the functions and level of involvement of the organisation and the individual practitioner(s) concerned.

Child Centred – The Child in Focus

- 2.5 It is essential that frontline practitioners get to know children as individual people and as a matter of routine consider how their situation feels to them.
- 2.6 Since 2005, local authorities have been under a duty from the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings and give due regard to their age and understanding
- when determining what (if any) services to provide under section 17, Children Act 1989)

- before making decisions about action to be taken to protect individual children under section 47, Children Act 1989.
- 2.7 These duties complemented existing requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), those being provided accommodation (section 20(6) Children Act 1989) and children taken into police protection (section 46(3)(d)).
- 2.8 In discharging their duties under these sections, the local authority must give due consideration to the child's 'wishes and feelings' so far as is reasonably practicable and consistent with the child's welfare and giving due regard to the child's age and understanding.
- 2.9 There will be occasions when it is not possible to ascertain the child's wishes and feelings. In these circumstances, practitioners should record in writing why it was not reasonably practicable or consistent with the child's welfare to elicit his or her wishes and feelings.
- 2.10 The duties set out above apply most to social workers who have lead responsibility for section 17 and section 47 assessments and enquiries. However, the focus on the child applies to all practitioners working with children and families.
- 2.11 Effective ongoing action to keep the child in focus includes:
- developing a direct relationship with the child
 - obtaining information from the child about his or her situation and needs
 - eliciting the child's wishes and feelings – about their situation now as well as plans and hopes for the future
 - providing children with honest and accurate information about the current situation, as seen by practitioners, and future possible actions and interventions
 - involving the child in key decision-making
 - providing appropriate information to the child about their right to protection and assistance
 - inviting children to make recommendations about the services and assistance they need and/or are available to them
 - ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making
 - the importance of eliciting and responding to the views and experiences of children is a defining feature of staff recruitment, practitioner supervision, performance management and the organisation's broader aims and development.

- 2.12 The child should be seen (alone when appropriate) by the lead social worker as well as by other practitioners who have a responsibility for the child's welfare.
- 2.13 In the process of finding out what is happening to a child it is important to listen to the child, develop a therapeutic relationship with the child and through this gain an understanding of his or her wishes and feelings.
- 2.14 The welfare of the child should be kept sharply in focus in all work with the child and family. The significance of seeing and observing the child cannot be overstated. The child should be spoken and listened to, and their wishes and feelings ascertained, taken into account (having regard to their age and understanding) and recorded when making decisions about the provision of services.
- 2.15 Some of the worst failures of the system have occurred when practitioners have lost sight of the child and concentrated instead on their relationship with the adults.

Rooted in Child Development

- 2.16 Those working with children should have a detailed understanding of child development and how the quality of the care that children receive can have an impact on their health and development. They should recognise that as children grow, they continue to develop their skills and abilities. Each stage, from infancy through middle years to adolescence, lays the foundation for more complex development.
- 2.17 Plans and interventions to safeguard and promote the child's welfare should be based on a clear assessment of the child's developmental progress and the difficulties the child may be experiencing. Planned action should also be timely and appropriate for the child's age and stage of development.

Focused on Outcomes for Children

- 2.18 When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their family and environmental context.
- 2.19 The plan should set out the intended outcomes for the child; progress against these should be regularly reviewed and the actual outcomes should be recorded. The purpose of all interventions should be to achieve the best possible outcomes for each child, recognising that each child is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004.

Holistic in Approach

- 2.20 Having a holistic approach means having an understanding of a child within the context of their family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. The interaction between the developmental needs of children, the capacities of parents or caregivers to respond appropriately to those needs, the impact of wider family and environmental factors on children and on parenting capacity, requires careful exploration during an assessment.
- 2.21 The ultimate aim is to understand the child's developmental needs and the capacity of the parents or caregivers to meet them and to provide services to the child and to the family members that respond to these needs. The child's context will be even more complex when they are living away from home and looked after by adults who may not have parental responsibility for them.

Ensuring Equality of Opportunity

- 2.22 Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes into adulthood.

Involving and Supporting Children and Families

- 2.23 Patterns of family life vary and there is no single, perfect way to bring up children. Good parenting involves caring for children's basic needs, keeping them safe and protected, being attentive and showing them warmth and love, encouraging them to express their views and consistently taking these views into account, and providing the stimulation needed for their development and to help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries.
- 2.24 Parenting and caring for children can be very challenging. Parents themselves require and deserve support. Asking for help is therefore seen as a sign of responsibility rather than as a parenting failure.
- 2.25 A wide range of services and practitioners provide support to families in bringing up children. Sometimes children will seek out and ask for help and advice themselves. However, in the great majority of cases, it will be the decision of parents when to ask for help and advice on their children's care and upbringing.

- 2.26 As well as being responsive to children's direct requests for help and advice, practitioners also need to engage with parents and carers at the earliest opportunity. Doing so may prevent problems or difficulties becoming worse.
- 2.27 Only in exceptional cases should there be compulsory intervention in family life – for example, where this is necessary to safeguard a child from significant harm. Such intervention should – provided this is consistent with the safety and welfare of the child – support families in making their own plans for the welfare and protection of their children.
- 2.28 The importance of developing a co-operative working relationship is emphasised so that parents or carers feel respected and informed. In turn parents and carers are then more likely to be confident about providing vital information about their child, themselves and their circumstances.
- 2.29 The consent of children or their parents/carers, where appropriate, should be obtained for sharing information unless to do so would place a child at risk of suffering significant harm. Similarly, decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of suffering significant harm.

Building on Strengths as well as Identifying Difficulties

- 2.30 Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her family and the context in which they are living is important, as is considering how these factors are having an impact on the child's health and development. Too often it has been found that a deficit model of working with families predominates in practice and ignores crucial areas of success and effectiveness within the family on which to base interventions. Working with a child or family's strengths becomes an important part of a plan to resolve difficulties.

Integrated in Approach

- 2.31 From birth there will be a variety of different agencies and services in the community involved with children and their development, particularly in relation to their health and education. Multi- and inter-agency work to safeguard and promote children's welfare starts as soon as it has been identified that the child or the family members have additional needs requiring support/services beyond universal services, not just when there are questions about possible harm.
- 2.32 Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and practitioners that have different roles and expertise.

- 2.33 Individual children, especially some of the most vulnerable children and those at greatest risk of suffering harm and social exclusion, will need co-ordinated help from health, education, early years, children's social care, the voluntary sector and other agencies, including youth justice services.
- 2.34 For those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children. All agencies and practitioners should:
- be alert to potential indicators of abuse or neglect
 - be alert to the risks of harm that individual abusers, or potential abusers, may pose to children
 - prioritise direct communication and positive and respectful relationships with children, ensuring the child's wishes and feelings underpin assessments and any safeguarding activities
 - share and help to analyse information so that an assessment can be made of whether the child is suffering or is likely to suffer harm, their needs and circumstances
 - contribute to whatever actions are needed to safeguard and promote the child's welfare
 - take part in regularly reviewing the outcomes for the child against specific plans
 - work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

A Continuing Process not an Event

- 2.35 Understanding what is happening to a vulnerable child within the context of his or her family and the local community and taking appropriate action are continuing and interactive processes, and not single events. Assessment should continue throughout a period of intervention.

Providing and Reviewing Services

- 2.36 Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process. Immediate and practical needs should be addressed alongside more complex and longer term ones. The impact of service provision on a child's developmental progress should be reviewed at regular intervals.

Informed by Evidence

- 2.37 Effective practice with children and families requires sound practitioner judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience. Decisions

based on these judgements should be kept under review, and take full account of any new information obtained during the course of work with the child and family.

Tameside Children’s Needs Framework

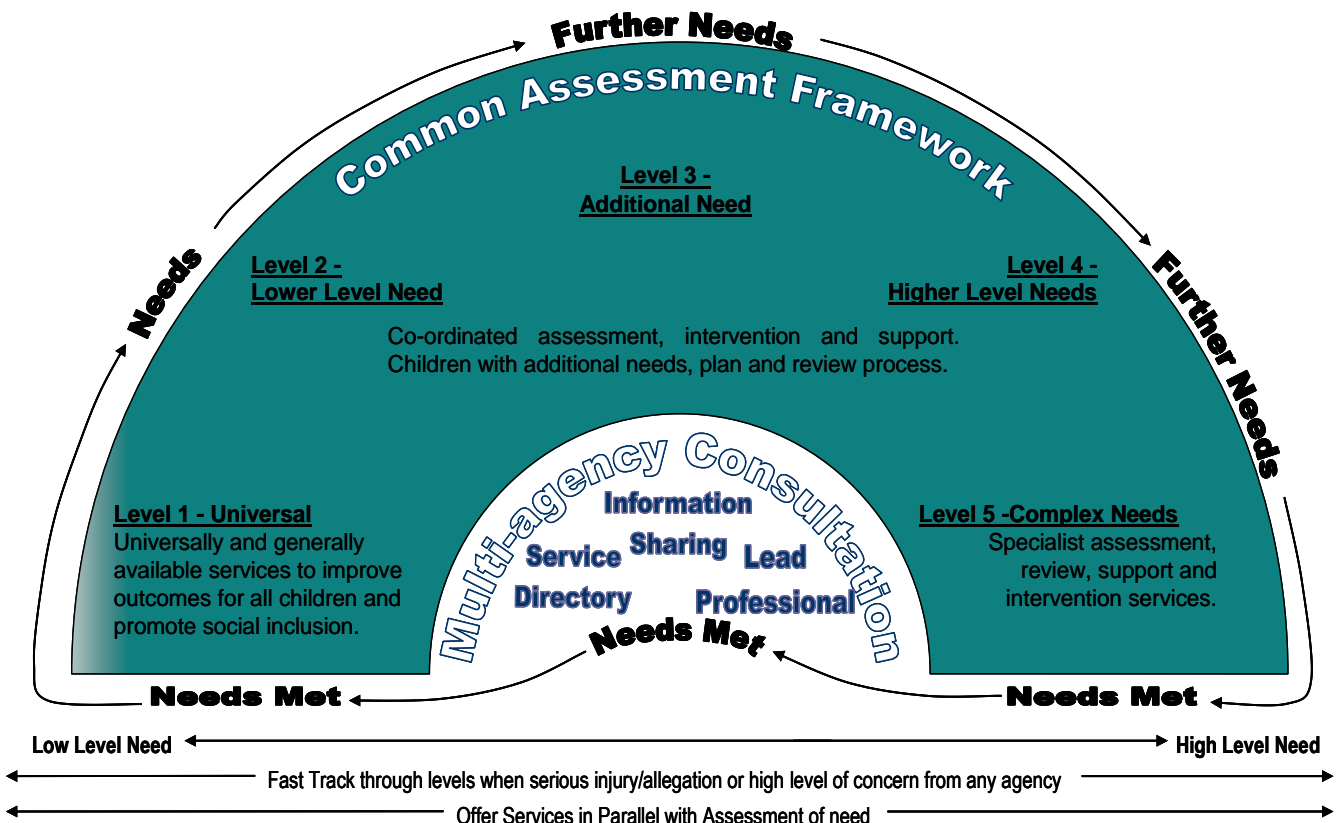
2.38 Tameside Safeguarding Children Framework is the companion to the Tameside Children’s Needs Framework (see figure 2) which aims to shift the focus from dealing with the difficulties in children’s lives to preventing things from going wrong in the first place.

2.39 Tameside Children’s Needs Framework will support earlier help for children and families by providing a tool for all practitioners to identify needs and a consistent approach to co-ordinating services through

- JASPER
- Common Assessment Framework (CAF)
- the Lead Professional role
- Child and Family meetings
- Service Information Directory (www.tameside-sid.org.uk)

2.40 Both frameworks recognise the expertise that parents and carers have and encourage working in partnership with the assessment and service delivery skills of practitioners. Further information about Tameside Children’s Needs Framework is at www.tameside.gov.uk/cypp/documents

Figure 2 – Children’s Needs Framework



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Section 3 – Information Sharing

- 3.1 The exchange of information helps parents, carers and agencies to work together to achieve the best possible outcomes for children. This should ensure that children are provided with the services they need to maintain and improve their health, well being and quality of life.
- 3.2 Therefore the sharing of information is a key process in safeguarding children from harm and promoting their welfare. 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.
- 3.3 This section sets out the principles of best practice in sharing information across all agencies. However, individual agencies should have in place Information Sharing Protocols that are customised to the circumstances of service delivery in the agency, embedding the principles set out here. Such single-agency protocols should incorporate the principles in this section and should be about aiding the sharing of information.
- 3.4 Occasionally there will also be a need for information protocols across two or more agencies to reflect the particular issues of working together between the agencies. Such joint protocols may be incorporated into Partnership agreements or may stand alone as required. For contracted or commissioned services such information protocols may also be specified in the service level agreement.

Communication

- 3.5 Information sharing depends on communicating effectively with everyone involved. This involves communication with children and young people, including those who find it difficult to do so because of their age, impairment, or their particular psychological or social situation. This may also involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children.
- 3.6 It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.
- 3.7 It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

Confidentiality

- 3.8 When working with a child it is important that you state clearly, and at the earliest opportunity, the limits of your confidentiality. These limits are defined by the exemptions listed below. 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.

Gaining Consent

- 3.9 In most circumstances information should only be shared with the consent of the child, or their parent/carer. In relation to the *Tameside Safeguarding Children Framework*, it is important that:
- Practitioners operate within the Data Protection Act 1998 and consent is obtained where this is sensible and practical, even where the Data Protection Act does not demand it.
 - Practitioners work with children and parents/carers as appropriate to agree how information is recorded, used and shared; this must include making them aware of circumstances where information may be shared without consent and where confidentiality cannot be maintained (see exemptions below)
 - Where possible, consent should be obtained in writing, e.g. through a signature on a recording form and, if there is on-going contact, reviewed regularly.

Exemptions

- 3.10 It will be necessary to share information without obtaining consent when:
- the disclosure prevents the child from committing a criminal offence that could place others in jeopardy or places any other person at risk of colluding with a criminal offence
 - 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
 - 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.
- 3.11 Additional caution should also be taken about sharing information when it is believed that a young person is facing forced marriage. Consult the relevant practice guidance at <http://www.tamesidesafeguardingchildren.org.uk>
- 3.12 Always consult with Children's Social Work if you are unsure whether consent is required.
- 3.13 Where these situations apply and it is necessary to share information without consent, the reasons for doing so should be recorded. The record must contain details of any third parties (e.g. the person to whom the information is given) and full details of all of the information/evidence they have been given.

Age for Consent

- 3.14 Practitioners should ensure that they have the child's or parent/carer's informed consent before any information is recorded and shared with other agencies (unless the exemptions above apply).
- 3.15 In some circumstances the child will be able to give consent without referral to their parents/carers e.g. where the child is considered to be competent according to Fraser rules. These rules set out that children who are under 16 are competent to give valid consent to a particular intervention if they have sufficient understanding and intelligence to enable them to understand fully what is proposed and are capable of expressing their own wishes.
- 3.16 The Information Commissioner's view is that in most cases the age of twelve is about the right age for this. However whether a child or young person is able to give consent will ultimately depend on the child's level of understanding and their circumstances. A child may be able to understand in one situation but not necessarily in all situations.
- 3.17 In any situation that involves those under 16, children should be encouraged to involve their parents/carer unless to do so could put them at risk.

Public Interest

- 3.18 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.

- 3.19 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.
- 3.20 A public interest can arise in a range of circumstances, for example, to protect people from 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.
- 3.21 The key factor in deciding whether or not to share confidential information is proportionality, i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question. 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 a reasonable judgement.
- 3.22 Further guidance on information sharing has been issued by the government and can be accessed at:
<http://www.education.gov.uk/childrenandyoungpeople/strategy/integratedworking/a0072915/information-sharing>

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Section 4 – Making Referrals

- 4.1 There are four key processes that underpin work with children and families: assessment, planning, intervention and reviewing. However before these can take place there has to be the recognition and referral of concerns about the welfare of children and young people.
- 4.2 Recognition of concerns is essentially a practice issue and it is not within the scope of this guidance to set out the methods and research that underpins such practice. Further information about methods and research can be found at www.tamesidesafeguardingchildren.org.uk
- 4.3 Nevertheless the principles of safeguarding as set out in section 2 will underpin the recognition of concerns just as they inform all other areas of safeguarding practice.
- 4.4 Children's Social Work is part of Tameside Council's Children, Learning and Economic Services. Children's Social Work has the lead responsibility for further investigation and assessment of any concerns about harm to children. Therefore an appropriate response to such a concern about a child or young person is to make a referral to Tameside Council's Children's Social Work.
- 4.5 However if there is uncertainty about whether a child has suffered, or is at risk of, significant harm then it is possible to consult with Children's Social Work in order to decide whether there is sufficient concern to make a referral. See *Consultation* below.

What is a referral?

- 4.6 A referral occurs when a person tells someone who works for an agency that provides services for children and young people (or for their parents and carers) information about a concern they have for a child's welfare.
- 4.7 A referral also occurs where one agency passes information to another agency about a child and/or their parents/carers with a view to a service being provided.

Who can make a referral?

- 4.8 Anyone can make a referral.

When should a referral be made to Children's Social Work?

- 4.9 Practitioners in all agencies have a responsibility to refer a child to Children's Social Work when it is believed or suspected that the child:
- Has suffered significant harm
 - Is likely to suffer significant harm (i.e. is at risk of significant harm)
- 4.10 See section 1.26 *Working Together to Safeguard Children* for further information about the definition of 'Significant Harm'.

Consultation

- 4.11 In cases where it is not immediately clear that a child has suffered, or is at risk of, significant harm, the Practitioner should discuss this, at the first opportunity, with their agency's designated child protection person, or with Children's Social Work or with the Police Public Protection Investigation Unit (PPIU), to help them reach a decision that the concerns they have about a child are sufficiently serious for a referral to be made to Children's Social Work.
- 4.12 If, as a result of the consultation, Children's Social Work conclude that a referral is required, then the referrer should comply by making the referral without delay.
- 4.13 If, as a result of consultation, Children's Social Work conclude that a referral is not required and the practitioner who contacts Children's Social Work does not agree then they should make this disagreement known to Children's Social Work as soon as possible and follow up immediately with a written statement of their concerns. The TSCB Escalation of Concern procedure can be used for this purpose but should not delay the referrer in making their disagreement clear to Children's Social Work.

Pre-birth Referral & Assessment

- 4.14 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be at risk of significant harm, a referral to Tameside Council's Children's Social Work must be made as soon as the concerns are identified.
- 4.15 See section 6 for further information about pre-birth referral and assessment.**

Referrals to Children's Social Work Where There Are Concerns About a Child's Safety or Welfare

- 4.16 If somebody believes or suspects that a child may be suffering, or is likely to suffer, significant harm then they should always refer their concerns to Tameside Council's Children's Social Work. In addition the Police and the NSPCC have powers to intervene in these circumstances. Sometimes concerns will arise as new information comes to light about a child and family with whom practitioners are already in contact.
- 4.17 While practitioners should seek, in general, to discuss any concerns with the child and family and, where possible, seek their agreement to making referrals to Children's Social Work, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of suffering significant harm.
- 4.18 Written referrals to Children's Social Work should be made using the Tameside Multi-agency referral (available to download as a word document at www.tamesidesafeguardingchildren.org.uk).
- 4.19 The multi-agency referral form should be accompanied with any relevant information, for example from existing assessments (e.g. CAF), but the absence of such accompanying information should not delay the referral.

Response of Children's Social Work to a Referral

- 4.20 When a parent, practitioner, or another person contacts Children's Social Work with concerns about a child's welfare, it is the responsibility of Children's Social Work to clarify with the referrer (including self-referrals from children and families) the following information:
- the nature of concerns
 - how and why they have arisen
 - what appear to be the needs of the child and family
 - what involvement they are having or have had with the child and/or family members.
- 4.21 The referrer should have the opportunity to discuss their concerns with a qualified social worker. The process of clarifying the nature of the referral should always identify clearly whether there are concerns about maltreatment and the associated risk factors, the evidence for these concerns and whether it may be necessary to consider taking urgent action to ensure the child(ren) are safe from harm.
- 4.22 Children's Social Work should specifically ask the referrer if they hold any information about difficulties being experienced in the family/household due to domestic violence, mental illness, substance misuse and/or learning disability in order to inform its decision making.

- 4.23 Practitioners who phone Children's Social Work should confirm their referrals in writing within 48 hours.
- 4.24 At the end of any discussion about a child, the referrer (whether a practitioner or a member of the public or family) and Children's Social Work should be clear about the local authority's proposed course of action in response to the referral, timescales and who will be taking this action, or if no further action will be taken.
- 4.25 The decision should be recorded by Children's Social Work in the child's case file and by the referrer (if a practitioner in another service). Children's Social Work should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days they should contact Children's Social Work again.
- 4.26 Children's Social Work should decide how they will respond to the referral and record next steps of action within one working day. This information should be consistent with the information set out in the Referral and Information Record (Department of Health, 2002). This decision should follow discussion with any referring practitioner/service, consideration of information held in any existing records and involve discussion with other practitioners and services as necessary (including the Police, where a criminal offence may have been committed against a child).
- 4.27 Children's Social Work should notify the Police Protection Information Unit of the referral if it progresses to a s47 enquiry (see section 7).
- 4.28 An initial consideration of the case should address – on the basis of the available evidence – whether there are concerns about the child experiencing harm, or about impairment to the child's health and development which would justify an initial assessment to establish whether this child is a child in need.
- 4.29 Children's Social Work should ensure that the social work practitioners who are responding to referrals are supported by experienced and competent first line managers in making sound evidence based decisions about what to do next.
- 4.30 For each referral, Children's Social Work must make a decision about whether an Initial and/or Core Assessment is required. Further information about these assessments can be found in section 6.
- 4.31 Further action by Children's Social Work may include referral to other agencies, the provision of information or advice – such as suggesting the completion of a common assessment by the referring agency or organisation – or no further action.
- 4.32 The parents' permission or the child's where appropriate, should be sought before discussing a referral about them with other agencies

unless permission-seeking may itself place the child at increased risk of suffering significant harm. If Children's Social Work decide that it is in the best interests of the child that parental agreement is not sought then this decision is recorded as a Case Management Decision.

