



Trafford Safeguarding Children Board

Trafford Safeguarding Children Procedures

PART A



Contents

Glossary Of Terms

<i>Part A</i>		Page
1. Section One	Purpose of document and who should read it	
	1.1 Staff for whom this Handbook is relevant	11
2. Section Two	Principles underpinning the Safeguarding process	
	2.1 Supporting Children and Families	12
3. Section Three	Key definitions and concepts	
	3.1 A Child	15
	3.2 Safeguarding and Promoting Welfare	15
	3.3 Child Protection	15
	3.4 Children in Need	15
	3.5 Significant Harm	16
	3.6 Parental Responsibility	17
	3.7 Abuse and Neglect	17
	3.8 Impact of Abuse	18
	3.9 Physical Abuse	19
	3.10 Emotional Abuse	19
	3.11 Sexual Abuse	19
	3.12 Neglect	20
4. Section Four	Key Principles and Concepts	
	4.1 Child Centered	21
	4.2 Rooted in Child Development	21
	4.3 Holistic in Approach	21
	4.4 Concerned with Outcomes for Children	21
	4.5 Ensuring Equality of Opportunity	22
	4.6 Involvement of Children and Families	22
	4.7 Building on Strengths as well as identifying difficulties	22
	4.8 Multi/Inter Agency in approach	22

	4.9	A Continuing Process not an Event	23
	4.10	Informed by Evidence	23
	4.11	Sources of stress for children and families	23
	4.12	Social Exclusion	24
	4.13	Domestic Abuse	24
	4.14	The Mental Illness of a Parent or Carer	24
	4.15	Substance/Alcohol Misuse	25
	4.16	Parental Learning Disability	25
5. Section Five		Roles and Responsibilities	
	5.1	Common features of all agencies	25
	5.2	Children's Social Care	26
	5.3	Emergency Duty Team (EDT)	27
	5.4	The Voluntary and Private Sectors	27
	5.5	Faith Communities	28
	5.6	Children and Family Court Advisory and Support Service (CAFCASS)	29
	5.7	Adult Social Care Services	30
	5.8	Leisure Services	31
	5.9	Sports Clubs	32
	5.10	Housing Services	32
	5.11	Registered Social Landlords (RSLs)	33
	5.12	Immigration Service	34
	5.13	Greater Manchester Probation Service (GMPS)	34
	5.14	Youth Offending Service	35
	5.15	Education	35
	5.16	Safeguarding Children and Safer Recruitment in Education (DCSF January 2007)	36
	5.17	School Governors & Governing Bodies	36
	5.18	Maintained Schools/FE Colleges	37
	5.19	Independent Schools	38
	5.20	Education Welfare Officers (EWOs)	38
	5.21	Educational Psychology and other Support Services	39
	5.22	Library Services	39
	5.23	Parents Employing a Personal Tutor	39
	5.24	Sure Start Early Years: Childcare and Play	40
	5.25	Connexions	40

	5.26	Greater Manchester Police	41
	5.27	Health Services	42
	5.28	Health Organisations	47
	5.29	Primary Care Trusts (PCT)	47
	5.30	Primary Care Health Services	48
	5.31	Designated Professionals	49
	5.32	Named Professionals	50
	5.33	Greater Manchester West Mental Health Foundation Trust	50
	5.34	Maternity Services	51
	5.35	School Services	51
	5.36	Paediatric Services	52
	5.37	Accident & Emergency Department (A&E)	53
	5.38	Child and Adolescent Mental Health Services (CAMHS)	53
	5.39	Dental Practitioners	54
	5.40	Other Health Professionals	55
	5.41	Adult Mental Health Services	55
	5.42	Named Professionals in the Greater Manchester West Mental Health Foundation Trust	57
	5.43	Alcohol and Drug Services	57
	5.44	Office for Standards in Education, Children's Services & Skills (OFSTED)	58
6. Section Six	Trafford Safeguarding Children Board		
	6.1	The Role of TSCB	59
	6.2	TSCB Functions	60
	6.3	Membership	61
	6.4	The Role of the Elected Members	61
	6.5	Statutory Members	62
	6.6	Other Members	62
	6.7	Involvement of Other Agencies and Groups	62
	6.8	Ways of Working	63
	6.9	Finance/Resources	65
	6.10	Monitoring and Inspection	65