- 4.33 When responding to referrals from a member of the public rather than another practitioner Children's Social Work should bear in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer.
- 4.34 In all cases where the Police are involved, the decision about when to inform the parents (about referrals from third parties) will have a bearing on the conduct of Police investigations.
- 4.35 Where Children's Social Work decides to take no further action at this stage feedback should be provided to the referrer, who should be told of this decision and the reasons for making it. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child.
- 4.36 Sometimes it may be apparent at this stage that emergency action should be taken to safeguard and promote the welfare of a child. Such action should normally be preceded by an immediate strategy discussion between the Police, local authority Children's Social Work and other agencies as appropriate (see section 7).
- 4.37 When referrals of serious physical abuse or neglect are made to Children's Social Work these should be progressed to s47 child protection enquiry within 24 hours. The child should be seen within the same 24 hours.
- 4.38 New information may be received about a child or family where the child or family member is already known to Children's Social Work. If the child's case is open and there are concerns that the child is, or is likely to be, suffering significant harm then a decision should be made about whether a strategy discussion should be held in order to consider whether to initiate section 47 enquiries.
- 4.39 It may, also, be appropriate to consider undertaking a core assessment or to update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

Always Consider This During the Referral Process

- 4.40 Personal information about non-Practitioner referrers should not be disclosed to third parties (including subject families and other agencies) without consent. This assurance can be given to the referrer but cannot be expressed as a guarantee that the source of the referral

will not be realised by the subject of the referral or their family members and connections.

- 4.41 The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm or jeopardise a criminal investigation.
- 4.42 Interviews with family members (which may include the child) should be undertaken in their preferred language and, where appropriate, using a range of methods including non-verbal communication methods.
- 4.43 A decision that social workers should discuss the referral with other agencies without parental knowledge or permission should be authorised by a Children's Social Work Manager, and the reasons recorded. See section 6 for more information about inter-agency checks.
- 4.44 Children's Social Work should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies and contribute to the written form completed at the end of the assessment.
- 4.45 If it is not the Lead Professional who has made the referral then the referrer and Children's Social Work should decide who will inform the Lead Professional of the referral (where there is already a Lead Professional).
- 4.46 The Children's Social Work Manager should be informed of any potential s47 enquiries and authorise the decision to initiate action. In most cases this will first involve an initial assessment, which may be brief when the threshold for child protection enquiries is met (see section 7 for further information on the threshold for s47 enquiries). If the child and/or family are well known to agencies or the facts clearly indicate that a s47 enquiry is required, it may be appropriate to hold a strategy discussion without undertaking an initial assessment.
- 4.47 The threshold may be met for a s47 enquiry at the time of referral, following checks and information gathering or at any point of Children's Social Work involvement. In these circumstances the Initial Assessment will be incorporated into the Core Assessment.
- 4.48 The Police must be informed at the earliest opportunity if a crime is believed to have been committed. If any practitioner is unsure whether a crime may have been committed they should consult with the Police Public Protection Unit (PPIU). The Police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising Police investigations. There are no circumstances

in which it is justifiable to delay informing the Police when it is clear that a crime has been or may have been committed.

- 4.49 A Children's Social Work Manager must sign and approve the outcomes of a referral and ensure a chronology on the front of the file has been commenced and/or updated.

Section 5 – Contents

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Section 5 – Involving Parents, Carers, Children and Young People

Working in Partnership

- 5.1 It is important that the principles of working in partnership with children and parents and carers are maintained in the child protection process, as follows:
- All family members should be treated with dignity and respect and offered a caring and courteous service
 - It is important that family members know that the child's safety and welfare have priority
 - There should be clarity about powers and purpose of any intervention
 - There should be awareness of the impact on the family of actions taken by practitioners
 - Confidentiality should be respected and any information / observations about the family should only be shared with permission or where necessary to protect the child (see section 3)
 - The wishes and feelings of the child and family should be listened to, acknowledged and understood when formulating plans
 - The child's religious, cultural, community and family context should be given due consideration
 - Members of the child's family should not be used as interpreters
 - The strengths, potential and limitations of family members should be recognised
 - All family members should be helped to understand their responsibilities and rights with respect to receipt or refusal of services and its consequences
 - It is important to use jargon-free language appropriate to age and culture of each individual
 - There should be openness and honesty about concerns and Practitioners' responsibilities, plans and limitations (unless this would put the child at increased risk of significant harm)
 - Individuals should be given time to absorb practitioner concerns and processes
 - It is important that practitioners distinguish between personal feelings, values, prejudices and beliefs, in carrying out their roles and responsibilities. Practitioners should use supervision to reflect on whether this is achieved
 - Errors, failures or oversights, and the distress caused to families by these, should be acknowledged
 - Explicit consideration should be given to the potential of conflict between family members and possible need for children or adults to speak without other family members present.

Involving Parents and Carers in Child Protection Enquiries

- 5.2 Child Protection (Section 47, Children Act 1989) enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. Children's Social Work should explain the purpose and outcome of s47 enquiries to the parents and children (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.
- 5.3 Children's Social Work should provide written information about the purpose, process and potential outcomes of s47 enquiries to the parents and children (having regard to age and understanding). The information should be both general and specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources.
- 5.4 In the majority of cases, children remain with their families following s47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, s47 enquiries should be conducted in a way that allows for future constructive working relationships with families.
- 5.5 The way in which a case is managed initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child.
- 5.6 Where a child is living in a residential establishment, consideration should be given to the possible impact on other children living in the same establishment.
- 5.7 During the Child Protection Enquiry the Children's Social Work social worker has the prime responsibility to engage with family members. This is from the time of initial contact, throughout the enquiry and assessment process, including any child protection meetings.
- 5.8 Parents and those with parental responsibility must be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation (see section 6 Initial Assessment).
- 5.9 Consideration must be given to:
- The capacity of the parents to understand this information in a situation of significant anxiety and stress
 - Those for whom English is not their preferred language or who may have a physical/sensory/learning disability and may need the services of an appropriate interpreter

- Factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.
- 5.10 It may be necessary to provide the information in stages and to repeat it, and this must be taken into account in planning the enquiry. The information should cover:
- An explanation of the reason for concern and where appropriate (bearing in mind requests for anonymity made by members of the public) the source of information
 - The procedures to be followed (this must include an explanation of the need for the child to be seen, interviewed and/or medically examined and seeking parental agreement for these aspects of the enquiry and/or investigation)
 - An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice)
 - An explanation of the role of the various agencies involved in the enquiry and/or investigation and of the wish to work in partnership with them to secure the welfare of their child
- 5.11 Planning for working with parents should involve consideration of the following:
- The need to gather initial information on the history and structure of the family, the child and other relevant information to enable an assessment of the injuries and/or allegations and the continuing risk to the child to be made
 - In situations of domestic abuse and/or where parents live apart, opportunity should be made for the parents to be seen separately
 - Assessment of evidential opportunities in a Police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime
 - The provision of an opportunity for parents to be able to ask questions and receive support and guidance
- 5.12 In the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action.
- 5.13 Parents should be provided with an early opportunity to explain their perception of the concerns, both as common courtesy and to assist in the enquiries.
- 5.14 When Children's Social Work or the Police make decisions or initiate actions to protect children, or require the parents to agree to such action, other relevant agencies should be informed of any such decisions or actions.

Promoting the Participation of Parents and Carers in Child Protection Meetings

- 5.15 All parents and carers must be invited to conferences (unless exclusion is justified as described below).
- 5.16 The social worker must facilitate the constructive involvement of parents and carers by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution.
- 5.17 The social worker should explain to parents/carers the purpose of the meeting, who will attend, the way in which it will operate and the complaints process.
- 5.18 Preparation should include consideration of childcare arrangements to enable the attendance of parent/s.
- 5.19 Information should be provided in advance to the family regarding conferences, the right to bring a friend, supporter (including an advocate) or solicitor (in role of supporter), details of any local advice and advocacy services and the conference complaints procedure. The information should be provided in a format that is accessible to the family members.
- 5.20 The role of the supporter is to enable the parent/carer to put her/his point of view, not to take an adversarial position or cross-examine participants.
- 5.21 Those for whom English is not a first language must be offered and provided with an interpreter, if required.
- 5.22 Provision should be made to ensure that visually or hearing impaired or otherwise disabled parents/carers are enabled to participate.
- 5.23 A family member should not be expected to act as an interpreter of spoken or signed language
- 5.24 If parents/carers feel unable to attend the conference, alternative means should be provided for them to communicate with the chair of the conference. This might include providing the parent with independent assistance for views to be written or recorded for the conference or encouraging a parent/carer to appoint a Practitioner advocate or solicitor to attend on their behalf.
- 5.25 Prior to the conference, the chair should meet with any family members to ensure they understand the process. This may, where the potential for conflict exists, involve separate meetings with the different parties.

- 5.26 Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. Where a parent attends only part of a conference as a result of exclusion, s/he must receive the record of the conference. The chair should decide if the entire record is provided or only that part attended by the excluded parent/carer (see section 8 for more information about the exclusion of family members).

Involving Children

- 5.27 All interaction and communication with the child during child protection enquiries, assessment and working with children and families must take account of:
- The child's developmental stage and cognitive ability
 - Whether the child has sufficient understanding of the process
 - Whether s/he has expressed an explicit or implicit wish to be involved
 - Parents' views about the child's proposed participation
 - Whether inclusion is assessed to be of benefit to the child
 - Factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health
 - The gender of any Practitioners particularly in cases of alleged sexual abuse. For example, a child should not be interviewed by a single Practitioner who is the same sex as the abuser.

Involving the child during the child protection enquiry

- 5.28 All children within the household must be seen alone and directly communicated with during an enquiry.
- 5.29 The strategy discussion/meeting must decide where, when and how the children should be seen and if a video interview is required.
- 5.30 A child with a significant physical injury should be seen on the same working day as the referral is received.
- 5.31 Exceptionally, a joint enquiry team may need to speak to a suspected child victim without the knowledge of the parent or carer e.g. when there is a concern that the child would be threatened or coerced into silence, or where there is a strong likelihood that important evidence would be destroyed.
- 5.32 Also when the child does not wish the parent to be involved, and is competent to take that decision then Children's Social Work and the Police may decide to speak to a suspected child victim without the knowledge of the parent or carer.
- 5.33 Interviews with children require specific attention to process and this is set out in section 7.

Involving the child in child protection meetings

- 5.34 The child, subject to her/his level of understanding, needs to be given the opportunity to contribute meaningfully to the conference.
- 5.35 In practice, the appropriateness of including an individual child must be assessed in advance and relevant arrangements made to facilitate attendance at all or part of the conference.
- 5.36 Where it is assessed, in accordance with the criteria below, that it would be inappropriate for the child to attend, alternative arrangements should be made to ensure her/his wishes and feelings are made clear to all relevant parties e.g. use of an advocate, written or taped comments.

Criteria for presence of a child at conference

- 5.37 The factors to be considered in deciding whether a child should attend a child protection meeting are the following:
- Whether the child has sufficient understanding of the process
 - Whether s/he has expressed an explicit or implicit wish to be involved
 - Parents' views about the child's proposed participation
 - Whether inclusion is assessed to be of benefit to the child
- 5.38 The test of 'sufficient understanding', is partly a function of age and partly the child's capacity to understand.
- 5.39 In order to establish her/his wish with respect to attendance the child must be first provided with a full and clear explanation of purpose, conduct, membership of the conference and potential provision of an advocate or support person.
- 5.40 Written information translated into the appropriate language should be provided to those able to read and an alternative medium, e.g. audio recording, offered those who cannot read.
- 5.41 A declared wish by the child not to attend a conference (having been given such an explanation) must be respected.
- 5.42 Consideration should be given to the views of and impact on parent/s of their child's proposed attendance.
- 5.43 Consideration must be given to the impact of the conference on the child, e.g. if they have a significant learning difficulty or where it will be impossible to ensure they are kept apart from a parent who may be hostile and/or attribute responsibility onto them. Consideration must be given in particular to the extent to which it is appropriate for a child to hear details of a parent's personal difficulties and a parent's view about this must be respected.

- 5.44 In such cases, energy and resources should be directed toward ensuring that by means of an advocate and/or preparatory work by a social worker, the child's wishes and feelings are effectively represented (see section 8).

Indirect contributions when a child is not attending

- 5.45 Indirect contributions from a child should, whenever possible, include a pre-meeting with the conference chair.
- 5.46 Other indirect methods include written statements, emails, text messages and audio recorded comments prepared alone or with independent support, and representation e.g. via an advocate.
- 5.47 Childcare practitioners should all be able to represent a child's views and the social worker has a particular responsibility to do so. **It is more important that the child feels involved in the whole process of child protection assessment and planning rather than merely receiving an invitation to the conference.**

Direct involvement of a child in a conference

- 5.48 In advance of the conference, the chair and social worker should agree whether:
- The child attends for all or part of the conference, taking into account confidentiality of parents and/or siblings
 - S/he should be present with one or more of her/his parents
 - The chair meets the child alone or with a parent/carer prior to the meeting
- 5.49 If a child attends all or part of the conference, it is essential that s/he is prepared by the social worker or independent advocate who can help her/him prepare a report or rehearse any particular points that the child wishes to make.
- 5.50 Those for whom English is not a first language should be offered and provided with an interpreter.
- 5.51 Provision should be made to ensure that if the child has any form of disability s/he is enabled to participate.
- 5.52 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

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Assessments

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Section 6 – Assessments

Introduction

6.1 This section provides a brief overview of assessment processes. Section 7 describes how these assessments are used in child protection enquiries.

6.2 Everybody is constantly making assessments about human relationships in every day life and big decisions are often based on such assessments. For example, many people decide whether to buy a service such as plumbing based on what they know about the person who will deliver the service. This will include making some judgement about whether the plumber will be reliable and do a good job rather than cause damage to the property.

6.3 Four key processes underpin work with children and families, each of which has to be carried out effectively in order to achieve improvements in the lives of children in need. They are assessment, planning, intervention and reviewing.

6.4 Assessment is the central task in deciding whether a child is thriving or is at risk of harm. Early assessment and intervention is important. This is because a child's welfare will often depend on parents/carers being able to access services to meet the child's needs and because situations where abuse is developing can, at times, be resolved by a range of services for children and families.

6.5 All assessments must:

- Be holistic in approach
- Involve parents and carers (see section 5)
- Involve any others who have a significant role in the child's life
- Involve children and young people, subject to level of understanding (see section 5)
- Collate verbal and written contributions from relevant agencies
- Have a solution focus, building on strengths as well as identifying difficulties
- Use all available information, including historical information. In particular, over-reliance should not be placed on conclusions and outcomes of previous assessments and enquiries especially when a decision of 'no further action' is made.
- Apply analysis to the information and not just description. This will involve being clear about facts, interpretation of those facts and opinion based on the interpretation.

6.6 Types of assessment include:

- Common Assessment undertaken by practitioners from any of the agencies or organisations providing services for children and their families (Common Assessment Framework – CAF)

- Initial assessment undertaken by Tameside Council Children's Social Work with the involvement of other practitioners, the child and family, using the *Framework for the Assessment of Children in Need and their Families* (the 'Assessment Framework')
 - Core assessment undertaken by Tameside Council Children's Social Work with the involvement of other practitioners, the child and family using the *Assessment Framework* (see sub-section on *Core Assessment* below)
 - Other specialist assessments undertaken by health, education or other specialist practitioners (e.g. paediatric assessment, special educational needs assessments or medical/psychiatric assessments)
 - Assessments of the risks posed by children or young people to other children or young people initiated in the course of service delivery by single agencies but involving other services through the TSCB Vulnerable Young person process.
 - The TSCB require agencies providing or commissioning day or residential facilities to provide evidence that risk assessment protocols used in these facilities adequately address the potential risks that young people & children might pose to one another. Single-agency risk assessments should result in risk management plans which should be shared with all relevant agencies.
- 6.7 Assessments should, as far as possible, reference and build upon, rather than repeat, previous assessments where these exist.
- 6.8 At all stages of referral and assessment, consideration must be given to issues of diversity to take into account:
- The impact of cultural expectations and obligations on the family
 - The family's knowledge and understanding of English and UK law in relation to parenting and child welfare
 - The impact if the family has recently arrived in the UK and their immigrant status
 - The need to use interpreters for discussions about parenting and child welfare, even though the family's day-to-day English may appear to be adequate

The Common Assessment Framework

- 6.9 **The Common Assessment Framework (CAF) is a key component of the Tameside Children's Needs Framework which should be consulted for more detailed information about the CAF**
- 6.10 The Common Assessment Framework provides a common method of assessment of need across all children's services in Tameside and throughout England. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a Lead Professional where appropriate, and sharing information to avoid the duplication of assessments.

- 6.11 The Common Assessment Framework (CAF) offers a basis for early identification of children's additional needs, sharing of this information between organisations and the co-ordination of service provision. Where it is considered a child may have additional needs, with the consent of the child, young person or parents/carers, practitioners may undertake a common assessment in accordance with the national practice guidance to assess these needs and to decide how best to support them.
- 6.12 The findings from the common assessment may give rise to concerns about a child's safety and welfare. Practitioners should be particularly concerned regarding children whose parents or caregivers are experiencing difficulties in meeting their needs as a result of domestic violence, substance misuse, mental illness and/or learning disability. All practitioners who have or become aware of concerns about the safety or welfare of a child or children should know:
- who to contact within their own agency, in what circumstances and how; and
 - when and how to make a referral to TMBC Children's Social Work or the police.
- 6.13 It is emphasised that a common assessment cannot be carried out unless the child (subject to age and understanding) and/or their parent agree. However if a common assessment is refused and a practitioner is concerned about the welfare of a child, relevant information about the child and family should be discussed with a manager, or a named or designated health practitioner or a designated member of staff depending on the organisational setting.
- 6.14 Concerns can also be discussed, without necessarily identifying the child in question, with practitioners in another agency, (for example, Children's Social Work) in order to develop an understanding of the child's needs and circumstances.
- 6.15 There should always be the opportunity to discuss concerns about a child's safety and welfare with, and seek advice from, colleagues, managers, a designated or named practitioner, or other agencies but:
- never delay emergency action to protect a child from harm
 - always record in writing concerns about a child's welfare, including whether or not further action is taken
 - always record in writing discussions about a child's welfare in the child's file. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action or that no further action will be taken.

The Framework for the Assessment of Need

- 6.16 *The Framework for the Assessment of Children in Need and their Families (the Assessment Framework)* provides a systematic approach to analyse and record what is happening to a child within their family and the wider context of the community in which they live.
- 6.17 Tameside Council's Children's Social Work is responsible for carrying out the Assessment of need in two stages as either an Initial Assessment or a Core Assessment. They do this with the input and co-operation of other agencies and practitioners. Initial and Core Assessments form the basis of s47 child protection enquiries (see section 7).
- 6.18 Child in Need eligibility criteria are used to:
- Ensure statutory duties are fulfilled by all agencies;
 - Provide a range of services to reduce family breakdown or the need for child protection services;
 - Target resources for children with higher levels of need;
 - Make decisions fairly and consistently; and
 - Get the right service to the right people at the right time.
- 6.19 Further information about children in need including how the definition relates to the levels of need is set out in the Tameside Children's Needs Framework.

Outcomes of assessment

- 6.20 The purpose of Assessment is to ensure that the needs of the child are met sufficiently to promote their welfare and protect them from significant harm. The outcome of these assessments may be:
- No further action
 - The immediate provision of services to the child and their family. This can be done by referral to an appropriate service or by convening a Child and Family Meeting
 - Actions to protect the child from significant harm. (see sections 4 and 7)
- 6.21 If you suspect that a child has suffered or is likely to suffer significant harm then read paragraph 1.7 and then go immediately to section 4.**

Initial assessment

- 6.22 The initial assessment should be carried out by Tameside Council Children's Social Work in accordance with the *Assessment Framework* and *Working Together to Safeguard Children*. Where a Common Assessment has been completed this information should be used to inform the initial assessment. The starting point for the assessment will usually be information provided in a referral using the Tameside Multi-agency referral form which is available from the TSCB website.

- 6.23 All Initial assessments should involve consultation with all other agencies working with a child, and each agency should be informed of the reasons for the initial assessment and the outcomes of the initial assessment. In the exceptional circumstances in which it has not been possible to consult with an agency, the reason why must be recorded on ICS.
- 6.24 The initial assessment should be completed within a maximum of 10 working days of the date of the referral. An initial assessment is deemed to be completed once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment.
- 6.25 The initial assessment must be led by a qualified social worker. The social worker should, in consultation with their manager and the other agencies involved with the child and family, carefully plan action with clarity about who is doing what:
- seeing and speaking to the child, including alone when appropriate
 - seeing and meeting with parents, the family and wider family members as appropriate
 - involving and obtaining relevant information from practitioners and others in contact with the child and family
 - drawing together and analysing available information (focusing on the strengths and positive factors as well as vulnerabilities and risk factors) from a range of sources (including existing agency records).
- 6.26 All relevant information (including information about the history and functioning of the family both currently and in the past, and adult problems such as domestic violence, substance misuse, mental illness and criminal behaviour/convictions) should be taken into account.
- 6.27 This includes seeking information from relevant services if the child and family have spent time abroad. Practitioners from agencies such as health, local authority Children's Social Work or the police should request this information from their equivalent agencies in the country or countries in which the child has lived.
- 6.28 Information about who to contact can be obtained via the Foreign and Commonwealth Office on 0207 008 1500 or the appropriate Embassy or Consulate based in London (see the London Diplomatic List (The Stationery Office), ISBN 0 11591772 1 or the FCO website www.fco.gov.uk)

- 6.29 The child should be seen by the Lead social worker, without his or her caregivers present when appropriate, within a timescale which is appropriate to the nature of concerns expressed at the time of the referral, according to the agreed plan. Seeing the child includes observing and communicating with the child in a manner appropriate to his or her age and understanding. It is good practice during the initial assessment to see the rooms in which the child sleeps.
- 6.30 Tameside Council's Children's Social Work is required by the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings and to give due consideration to the child's wishes and feelings, having regard to their age and understanding, when making decisions about what (if any) services to provide. This information should always be recorded on the child's file; or if not the reasons recorded for why not.
- 6.31 Interviews with the child should be undertaken in the preferred language of the child. Interviews may require the use of non-verbal communication methods depending on the developmental needs of the child.
- 6.32 It will not always be clear whether a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that she or he will provide accurate and complete information. It is important to avoid leading questions or suggesting answers.
- 6.33 Interviews with family members (which may include the child) should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.
- 6.34 In the course of an initial assessment local authority Children's Social Work should ascertain:
- is this a child in need? (section 17 of the Children Act 1989)
 - is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (section 47 of the Children Act 1989)
- 6.35 The focus of the initial assessment should be both on the safety and the welfare of the child. It is important to remember that even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a child and family may still benefit from support and practical help to promote a child's health and development.
- 6.36 When services are to be provided a child in need plan should be developed based on the findings from the initial assessment and on

any previous plans, for example, those made following the completion of a common assessment.

- 6.37 If the child's needs and circumstances are complex a more in-depth core assessment under section 17 of the Children Act 1989 will be required in order to decide what other types of services are necessary to assist the child and family (see the *Framework for the Assessment of Children in Need and their Families*).
- 6.38 Appendix 3 of *Working Together to Safeguard Children* has a set of standardised assessment tools to evidence assessment and decision making intended for use by practitioners to support evidence-based assessment and decision making.
- 6.39 Once an initial assessment has been completed (see paragraph 6.24 for definition of completed) Children's Social Work should decide on the next course of action, following discussion with the child and family, unless such a discussion may place a child at increased risk of suffering significant harm.
- 6.40 If there are concerns about a parent's ability to protect a child from harm, careful consideration should be given to what the parents should be told, when and by whom, taking account of the child's welfare.
- 6.41 The police must be informed at the earliest opportunity when it is identified that a crime may have been committed. This means contacting the Police if there is a suspicion at any point in the assessments or enquiries that an offence may have been committed. This is necessary because any delay may later affect whether a proper prosecution can go ahead. The Police will decide whether to commence a criminal investigation.
- 6.42 Where it is clear that there should be a police investigation in parallel with a section 47 enquiry the considerations at paragraph 7.52 should apply.
- 6.43 Whatever decisions are taken they should be endorsed at a managerial level agreed within local Children's Social Work and recorded in writing. This information should be consistent with that contained in the Initial Assessment Record (Department of Health, 2002).
- 6.44 The local authority record in relation to the child should include whether the child was seen and who else, if anyone, was present at the time of each visit and also the reasons for deciding (or not) to see the child alone. The local authority record should also set out the decisions made and future action to be taken.

- 6.45 The family, the original referrer, and other practitioners and services involved in the initial assessment should, as far as possible, be told what action has been and will be taken consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include police investigations). This information should be confirmed in writing to the agencies, the family and where appropriate the child.

Inter-agency checks

- 6.46 When referrals are made to Children's Social Work it is sometimes not only the referrer that has knowledge of the child. The social worker and their manager should make a reasoned decision about which agencies to contact for further information. Section 3 provides more guidance for the basis on which this information is shared.
- 6.47 Personal information about non-practitioner referrers should not be disclosed to third parties (including subject families and other agencies) without consent.
- 6.48 The parents' permission should be sought before discussing a referral about them with other agencies. If the Manager decides to proceed with checks without parental knowledge or permission, they must record the reasons, e.g. that doing so would:
- Prejudice the child's welfare
 - Aggravate seriously concerning behaviours of the adult
 - Increase the risk of further significant harm to the child
 - Prejudice a criminal investigation
- 6.49 The checks made by Children's Social Work with other agencies should be undertaken directly with involved practitioners and not through messages with intermediaries. The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.
- 6.50 Children's Social Work should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies and contribute to the written form completed at the end of the assessment.
- 6.51 If the child and their parents or carers have moved into Tameside, all practitioners should seek information from their respective agencies covering previous addresses in the UK and abroad.

- 6.52 Tameside Council's Education Welfare service should be contacted to establish that a school age child is attending an educational establishment. If it is found that the child is not attending school then Tameside Education Welfare must take responsibility for ensuring that the child receives education as soon as possible.

Strategy discussion

- 6.53 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a Strategy Discussion involving Tameside Council Children's Social Work and the Police, and other agencies as appropriate (for example, children's centre/school and community health), in particular any referring agency. **See Section 7 for more information about Strategy Discussions.**

Core Assessment

- 6.54 If the criteria for initiating a child protection (s47) enquiry are met at any stage during an initial assessment, the initial assessment should be regarded as concluded and a Strategy Discussion held immediately to decide if a s47 enquiry and core assessment is required.
- 6.55 A core assessment should be undertaken when a more in-depth assessment is necessary to understand the child's developmental or welfare needs and circumstances and the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm now and in the future.
- 6.56 The decision to undertake a core assessment may be taken:
- At the conclusion of an initial assessment which recommends further assessment, and/or
 - When new information is obtained on an open case
- 6.57 A core assessment should be based on the *Assessment Framework*. It must be led by a qualified social worker.
- 6.58 The core assessment must be completed within a maximum of 45 working days, including the maximum 10 working days taken to complete an initial assessment. It may be necessary to commission specialist assessments (e.g. from child and adolescent mental health services) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point. However the core assessment should clearly identify why there is a specialist assessment still yet to be completed.
- 6.59 There are no circumstances in which national guidance permits extension to the above timescales.

- 6.60 Any request to Children's Social Work from another agency for a core assessment must be given serious consideration and if there is a decision not to undertake the core assessment the decision and the reasons for it must be recorded in the child's file and conveyed in writing to the referring agency.
- 6.61 The core assessment should include an analysis of the following:
- the child's developmental needs
 - the parents' capacity to respond to those needs within the context of their family and environment
 - an understanding of the parents' capacity to ensure that the child is safe from harm
 - the information gathered about the family's history and their present and past family functioning
- 6.62 This analysis will provide evidence on which to base judgements and decisions on how best to safeguard and promote the welfare of a child and where possible to support parents in achieving this aim.
- 6.63 Decisions based on this analysis should consider what the child's future will be like if his or her met needs continue to be met, and if his or her unmet needs continue to be unmet. The key questions are:
- what is likely to happen if nothing changes in the child's current situation?
 - What are the likely consequences for the child?
- 6.64 The answers to these questions should be used to decide what interventions are required when developing the child protection plan and, in particular, in considering what actions are necessary to prevent the child from suffering harm or to prevent a recurrence of the abuse or neglect suffered.
- 6.65 In circumstances where it is necessary to undertake a core assessment to assess the needs of a child, and a parent refuses to co-operate with the assessment, consideration should routinely be given to the possibility of invoking child protection procedures and/or the use of a Child Assessment Order.
- 6.66 It may be necessary to commission specialist assessments (for example, from child and adolescent mental health services, adult mental health or substance misuse services, or a specialist in domestic violence) which it may not be possible to complete within this time period.
- 6.67 Any specialist assessment should not delay the drawing together of the core assessment findings at this point.

- 6.68 A core assessment is deemed complete once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment.
- 6.69 A Children's Social Work Manager must sign and approve the outcomes of a core assessment and ensure that:
- There has been direct communication with the child alone and her/his views and wishes have been recorded and taken into account
 - All the children in the household have been seen and their needs considered
 - The parent has been seen and her/his views and wishes have been recorded and taken into account
 - The analysis has been completed
 - The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and family
 - The chronology at the front of the child's file is up-to-date.
- 6.70 If the assessment is that further support is required, a child in need plan should be agreed with family and other agencies. The child in need plan may be activated through Child & Family meetings. The child in need plan should be monitored and reviewed regularly at maximum intervals of 6 months.
- 6.71 See Section 7 for more information about Strategy Discussions and how child protection enquiries proceed under s47 Children Act, using the Core Assessment.**
- 6.72 If the child is an hospital patient (in- or out-patient) or receiving services from a child development team, the medical consultant responsible for the child's health care should be involved, as should the senior ward nurse if the child is an in-patient. Where a medical examination may be necessary or has taken place a senior doctor from those providing services should also be involved.

Child Assessment Orders

- 6.73 Local authority Children's Social Work should make all reasonable efforts to persuade parents to co-operate with section 47 enquiries. If, despite these efforts, the parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition – but concerns about the child's safety are not so urgent as to require an Emergency Protection Order (EPO) – a local authority may apply to the court for a child assessment order.
- 6.74 In these circumstances, the court may direct the parents/caregivers to cooperate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical

examination, so long as he or she is of sufficient age and understanding. For further guidance on child assessment orders see Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders.

Paediatric Assessment

- 6.75 Paediatric Assessments may be necessary in the course of s47 child protection enquiries.
- 6.76 Where the child appears in urgent need of medical attention e.g. suspected fractures, bleeding, loss of consciousness, they should be taken to the nearest A & E Department.
- 6.77 In other circumstances the Strategy Discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by Police and/or Children's Social Work, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the Police and Children's Social Work.
- 6.78 A paediatric assessment should always be sought when there is a suspicion or disclosure of child abuse and/or neglect involving a suspicious or serious injury, suspected sexual abuse and serious neglect.
- 6.79 A paediatric assessment should demonstrate an holistic approach to the child and assess the child's well being, including development if under five years old, and their cognitive ability if older (educational psychologists can offer further expertise).
- 6.80 A paediatric assessment is necessary to:
- Inform treatment, investigations, clinical care and follow up arrangements for the child (any injury, infection, new symptoms including psychological)
 - Obtain documented medical opinion
 - Provide re-assurance for the child, parent or carer and Children's Social Work
 - Secure forensic evidence
- 6.81 Only doctors may physically examine the whole child, but all other staff should note any visible marks or injuries and record, date and sign details in the child's file.

Consent for paediatric assessments or medical treatment

- 6.82 The following may give consent to a paediatric assessment:
- A child of sufficient age and understanding
 - Any person with parental responsibility
 - The local authority when the child is the subject of a Care Order (though the parent/carer should be informed and consulted)
 - The local authority when the child is accommodated under s.20 of the *Children Act 1989*, and the parent/carers have abandoned the child or are physically or mentally unable to give such authority (in these circumstances legal advice should be sought)
 - The High Court when the child is a ward of court
 - A Family Proceedings Court as part of a direction attached to an Emergency Protection Order, an interim Care Order or a Child Assessment Order
- 6.83 When a child is looked after (s20 Children Act 1989) and a parent/carer has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent/carer still has full parental responsibility for the child).
- 6.84 A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a paediatric assessment or emergency treatment.
- 6.85 A young person aged sixteen or seventeen has an explicit right [s8 *Family Law Reform Act 1969*] to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting her/his mental health, no further consent is required.
- 6.86 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment, though refusal can potentially be overridden by a court. Legal advice must be sought if this is considered necessary.
- 6.87 Wherever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and/or other medical treatment.
- 6.88 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment then:
- The medical practitioner may regard the child to be of an age and level of understanding to give her/his own consent
 - The medical practitioner may decide to proceed without consent
- 6.89 In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.

- 6.90 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

Arranging the paediatric assessments

- 6.91 In the course of s47 enquiries, appropriately trained and experienced practitioners must undertake all paediatric assessments.
- 6.92 Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the local service, usually the community paediatric department. Tameside Hospital has agreed pathways for accessing this service and these are used by Children's Social Work and the Police to do this.
- 6.93 The paediatrician may arrange to examine the child her/himself, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.
- 6.94 In cases of suspected sexual abuse a detailed examination will take place at the St Mary's Sexual Assault Referral Centre (SARC). The referral to SARC is made by the Police via the GMP Duty Officer. (Please note that St Mary's will also accept enquiries from practitioners in other agencies but that once a s47 enquiry commences it is the Police that leads on liaising with the SARC.)
- 6.95 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.
- 6.96 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.
- 6.97 In planning the examination, the Police officer and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings.
- 6.98 Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

Recording of paediatric assessment

- 6.99 The paediatrician should supply a report to the social worker with a copy to the GP and, where appropriate, the Police. The timing of any letters to parents should be determined in consultation with Children's Social Work and Police.

6.100 The report should include:

- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story
- Documentary findings in both words and diagrams
- Site, size, shape and where possible age of any marks or injuries
- Date, time and place of examination
- Those present
- Who gave consent and how (child / parent, written / verbal)
- Other significant medical findings e.g. squint, learning or speech problems etc.
- Opinion on the child's developmental progress (especially important in cases of neglect)
- Time examination ended

6.101 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

Pre-birth Referral & Assessment

Referrals

6.102 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be at risk of significant harm, a referral to Tameside Council's Children's Social Work must be made as soon as the concerns are identified.

6.103 The referrer should clarify as far as possible their concerns in terms of how the parent's circumstances and/or behaviours may impact on the baby and what risks are predicted.

6.104 A referral should be made at the earliest opportunity in order to:

- Provide sufficient time to make adequate plans for the baby's protection
- Provide sufficient time for a full and informed assessment
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth

6.105 Concerns should be shared with prospective parent/s and consent obtained to refer to Tameside Council's Children's Social Work unless obtaining consent in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with investigative agencies.

Pre-birth initial assessment

- 6.106 A pre-birth initial assessment should be undertaken on all pre-birth referrals and a Strategy meeting held where:
- A parent or other adult or young person in the household, or regular visitor, has been identified as posing a risk to children
 - A sibling in the household is subject to a Child Protection Plan
 - A sibling has previously been removed from the household either temporarily or by court order
 - Domestic violence is known to have occurred
 - The degree of parental substance misuse is likely to impact significantly on the baby's safety or development
 - The degree of parental mental illness / impairment is likely to impact significantly on the baby's safety or development
 - There are concerns about parental ability to self care and/or to care for the child e.g. unsupported young or learning disabled mother
 - Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child or harming a child

Pre-birth strategy discussion

- 6.107 The need for a s47 enquiry should be considered and, if appropriate, initiated by a Strategy Discussion as soon as possible following receipt of the referral. The expected date of delivery will determine the urgency for the discussion/meeting.
- 6.108 Consideration of the need to initiate a s47 enquiry should follow the procedures described in section 7 (Child Protection Enquiries).
- 6.109 The Strategy Meeting should follow the procedures described in section 7 (Strategy Discussion).
- 6.110 The meeting must decide:
- Whether a s47 enquiry and pre-birth core assessment is required (unless previously agreed at any earlier ante-natal meeting)
 - What areas are to be considered for assessment
 - Who needs to be involved in the process
 - How and when the parent/s are to be informed of the concerns
 - The actions required by ward staff and midwifery service when the baby is born
- 6.111 The assessment plan must be consistent with standards required for possible court proceedings, including clear letters of instruction.
- 6.112 The parents should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and/or mother.

Pre-birth s47 enquiry & core assessment

- 6.113 In undertaking a pre-birth s47 enquiry and core assessment, Children's Social Work, the Police and relevant other agencies must follow the procedures described in this section above and in section 7 Child Protection Enquiries.
- 6.114 In summary, the investigation should identify:
- Risk factors
 - Strengths in the family environment
 - Factors likely to change and why
 - Factors that might change, how and why
 - Factors that will not change and why
- 6.115 The enquiry must make recommendations regarding the need, or not, for a pre-birth Child Protection Conference which should wherever possible be held 10 weeks prior to the expected delivery date or earlier if a premature birth is anticipated.

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Section 7 – Child Protection Enquiries

What are child protection enquiries?

- 7.1 Where a child is suspected to be suffering, or is likely to be suffering, significant harm, Tameside Council's Children's Social Work is required by section 47 (s47) of the *Children Act 1989* to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
- 7.2 The scope and focus of the enquiry will be that of a risk assessment. As set out in section 6 of these procedures, assessment is a central task in deciding whether a child is thriving or is at risk of harm. In a child protection enquiry the risk assessment will:
- Identify the cause for concern
 - Evaluate the strengths of the family
 - Evaluate the risks to the child
 - Consider the child's needs for protection
 - Consider the ability of parents and wider family and social networks to safeguard and promote the child's welfare
 - Evaluate information from all other sources
- 7.3 It is important that the child protection enquiries are not only focussed on the issue of risk but also on the question of the child's need for assistance. The investigating team will need to consider what services should be provided as well as making a judgement about the likelihood of harm occurring to a child.
- 7.4 Child protection enquiries are primarily concerned with predicting, and safeguarding against, future harm to a child. However this does involve making judgements about whether harm has occurred or not. This is necessarily part of any criminal investigation which takes place as part of the child protection enquiries. However child protection enquiries do not always involve a criminal investigation.
- 7.5 Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment e.g. where a child is to be discharged from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs.

Who leads and who assists in child protection enquiries?

- 7.6 Tameside Council's Children's Social Work is responsible for carrying out child protection enquiries (or 'Section 47' enquiries, after s47 Children Act 1989) for children in Tameside. Children's Social Work has a procedure *Assessing Children in Need of Safeguarding – Section 47 Enquiries* that provides the lead social worker with more detail for the procedure for carrying out child protection enquiries. That procedure is consistent with the policy set out here.
- 7.7 For that reason much of section 7 of the Safeguarding Framework describes the necessary actions to be taken by Children's Social Work when a child is suspected to be suffering, or is likely to be suffering, significant harm. However any agency that works with children, families, parents and carers may have an important role in assisting Children's Social Work with the child protection enquiries.
- 7.8 There is a duty set out for these agencies in the *Children Act 1989*, the *Children Act 2004* and in *Working Together to Safeguard Children* (2010), which is to assist and provide information in support of child protection enquiries.

Involving Parents, Carers, Children and Young People

- 7.9 ***Section 5 of these procedures sets out good practice in involving parents, carers, children and young people in child protection enquiries and meetings.***
- 7.10 ***However during child protection enquiries there are specific processes and issues to consider in respect of seeing and interviewing the child and these are set out in this section 7, below.***

When are child protection enquiries carried out?

- 7.11 Child protection (s.47) enquiries are carried out as soon as an agency with statutory child protection powers (the Police, Children's Social Work and the NSPCC) is made aware that:
- There is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm in the form of physical, sexual, emotional abuse or neglect. **This includes where the suspected abuse is being caused by another child or young person**
 - An Emergency Protection Order (EPO) has been made or Police Powers of Protection have been used in respect of a child.
 - A child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information (s.47(1)(a)(iii) Children Act 1989 inserted by s.15(4) Crime and Disorder Act 1998)

- 7.12 When making decisions about Child Protection enquiries, consideration should always be given to the special vulnerabilities of disabled children in relation to sexual abuse both from a victim and perpetrator perspective.

Timescales

- 7.13 Children's Social Work should comply with the following timescales:
- The initial strategy discussion which instigates the s47 enquiry must take place within 3 working days of receiving the referral (but earlier in certain circumstances – see sub-section below, *When should a Strategy Discussion take place?*)
 - The initial assessment must be completed within 10 working days of the date of the referral
 - The core assessment must be completed within 35 working days from the completion of the initial assessment or 45 working days including the maximum 10 working days taken to complete an initial assessment
 - The maximum period from the strategy discussion (or last discussion if more than one held) of an enquiry to the date of the Initial Child Protection Conference is 15 working days.
- 7.14 These time-scales are the minimum standards required by *Working Together*. Where the welfare of the child requires shorter time-scales these must be met.
- 7.15 Compliance with these timescales depends on the co-operation of all agencies that have worked with or have knowledge of the child and their family.

Immediate Protection

- 7.16 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers should act quickly to secure the immediate safety of the child.
- 7.17 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children, parents or carers. Alternatively the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances.
- 7.18 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.
- 7.19 Planned emergency action will normally take place following an immediate strategy discussion between Police, Children's Social Work,

and other agencies as appropriate (see below, on Strategy Discussion).

- 7.20 Immediate protection may be achieved by:
- A parent taking action to remove an alleged abuser
 - An alleged abuser agreeing to leave the home
 - The child not returning to the home (e.g. moving to live with a protective relative)
 - The child being removed either on a voluntary basis or by obtaining an Emergency Protection Order (EPO)
 - Removal of the child or prevention of removal from a place of safety under Police powers of protection
 - Gaining entry to the household under Police powers and assessing the situation
- 7.21 The social worker from Children's Social Work must seek the agreement of their first line manager and obtain legal advice before initiating legal action. (The social worker should seek additional guidance from Children's Social Work procedures in respect of initiating care proceedings).
- 7.22 Police powers of protection should only be used in exceptional circumstances, or where there is insufficient time to seek an Emergency Protection Order, or for reasons relating to the immediate safety of the child. When Police Powers of Protection are used, a Police officer of at least Inspector rank must act as the designated officer.
- 7.23 Where an agency with statutory child protection powers, has to act immediately to protect a child, a strategy discussion should take place, within 1 working day of the emergency action, to plan the next steps.
- 7.24 Emergency action addresses only the immediate circumstances of the child. It should be followed by a s47 enquiry and an assessment of the needs and circumstances of the child and family as necessary.
- 7.25 Where an emergency protection order applies, Children's Social Work will have to consider whether to initiate care or other proceedings or to let the order lapse and the child return home or, by negotiation with the parent(s), to another protective relative.