7. Section Seven	The Process for Safeguarding Children		
	7.1	The Framework for Assessment of Children in Need and their Families	65
	7.2	Common Assessment Framework	66
	7.3	Lead Professionals	67
	7.4	ContactPoint	67
	7.5	Safeguarding Children Thresholds in Trafford	69
	7.6	Parenting, Family Life and Support Services	69
	7.7	A Shared Responsibility	69
	7.8	Assessment of Need	70
	7.9	Level 1: Universal Services (Services which children and young people can access without a referral)	70
	7.10	Level 2: Children/Young People with additional needs who require support	71
	7.11	Level 3: Children/Young People with additional needs requiring an integrated response	72
	7.12	Level 4: Children/Young People with complex needs including those in need of protection	72
8. Section Eight	The Child Protection Process		
	8.1	Advice and Consultation	73
	8.2	Initiating referral to Children's Services	73
	8.3	Cross Boundary Referrals	74
	8.4	Initial Assessment by Children's Services (Social Care)	74
	8.5	Strategy Discussion	75
	8.6	Role of Social Worker	77
	8.7	Joint Enquiries/Criminal Investigation (Police and Social Care)	78
	8.8	Involving Parents, Family Members and Children	80
	8.9	Purpose of Health Assessment	81
	8.10	Outcome of Child Protection Enquiries	82
	8.11	Concerns that are not Substantiated	82
	8.12	Concerns are substantiated but the child is not judged to be at continuing Risk of Significant Harm	83
	8.13	Concerns are Substantiated and the Child is Judged to be at Continuing Risk of Significant Harm.	83

	8.14	Disagreements between Agencies about the Outcome of a Child Protection Enquiry	83
	8.15	The Initial Child Protection Conference	84
	8.15.1	Inter-Agency Collaboration	84
	8.16	Purpose of Initial Conference	84
	8.17	Criteria for convening an Initial Child Protection Conference	84
	8.18	Timing of an Initial Child Protection Conference	85
	8.19	Membership of Initial Conference	85
	8.20	Quoracy	86
	8.21	Involving Children/Young People in the Child in Need/ Child Protection Process	87
	8.22	Attendance at Conferences/Reviews	87
	8.23	Participation at Conferences/Reviews	87
	8.24	Informing a Child of the Outcome of a Child Protection Conference	88
	8.25	Involving Family Members	88
	8.26	Exclusion Criteria	89
	8.27	Total Exclusion	89
	8.28	Provision of Conference Records when Exclusion has occurred	91
	8.29	Provision of Information for Conference	91
	8.30	Actions and Decisions for the conference	92
	8.31	Procedures for Resolving Disagreements Amongst Conference Members	94
	8.32	Administrative Arrangements and Record Keeping	94
	8.33	Action following an Initial Conference	95
	8.34	The Core Group	95
	8.35	The Detailed Child Protection Plan	96
	8.36	Interventions	97
	8.37	Review Conference	98
	8.38	Attendance	99
	8.39	Attendance of Children at Review Conferences	99
	8.40	Reports	99
	8.41	Decisions of the Review Conference	100
9. Section Nine	Complaints about a Child Protection Conference		
	9.1	Immediate Resolution	102
	9.2	Stage 1 – Exploration by Conference Chair	102

	9.3	Formal Consideration by Complaints Manager	103
	9.4	Reconvened Conference	104
	9.5	Further Challenge	104
10.Section Ten	Managing and Providing Information about a Child with a Child Protection Plan		
	10.1	Changes in Circumstances	105
	10.2	Children with a Child Protection Plan who move out of Trafford	106
	10.3	Children with a Child Protection Plan who move temporarily out of Trafford	107
	10.4	Children with a Child Protection Plan who move into Trafford from another Authority	107
	10.5	Children with a Child Protection Plan who move temporarily into Trafford	108
11.Section Eleven	Managing Individuals who pose a risk of harm to Children		
	11.1	Collaborative Working	109
	11.2	Use of the term "Schedule One Offender"	109
	11.3	Multi-Agency Public Protection Arrangements	106
	11.4 & 11.5	Assessment of the Risk of Serious Harm	111 - 112
	11.6	Criteria for Referral into MAPPAs	112
	11.7	Criteria for Referral out of MAPPAs	113
	11.8	Risk Management	113
	11.9	Level 1: Ordinary Risk Management	113
	11.10	Level 2: Local Inter-Agency Risk Management Meeting	113
	11.11	Level 3: Multi-agency Public Protection Panel (MAPPP)	114
	11.12	Referring to Multi-Agency Public Protection Panel	114
	11.13	Other Processes and Mechanisms	114
	11.13.1	Offending Behaviour Programmes	114
	11.13.2	Disqualification from Working with Children	115
	11.14	The Protection of Children Act List	116
	11.15	DfES List 99	116
	11.16	The Sex Offenders Register	117
	11.17	Notification Orders	118
	11.18	Risk of Sexual Harm Orders (RSHOs)	118