S47 Enquiry Thresholds and the Core Assessment

- 7.26 The threshold criteria for a s47 enquiry may be apparent at the point of referral, during the inter-agency checks and information gathering stage, or may be identified during an initial assessment, during a core assessment or at any time in a case already open to Children's Social Work.

- 7.27 If not already in progress, a core assessment should be commenced by Children's Social Work whenever a s47 enquiry is initiated. The core assessment will be the means of gathering and analysing information for the enquiry (see section 6 Core Assessment). The conclusions and recommendations of the enquiry should inform the core assessment, if it is not completed when the Initial Child Protection conference takes place (see section 8 Child Protection Meetings).
- 7.28 The s47 enquiry and the core assessment should begin by focusing primarily on the information which appears most important in relation to the risk of significant harm to the child. This information can be identified at point of referral, during inter-agency checks and information gathering or during the initial assessment.

Initiating an Enquiry

- 7.29 The Children's Social Work manager must consider consulting the Police and other appropriate agencies before making the decision to authorise an enquiry or not and should always be alert to the possibility that a criminal offence may have been committed.
- 7.30 A s47 enquiry may run concurrently with Police investigations. When a joint enquiry takes place, the Police have the lead for the criminal investigation and Children's Social Work have the lead for the s47 enquiries and for ensuring the child's welfare is promoted.

Inter-agency checks

- 7.31 Whenever a s47 enquiry is initiated, even when there has been a recent initial assessment, the Children's Social Work social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views.
- 7.32 Inter-agency checks must be undertaken as described in section 6 (Assessment). In particular, the social worker, together with their manager, must decide whether to seek parental permission to undertake inter-agency checks.

What is a strategy discussion?

- 7.33 Whenever there is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm, there should be a strategy discussion. A strategy discussion may take place at a meeting or by other means (for example, by telephone). In complex types of maltreatment a meeting is likely to be the most effective way of discussing the child's welfare and planning future action.
- 7.34 The strategy discussion should consider the following:
- Seriousness of the concern/s
 - Repetition or duration of concern/s

- Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. caring arrangements)
 - Reliability of evidence for the concern/s
 - Whether there is sufficient information and, if not, identify how best to obtain it
 - Context in which the child is living e.g. a child in the household who is already the subject of a Child Protection Plan
 - Predisposing factors in the family that may suggest a higher level of risk e.g. mental health difficulties, parental substance misuse, domestic abuse or immigrant family issues such as social isolation
- 7.35 The strategy discussion should be used to:
- Share available information
 - Decide whether a core assessment under s47 of the *Children Act 1989* (s47 enquiries) should be initiated, or continued if it has already begun
 - Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical examination/treatment, and who will carry out what actions, by when and for what purpose
 - Agree the conduct and timing of any criminal investigation
- 7.36 Strategy discussions by telephone will usually be adequate to plan an enquiry, but meetings are likely to be more effective where:
- There is concern that the child is suffering complex types of neglect or maltreatment (further information on Fabricated or Induced Illness and Organised and Complex Abuse is available from the Tameside SCB website)
 - There is an allegation that a child has abused another child, separate strategy meetings should be held for both children (further information on Vulnerable Young People is available from Tameside SCB website)
 - There are ongoing, cumulative concerns about the child's welfare.
 - There are concerns about the future risk to an unborn child
 - The enquiry is anticipated to be complex requiring, for example, the co-ordination of several agencies
- 7.37 The strategy discussion should be convened, co-ordinated and chaired by Children's Social Work. In addition to Children's Social Work and the Police, the discussion/meeting must involve the other agencies (e.g. schools and health services) which hold information relevant to the concerns about the child. More than one strategy discussion may be required.
- 7.38 Where it is decided that there are grounds to initiate a s47 enquiry, decisions should be made about:
- Further information required and how it should be obtained
 - The scope of the enquiry, including consideration of any risk to other children.
 - The need for any paediatric or specialist assessment

- How to meet the best interests of the child in the enquiry, taking account of any additional needs such as disability or a need for an interpreter, or speech and language therapist
- Agree how an understanding of the child's wishes and feelings will be gained so that they can be taken into account
- When, how and who will undertake interviews with the child and if a video interview will be used
- Any further action if consent is refused for interview or medical assessment
- The needs of other children in contact with the alleged abuser/s, including all children in the household
- Who, when, and for what purpose, people other than the family members should be interviewed. This could be, for example, the referrer.
- Agree what other actions may be needed to protect the child or provide interim services and support, including securing the safe discharge of a child from hospital
- What information may be shared, with whom and when. This should take into account the possibility that information sharing may place a child at risk of significant harm or may affect Police investigations
- Any implications for disciplinary action e.g. use of evidence statements
- Any legal action required
- Timescales, agency and practitioner responsibility for agreed actions, including the timing of Police investigations and relevant methods of evidence gathering
- The need for further strategy discussions during the enquiry if the circumstances are particularly complex or unknown
- The mechanism and date for reviewing the completion of agreed actions. In complex cases this may involve further strategy discussions

7.39 It is important that these decisions should be made with full consideration of the racial, cultural, religious and linguistic background of the child and their family.

7.40 When it is suspected that a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence.

When should a strategy discussion take place?

7.41 Whenever there is reasonable cause to suspect that a child has suffered, or is likely to suffer, significant harm, strategy discussions should be convened within 3 working days except in the following circumstances:

- For allegations/concerns indicating a serious risk to the child (e.g. serious physical injury or serious neglect) the strategy discussion should be held on the same day as the receipt of the referral
- For allegations of penetrative sexual abuse, the strategy discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence
- For allegations of sexual offences by children or young people against other children or young people, the strategy discussion should be held within one working day of the receipt of the referral. Where these allegations indicate a serious risk to the child the strategy discussion should be held on the same day as the receipt of the referral.
- Where immediate action to protect a child was required by Police or Children's Social Work, the strategy discussion must be held within 1 working day
- Where the concerns are particularly complex e.g. organised abuse the strategy meeting must be held within a maximum of 5 working days, but sooner if there is a need to provide immediate protection to a child

7.42 The plan made at the strategy discussion should reflect the requirement to convene an Initial Child Protection conference within 15 working days of the last strategy discussion

Who should participate in a strategy discussion?

7.43 The strategy discussion must involve Children's Social Work, the Police and any agency involved with the child which can contribute to decisions about the protection of the child. The referring agency should be included. Strategy discussions involving only Children's Social Work and the Police should be the exception rather than the rule.

Notes of strategy discussion

7.44 It is the responsibility of the chair of the meeting to ensure that the decisions and agreed actions are fully recorded using an appropriate form e.g. *Strategy Discussion Record* (DH 2002). A copy should be made available immediately for all participants.

7.45 For telephone discussions, a copy of the notes authorised by the Children's Social Work manager should be immediately faxed to all participants on an agreed pro forma.

Location of strategy meeting

7.46 When it is decided that the strategy discussion will take place in a meeting, the strategy meeting should be held at the venue, which is most likely to maximise attendance of those who are vital to share information e.g. a hospital, school, Police station, Children's Social Work office. Attention must be paid to the suitability of a venue in

terms of a service user's confidential rights; for instance, a school may not always be a good venue for children who are attending and perceive the school as a safe place and a health clinic might not be a good venue if the clinic is also involved in providing health care to the parents or carers.

- 7.47 If the child is an in-patient in hospital or if the case is one where hospital staff hold key information, the strategy meeting must be held at the hospital to maximise input from relevant staff, unless this is not in the child's best interests. Consideration should be given to the child's views on the location of the strategy meeting.

Seeing the Child During the Child Protection Enquiry

- 7.48 Children's Social Work is required to ascertain the child's wishes and feelings about the provision of services and give them due consideration before determining what (if any) services to provide. Failure to engage and listen to children has been a significant factor in a number of inquiries into the deaths of children. Interviews with the child should be undertaken in the preferred language of the child. For some disabled children interviews may require the use of non-verbal communication methods.
- 7.49 The child's wishes and feelings may or may not coincide with the assessment of what action should be taken in the child's best interests. The action taken should always ensure that the welfare of the child is the paramount consideration, including where the child has expressed a contrary view.
- 7.50 In child protection enquiries the objectives in seeing the child are to:
- Record and evaluate her/his appearance, demeanour, mood state and behaviour
 - Hear the child's account of allegations or concerns
 - Observe and record the interactions of the child and her/his carers
 - See and record the circumstances in which the child is currently living and sleeping and, if different, her/his ordinary residence
 - Evaluate the physical safety of the environment including the storage of hazardous substances e.g. bleach, drugs
 - Ensure that any other children who need to be seen are identified
 - Assess the degree of risk and possible need for protective action
 - Meet the child's needs for information and re-assurance
- 7.51 In order to avoid undermining any subsequent criminal case, in any contact with a child prior to an interview, practitioners must:
- Listen to the child rather than directly questioning her/him
 - Never stop the child freely recounting significant events
 - Fully record the discussion including timing, setting, presence of others as well as what was said

Responding to Child Welfare Concerns Where There is or May be an Alleged Crime

- 7.52 Whenever Children's Social Work has a case referred to it which constitutes, or may constitute, a criminal offence against a child there should always be a discussion about the case with the Police at the earliest opportunity.
- 7.53 Whenever other agencies or the local authority in its other roles encounter concerns about a child's welfare which constitute, or may constitute, a criminal offence against a child they must always consider sharing that information with Children's Social Work or the Police in order to protect the child or other children from suffering significant harm.
- 7.54 If a decision is taken not to share information the reasons must be recorded.
- 7.55 Sharing of information in cases of concern about children's welfare will enable practitioners to consider jointly how to proceed in the best interests of the child and to safeguard children more generally.
- 7.56 In dealing with alleged offences involving a child victim the Police should normally work in partnership with Children's Social Work and/or other agencies.
- 7.57 In circumstances where it is suspected that the child may have been conceived as the result of an incestuous relationship or interfamilial abuse consideration should be given to the use of DNA testing and the role of genetics and geneticists.
- 7.58 Whilst the responsibility to instigate a criminal investigation rests with the Police they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by a Children's Social Work led intervention rather than a full Police investigation.
- 7.59 In deciding whether there is a need to share information practitioners should consider their legal obligations, including whether they have a duty of confidentiality to the child. Where there is such a duty, the practitioner may lawfully share information if the child consents or if there is a public interest of sufficient force. This must be judged by the practitioner on the facts of each case.
- 7.60 Where there is a clear likelihood of a child suffering significant harm, or an adult suffering serious harm, the public interest test will almost certainly be satisfied. However, there will be other cases where practitioners will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.

- 7.61 The child's best interests must be the overriding consideration in making any such decision, including in the cases of underage sexual activity on which detailed guidance is given below. The cross-government guidance, *Information Sharing: Guidance for practitioners and managers* (2008) provides advice on these issues.
- 7.62 Any decision on whether or not to share information must be properly documented. Decisions in this area should be made by, or with the advice of, people with suitable competence in child protection work such as named or designated practitioners or senior managers.

Criminal Investigation & Strategy Discussion

- 7.63 Where the Police are undertaking a criminal investigation, the Police are responsible for all the associated investigative activities e.g. conducting interviews of witnesses and suspects; visiting crime scenes and, in conjunction with Children's Social Work, arranging medical examinations.
- 7.64 At the strategy discussion the Police should agree with the other agencies the timing and methods of the information gathering (for the criminal investigation) which are likely to affect the s47 enquiry.
- 7.65 In urgent criminal cases and critical incidents the Police may need to act unilaterally, including for activities usually undertaken jointly with Children's Social Work e.g. interviews with children and parents in order not to prejudice the criminal investigation. However the Police will advise the appropriate agencies of the actions and outcomes as soon as possible.
- 7.66 Following a full assessment of the available facts the Police may decide at any stage e.g. during or following a strategy discussion, to terminate a criminal investigation and will inform Children's Social Work of the decision. Among other factors, the Police decision will take account of the best interests of the child.

Allegations of Harm Arising From Underage Sexual Activity

- 7.67 Cases of underage sexual activity which present cause for concern are likely to raise difficult issues and should be handled sensitively. This includes situations where girls aged under 16 years present at a termination of pregnancy clinic.
- 7.68 A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child aged under 13 years is very serious and should be taken to indicate that the child is suffering, or is likely to suffer, significant harm.

- 7.69 Cases involving children aged under 13 years should always be discussed with a nominated child protection lead in the organisation. Under the Sexual Offences Act, penetrative sex with a child under 13 years old is classed as rape.
- 7.70 Where the allegation concerns penetrative sex, or other intimate sexual activity occurs, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering, or is likely to suffer, significant harm. There should be a presumption that the case will be reported to Children's Social Work and that a strategy discussion will be held in accordance with the guidance. This should involve Children's Social Work, Police, health and other relevant agencies in discussing appropriate next steps with the practitioner.
- 7.71 All cases involving young people under the age of 13 should be fully documented including detailed reasons where a decision is taken not to share information. These decisions should be exceptional and only made with the documented approval of a senior manager.
- 7.72 Sexual activity with a child under the age of 16 is also an offence. Where it is consensual it may be less serious than if the child was under the age of 13 but may, nevertheless, have serious consequences for the welfare of the young person.
- 7.73 Consideration should be given in every case of sexual activity involving a young person aged 13, 14 or 15 as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Social Work. The practitioner should make this assessment using the considerations below.
- 7.74 Within this age range the younger the child the stronger the presumption must be that sexual activity will be a matter of concern. Cases of concern should be discussed with the nominated child protection lead and subsequently with other agencies if required.
- 7.75 Where confidentiality needs to be preserved a discussion can still take place as long as it does not identify the child (directly or indirectly). Where there is reasonable cause to suspect that significant harm to a child has occurred, or is likely to occur, there should be a presumption that the case is reported to Children's Social Work and a strategy discussion should be held to discuss appropriate next steps.
- 7.76 Again, all cases should be carefully documented including where a decision is taken not to share information.
- 7.77 The considerations in the following checklist should be taken into account when assessing the extent to which a child (or other children) is suffering, or is likely to suffer, significant harm and therefore whether a strategy discussion should be held in order to share information:

- the age of the child. Sexual activity at a young age is a very strong indicator that there are risks to the welfare of the child (whether boy or girl) and, possibly, others
- the level of maturity and understanding of the child
- what is known about the child's living circumstances or background
- age imbalance, in particular where there is a significant age difference
- overt aggression or power imbalance
- coercion or bribery
- familial child sex offences
- behaviour of the child i.e. withdrawn, anxious
- the misuse of substances as a disinhibitor
- whether the child's own behaviour because of the misuse of substances places him/her at risk of suffering harm so that he/she is unable to make an informed choice about any activity
- whether any attempts to secure secrecy have been made by the sexual partner beyond what would be considered usual in a teenage relationship
- whether the child denies, minimises or accepts concerns
- whether the methods used are consistent with grooming
- whether the sexual partner/s is known by one of the agencies

- 7.78 In cases of concern when sufficient information is known about the sexual partner/s, the agency concerned should check with other agencies, including the Police, to establish whatever information is known about that person/s. In appropriate cases the Police may share the required information without beginning a full investigation if the agency making the check requests this.
- 7.79 Sexual activity involving a 16 or 17 year old, even if it does not involve an offence, may still involve harm or the likelihood of harm being suffered.
- 7.80 Practitioners should still bear in mind the considerations and processes outlined in this guidance in assessing whether harm is being suffered, and should share information as appropriate.
- 7.81 It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them.
- 7.82 For additional information on responding to concerns about sexual activity involving young people under the age of 18, consult the TSCB guidance.

Video Recorded Interviews of Children

- 7.83 Video recorded interviews should be used for children giving evidence in sexual offence cases or in cases involving an offence of violence,

abduction or neglect, unless the child objects and/or there are other difficulties e.g. abuse of the child has involved the use of video.

- 7.84 Video recorded interviews serve two primary purposes:
- Evidence gathering for criminal proceedings
 - Examination in chief of a child witness
- 7.85 Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.
- 7.86 Section 5 of these procedures sets out good practice in involving children and young people in child protection enquiries and meetings. However the interviewing of children during child protection enquiries requires attention to specific processes as set out here.**
- 7.87 *Achieving Best Evidence* covers all children under the age of 17 years who may be witnesses to any type of crime, both as victims or witnesses to crimes perpetrated on others. Interviewing in this way may not take place if the child objects and/or there are other difficulties (e.g. abuse of the child has involved the use of video).
- 7.88 The decision to interview a child in line with *Achieving Best Evidence* would normally be taken jointly by Police and Children's Social Work at a strategy meeting/discussion. Exceptionally, there will be occasions when Police will have the autonomy to carry out the interview (i.e. when Children's Social Work is not available or in urgent matters to assist in forensic retrieval).
- 7.89 In cases of children giving evidence the decision on whether or not to video should take account of the:
- Individual child's needs and circumstances
 - Purpose and likely value of a video recorded interview
 - Likelihood of maximising the quality of the particular child's evidence
 - Type and severity of offence
 - Circumstances of offence (e.g. relationship to alleged abuser)
 - Competency, compellability and availability of the child for cross-examination
 - The child's ability and willingness to talk in a formal interview setting
 - Child's state of mind
 - Perceived fears regarding intimidation and recrimination
 - Preparation of the child before interview
 - How comfortable and able the child will be with the interview being recorded via audio visual equipment – s/he may have been the subject of abusive images.
- 7.90 An increasing number of children have been the subject of abusive images. The child might not have divulged this information prior to the interview. In cases where there is a possibility that the child could have

been the subject of abusive images, practitioners making the decision about whether to video an interview with a child should provide an opportunity for the child to disclose this information.

- 7.91 In accordance with the *Achieving Best Evidence guidance* (<http://www.cps.gov.uk/publications/prosecution>) all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Specialist/expert help may be needed if:
- the child's first language is not English
 - S/he appears to have a degree of psychiatric disturbance but is deemed competent
 - S/he has a physical / sensory / learning disability
 - interviewers do not have adequate knowledge and understanding of the child's racial, religious and cultural background
- 7.92 All video interviews must ensure that the requirements of the law are met and that a video is the most appropriate way of recording the evidence. However it is important to stress that if it becomes clear that a child has been filmed or photographed whilst subjected to abuse a video interview may not be considered appropriate.

Missing or Inaccessible Children

- 7.93 If the whereabouts of a child, about whom there is already a concern, is unknown and cannot be ascertained by the Children's Social Work social worker, within 24 hours the following action must be taken:
- A strategy discussion with Police
 - Agreement reached with the Children's Social Work manager responsible as to what further action is required to locate and see the child and carry out the enquiry
- 7.94 If access to a child is refused or obstructed the social worker, in consultation with her/his manager, should co-ordinate a strategy discussion, including legal representation, to develop a plan to locate or access the child and progress the s47 enquiry.
- 7.95 In respect of other situations in which a child is missing from home consult the Tameside SCB *Policy for Working with Children and Young People Missing from Home*. This is available on the TSCB website.

Outcome of Child Protection Enquiries

- 7.96 At the completion of a s47 enquiry, Children's Social Work should co-ordinate a strategy discussion to share information between all those significantly involved in the enquiry and to agree the outcome of the enquiry.

- 7.97 Children's Social Work is responsible for deciding how to proceed based on the strategy discussion and taking into account the views of the child, their parents and other relevant parties e.g. a foster carer.
- 7.98 The outcome may be that the original concerns:
- are not substantiated
 - are substantiated, but the child is not considered to be at continuing risk of significant harm
 - are substantiated and the child is considered to be at continuing risk of significant harm

Concerns are not substantiated

- 7.99 Where the concerns are not substantiated the Children's Social Work manager must authorise the decision that no further action is necessary, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.
- 7.100 In these circumstances, the core assessment must be completed and services provided where needed to improve the welfare of the child. This may require the convening of a Child and Family Meeting or may simply be a matter of signposting or referral to other services/agencies.
- 7.101 In some cases, there may remain concerns about significant harm, despite there being no real evidence. It may be appropriate to put in place arrangements to monitor the child's welfare. Monitoring should never be used as a means of deferring or avoiding difficult decisions. The purpose of monitoring should always be clear, that is, what is being monitored and why, in what way and by whom. It will also be important to inform parents about the nature of any on-going concern. There should be a time set for reviewing the monitoring arrangements through a further discussion or meeting.

Concerns are substantiated but the child is not considered to be at continuing risk of significant harm

- 7.102 There may be substantiated concerns that a child has suffered significant harm, but the agencies involved may judge that a parent or members of the child's wider family are willing and able to co-operate with actions to ensure the child's safety and welfare and that the child is therefore not at continuing risk of significant harm.
- 7.103 Other reasons contributing to a judgement that the child is not at continuing risk of harm include that:
- The caregiver has taken responsibility for the harm they caused the child
 - The family's circumstances have changed
 - The person responsible for the harm is no longer in contact with the child

- The significant harm was incurred as the result of an isolated abusive incident e.g. abuse by a stranger
- 7.104 In this case, Children's Social Work must develop, with the agencies most involved and the child and family, a plan for ensuring the child's future safety and welfare and implement it without having a Child Protection Conference or a Child Protection Plan.
- 7.105 In taking the decision that a family's co-operation is sufficient to ensure a child's future safety, Children's Social Work should take into account:
- All relevant information obtained during a s47 enquiry
 - A soundly based assessment of the likelihood of successful intervention
 - Recently sought wishes and feelings of the child
 - The need for clear evidence
 - The dangers of misplaced practitioner optimism
 - The pressure that can be felt by practitioners not to challenge hostile and obstructive families
- 7.106 Children's Social Work should convene a Child & Family meeting involving the child (subject to age and understanding) and their family and practitioners engaged with the family. The meeting should agree:
- What actions should be undertaken in response to the core assessment findings
 - Who is responsible for the required actions
 - The intended outcomes for the child's health and development
 - The timescale for the actions
 - How progress will be reviewed and by whom
- 7.107 Children's Social Work should take carefully any decision not to proceed to a Child Protection Conference where it is known that a child has suffered significant harm. A suitably experienced and qualified social work manager within Children's Social Work should endorse the decision.
- 7.108 Those practitioners and agencies who are most involved with the child and family, and those who have taken part in the s47 enquiry, have the right to request that Children's Social Work convene a Child Protection Conference if they have serious concerns that a child's welfare may not otherwise be adequately safeguarded. Any such request that is supported by a senior manager, or a named or designated practitioner, should normally be discussed with the Head of Safeguarding in Tameside Council. Where there remain differences of view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation; i.e. conflict resolution (see section 10).

Concerns are substantiated and the child is considered to be at continuing risk of significant harm

- 7.109 Where concerns are substantiated and the child is assessed to be at continuing risk of significant harm the Children's Social Work manager/Head of Safeguarding must authorise the convening of an Initial Child Protection Conference and completion of the core assessment, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.
- 7.110 In circumstances where an adult is alleged to have sexually offended against a child, whether the outcome is proven or inconclusive, the need to convene a child protection conference in respect of any child potentially at risk should always be considered. Whether or not the Child Protection Conference is convened, the s47 enquiry should include a risk assessment that analyses the decisions taken.
- 7.111 Where a second or subsequent referral is made indicating risk of sexual abuse consideration should be given to holding a Child Protection Conference. Whether or not the Child Protection Conference is convened, the s47 enquiry should include a risk assessment that analyses the decisions taken.
- 7.112 In making decisions about whether to conduct a Child Protection Conference, consideration should always be given to the special vulnerabilities of disabled children in relation to sexual abuse both from a victim and perpetrator perspective.

Feedback from Enquiries

- 7.113 The child's social worker is responsible for recording the outcome of the s47 enquiries. This should be put on the child's file with a clear record of the discussions, countersigned by the Children's Social Work manager.
- 7.114 Children's Social Work should inform all the agencies who have been significantly involved, the parents and children (subject to age and level of understanding) of the outcome of the child protection enquiry in advance of any Initial Child Protection Conference that is convened. This information should be conveyed in an appropriate format for younger children and for those people whose preferred language is not English.
- 7.115 Feedback about outcomes should be provided to non-practitioner referrers in a manner that respects the confidentiality and welfare of the child.
- 7.116 If there are ongoing criminal investigations, the content of the children's social worker's feedback should be agreed with the Police.

7.117 Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

Disputed Decisions

7.118 Where Children's Social Work has concluded that an Initial Child Protection Conference is not required but practitioners in other agencies remain seriously concerned about the safety of a child, these practitioners should seek further discussion with the children's social worker, and her/his manager. The concerns, discussion and any agreements made should be recorded in each agency's files.

7.119 If concerns continue, the practitioner should discuss with a designated/named/lead person or senior manager in their agency and the matter should be referred to the Head of Safeguarding in Tameside Council's Children, Learning and Economic Services with whom the final decision, about whether a Child Protection Conference should be convened, rests.

Recording

7.120 A full written record must be completed by each agency involved in a s47 enquiry, using the required agency proformas, (legibly) signed and dated by the practitioner.

7.121 The responsible manager must countersign Children's Social Work s47 recording and forms.

7.122 Practitioners should wherever possible, retain signed and dated rough notes until the completion of anticipated legal proceedings.

7.123 Children's Social Work recording of enquiries should include:

- Agency checks
- Content of contact cross referenced with any specific forms used
- Strategy discussion notes
- Details of the enquiry
- Body maps, where applicable (caution is required in the use of body maps)
- Assessment including identification of risks and how they may be managed

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Section 8 – Child Protection Meetings

- 8.1 There are 3 main types of Child Protection meeting:
- Initial Child Protection Conference
 - Core Group Meeting (see section 9)
 - Child Protection Review Conference
- 8.2 Each meeting is arranged to make sure that everyone is doing what is best to ensure that the child is protected from harm.
- 8.3 Section 8 describes the purpose and function of the Initial Child Protection Conference and of the Child Protection Review Conference, including who participates in them and when they take place.
- 8.4 **Information about Core Group meetings is contained in section 9 but it should be noted that core groups take place in the period between the conferences.**

The Child Protection Conference, the Child Protection Plan and Risk Management

- 8.5 The Child Protection Conference brings together information, including the results of the s.47 child protection enquiry and other risk assessments. It is the forum for making decisions based on this information and for managing any identified risk to the child. The tools that are used for this are the Child Protection Conference Risk Assessment and the Child Protection Plan.
- 8.6 Child Protection Conferences must consider all relevant information available and the minutes must evidence that it has been considered.
- 8.7 The chair of the Child Protection Conference will write a risk assessment that will be distributed to all participants and other relevant agencies within one working day of the conference taking place.
- 8.8 Child Protection Conference Risk Assessments must highlight protective factors and risk factors and provide an analysis of the risks to the child, whether or not the child is made the subject of a Child Protection Plan.
- 8.9 Where a Child Protection Plan is agreed for some children in a household but not others, the rationale for this should be explicit in both the Child Protection Conference Risk Assessment and the Child Protection Plan.
- 8.10 Child Protection Plans should not be discontinued when assessments of risk are incomplete and protective work is ongoing. Where Child Protection Plans are ended but there are clear outstanding pieces of work, specific recommendations should be made for that work to be

included in an alternative plan and should be recorded in the Child Protection Conference Risk Assessment.

- 8.11 Where a Child Protection Conference makes a decision that differs from written procedure, the decision making process must be made clear in the Child Protection Conference Risk Assessment.
- 8.12 Where children or young people who have displayed sexually harmful behaviour are the subject of a Child Protection Conference but not then made subject to a Child Protection Plan, the reasons for this should be explicit in the Child Protection Conference Risk Assessment. At this stage consideration should also be given to using the TSCB Vulnerable Young Person procedure to manage the risk posed by the sexually harmful behaviour.
- 8.13 The majority of Child Protection Plans are implemented successfully with the co-operation of all members of the Core Group, including parents. However very occasionally progress on implementing the Child Protection Plan is not good enough to give confidence that the child is being protected from harm.
- 8.14 Such circumstances might arise where there is an actual or perceived lack of progress in implementing the Child Protection Plan by Core Group members. This could be due to a lack of commitment by parents/carers or practitioners/agencies.
- 8.15 Therefore, if at any stage it is the considered view of a practitioner that these circumstances exist, a Reflective Review can be convened for practitioners to discuss how best to resolve the issues raised by those circumstances.
- 8.16 It should only be in exceptional circumstances that a Reflective Review has to be convened as this will be a meeting that will not include parents in attendance. Throughout the implementation of child protection practice the work with parents/carers should be done on the basis of the principles set out in sections 2, 3 and 5. However the paramount consideration must always be the best interests of the child and the Reflective Review is intended to ensure that this focus is maintained in exceptionally difficult circumstances.
- 8.17 In broad terms this should be when the ability of practitioners to implement the Child Protection Plan is being hampered by lack of commitment. The reasons for a Reflective Review taking place must be recorded in the case file and the outcomes from the Reflective Review must be given to the parent (and child when they have sufficient understanding).
- 8.18 Ordinarily the Reflective Review will be chaired by a member of the Core Group. However, the chair of the Child Protection Conference must be informed that the Reflective Review is taking place and can be asked to chair or act as consultant to the Reflective Review.

Family group conferences

- 8.19 Family Group Conferences (FGC) are used in Tameside as a way of engaging the broad network of family and friends to provide support for the care and welfare of children and young people. The FGC will result in a Plan to put the support into practice.
- 8.20 When the child or young person that is the subject of a Family Group Conference is also the subject of a Child Protection Meeting it is essential that the plan that comes out of the FGC is consistent with the recommendations of the Child Protection Meeting and the Child Protection Plan.
- 8.21 If a Plan arising from a Family Group Conference is in existence at the time of a Child Protection Meeting it is also essential that information about the FGC Plan is shared at the Child Protection Meeting.

The Initial Child Protection Conference

What is the purpose of the initial child protection conference?

- 8.22 The initial Child Protection Conference brings together family members, the child who is the subject of the conference (where appropriate) and those practitioners most involved with the child and family, following section 47 enquiries. Its purpose is:
- to bring together and analyse in an inter-agency setting the information which has been obtained about the child's developmental needs and the parents' or carers' capacity to respond to these needs to ensure the child's safety, and promote the child's health and development within the context of their wider family and environment
 - to consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history, and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in future, and decide whether the child is continuing to, or is likely to, suffer significant harm
 - to consider all the children in the household, even if concerns are only being expressed about one child.
 - to decide what future action is required in order to safeguard and promote the welfare of the child, including whether the child should become the subject of a Child Protection Plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these

- Allocate a Lead social worker for each child who requires a Child Protection Plan. The Lead social worker is responsible for ensuring that the Child Protection Plan is developed, co-ordinated and fully implemented to timescale
 - Identify a multi-agency core group to develop and monitor implementation of the Child Protection Plan
 - to formulate the outline Child Protection Plan in as much detail as possible. The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the Lead social worker (i.e. the social worker who is the lead professional for the case) and the core group membership should be recorded in a manner that is consistent with the Initial Child Protection Conference Report and circulated to all those invited to the conference within one working day.
- 8.23 The aim of the conference is to enable those practitioners most involved with the child and family, and the family themselves, to assess all relevant information, and plan how best to safeguard and promote the welfare of the child who has suffered, or is likely to suffer, significant harm.
- 8.24 There should be sufficient people at the conference in order for decisions to be made safely, i.e the conference should be 'quorate'.
- 8.25 The minimum representation at each conference is Children's Social Work and at least two other practitioner groups or agencies, (e.g. school, health visiting etc) who have had direct contact with the child who is the subject of the conference.
- 8.26 In addition, attendees may include those whose contribution relates to their practitioner expertise or responsibility for relevant services.
- 8.27 In exceptional cases, where a child has not had relevant contact with three agencies (that is, Children's Social Work and two others), this minimum quorum may be breached. In such exceptional circumstances the Head of Safeguarding must be informed.
- 8.28 Where a conference is not quorate it should not ordinarily proceed and in such circumstances the chair must ensure that either:
- An interim Protection Plan is produced or
 - The existing plan is reviewed with the practitioners and the family members that do attend, so as to safeguard the welfare of the child
- 8.29 The earliest possible date must be set for another conference.
- 8.30 In exceptional circumstances the chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:

- A child has not had relevant contact with 3 agencies – e.g. pre-birth conferences
- Where sufficient information is available and
- A delay will be detrimental to the child

8.31 Where a non-quorate conference is held (except for the reason given at 8.24), another conference should be arranged at the earliest possible date.

Who participates in the initial child protection conference?

8.32 Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both. The social work manager should consider whether to seek advice from, or have present, a health professional who can present the medical information in a manner which can be understood by conference participants and enable such information to be evaluated from a sound evidence base. There should be sufficient information and expertise available – through personal representation and written reports – to enable the conference to make an informed decision about what action is necessary to safeguard and promote the welfare of the child, and to make realistic and workable proposals for taking that action forward. At the same time, a conference that is larger than it needs to be can inhibit discussion and intimidate the child and family members. Those who have a relevant contribution to make may include:

- * the child or their representative
- * family members (including the wider family)
- * Children's Social Work staff who have led and been involved in an assessment of the child and family
- * foster carers (current or former)
- * residential care staff
- * practitioners involved with the child (for example, health visitors, midwife, school nurse, children's guardian, paediatrician, school staff, early years staff, the GP, NHS Direct, staff in the youth justice system including the secure estate)
- * practitioners involved with the parents or other family members (for example, family support services, adult services (in particular those from mental health, substance misuse, domestic violence and learning disability), probation, the GP)

- * practitioners with expertise in the particular type of harm suffered by the child or in the child's particular condition, for example, a disability or long term illness
 - * those involved in investigations (for example, the police)
 - * local authority legal services (child care)
 - * NSPCC or other involved voluntary organisations
 - * a representative of the armed services in cases where there is a service member in the family
- 8.33 Babies and young children should not normally be permitted to enter the conference room as they will cause distraction from the business of the meeting. Parents should be assisted to make arrangements for their care where necessary.
- 8.34 Practitioners and agencies who are invited to attend should make every effort to do so, but if unable to, they should submit a written report and, wherever possible, a well briefed agency representative should attend to speak to the report.
- 8.35 A practitioner observer (for example, a social work student) can only attend a conference with the prior consent of the chair and the family and must not take part in discussions or decision-making.
- 8.36 Practitioners who are invited but unable to attend for unavoidable reasons should:
- Arrange wherever possible for another agency representative to attend
 - Inform the conference chair/administrator
 - Submit a written report
- 8.37 All agencies must make it a priority that staff are competent to contribute to Child Protection Conferences by:
- Sharing of information
 - Assessing a child's needs
 - Preparing adequately for conferences, including the provision of reports, sometimes at short notice
 - Attending when invited to conferences
 - Contributing to well-informed decisions based on evidence
 - Following up fully on agreed action to safeguard the child

The Lead Social Worker

- 8.38 Mention is made throughout this section of the 'Lead social worker'. This person is identified at the end of an initial Child Protection Conference (and at each subsequent review conference) if the conference decides that the child requires a Child Protection Plan. The

Lead social worker is always a social worker from Children's Social Work and has specific duties in respect of implementing the Child Protection Plan. Further information about the role of the Lead social worker is in section 9.

Information for The Conference

- 8.39 Children's Social Work should provide any initial or review conference with a written report that summarises and analyses the information obtained in the course of the initial assessment and the core assessment undertaken under section 47 of the Children Act 1989 (in as far as it has been completed within the available time period), and information in existing records relating to the child and family.
- 8.40 Where decisions are being made about more than one child in a family there should be a report prepared on each child. The information in the report for a Child Protection Conference, which is likely to be in the current core assessment record, should be consistent with the information which is set out in the Initial Child Protection Conference Report.
- 8.41 The conference report should include information on the dates the child was seen by the Lead social worker during the course of the section 47 enquiries, if the child was seen alone, and if not, who was present and for what reasons. Although a core assessment will have been commenced, it is unlikely it will have been completed in time for the conference given the 35 working day period that such assessments can take.
- 8.42 The Child Protection Conference report should include:
- a chronology of significant events and agency and professional contact with the child and family
 - information on the child's current and past state of developmental needs
 - information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context
 - information on the family history and both the current and past family functioning
 - the expressed wishes and feelings of the child, and the views of parents and other family members
 - an analysis of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and

consider how best to meet his or her developmental needs. This analysis should address:

- how the child's strengths and difficulties are impacting on each other
 - how the parenting strengths and difficulties are affecting each other
 - how the family and environmental factors are affecting each other
 - how the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors
 - how the family and environmental factors are impacting on parenting and/or the child directly; and
- the local authority's recommendation to the conference

8.43 Where appropriate, the parents and subject child should be provided with a copy of the report in advance of the conference. The contents of the report should be explained and discussed with the child and relevant family members in advance of the conference itself, in the preferred language(s) of the child and family members.

8.44 Other practitioners attending the conference should bring with them details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context.

8.45 This information should include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to meet the child's needs. Contributors should, wherever possible, provide a written report in advance to the conference and these should be made available to those attending.

8.46 The child and family members should be helped in advance to think about what they want to convey to the conference and how best to get their points across on the day. Some may find it helpful to provide their own written report, which they may be assisted to prepare by their adviser/advocate.

8.47 Those providing information should take care to distinguish between fact, observation, allegation and opinion. When information is provided from another source, i.e. it is second or third hand, this should be made clear.

When should an initial conference happen?

8.48 An initial Child Protection Conference must be convened when it is believed that a child has suffered, or is likely to suffer, significant harm unless action is taken. (See section 6 for more information in respect of Pre-birth child protection concerns).

- 8.49 The conference must consider all the children in the household, even if concerns are only being expressed about one child.
- 8.50 In Tameside it is the responsibility of the Head of Safeguarding to make the decision to convene a Child Protection Conference. This decision, in most circumstances, is delegated to the Conference & Review Officer in liaison with the practitioner/manager who makes the request. The reasons for calling the conference must be recorded.
- 8.51 A conference should be convened if requested by a practitioner, supported by a senior manager/named or designated child protection practitioner. If disagreement remains between agencies then the procedures in section 10, Quality Assurance, should be followed.
- 8.52 The timing of an initial Child Protection Conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. If the conference is to reach well-informed decisions based on evidence, it should take place following adequate preparation and assessment of the child's needs and circumstances. At the same time, cases where children are continuing to, or are likely to, suffer significant harm should not be allowed to drift. Consequently, all initial Child Protection Conferences should take place within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated, if more than one has been held.
- 8.53 The Initial Child Protection Conference should, if possible, be held before expiry of an Emergency Protection Order, if further legal action is planned.
- 8.54 Where a Child Assessment Order has been made the conference should be held immediately on conclusion of examinations and assessments.
- 8.55 The time of day at which a conference is held and its venue should be arranged so that the people who most need to be at the conference are able to attend. Therefore, conferences should not be scheduled for times when parents or carers will be busy looking after children at home. If this cannot be avoided then Tameside Council's Children's Social Work will support parents to use appropriate childcare to enable attendance at the conference.

Child Protection Review Conference

What is the purpose of the child protection review conference?

- 8.56 The review conference requires as much preparation and commitment as the Initial Child Protection Conference.

- 8.57 The purpose of the Child Protection Review Conference is to:
- Review the safety, health and development of the child against planned outcomes set out in the Child Protection Plan
 - Ensure that the child continues to be safeguarded from harm
 - Consider whether the Child Protection Plan should continue in place or should be discontinued.
- 8.58 Thorough regular review is critical to achieving the best possible outcomes for the child and includes:
- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent/carer's capacity to ensure the child's welfare and promote their welfare
 - Ensuring that the measures already in place to safeguard the child from harm are effective
 - Making changes to the Child Protection Plan e.g. where a family is not co-operating
 - Deciding what action is required to safeguard the child if there are changes to the child's circumstances
 - Setting or re-setting desired outcomes and time scales
 - Seeking and taking into account the child's (possibly changed) wishes and feelings
 - Making judgements about the likelihood of the child suffering significant harm in the future
 - Deciding whether there is a need for a new core assessment.
- 8.59 The conference must consider all the children in the household, even if concerns are only being expressed about one child. This should be done on the basis that the prime focus of the conference is the child that has been the subject of the Initial Conference and of a Child Protection Plan.
- 8.60 Therefore at the Child Protection Review Conference the chair will ask the attendees to confirm whether they have any concerns about other children in the household.
- 8.61 The core group (see section 9) has a collective responsibility to produce reports for the Child Protection Review Conference which together provide an overview of work undertaken by family members and practitioners, and evaluate the impact on the child's welfare against the planned outcomes set out in the Child Protection Plan. The content of the report to the Child Protection Review Conference should be consistent with the information set out in the ICS template. (See section 9 for further information about core groups).
- 8.62 Every review should consider explicitly whether the child continues to be at risk of significant harm, and hence continues to require safeguarding from harm through adherence to a formal Child Protection Plan.

- 8.63 If not, then the child should no longer be the subject of a Child Protection Plan, the conference should consider what continuing support may benefit the child and family (see below '*If the Child does not require a Protection Plan*').

Who participates in a review conference?

- 8.64 (See above, *Who participates in the Initial Child Protection Conference?*)

When should a review conference happen?

- 8.65 The Lead social worker is responsible, in liaison with the Child Protection Conference chairperson and administrator, for convening the Child Protection Review Conference, the dates for which should be set at the previous conference at the following intervals:
- Within 3 months of the initial conference
 - Further reviews should be held at intervals of not more than 6 months for as long as the child remains the subject of a Child Protection Plan
- 8.66 Dates for conferences should usually only be changed in exceptional circumstances and with the agreement of the Child Protection Conference chairperson. When dates are changed, they should be brought forward where possible and should not be held at time scales that exceed the above intervals. The Lead social worker must ensure that any significant changes in the situation of the child and members of their household are communicated to the Conference & Review team in Children's Social Work.
- 8.67 The Lead social worker must also ensure that the invitation list is updated for every conference so that the correct practitioners attend the conference. Updating the invitation list is an administrative task overseen by the Lead social worker.
- 8.68 Consideration should be given to bringing forward the date of a review conference in the following circumstances:
- Following a new and significant incident relating to concerns about child protection, usually involving a s47 enquiry
 - When there are significant difficulties in carrying out the Child Protection Plan
 - When there is a significant change in the circumstances of the child or family
 - A child is to be born into the household of a child already subject to Protection Plans
 - An adult or child who is a Risk to Children is to join or commences regular contact with the household
 - A child subject to a Protection Plan is also looked after by the local authority and consideration is being given to returning the child to the circumstances where care of the child previously aroused

concerns (unless this step is anticipated in the existing Protection Plan)

- The core group believe that an early discontinuation of the Protection Plan should be considered

8.69 The request to bring forward the date of a review conference should be made by a strategy discussion of a s47 enquiry or by the social worker, following consultation with the core group members and the conference chair. It must be authorised by the Children's Social Work manager.

Transfer-in Conferences

Movement of children subject to a child protection plan to Tameside from another local authority area

8.70 All requests for a transfer-in conference should be received and responded to by the Duty Conference and Review Officer (CRO) on the day of receipt. Where they are not available the request should be passed to the Team Manager, Conference and Review for their attention and action. Where a request is made by telephone by another Local Authority Area, the CRO should request that this is put in writing and either securely faxed, emailed or posted to the CRO.