Appendices	
Appendix A	Trafford Safeguarding Children Board Threshold Criteria
Appendix B	Threshold Criteria: Guidance for Professionals
Appendix C	Agency Report for Initial Child Protection Conference
Appendix D	Agency Report for Child Protection Review Conference

Glossary of Terms

Acronym	
ABH	Actual Bodily Harm
ASBO	Anti Social Behaviour Order
CAA	Comprehensive Area Assessment
CAF	Common Assessment Framework
CAFCASS	Children and Families Courts Advisory and Support Service
CCPAS	Churches' Child Protection Advisory Service
CDAT	Children's Duty and Assessment Team
CAMHS	Children and Adolescent Mental Health Service
CEOP	Child Exploitation and On Line Protection
CIP	Citizen Information Project
CPSU	Child Protection in Sport Unit
CRB	Criminal Records Bureau
CJCSA	Criminal Justice and Court Services Act 2000
CYPS	Children and Young People's Service
DAT	Drug Action Team
ECM	Every Child Matters
EDT	Emergency Duty Team
EHC	Emergency Hormonal Contraception
EPO	Emergency Protection Order
EWO	Education Welfare Officer
EYDCPS	Early Years Development Child Care Partnerships
EYFS	Early Years Foundation Stage Framework
FA	Football Association
FE/FEI	Further Education/Institutions
FGM	Female Genital Mutilation
GBH	Grievous Bodily Harm
GMPS	Greater Manchester Probation Service
G.P	General Practitioner
ICS	Integrated Childrens System
IRT	Information Referral and Tracking
JAR	Joint Area Review
ISA	Information Sharing and Assessment
LA	Local Authority
LEAs	Local Education Authorities
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MAPPP	Multi-Agency Public Protection Panels

MARAC	Multi-Agency Risk Assessment Conference
MARAF	Multi Agency Referral and Assessment Form
MARAS	Multi Agency Referral and Assessment Service
MARAT	Multi Agency Referral and Assessment Team
MAYHEM	Multi- Agency Young People's Housing Emergency Meeting
NSF	National Service Framework for Children, Young People and Maternity Services
NOMS	National Offender Management Service
NSPCC	National Society for the Prevention of Cruelty against Children
OfSTED	Office for Standards in Education
OCR	OfSted Childcare Registers
PCT	Primary Care Trust
PPOP	Police Powers of Protection
PPIU	Public Protection Investigation Unit of Greater Manchester Police
PVI	Private, Voluntary and Independent Sectors
RSHOs	Risk of Sexual Harm Orders
RSL	Registered Social Landlord
SATs	Standard Assessment Test
SARC	Sexual Assault Referral Centre
SEN	Statement of Special Educational Needs
SHA	Strategic Health Authority
SOPOs	Sexual Offences Prevention Orders
SSEY	Sure Start Early Years
TSCB	Trafford Safeguarding Children Board
YOS	Youth Offending Service

Part A

1 Purpose of document and who should read it.

Working Together to Safeguard and Promote the Welfare of Children (2006) sets out how organisations and individuals working within Trafford should work together to safeguard and promote the welfare of children. It is aimed primarily at practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and for senior and operational managers, in:

- Organisations that are responsible for commissioning or providing services to children, young people, and adults who are parents / carers, and
- Organisations that have a particular responsibility for safeguarding and promoting the welfare of children.

1.1 Staff for whom this Handbook is relevant

- Children's services (Social care)
- Adult services (Social care)
- Education
- Greater Manchester Police
- Greater Manchester Probation
- All health services and professionals (adult and children)
- Greater Manchester Ambulance Service
- Housing
- Libraries
- Youth and Leisure Services
- YOS (Youth Offending Service)
- EYDCPS (Early Years Development Child Care Partnerships)
- Sure Start
- Children's Fund
- Connexions
- Greater Manchester Fire Service
- CAF/CASS (Children and Families Courts Advisory and Support Service)
- Care Standards
- The voluntary sector
- Volunteers
- OfSTED (Office for Standards in Education)
- Courts
- Prison Services
- Armed Forces
- Asylum and Refugee Services

2 Principles Underpinning the Safeguarding Process

To be effective multi-agency procedures need to be underpinned by a shared commitment to a common philosophy and value base. The Children Act 1989 is based on a number of clear principles which identify the child as the main focus and recipient of protection services, but also which acknowledge the rights and responsibilities of parents and carers.