8.71 It is the responsibility of the Local Authority requesting the transfer-in to ensure the written follow-up is made in a timely manner. The 15 day timescale for convening the transfer-in conference will commence upon receipt of the written information.

8.72 The written follow-up as a minimum will include:-

- Full details of the child – name, DOB, current address and planned Tameside address gender, ethnicity
- Details of any siblings – names, DOB, current address and planned Tameside address, gender, ethnicity
- Details of Parents and/or carers – names, DOB, current address and planned Tameside address, gender, ethnicity
- Background information relating to the case:-
 - Reason for the Child Protection Plan
 - Category of abuse
 - Length of time the child has been the subject of a plan
 - Overview of the historical involvement with the child and their family, including any history of previous sibling adoptions or previous periods of being a Looked After Child
 - Assessment and intervention work undertaken
 - The organisations contributing to the plan

- The planned outcomes for the child
 - Request the responsible Local Authority to forward copies of the core assessment, Child Protection Plan, minutes of the Initial Child Protection Conference, Child Protection Review Conferences, all core group minutes and any other relevant assessments or information, including the Section 47 Child Protection Enquiry.
- 8.73 The Tameside CRO will then:-
- Establish if Tameside holds any historical information in relation to the child, their siblings, their parents or carers and record the information on the relevant format in the integrated children's system (ICS)
 - Liaise with the Business Support Coordinator, Children's Safeguarding to request that information is shared to enable all relevant systems in Children's Services and in partner agencies are updated to include details of the child and their status
 - Notify the Children's Social Work Team Manager in the area where the child is to be resident of the intention to convene a transfer-in conference and provide the background information to the case; sharing with the Children's Social Work Team Manager contact details for the responsible authority
 - Request Conference and Review Clerks to convene the transfer-in conference within 15 working days of written notification of the permanent address
 - Include in the recommendations of the transfer in conference the need to undertake a core assessment in Tameside.
- 8.74 n.b. - the Lead social worker/ Children's Social Work Team Manager should always consider whether to read the case records held in the originating Local Authority area.
- 8.75 Any historical records relating to the child or their family in Tameside should always be accessed and read by the allocated worker in Tameside.
- 8.76 Where the child and their family are moving to Tameside and the planned address is temporary, e.g. a refuge, supported housing provision or other temporary accommodation, the CRO will collate the information as outlined above. The information should then be passed to the Team Manager, Conference and Review.
- 8.77 If the planned address in Tameside is temporary the Tameside Team Manager, Conference and Review will be responsible for liaising with the Responsible Authority on at least a monthly basis to monitor the progress of the case and continue to confirm plans to secure permanent accommodation in the Tameside area; where a permanent address has been secured the transfer-in conference should be convened within 15 working days of written notification of the permanent address by the Team Manager, Conference and Review, in line with the requirements above.

- 8.78 If after a period of three months the child and their family continue to live in temporary accommodation in Tameside, a transfer-in conference must be arranged within 15 working days. This will be the responsibility of the Tameside Team Manager, Conference and Review, in line with the requirements.
- 8.79 Responsibility for the Child Protection Plan during the period in temporary accommodation will remain with the Responsible Authority, (i.e. the Local Authority requesting the transfer-in Child Protection Case Conference) until the transfer-in Initial Conference has been held in Tameside and a decision whether a Child Protection Plan is required.
- 8.80 At the transfer-in Child Protection Conference the Tameside CRO will ensure any gaps in information or the assessment are identified and action taken to address this, this includes the allocated worker completing a core assessment. Action and recommendations should be monitored at future Child Protection Review Conferences until fully completed.
- 8.81 Where a core assessment is not completed in time for the first Child Protection Review Conference in Tameside, then the CRO should ensure this is recorded in the minutes along with a recommendation for completion in 10 working days. The CRO should also ensure the relevant Team Manager and the Head of Service is notified.
- 8.82 The CRO should also record this information on ICS.

Movement of children subject to a child protection plan from Tameside to another local authority area

- 8.83 It is the responsibility of the Social worker, or in their absence their manager, to notify the Duty CRO or Team Manager, Conference and Review when a child who is the subject of a Child Protection Plan is intending to move or has already moved out of the Tameside area, whether this is to a permanent or temporary address.
- 8.84 The notification should be made within one working day from the information coming to the attention of the social worker or their manager.
- 8.85 The social worker/ team manager should provide the following information to the Duty CRO or Team Manager, Conference and Review:
- The address to which the child has moved and confirm whether or not this is temporary accommodation
 - The names of all adults who have moved with the child
 - Adults with whom the child will be living with in the receiving Local Authority area
 - The reason for the move
 - The arrangements made by the social worker/Team Manager to safeguard the child in the receiving Local Authority area

- 8.86 The social worker/ team manager must notify the receiving children's social work services providing the required information and determining the need for a transfer in conference.
- 8.87 The Duty CRO or Team Manager, Conference and Review will liaise by telephone with their equivalent in the area where the child has moved, providing the required information and determining the need for a transfer in conference.
- 8.88 If a transfer in conference is to take place this will be followed up in writing by the relevant Conference and Review Clerk. As a minimum the following information will be sent securely by the Conference and Review Clerk to the receiving authority:-
- Details of all child subject to a Child Protection Plan – name, DOB, current address and planned address gender, ethnicity
 - Details of any siblings – names, DOB, current address and planned address, gender, ethnicity
 - Details of Parents and/or carers – names, DOB, current address and planned address, gender, ethnicity
 - Details of other adults who will be living at the planned address
 - Full details of the allocated Social worker – their name, work address, telephone number and email address
 - Background information relating to the case – reason for the Child Protection Plan, category of abuse, length of time the child has been the subject of a plan, assessment and intervention work undertaken, the organisations involved and the planned outcomes for the child
 - Copies of the core assessment, Child Protection Plan, minutes of the Initial Child Protection Conference, Child Protection Review Conferences, all core group minutes and any other relevant assessments or information, including the Section 47 Child Protection Enquiry
- 8.89 All documents that are sent to other local authority areas should be sent securely, with a request that the receiving local authority acknowledge safe receipt; where confirmation is not received within 5 working days, the sender should follow this up.
- 8.90 The Conference and Review Clerk will notify all organisations involved in the implementation of the Child Protection Plan in Tameside that the child has moved out of the area and the forwarding address. It is the responsibility of the Business Support Coordinator, Children's Safeguarding to ensure all information is sent and notifications are made in a timely manner.
- 8.91 When a date for the transfer-in conference in the receiving Local Authority has been set the allocated social worker or social work representative of the Responsible Local Authority must attend the 'transfer-in' conference.

- 8.92 The child's plan should not be discontinued in Tameside until written confirmation has been given by the receiving Local Authority that the transfer-in conference has been held and a decision made whether the child remains subject to a Child Protection Plan.
- 8.93 On receipt of this notification the originating Conference and Review Clerk should:-
- Confirm the decision of the transfer in case conference in writing to all relevant organisations and individuals in the area
 - Update ICS and discontinue the plan, recording the end date as the date the receiving Local Authority held the transfer-in conference and the decision was made

Resolving cross boundary differences

- 8.94 There may be occasions where difficulties arise in the transfer of cases between Local Authority areas. It is essential that any difficulties are addressed and resolved as swiftly as possible as any delay may result in a failure to meet the child's needs, including for protection from harm.
- 8.95 In the first instance the matter should be addressed by telephone discussion between the Team Manager Conference and Review in Tameside and their equivalent in the other Local Authority area. It is anticipated that most matters will be resolved at this stage. This should be done within 2 working days of an issue with the transfer being raised.
- 8.96 Where the matter remains unresolved following this telephone contact, the Team Manager Conference and Review should discuss the case with the Head of Safeguarding. It may then be appropriate for them to contact their equivalent in the Local Authority area, either in writing or by telephone (or both) in order to ensure the matter is resolved at the earliest opportunity. Progress should be reviewed on a weekly basis to minimise the risk of drift or further delay.
- 8.97 Finally where difficulties continue to persist in the transfer, the matter should be referred to the Assistant Executive Director (AED), Specialist Services and Safeguarding. It will be the responsibility of the AED to liaise with their equivalent in the other Local Authority area and reach ultimate agreement and a clear plan. It is anticipated that few cases should reach this stage.

Chairing the Child Protection Conference

- 8.98 The chair of a Child Protection Conference will be a Conference & Reviewing Officer from Children's Social Work. The chair must not have had operational or line management responsibility for the case. Wherever possible, the same person should also chair subsequent Child Protection Review Conferences in respect of a specific child.

- 8.99 A conference chair should be trained in the role and should have:
- A good understanding and practitioner knowledge of children's welfare and development, and best practice in working with children and families
 - The ability to look objectively at, and assess the implications of the evidence on which judgements should be based
 - Skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken
 - Knowledge and understanding of anti-discriminatory practice
 - Knowledge of relevant legislation, including that relating to children's services and human rights
 - Clarity about their accountability to the executive director of children's services and chair of TSCB for the conduct of conferences

Chair's responsibilities

- 8.100 The chair will meet with the family, and the child, if attending, prior to the conference to ensure they understand the purpose of the conference and how it will be conducted. Where necessary interpreters etc. should be made available to facilitate family participation.
- 8.101 Before the conference the chair should also consult with the social worker to ensure that all appropriate arrangements are in place for the conference.
- 8.102 At the start of the conference the chair should:
- Set out the purpose of the conference
 - Confirm the agenda
 - Emphasise the need for confidentiality
 - Clarify the contributions of those present, including supporters/advocates of the family
- 8.103 During the conference the chair should ensure that:
- The conference maintains a focus on the welfare of the child
 - Consideration is given to the needs and circumstances of all the children in the household
 - All those attending, including the parents and child if present, are enabled to make a full contribution and that full consideration is given to the information they present
 - Threatening behaviour is not tolerated. Threatening behaviour includes racist, sexist and homophobic comments or actions
 - Information from the reports of those not present is made known to the conference (the reports should have been circulated before the conference)
 - The wishes and feelings of the child are clearly outlined
 - Issues of race, religion, language, class, gender, sexuality and disability are fully taken into account in the work of the conference

- Appropriate arrangements are made to receive confidential information about anyone that is not attending the conference
- Appropriate arrangements are made for those attending only part of the conference
- The conference reaches decisions in an informed, systematic and explicit way
- All concerned are advised/reminded of the Children's Social Work complaints procedure
- Ensure that arrangements are made with the children's social worker for the decisions of conferences to be given to children and/or parents and other family members who are unable to attend the conference

The Child Protection Conference and the Decision Whether a Child Protection Plan is required

Threshold for a child protection plan

8.104 The conference should consider the following question when determining whether a child requires an inter-agency Protection Plan:

- Is the child at continuing risk of significant harm?

8.105 The test is that either:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of neglect or physical, emotional or sexual abuse, and practitioner judgement is that further ill-treatment or impairment is likely; or
- A practitioner judgement, substantiated by the findings of enquiries in this individual case or by research evidence, predicts that the child is likely to suffer ill-treatment or the impairment of health and development as a result of neglect or physical, emotional or sexual abuse

8.106 If a child is at continuing risk of significant harm, then s/he will require inter-agency help and intervention delivered through a formal Child Protection Plan.

8.107 Some children and young people will be at risk of future significant harm because of the actions of those outside their families or through their own actions. These children and young people will need to be considered as in need of a Child Protection Plan where inter-agency partnership with families is not able to bring about the changes needed. This will include young people who might be at risk of neglect of health needs through substance misuse or through engagement in dangerous activities or through being missing, for example.

Decision that a child needs a child protection plan

- 8.108 In their decision-making the participants of the conference must take into account all the available evidence obtained through existing records, the initial assessment, the core assessment undertaken following the initiation of s47 enquiries and written and verbal contributions in the conference.
- 8.109 The chair must ensure that the conference systematically elicits and records the views of each agency present or invited and the views of the parents and the child, as appropriate. The decision should be reached through open discussion of these views.
- 8.110 If parents disagree with the decision, the chair must discuss the issue with them and explain their right to, and the process for, challenge (see section 10 Quality Assurance).
- 8.111 If a decision is taken that the child is at continuing risk of significant harm and hence in need of a Child Protection Plan, the chair should determine which category of abuse or neglect the child has suffered or is at risk of suffering. The category used (that is physical, emotional, sexual abuse or neglect) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a Child Protection Plan.
- 8.112 Note that whilst it is important to identify the category of abuse or neglect it does not mean that the Child Protection Plan should only deal with resolving that type of abuse or neglect in a child's life. The Child Protection Plan should address the whole experience of the child.
- 8.113 The need for a Child Protection Plan should be considered separately in respect of each child in the family or household.
- 8.114 Where a child is to be the subject of a Child Protection Plan, the conference is responsible for recommendations on how agencies, practitioners and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both practitioners and the family to understand exactly what is expected of them and what they can expect of others.
- 8.115 Specific tasks include the following:
- Appointing the lead statutory body i.e. Children's Social Work and a Lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body
 - Identifying the membership of a core group of practitioners and family members who will develop and implement the Child Protection Plan as a detailed working tool
 - Establishing how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation

process, and the support, advice and advocacy available to them

- Set dates for meetings of the core group, production of a Child Protection Plan, and for Child Protection Review Conferences
- Identifying in outline what further action is required to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child
- Outlining the Child Protection Plan, especially, identifying what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child
- Ensuring a contingency plan is in place if agreed actions are not completed and/or circumstances change, for example if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety
- Clarifying the different purpose and remit of the initial conference, the core group, and the Child Protection Review Conference
- Agreeing a date for the first Child Protection Review Conference, and under what circumstances it might be necessary to convene the conference before that date

Discontinuation of a child protection plan

8.116 The conference should use the same decision-making process to reach a judgement for when a Protection Plan is not needed. This includes situations where other inter-agency planning might need to replace a Protection Plan.

8.117 A child may no longer need a Protection Plan if:

- A review conference judges that the child is no longer at risk of significant harm and no longer requires safeguarding by means of a Child Protection Plan
- The child has moved permanently to another local authority area in which case a Child Protection Plan in Tameside can only cease after the receiving local authority has convened a transfer Child Protection Conference and confirmed in writing responsibility for case management
- The child has died, has permanently left the UK, or has reached 18 years of age

8.118 It is permissible for the Head of Safeguarding in Children, Learning and Economic Services to agree the discontinuation of a Child Protection Plan without the need to convene a Child Protection Review Conference, but only when s/he has consulted with relevant agencies present at the conference that first concluded that a Child Protection Plan was required.

8.119 Child Protection Plans should only be discontinued at the first Child Protection Review in exceptional circumstances. The Assistant

Executive Director, Specialist Services and Safeguarding must be informed of any cases where CP Plans are discontinued in these circumstances.

- 8.120 The decision to discontinue the Child Protection Plan must be clearly recorded in the Children's Social Work child's file.
- 8.121 When a child is no longer subject to a Child Protection Plan notification should be sent, as a minimum, to the agencies' representatives who were invited to attend the initial conference, which led to the plan.
- 8.122 When a Child Protection Plan is discontinued the Lead social worker must discuss with the parents and child what services might be wanted and required, based on the re-assessment of the needs of the child and family. A 'Child and Family' plan should be developed for any continuing support. The plan should be reviewed at regular intervals of no more than every six months.
- 8.123 Note that when a Child Protection Meeting decides that the Child Protection Plan shall cease, the meeting may recommend the continued involvement of a specific service for a specified period. However it will be for the individual agency to decide how to implement such a recommendation.

The 'Outline' Child Protection Plan

- 8.124 The chair should ensure that the outline Child Protection Plan is drawn up by conference members. See section 9 for further information on drafting the Child Protection Plan.

If the Child Does Not Require a Child Protection Plan

- 8.125 If the conference decides that a child is not at continuing risk of significant harm then the conference should not make the child the subject of a Child Protection Plan.
- 8.126 The child may nevertheless require services to promote his or her health or development. In these circumstances, the conference should consider the child's needs and make recommendations for further help to assist the family in responding to them.
- 8.127 Subject to the family's views and consent, it may be appropriate to:
- Continue the core assessment of the child's needs to determine the support required
 - Make recommendations about support and help, including whether to set up a 'Child and Family' Meeting
- 8.128 The decision must be put in writing to the parent/s, and where appropriate the child, as well as communicated to them verbally. The

decision must also be put in writing to the agencies' representatives who were invited to attend the initial conference.

Core Group Meetings and the Implementation of the Child Protection Plan

- 8.129 The core group is responsible for the formulation and implementation of the detailed Child Protection Plan, previously outlined at the initial or review conference. Further information about the purpose and content of the Child Protection Plan, and the timing and participation in the core group is contained in section 9 of these procedures.
- 8.130 See section 9 for further information about the role of core groups and the function of core group meetings.

Involving parents, carers, children and young people

- 8.131 Sections 2 and 5 of these procedures set out good practice in involving parents, carers, children and young people in child protection enquiries and meetings.
- 8.132 However there will be some circumstances where it is not possible for everyone directly involved to attend child protection meetings. This may be because they do not wish to attend or because they should be excluded from the meeting.

The absence of parents and/or children

- 8.133 If parents and/or children do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:
- The use of an advocate or supporter to attend on behalf of the parent or child
 - Enabling the child or parent to write or audio record or use drawings to represent their views
 - Agreeing that the social worker, or any other practitioner, expresses their views at the conference.

Exclusion of family members from a conference

- 8.134 Exceptionally it may be necessary to exclude one or more parent or other family member from part or all of a conference.
- 8.135 These situations will be rare, and the conference chair must be notified as soon as possible by the social worker if it is considered necessary to exclude one or both parent for all or part of a conference. The chair should make a decision according to the following criteria:
- Indications that the presence of the parent or family member may seriously prejudice the welfare of the child

- Sufficient evidence that a parent or family member may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, racist or other forms of discriminatory or oppressive behaviour, or being in an unfit state, e.g. through drug, alcohol consumption or acute mental health difficulty. In their absence a friend or advocate may represent them at the conference
- A child requests that the parent/person with parental responsibility or carer are not present while s/he is present
- The presence of a parent or family member would prevent a practitioner from making her/his proper contribution through concerns about violence or intimidation (which should be communicated in advance to the conference chair)
- The need (agreed in advance with the conference chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation
- Conflicts between different family members who may not be able to attend at the same time, e.g. in situations of domestic abuse

8.136 In most situations where exclusion of one or both parents is necessary it will be for only part of the conference.

8.137 Where a practitioner from any agency believes a parent or family member should, on the basis of the above criteria, be excluded, representation should be made to the chair of the conference at least 3 working days in advance, where possible.

8.138 The agency concerned must indicate which of the grounds it believes is met and the information or evidence on which the request is based.

8.139 If, in planning or running a conference, it becomes clear to the chair that there may be a conflict of interests between the children and the parents or other family members, the conference should be planned and run so that the welfare of the child can remain paramount.

8.140 This may mean arranging for the child and parents to participate in separate parts of the conference and make separate waiting arrangements.

8.141 Any exclusion period should be for the minimum duration necessary and must be clearly recorded in the conference minutes.

8.142 It may also become clear in the course of a conference that its effectiveness will be seriously impaired by the presence of a parent or family member. In these circumstances the chair may ask them to leave.

8.143 Where a parent is on bail, or subject to an active Police investigation, it is the responsibility of the chair both to ensure that the Police can fully present their information and views, and that the parents participate

as fully as circumstances allow. The purpose of the conference is to enable analysis and not to progress a criminal investigation. Therefore the Police should not administer a caution to parents/carers prior to the conference without first consulting with the chair of the conference and then only in exceptional circumstances; for example where the offender admits the offence and there is no complaint or it is a relatively minor issue and the best interests of the child would be met by administering a caution in order to expedite proceedings.

- 8.144 The decision of the chair over matters of exclusion is final regarding both parents and the children.
- 8.145 If, prior to the conference, the chair has decided to exclude a parent or family member, this must be communicated in writing with information on how s/he may make their views known, how s/he will be told the outcome of the conference and about the complaints procedure (see below, Complaints by Service Users).
- 8.146 Those excluded should be provided with a copy of the social worker's report to the conference and be provided with the opportunity to have their views recorded and presented to the conference. The chair will determine whether or not the excluded parent or family member should receive minutes of the conference.
- 8.147 **If a decision to exclude a parent or family member is made, this must be fully recorded in the minutes. Exclusion at one conference is not reason enough in itself for exclusion at further conferences.**

Complaints by Service Users

- 8.148 See section 10, Quality Assurance

Administrative Arrangements for Child Protection Conferences

- 8.149 Children's Social Work is responsible for administering the Child Protection Conference service, on behalf of Tameside SCB.
- 8.150 The TSCB has clear arrangements for the organisation of Child Protection Conferences including:
- Information on any standing conference members
 - Arrangements for sending out invitations, detailing those to be sent centrally and those by the social worker
 - Information leaflets for children and for parents translated into appropriate languages
 - Standard invitations to children, parents/carers and Practitioners
 - Report formats for initial and review case conference

- 8.151 All initial and review conferences should be minuted by a dedicated person whose sole task within the conference is to provide a written record of proceedings in a consistent format. Alternatively an audio recording may be made for later transcriptions.
- 8.152 Conference minutes should include:
- The purpose of the conference
 - Name, date of birth and address of the subject/s of the conference, parents and other adults in the household
 - Who was invited, who attended the conference and who submitted their apologies
 - A list of written reports available to conference and whether open to parents or not
 - All the essential facts
 - Opinions of conference members, clearly identified as such
 - Views of child
 - Views of parents
 - A summary of discussion at the conference, accurately reflecting contributions made
 - All decisions reached, with information outlining the reasons
 - An outline or revised Child Protection Plan
 - Name of Lead social worker
 - Members of the core group and date of first meeting
 - Date of next conference
- 8.153 The minutes, signed by the conference chair, should be sent to all those who attended, or were invited, within 15 working days of the conference. Any amendment should be received within 5 working days of receipt of minutes.
- 8.154 A copy of the minutes should be given to and discussed with the parents by the social worker. The conference chair may decide that confidential material should be excluded from the parent's copy.
- 8.155 Relevant sections of the minutes should be explained to and discussed with the child by the children's social worker.
- 8.156 The conference chair should decide whether a child should be given a copy of the minutes. The minutes may be supplied to a child's legal representative upon request.
- 8.157 Where parents and/or the children have a sensory disability or where English is not their first language, the social worker should ensure that they receive appropriate assistance to understand and make full use of the minutes.
- 8.158 Conference minutes are confidential. Therefore, practitioners, parents and family members should not pass the minutes onto third parties without the consent of either the conference chair or order of the court.

- 8.159 In criminal proceedings the Police may reveal the existence of child protection records to the Crown Prosecution Service. In care proceedings the records of the conference may be revealed in the court.
- 8.160 The record of the decisions of the Child Protection Conference should be retained by the recipient agencies in accordance with their record retention policies.

Decision letter

- 8.161 The decision letter should be dispatched to parents and other participants within two working days of the conference. This gives details of conference decisions and recommendations, the name of the Lead social worker and details about the right to complain.

Managing and providing information about a child

- 8.162 Tameside Children's Social Work, on behalf of the TSCB will put in place systems:
- Ensuring that records on children who have a Child Protection Plan are kept up to date
 - Ensuring enquiries about children about whom there are concerns or who have Child Protection Plans are recorded and considered in accordance with the Integrated Children's System (ICS) requirements;
 - Managing notifications of movements of children who have a Child Protection Plan, looked after children and other relevant children into or out of the local authority area
 - Managing notifications of people who may pose a risk of significant harm to children who are either identified with Tameside or have moved into Tameside
 - Managing requests for checks to be made to ensure unsuitable people are prevented from working with children.
- 8.163 Information on each child known to Children's Social Work should be kept up-to-date on the Integrated Children's System. This information should be confidential, but accessible at all times to legitimate enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.
- 8.164 Once the recipient of the enquiry in Children's Social Work is satisfied about the identity of the enquirer and that their request is an appropriate one then the information may be provided in the following circumstances:
- 8.165 If an enquiry is made about a child and:

- The child's case is open to Children's Social Work, the enquirer should be given the name of the child's Lead social worker and the Lead social worker informed of this enquiry so that they can follow it up.
- The child is at the same address as a child who is the subject of a Child Protection Plan, this information should be sent to the Lead social worker of the child who is the subject of the Child Protection Plan.
- The child is not known to Children's Social Work, this enquiry should be recorded on a contact sheet together with the advice given to the enquirer. In the event of there being a second enquiry about a child who is not known to Children's Social Work, not only should the fact of the earlier enquiry be notified to the later enquirer, but the designated manager in Children's Social Work should ensure that Children's Social Work consider whether this is, or may be, a child in need.

8.166 Department for Education (DfE) should be notified of the name of the designated manager and should be notified of any changes in designated managers.

8.167 Note: In Tameside, the 'designated manager' in Children's Social Work is the Head of Safeguarding.

Recording

8.168 Records should use straightforward language, be concise and be accurate, distinguishing between opinion and fact and with judgements, decisions and interventions clearly recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be explicit.

Request for a Change of Lead Social Worker

8.169 On occasions the relationship between the parents or other family members and the Lead social worker may not be productive in terms of working to safeguard and promote the welfare of the child. Provided that such a change is in the best interests of the child who is the focus of concern, agencies should respond sympathetically to a request for a change of worker.

8.170 However a change of Lead social worker should not be made solely on the basis of a disagreement, between the parents and the Lead social worker, either about the assessment of risk to the child, or the services that should be provided.

8.171 Any request for a change of Lead social worker should also be considered as part of the on-going risk assessment. Thus, to ensure that the child is protected from harm it may be necessary to deny a request

by a parent/carer or family member for a change of Lead social worker in order to maintain the focus on the needs of the child.

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Section 9 – The Core Group and the Implementation of the Child Protection Plan

Introduction

- 9.1 When a Child Protection Conference decides that a child should be the subject of a Child Protection Plan, a qualified children's social worker from Tameside Council's Children's Social Work will be appointed as the Lead social worker to co-ordinate all aspects of the Child Protection Plan.
- 9.2 The forum to undertake this co-ordinated multi-agency work is the Core Group, the membership of which is identified at the Child Protection Conference.
- 9.3 Completion of the core assessment, within 35 working days of commencement, should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm. Decisions based on this analysis should be used to develop the Child Protection Plan.
- 9.4 It is the role of the initial child protection conference to formulate the outline Child Protection Plan in as much detail as possible. The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the Lead social worker (i.e. the social worker who is the lead professional for the case) and the Core Group membership should be recorded in a manner that is consistent with the Initial Child Protection Conference Report and circulated to all those invited to the conference within one working day.

Intervention in a Child's Life

- 9.5 Decisions about how to intervene, including what services to offer, should be based on evidence about what is likely to work best to bring about good outcomes for the child. A number of aspects of intervention should be considered in the context of the Child Protection Plan, in the light of evidence from the assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs and the wider family and environmental circumstances. Particular attention should be given to family history (for example, of domestic and other forms of violence, childhood abuse, mental illness, substance misuse and/or learning disability) and present and past family functioning.

9.6 The following questions need to be considered:

- What are the options for interventions which might help support strengths and/or help meet the child's identified unmet needs as well as addressing the known vulnerabilities and risk factors?
- What resources are available?
- Which agency or practitioner and approach is the family most likely to cooperate with?
- Which intervention is most likely to produce the most immediate benefit and which might take time?
- What should be the sequence of interventions and why?
- Given the severity of any ill-treatment suffered or impairment to the child's health or development, the child's current needs and the capacity of the family to co-operate, what is the likelihood of achieving sufficient change within the child's time frame?

9.7 It is important that services are provided to give the child and family the best chance of achieving the required changes. If a child cannot be cared for safely by his or her caregiver(s) she or he will have to be placed elsewhere whilst work is being undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:

- the developmental needs of the child
- the child's understanding of what has happened to him or her
- the abusing caregiver/child relationship and parental capacity to respond to the child's needs
- the relationship between the adult caregivers both as adults and parents
- family relationships
- possible changes to the family's social and environmental circumstances.

9.8 Intervention may have a number of inter-related components:

- action to make a child safe from harm and prevent recurrence from harm
- action to help promote a child's health and development, i.e. welfare

- action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare
 - therapy for an abused or neglected child
 - support or therapy for a perpetrator of abuse or neglect to prevent future harm to the child and /or to other children.
- 9.9 The development of secure parent–child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another, re-uniting a child with his or her birth family or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the maltreatment, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.
- 9.10 A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within his or her family context and **within timescales that are appropriate for the child**. These timescales may not be compatible with those for the caregiver(s) who is/are in receipt of therapeutic help.
- 9.11 The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view. Where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context.
- 9.12 Key to these considerations is what is in the child's best interests, informed by the child's wishes and feelings and by the parents' capacity to make the required changes.
- 9.13 Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living, whether remaining with or being reunited with their families or alternatively being placed in new families; this relates particularly to their behavioural and emotional development.
- 9.14 Therapeutic work with the child should continue, irrespective of where the child is placed, as long as is required in order for their needs to be met.
- 9.15 More information to assist with making decisions about interventions is available in the Chapter 4 of the *Assessment Framework* and the accompanying practice guidance (Department of Health, 2000). Recent research evidence on effective interventions in safeguarding children has been published by DCSF and DH.

The Child Protection Plan and Risk Management

- 9.16 See 8.5 to 8.18 in section 8 above for information about Risk Management in the context of the Child protection Plan.
- 9.17 This includes the facility to convene a Reflective Review for practitioners to consider how to deal with exceptionally difficult circumstances in implementing the Child Protection Plan.

Purpose of a Child Protection Plan

- 9.18 The overall aim of the plan is to:
- ensure the child is safe from harm and prevent him or her from suffering further harm by supporting the strengths, addressing the vulnerabilities and risk factors and helping meet the child's unmet needs
 - promote the child's health and development, i.e. his or her welfare
 - provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.
- 9.19 The Child Protection Plan should be based on the findings from the assessment, following the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors, and drawing on knowledge about effective interventions. Where the child is also the subject of a care plan, the Child Protection Plan should be part of the looked after child's care plan.
- 9.20 The Child Protection Plan should set out what work needs to be done, why, when and by whom. The plan should:
- describe the identified developmental needs of the child and what therapeutic services are required to meet these needs
 - include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child
 - include realistic strategies and specific actions to bring about the changes necessary to achieve the planned outcomes
 - set out when and in what situations the child will be seen by the Lead social worker, both alone and with other family members or caregivers present

- clearly identify and set out roles and responsibilities of family members and professionals including those with routine contact with the child (for example, health visitors, GPs and teachers) and the nature and frequency of contact by these professionals with the child and family members
 - include a contingency plan to be followed if circumstances change significantly and require prompt action (including initiating family court proceedings to safeguard and promote the child's welfare)
 - lay down points at which progress will be reviewed and the means by which progress will be judged.
- 9.21 The Child Protection Plan should take into account the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. The Lead social worker should make every effort to ensure that the child and parents have a clear understanding of the planned outcomes; that they accept the plan and are willing to work to it.
- 9.22 If the parents are not willing to co-operate in the implementation of the plan the local authority should consider what action, including the initiation of family proceedings, it should take to safeguard the child's welfare.
- 9.23 The plan should be constructed with the family in their preferred language and they should receive a written copy in this language. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

Agreeing the plan with the child

- 9.24 The Child Protection Plan should be explained to and agreed with the child in a manner which is in accordance with their age and understanding. An interpreter should be used if the child's level of English means that s/he is not able to participate fully in these discussions unless they are conducted in her/his own language. The child should be given a copy of the plan written at a level appropriate to his or her age and understanding, and in his or her preferred language.

Negotiating the plan with parents

- 9.25 Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a Child Protection Plan, what needs to change, and about what is expected of them as part of implementing the plan for safeguarding and promoting their child's welfare.

- 9.26 All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan. The parents should receive a written copy of the plan so that they are clear about who is doing what when and the planned outcomes for the child.

Outline child protection plan

- 9.27 An outline Child Protection Plan must be drawn up at initial and review conferences, following the decision that a child would be at risk of significant harm without such a plan. The aim of the outline plan is to assist the Core Group to form a more detailed plan and ensure that it is implemented.
- 9.28 The outline plan should:
- Describe the identified developmental and welfare needs of each child
 - Be based on the findings to date of the core assessment and follow the dimensions of the Assessment Framework, where appropriate
 - Describe specific, achievable, child-focused outcomes intended to protect the child from harm
 - Describe the types of services required by the child (including family support) to achieve the outcomes and to promote his/her welfare
 - Set a timescale for the completion of a core assessment, if appropriate
 - Identify any specialist assessments of the child and the family that may be required to ensure that the child is protected and their welfare promoted
 - Clearly identify roles and responsibilities of practitioners and family members, including the nature and frequency of contact by practitioners with children and family members;
 - Set points at which progress will be reviewed
 - Identify the means by which progress will be judged and who will monitor this
 - Develop a contingency plan and identify the circumstances which would trigger this if the family is unable to make the required changes and the child continues to be at risk of significant harm
 - Include an indication of what the conference believes needs to change in order for a Child Protection Plan to no longer be required
 - set timescales for all identified tasks and actions

Child protection plan

- 9.29 The Core Group is responsible for drawing up in more detail the Child Protection Plan based on the outline Child Protection Plan, building on the areas listed above and covering the following areas:
- Identification of what needs to change to reduce the risk of significant harm
 - A description of the identified needs of the child and what services are required
 - Ethnic / cultural / religious considerations – e.g. avoidance of appointments with family on significant dates in the calendar
 - Communication requirements, such as interpreter, advocacy, record of the meeting in accessible formats etc.
 - Issues arising from any disability
 - A consideration of the views of the child and how to involve the child in the operation of the Core Group (consistent with the child's age and understanding)
 - A consideration of the views of the parents/carers
 - Identification of risks to the child and means of protection
 - Identification of parenting strengths and wider family support networks
 - A clear identification of roles and responsibilities of practitioners and family members
 - Identification of actions to promote the child's health and development
 - Identification of actions to support the family and wider family members in promoting the welfare of the child
 - A description of the nature and frequency of contact with the child and the roles and responsibilities of practitioners, including specialist resources
 - Identification of what further core and specialist assessment is necessary to assist in judgements about safeguarding and promoting the welfare of the child (see section 6)
 - Identification of who (including family members) will be responsible for what actions, taking into consideration the wishes and feelings of the child
 - Establishment of specific short term and long term aims and objectives
 - Identification of time scales for the aims and objectives to be achieved
 - Identification of measurements for success (how will the family and practitioners know there has been a change?)
 - Method of monitoring and evaluating progress, including identifying which practitioner is responsible for checking required changes
 - Consideration of a contingency plan if circumstances change quickly, or if insufficient change occurs
 - set timescales for all identified tasks and actions

- 9.30 The Lead social worker must make a record of the discussions at Core Group meetings and formulate the detailed Child Protection Plan in the form of a written agreement for all parties to sign.
- 9.31 The plan should be based on the findings of the core assessment and follow the dimensions of the assessment framework, where appropriate.
- 9.32 Copies of the notes and the written agreement should be circulated to Core Group members and the conference chair within 5 working days of the Core Group meeting. The signed agreement should be returned to the Lead social worker within another 5 working days. Implementation of the plan must begin immediately and not await formal signatures. Any disagreements should have been discussed at the Core Group meeting and reflected appropriately in the Child Protection Plan. It is permissible to rely on electronic signatures or agreements to documents sent by e-mail instead of amassing hard copies of signatures, but all agreements must be collected on the child's file, electronic or otherwise.
- 9.33 Any dissent about the plan, by family or practitioners, must be recorded, with reasons. The family must be told about their right to complain and the procedure for making the complaint.
- 9.34 All agencies, as well as the parents/carers of the child, are responsible for the implementation of the Child Protection Plan. All practitioners must ensure they are able to deliver their commitments or, if not possible, that these are re-negotiated.

The core group

- 9.35 The Core Group is responsible for developing the Child Protection Plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference.
- 9.36 Membership should include the Lead social worker, who chairs the Core Group, the child if appropriate, family members and professionals or foster carers who will have direct contact with the family.
- 9.37 Although the Lead social worker has lead responsibility for the formulation and implementation of the Child Protection Plan, all members of the Core Group are jointly responsible for carrying out these tasks, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.
- 9.38 Agencies should ensure that members of the Core Group undertake their roles and responsibilities effectively in accordance with the agreed Child Protection Plan.
- 9.39 Core Groups are an important forum for working with parents, wider family members and children of sufficient age and understanding. It

can sometimes be difficult for parents to accept the need for a Child Protection Plan within the confines of a formal conference. Their co-operation may be gained later when details of the plan are worked out in the Core Group.

- 9.40 Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the Core Group. The child's best interests should always take precedence over the interests of other family members.
- 9.41 The first meeting of the Core Group should take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to agree the full Child Protection Plan. The meeting should also decide what steps need to be taken, by whom, to complete the core assessment on time so that future decisions and the provision of services can be fully informed when making decisions about the child's safety and welfare.
- 9.42 Thereafter, Core Groups should meet sufficiently regularly to facilitate working together, monitor actions and outcomes against the Child Protection Plan, and make any necessary alterations as circumstances change.
- 9.43 The Lead social worker should ensure that there is a record of the decisions taken and actions agreed at Core Group meetings, as well as of the written views of those who were not able to attend. The Child Protection Plan should be updated as necessary. The action notes and any updates to the Child Protection Plan should be circulated to Core Group members and the conference chair within 5 working days of the Core Group meeting.

Lead Social Worker Role

- 9.44 At every initial or pre-birth conference, where a Child Protection Plan is put into place, the conference chair must name a qualified social worker, from Tameside Council's Children's Social Work, to fulfil the role of Lead social worker for the child.
- 9.45 Each child who is the subject of a Child Protection Plan should have a named Lead social worker. The Lead social worker is responsible for making sure that the outline Child Protection Plan is developed into a more detailed inter-agency plan. This can only be done effectively with the full contributions of all Core Group members.
- 9.46 The Lead social worker should also understand the child's wishes and feelings, keeping the child up to date with the Child Protection Plan and any developments or changes.
- 9.47 It is important that the role of the Lead social worker is fully explained at the Initial Child Protection Conference and at the Core Group.

- 9.48 It is not the role of the Lead social worker to chair and/or take the notes at every Core Group meeting. These responsibilities should be shared amongst the Core Group members. However the Lead social worker does have specific responsibilities in respect of the functioning of the Core Group meetings.
- 9.49 The Lead social worker should:
- Convene all Core Group meetings
 - Ensure that there is a written record of meetings for all Core Group members and the Children's Social Work manager. This written record will include the decisions and actions with timescales and responsibility for completion.
 - Clearly note and include in the written record any areas of disagreement
 - Ensure that this written record is placed within one working day on the ICS. The lead professional (if different to the Lead social worker) will also ensure that they create an electronic record for the minutes of the meeting and update JASPAR where appropriate.
 - Ensure that the outline Child Protection Plan is developed, in conjunction with members of the Core Group, into a detailed multi-agency Protection Plan
 - Produce at the second Core Group meeting a written agreement for the Child Protection Plan to be signed by all members of the Core Group and copied to all signatories with a copy kept on the child's file.
 - Obtain a full understanding of the family's history. This will involve reading current and previous Children's Social Work files, including those relating to other children who have been part of any households involving the current carers of the child (where necessary, additional information should be obtained from relevant other agencies and local authorities)
 - Complete the core assessment of the child and family, securing contributions/information from Core Group members and any other agencies with relevant information
 - Co-ordinate the contribution of family members and all agencies in putting the plan into action and reviewing the desired outcomes stated in the plan
 - Ensure the child is seen at least every 10 working days by the Lead social worker or by another member of the Core Group unless a different frequency is stipulated by the Child Protection Conference.
 - Ensure that the Lead social worker sees the child at home, at least every 4 weeks or at intervals specified by the Child Protection Plan
 - Ensure that the child's bedroom is seen at least once between each conference
 - Ensure they see the child alone (with parents' agreement) or babies awake at least every 6 weeks or at the intervals specified by the Child Protection Plan (if parents refuse to allow this then this has to be considered as part of the ongoing risk assessment and

both the Core Group members and the Children's Social Work manager must be informed)

Maintaining contact with the child

- 9.50 It is important that work with the child and family should be solution focussed and build on the strengths of the parents and wider family. However, research and practice evidence has shown that maintaining contact with and seeing the child is very important in protecting the child from harm.
- 9.51 The frequency of contact with the child by the Lead social worker or Core Group members detailed above is a minimum standard. It may be necessary to have contact more often than this minimum, depending on the circumstances and the on-going assessment of risk.
- 9.52 In exceptional circumstances the Core Group may decide that the required contact level should be less frequent. Any such decision should be authorised by the Children's Social Work manager.
- 9.53 If the Lead social worker or any other involved practitioner has difficulty obtaining direct access to the child, the practitioner should inform their own agency designated child protection person and the Children's Social Work manager as well as other Core Group members. Difficulty in obtaining direct access to the child is a risk factor that has to be considered as part of the ongoing risk assessment.
- 9.54 In these circumstances formal agreement must be reached that another appropriately qualified and experienced member of the Core Group carries out the direct contact, or, if this is not possible or appropriate, that an early review conference be called. Such a decision must be recorded and authorised by the Children's Social Work manager and by the agency undertaking the direct contact.
- 9.55 In the circumstances of access to the child being denied, consideration should be given to involving the Police Public Protection and Investigation Unit (PPIU). Where there is a concern that the lack of access may place the child at risk of significant harm then the child's social worker and the Children's Social Work Manager should take necessary steps to achieve access to the child, including the possibility of requesting police assistance in gaining access.

Routine written records

- 9.56 The Lead social worker must maintain a complete and up-to-date signed record on the child's current file, electronic and/or manual, to include:
- The time and date of every home visit, stating who was present, confirmation that the Lead social worker spoke with the child (including if seen alone), or providing a clear reason why not

- Any information gained or observations made during the visit relevant to the identified risks to the child
- Relevant circumstances of all family members
- Specific information about key subjects such as meals and sleeping arrangements
- Factual reports of the child's presentation and behaviour (describing what they did, said and how they looked, avoiding non-specific labels such as 'disturbed/acting out/unkempt, unhappy' etc)
- Any new incidents or injuries, including consideration of whether to conduct a further s.47 investigation
- A chronology at the front of the file to include significant events in the child's life, including incidents, injuries, family changes etc.
- The date, time and content of any communication which relates to the child and family

9.57 The record should distinguish between fact and opinion. Opinion is part of making an analysis of the situation and is acceptable as long as it is clearly annotated as opinion and not presented as fact.

In the absence of the Lead social worker

9.58 It is the joint responsibility of the Lead social worker, and the Children's Social Work manager, to ensure that clear cover arrangements are in place when the Lead social worker is absent on annual leave, training etc.