2.1 Supporting Children and Families

The Government's aim for every child whatever their background is that they have the support to:

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

Improving the way key people and bodies safeguard and promote the welfare of children is crucial to improving outcomes for children.

Stay safe means:

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Having security, stability and being cared for.

Being healthy means:

- Physically healthy
- Mentally and emotionally healthy
- Sexually healthy
- Healthy lifestyles
- Choosing not to take illegal drugs.

Enjoying and achieving means:

- Being ready for school
- Attending and enjoying school
- Achieving stretching national educational standards at primary school

- Achieving personal and social development and enjoying recreation
- Achieving stretching national educational standards at secondary school.

Making a positive contribution means:

- Engaging in decision making and supporting the community and environment
- Engaging in law-abiding and positive behaviour in and out of school
- Developing positive relationships and choosing not to bully or discriminate
- Developing self-confidence and successfully dealing with significant life changes and challenges
- Developing enterprising behaviour.

Achieving economic well-being means:

- Engaging in further education, employment or training on leaving school
- Being ready for employment
- Living in decent homes and sustainable communities
- Having access to transport and material goods
- Living in households free from low income.

To achieve these outcomes, children need to feel loved and valued and be supported by a network of reliable and affectionate relationships. If they are denied this opportunity and support, children are at increased risk, not only of an impoverished childhood, but of disadvantage and social exclusion in adulthood. Abuse and neglect pose particular problems.

2.2 The following are ways of working with families to achieve the Children Act principles:

- Treat all family members as you would wish to be treated, with dignity and respect
- Ensure that family members know that the child's safety and welfare must be given first priority, but that each of them has a right to a courteous, caring and professionally competent service
- Take care not to infringe privacy any more than is necessary to safeguard the welfare of the child
- Be clear with yourself and with family members about your power to intervene, and the purpose of your professional involvement at each stage

- Be aware of the effects on the family members of the power you have as a professional, and the impact and implications of what you say and do
- Respect the confidentiality of family members and your observations about them, unless they give permission for information to be passed to others or it is essential to do so to protect the child
- Listen to the concerns of children and families, and take care to learn about their understanding, fears and wishes before arriving at your own explanations and plans
- Learn about and consider children within their family relationships and communities, including their cultural and religious context, and their place within their own families
- Consider the strengths and potential of family members, as well as their weaknesses, problems and limitations
- Ensure children, families and other carers know their responsibilities and rights, including any right to services, and their right to refuse services, and any consequences of doing so
- Use plain jargon free language appropriate to the age and culture of each person. Explain unavoidable technical and professional terms
- Be open and honest about your concerns and responsibilities, plans and limitations, without being defensive
- Allow children and families time to take in and understand concerns and processes. A balance needs to be found between appropriate speed and the needs of people who may need extra time in which to communicate
- Take care to distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibilities. To assist with this ensure that you have good supervision to check that you are doing so
- If a mistake or misinterpretation has been made, or you are unable to keep to an agreement, provide an explanation. Always acknowledge any distress experienced by adults and children and do all you can to keep it to a minimum.

2.3 The key features of effective arrangements to safeguard and promote the welfare of children, which all agencies need to take account of when undertaking their particular functions, are:

- Senior management commitment to the importance of safeguarding and promoting children's welfare
- A clear statement of the agency's responsibilities towards children is available to all staff
- Having a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Service development that takes into account the need to safeguard and promote welfare and is informed, where appropriate, by views of children and families

- Staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families
- Safe recruitment procedures in place
- Effective interagency working to safeguard and promote the welfare of children, and
- Effective information sharing.

3 Key Definitions and Concepts

3.1 A Child

A child is anyone who has not yet reached their 18th birthday. "Children" therefore means "children and young people" throughout.

3.2 Safeguarding and Promoting Welfare

Safeguarding and promoting welfare are two sides of the same coin.

Safeguarding has two elements:

- Protecting children from maltreatment and
- Preventing impairment of a child's health and development

Whereas, promoting welfare is a proactive responsibility, such as:

- Ensuring children are growing up in environments consistent with the provision of safe and effective care, and
- Creating opportunities for children to have optimum life chances such that they enter adulthood successfully.