9.59 All Core Group members should be informed of the cover arrangements for when the Lead social worker is absent.

Children's Social Work – First line manager role

9.60 The first line manager in Children's Social Work has a vital role in managing the progress of the Child Protection Plan and supporting the Lead social worker. The manager should:

- Read and countersign all recordings, assessments and decisions on the child's file, including the incident log
- Chair the first Core Group meeting and any others where appropriate, such as when there is practitioner disagreement about the plan, its operation or the services provided as part of the Child Protection Plan
- Discuss with the Lead social worker the progress of the Protection Plan, and any concerns, in supervision, including ensuring that there has been adequate direct contact with the child
- Use a supervision and/or management decision sheet in the child's file to note agreed actions or decisions and sign and date the record
- Read and countersign conference reports and the Child Protection Plan

- Review the plan with the Lead social worker when unexpected developments or crises occur and together make a decision whether to recommend that a Child Protection Review Conference date should be brought forward
- Attend all initial conferences and as many review conferences as possible
- Arrange cover for the Lead social worker in case of sickness and ensure arrangements are in place when the Lead social worker is on annual leave and training, including the checking of, and any necessary action resulting from, post, e-mails and telephone contacts.

If There are Difficulties in Implementing the Child Protection Plan

- 9.61 Where any member of the Core Group is aware of difficulties in implementing the Protection Plan, the Lead social worker must be informed immediately and a Core Group discussion/meeting convened to agree a reconsidered Child Protection Plan.
- 9.62 Circumstances about which the Lead social worker should be informed include inability to gain access to a child who is subject to a Child Protection Plan, for whatever reasons, on two consecutive home visits (the second visit being a second attempt to see the child in close succession of the first attempt). In any such circumstances, action must be agreed between the concerned agency, Children's Social Work and the Police.
- 9.63 As set out in section 8 (8.13 to 8.18), the majority of Child Protection Plans are implemented successfully with the co-operation of all members of the Core Group, including parents. However very occasionally progress on implementing the Child Protection Plan is not good enough to give confidence that the child is being protected from harm.
- 9.64 Such circumstances might arise where there is an actual or perceived lack of progress in implementing the Child Protection Plan by Core Group members. This could be due to a lack of commitment by parents/carers or practitioners/agencies.
- 9.65 Therefore, if at any stage it is the considered view of a practitioner that these circumstances exist, a Reflective Review can be convened for practitioners to discuss how best to resolve the issues raised by those circumstances.
- 9.66 It should only be in exceptional circumstances that a Reflective Review has to be convened as this will be a meeting that will not include parents in attendance. Throughout the implementation of child protection practice the work with parents/carers should be done on the basis of the principles set out in sections 2, 3 and 5. However the

paramount consideration must always be the best interests of the child and the Reflective Review is intended to ensure that this focus is maintained in exceptionally difficult circumstances.

- 9.67 In broad terms this should be when the ability of practitioners to implement the Child Protection Plan is being hampered by lack of commitment. The reasons for a Reflective Review taking place must be recorded in the case file and the outcomes from the Reflective Review must be given to the parent (and child when they have sufficient understanding).
- 9.68 Ordinarily the Reflective Review will be chaired by a member of the Core Group. However, the chair of the Child Protection Conference must be informed that the Reflective Review is taking place and can be asked to chair or act as consultant to the Reflective Review.
- 9.69 If the difficulty in implementing the Child Protection Plan impacts on the safety of the child, then managers and advisers (Head of Safeguarding (Children, Learning and Economic Services), Police, designated / named doctor, nurse, teacher etc) must be consulted and consideration be given to the need for immediate legal action, emergency Police action to gain access to a premises where appropriate, a s47 enquiry and/or to bring forward the date of the Child Protection Review Conference.
- 9.70 If members are concerned that there are difficulties in implementing the Protection Plan due to disagreement amongst practitioners/ agencies or due to a Core Group member not carrying out agreed responsibilities this must be addressed by:
- First, discussion with Core Group members
 - Second, if required, involvement of respective managers/ designated child protection persons and the Head of Safeguarding (Tameside Council's Children, Learning and Economic Services)
 - If the situation remains unresolved, see section 10 for resolution of practitioner disagreements
- 9.71 In these situations it is likely to be helpful for a manager from Children's Social Work or a specialist practitioner such as a Conference & Review Officer to chair the Core Group meeting. The Head of Safeguarding (Children, Learning and Economic Services) can be consulted in such situations.

The Child Protection Plan and Service Delivery

- 9.72 The Child Protection Plan is a tool for planning services for, and work with, children and families. Decisions about how to do this should be based on what is known to work best to bring about good outcomes for the child.

- 9.73 It is important that services are provided to give the child and family the best chance of achieving the required changes. This is a solution focussed approach. Services should specifically address:
- The developmental needs of the child
 - The child's understanding of what has happened to him or her
 - The parent/child relationship and parental capacity to respond to the child's needs
 - The relationship between the adult caregivers both as adults and parents
 - Family relationships
 - Possible changes to the family's social and environmental circumstances
- 9.74 The work set out in the Child Protection Plan may have a number of inter-related components:
- Action to make a child safe
 - Action to help promote a child's welfare, including support for the parent/carers in doing this
 - Therapy for an abused child
 - Support or therapy for anyone who has been identified as having abused or neglected a child
- 9.75 The development of a secure relationship between the parent/carer and the child is critical to a child's healthy development. The quality and nature of the relationship will be a key issue to be considered in decision making.
- 9.76 The process of decision making and planning should be as open as possible, for both ethical and practical reasons.
- 9.77 Key to these considerations is what is in the child's best interests, informed by the child's wishes and feelings.
- 9.78 More information to assist with making decisions about interventions is available in Chapter 4 of the Assessment Framework and the accompanying practice guidance (Department of Health, 2000).

Discontinuation of the child protection plan

- 9.79 See section 8 – Child Protection Meetings

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Section 10 – Quality Assurance

- 10.1 The TSCB assures the quality of safeguarding work through several activities, namely:
- Performance Monitoring
 - Training & Development
 - Quality Assurance Approach including:
 - Practice Audits
 - Focus Groups
 - Peer Evaluation
 - Organisational Audits
 - Quality Assurance by individual agencies
 - Child Death Overview
 - Case Reviews
 - Complaints process
 - Resolution of conflict involving dissent
 - Whistle-blowing policy
- 10.2 This section provides basic information about each of these activities. Further information (including the identity of the designated Quality Assurance Manager) is available from the TSCB website and/or the TSCB office.

Performance Monitoring

- 10.3 In order to ensure the effectiveness of local agencies' policy and practice to safeguard and promote the welfare of children TSCB conducts monitoring via a selection of methods such as self-evaluation, performance indicators, joint audit and peer review. Its aim is to:
- Promote high standards of safeguarding work
 - Foster a culture of continuous improvement
 - Identify and act on weaknesses in services
- 10.4 A quarterly report on performance is provided for the scrutiny of the board of The TSCB.
- 10.5 TSCB itself is subject to scrutiny by inspection authorities, for example, Ofsted. Tameside Council as the local authority is responsible for taking action when necessary to improve TSCB's effectiveness and efficiency.

Training & Development

- 10.6 The TSCB recognises the importance of multi-agency training and development in the continuous improvement of safeguarding practice. A comprehensive programme of multi-agency training and development is provided by TSCB. Further information about this is available on the TSCB website.

Quality Assurance Approach (QAA)

- 10.7 The TSCB uses a multi-dimensional approach to evaluating, monitoring and implementing changes in practice and policy. The aim is to assess the practice and service delivery to have an impact on outcomes for children in Tameside. The QAA includes the following elements:
- Practice Audits
 - Focus Groups
 - Peer Evaluation
 - Organisational Audits
- 10.8 Practice Audits are carried out by practitioners from a range of member agencies and will look at the circumstances of working with children and families using a case study method.
- 10.9 Focus Groups are an opportunity for practitioners to discuss the arrangements for their work with children and families with senior managers from another member agency. These sessions identify both good practice and challenges faced by practitioners in delivering quality services.
- 10.10 Peer Evaluation involves member agencies scrutinising the work of the Board for effectiveness and efficiency in its role. The TSCB Business Plan is used as the basis for the activities of the TSCB in doing this.
- 10.11 Organisational Audits enable the TSCB to scrutinise the arrangements that member agencies have for safeguarding children as part of their service delivery.

Quality Assurance by Individual Agencies

- 10.12 All the TSCB member agencies should take actions to ensure that the key single and multi-agency duty of the TSCB to safeguard and promote the welfare of children is met.
- 10.13 Effective workload management and information systems should be implemented to:
- Clearly track responses to referrals
 - Collect quantitative and qualitative data on the work of the teams and the outcomes for service users
 - Plan and resource services to meet local needs
- 10.14 Complaints about individual agencies, their performance and provision (or non-provision) of services should be made and responded to in accordance with the relevant agency's own complaints management process.
- 10.15 For example, if a parent or child is dissatisfied with any aspect of the s.47 enquiry or the provision of services arising from an assessment then

these complaints should be referred to the individual agency responsible for these aspects of service delivery.

Child Death Overview

- 10.16 The TSCB has responsibility for the overview of all child deaths in Tameside, identifying any general public health or safety concerns arising from the death of children. This duty is discharged through a tripartite Trafford, Stockport and Tameside Child Death Overview Panel (CDOP) which reports to the safeguarding board in each area.
- 10.17 The TSCB is also responsible for having procedures in place to ensure that there is a co-ordinated response by member agencies of the TSCB and other relevant persons to an unexpected death of a child.

Case Reviews

- 10.18 The TSCB carries out Serious Case Reviews (SCRs) when the criteria for doing so is met by the circumstances of a child being seriously injured or dying as a result of abuse or neglect. Further information about SCRs can be found at the TSCB website.
- 10.19 The TSCB also occasionally carries out other reviews into incidents that affect the welfare of children. These incidents do not meet the criteria for a SCR but are considered to be an opportunity for the TSCB and member agencies to learn and achieve improvement in safeguarding children.

The Process of Responding to Complaints About Child Protection Conferences

- 10.20 Parents/carers and, on occasion children, may have concerns about which they may wish to make representations or complain, in respect of one or more of the following aspects of the functioning of Child Protection Conferences:
- The process of the conference
 - The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a Child Protection Plan
 - A decision for the child to become, or not to become, the subject of a Child Protection Plan or not to cease being the subject of a Child Protection Plan.
- 10.21 Complaints about aspects of the functioning of conferences described above should be addressed to the conference chair who should immediately inform the designated Quality Assurance (QA) manager in Children's Social Work.

- 10.22 All parties must be made aware that this complaints process cannot itself change a conference decision and that during the period of the complaints process, the decision made by the conference stands.
- 10.23 The outcome of a complaint will be either that a conference is re-convened under a different chair, that a review conference is brought forward, or that the original decisions and Child Protection Plan are confirmed.

Immediate resolution

- 10.24 If a child or parent expresses concern about a conference in the course of the meeting, it should be noted and an attempt made by the chair to resolve it with the parent or child.
- 10.25 If the matter remains unresolved the parent or child should be reminded of the conference complaints process, and invited (and if necessary assisted by the children's social worker) to write to the QA manager within 28 days of receipt of the minutes.
- 10.26 If the complainant does not wish to submit the complaint in writing then the QA manager may consider receiving the complaint verbally and will complete a record of the complaint to be affirmed by the complainant.

Stage 1 – Exploration by conference chair

- 10.27 When the conference chair receives the parent or child's letter or affirmation of complaint, s/he should inform the designated complaints manager, the relevant Children's Social Work manager and all Practitioners who attended the conference.
- 10.28 Complaints made outside the 28-day time limit may, in exceptional circumstances and at the discretion of the designated QA manager be accepted.
- 10.29 The chair should meet with the complainant (who may be supported by an advocate, friend or relative) within 10 working days of receipt of the complaint so as to:
- Ensure the complainant sufficiently understands the child protection process
 - Clarify the grounds for, and the nature of, the complaint/s
 - Establish the outcome desired by the complainant
 - Ensure the complainant understands the scope and relevance of this complaints process with regard to their circumstances
 - Gather relevant information
- 10.30 At the meeting with the complainant the chair should be accompanied by a colleague who can take minutes.

- 10.31 Within a further 10 working days, the chair should provide a written response to the complainant including notes of their meeting. This letter should include information on how to pursue concerns further if the complainant remains dissatisfied.
- 10.32 The response provided to the complainant should be copied to the QA manager.

Stage 2 – Formal consideration by complaints panel

- 10.33 If, within 28 days of receipt of the stage 1 letter the complainant notifies the QA manager that s/he remains dissatisfied and specifies reasons, arrangements will be made to convene, within 28 days, a panel of a minimum of three individuals from Tameside Safeguarding Children Board.
- 10.34 Arrangements for this meeting will be made by the complaints manager/QA manager, and the role of the chair will normally be fulfilled by the representative of the agency least directly involved in the case.
- 10.35 The panel membership should include at least two from amongst Children's Social Work, Police and health agencies and the individuals should have had no previous or present direct line management responsibility for the case in question.
- 10.36 The panel must be provided with the following documentation by the complaints/QA manager:
- A formal request to convene
 - A copy of the relevant conference minutes and the reports that were made available to the conference
 - Stage 1 meeting notes and correspondence
 - A list of names, addresses and contact details of the conference chair, all other Practitioners involved and the family concerned
- 10.37 The complaints manager/QA manager will liaise with the complainant throughout, and be available at the panel, to advise on relevant processes.
- 10.38 The panel should be convened within 28 days of the receipt of the complainant's letter and consider whether:
- Relevant inter-agency protocols and procedures have been observed correctly; and
 - If any decision in dispute follows reasonably from the processes employed and information presented
- 10.39 The panel will:
- Hear (either directly or in writing) from the complainant, the chair of the relevant Child Protection Conference and any other relevant person

- Consider written material
 - Reach a decision
 - Agree the content of their decision letter to the complainant
- 10.40 The panel's conclusions should be put in writing to the complainant within 7 days of its meeting and will:
- Confirm membership of the panel
 - State the decision reached
 - Provide concise information about how the decision was reached
- 10.41 A recommendation must be made to re-convene the conference under a different chair if:
- Procedures relating to the conference were not correctly followed and this was material to the complaint or
 - The procedures were correctly followed but the decision of the conference was unreasonable
- 10.42 If the panel concludes that the procedures relating to the conference were correctly followed and that the decision/s reached were reasonable, it must confirm that the conclusions of the original conference stands and will be routinely reviewed when the review conference is held.
- 10.43 The panel should also consider any specific concerns that may be relevant to communicate to agencies involved with the case and may make recommendations relating to practice or procedure to any the TSCB member agency.

Reconvened conference

- 10.44 The chair of a reconvened Child Protection Conference (either an initial or a review) must ensure that all those present have seen or are briefed at the conference about the decisions reached by the panel.
- 10.45 A distinction must be made by the chair between the need to discuss the conclusions of the panel and the task of the Child Protection Conference, which is to consider the child's current circumstances.

Further challenge

- 10.46 No further internal processes exist in those cases where the panel concludes that all relevant processes were followed and that the decisions that were made were reasonable.
- 10.47 A complainant who nonetheless remains dissatisfied may wish to pursue their grievances via the Ombudsman or Judicial Review.
- 10.48 In what is likely to be a very rare case, where a reconvened conference has been recommended and held, and the complainant does not accept the outcome, the same panel may, (at the discretion

of the QA manager) be asked to reconvene and review any remaining and clearly specified concerns.

Resolution of Conflict Involving Dissent to Decisions

10.49 There is considerable research evidence to show that children are best protected and provided with effective services when practitioners from all agencies have clear expectations of each other's roles and responsibilities. Where practitioners disagree over the appropriate course of action the following steps can be taken either at the referral & enquiry stage or at the stage of implementing the Child Protection Plan.

Practitioner dissent at referral and enquiry stage

10.50 When practitioners are not working well together this may have an impact on a child's development or even place the child at risk of harm. Examples where practitioners have concerns about the welfare of children may arise where they perceive other practitioners:

- Not recognising need or the signs of harm
- Not sharing information about a child's welfare
- Not accepting referrals for services
- Not delivering services
- Not co-operating in delivering planned interventions

10.51 Disagreement over the handling of concerns at the referral and enquiry stage typically occur when:

- Children's Social Work concludes that further information should be sought by the referrer before the referral is progressed
- Information or advice is sought through consultation and Children's Social Work concludes that a referral is required
- Children's Social Work believe that an initial assessment can be started without invoking child protection procedures
- Children's Social Work consider that child protection procedures must be initiated
- A referral does not meet eligibility criteria for assessment by Children's Social Work
- Children's Social Work disagrees with the Police investigation team on the need for a s47 enquiry/criminal investigation
- There is disagreement about whether or not an initial case conference should be convened

10.52 In Tameside there are well developed processes for inter-agency working to ensure that concerns about the welfare of children and young people are responded to in a timely and co-ordinated way. These processes include the Common Assessment Framework (CAF) and the Children's Needs Framework.

- 10.53 This guidance is not intended to replace those processes but is intended to assist practitioners in situations where they consider that the response of another agency/practitioner has not been proportionate to the level of risk or need.
- 10.54 This guidance should not be used as a replacement for the principles of working in partnership which involves open dialogue, good communication, building trust and a willingness to challenge and be challenged in a supportive environment.
- 10.55 Each TSCB member agency should have their own procedures in place for dealing with concerns within their own setting. On those occasions where concerns need to be raised with another agency, practitioners should ensure this happens as soon as possible and that discussions are clearly recorded.

Escalation process

- 10.56 In most cases the Lead Professional or Lead Social Worker should be the first contact and if that does not resolve the concerns their manager should be contacted. If it is felt that this not an appropriate way to resolve the issue advice should be sought from your manager **within one working day**.
- 10.57 For cases involving Children's Social Work the concerns should be discussed initially with the case social worker or duty social worker (depending on whether the case is already allocated), and followed up in writing. If this does not resolve the problem the Social Work Team Manager should be alerted – by phone, in writing or by e mail.
- 10.58 If the issue remains unresolved the practitioners Manager should contact the Operational/Service Manager for the practitioner about whom there is a concern. The Operational/Service Managers will also be available for discussion on urgent or sensitive cases.
- 10.59 The Safeguarding Children Unit in Tameside Council will continue to offer consultation and advice on cases and will intervene to help resolve issues if that is appropriate. Safeguarding Children Unit staff will always follow up cases where there are immediate concerns about a child – they will not be left until a team manager is available.
- 10.60 To document the issues you wish to raise use the **Escalation Notice** (see www.tamesidesafeguardingchildren.org.uk) to record information and forward to the manager dealing with your concerns. Ensure it is copied to appropriate Service Manager (or equivalent) **within 5 working days**.

Dissent and disagreement by practitioners in respect of a child protection conference decision

- 10.61 When a practitioner dissents from a Child Protection conference decision about whether a child requires a child protection plan, the chair must acknowledge and record their dissent.
- 10.62 When a practitioner strongly disagrees with the conference decision, they should be advised to write to the TSCB Business Manager within 7 days of the conference, stating clearly the reasons for their disagreement.
- 10.63 The first stage will be to request that the dissenting practitioner meet with the conference chair to seek a resolution of the concerns. However if the dissenting practitioner is still not content with the outcome then it will proceed to the next stage.
- 10.64 At this stage the TSCB Business Manager will arrange for the TSCB Quality Assurance & Performance Monitoring Implementation Group (QA&PM IG) to hear the matter within 28 days of being notified by the dissenting practitioner.
- 10.65 The QA&PM IG will consider the minutes of the conference and receive representations from the dissenting practitioner and from the Chair of the conference.
- 10.66 The QA&PM IG will then make a recommendation to the Chair of the TSCB about whether a Decision Resolution Panel should be convened to consider the decision arrived at by the Child Protection Conference, taking into account any relevant protocols and procedures that apply.
- 10.67 The Decision Resolution Panel will decide:
- Whether to uphold the original decision of the Conference.
 - Whether to uphold the dissenting view in whole or in part.
 - If the dissenting view is upheld in part, whether this is sufficient reason to reconvene the conference (or, for example, whether the dissent in part can simply be communicated to all conference participants).
- 10.68 Where the dissenting view is upheld in full (or in part and the panel recommends the conference should be reconvened), the TSCB Business Manager will liaise with the Conference & Review Manager to reconvene the child protection conference. The reconvened conference will not receive information about the deliberations of the Decision Resolution Panel and the decision-making of the reconvened conference is entirely independent of the deliberations of the Panel. Thus, the reconvened conference will consider information from the invited practitioners in the same way as any conference would.

- 10.69 The reconvened Conference should be held within 28 days of the Panel decision, and should be held under the authority of a different chairperson.

Practitioner dissent regarding the implementation of a child protection plan. (See 9.61 to 9.71 for more information on resolving difficulties in implementing the Child Protection Plan).

- 10.70 Concern or disagreement may arise over another practitioner's decisions, actions or lack of actions in the implementation of the child protection plan, including the timing, quoracy or decision-making of core group meetings, progress of the plan or Practitioner practice.
- 10.71 Again, practitioners should attempt to resolve differences in line with the actions outlined above. But if practitioner differences remain unresolved, the matter must be referred to the heads of service for each agency involved.
- 10.72 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the Head of Safeguarding in Children's Social Work for resolution.
- 10.73 Practitioners in all agencies have a responsibility to act without delay to safeguard the child e.g. by calling for a case to be allocated or for the arrangement of a strategy meeting, core group meeting, child protection conference or review conference.

Whistle-Blowing Systems

- 10.74 It is essential to the safety of children that all agencies have in place effective systems and a management and practice culture, which promote the sharing of concerns by staff with their managers. Child protection concerns about colleagues or managers are difficult for staff to raise because of the potential repercussions in working together so it is essential that every opportunity is given for such concerns to be raised.
- 10.75 Senior managers in each agency should ensure the provision of a credible, well-publicised whistle-blowing procedure that provides alternative methods of reporting concerns and covers all commissioned, as well as internally provided, services. Externally commissioned services must have their own internal whistle-blowing procedures.
- 10.76 Information should be available for staff in each agency to publicise the whistle-blowing procedure. This should provide information about *Public Concern at Work*, an independent charity whose lawyers can give free confidential advice about how to raise a concern about malpractice at work.