3.3 Child Protection

Child protection is a subset of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are at risk of suffering significant harm. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

3.4 Children in Need

Children who are defined as being "in need", under the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without

the provision of services (s17 (10) of the Children Act 1989) plus those who are disabled. The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are what will happen to a child's health or development without services, and the likely effect the services will have on the child's standard of health and development. Local Authorities have a duty to promote and safeguard the welfare of children in need.

3.5 **Significant Harm**

Some children are in need because they are suffering or are likely to suffer significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The Local Authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (s47 of the Children Act 1989).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Considerations should be given to the severity of ill treatment and the extent of physical harm, the duration and the frequency of abuse and neglect, and the extent of pre-meditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or the relatively greater difficulty in helping the child overcome the adverse impact of the ill treatment. Sometimes a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

Under s31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

"Harm" means ill treatment or the impairment of health or development, including, for example impairment suffered from seeing or hearing the ill treatment of another;

"Development" means physical, intellectual, emotional, social or behavioural development;

"Health" means physical or mental health, and,

"Ill treatment" includes sexual abuse and forms of ill treatment which are not physical.

Under s31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child. To understand and establish significant harm, it is necessary to consider:

- The wider environment and family context;
- The child's development within the context of their family and wider social and cultural environment;
- Any special needs, such as a medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of the harm, in terms of ill treatment or failure to provide adequate care;
- The impact on the child's health and development; and
- The capacity of parents to adequately meet the child's needs.

It is important to take account of the child's reactions, and his or her perceptions, according to the child's age and understanding.

3.6 **Parental Responsibility**

Parental responsibility is a legal concept that consists of the rights, duties, powers, responsibilities and authority that most parents have in respect of their children. Both of a child's legal parents have parental responsibility if they are registered on the child's birth certificate. This applies irrespective of whether the parents are married or not. However, if the parents have never married and the father's name is not on the birth certificate, only the mother automatically has parental responsibility. The father may acquire it in various ways, including by entering into a parental responsibility agreement with the mother or through a parental responsibility order made by a court.

A person other than a child's biological parents can acquire parental responsibility by being appointed as the child's guardian or having a residence order, in which case parental responsibility lasts for the duration of the order. A local authority acquires parental responsibility (shared with the parents) while the child is subject of a care order.

3.7 **Abuse and Neglect**

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, another child or children.

Physical abuse may involve hitting, shaking, throwing, poisoning, burning, scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing ill health to a child.

Emotional abuse is the persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve causing children frequently to feel frightened or in danger or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative acts (e.g. rape or buggery or oral sex) or non-penetrative acts (oral sex). They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to protect a child from physical or emotional harm or anger, failure to ensure adequate supervision including the use of an inadequate care-taker, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

3.8 **Impact of Abuse**

The sustained maltreatment of children physically, emotionally, sexually and through neglect can have major long-term effects on all aspects of a child's health, development and well-being. Sustained maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood, the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing

oneself in work, and to extra difficulties in developing the attitudes and skills which are necessary to be an effective parent.

It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and decide on the most appropriate intervention. Often, it is the interaction between a number of factors which serve to increase the likelihood or level of significant harm.

For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of maltreatment, and subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.

3.9 **Physical Abuse**

Physical abuse can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence.

3.10 **Emotional Abuse**

There is increasing evidence of the adverse long term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

3.11 **Sexual Abuse**

Disturbed behaviour including self-harm, inappropriate sexualised behaviour, depression and a loss of self esteem, have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the

older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and his or her feelings of self worth.

A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic abuse and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused will inevitably go on to become abusers themselves.

3.12 **Neglect**

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self esteem, feelings of being unloved and isolated. Neglect can also result, in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing.

4 **Key Principles and Concepts**

Principles underpinning work to safeguard and promote the welfare of children

The following principles which draw on findings from research, underpin work with children and their families to safeguard and promote the welfare of children. These principles should be followed. They will be relevant to varying degrees depending on the functions and level of involvement of the organisation and the individual practitioner concerned.

The principles underpinning work with children and families are that interventions should be:

4.1 **Child Centered**

Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationship with the adults. The child should be seen by the practitioner and kept in focus throughout work with the child and family. The child's voice should be heard and account taken of their perspective and views.

4.2 **Rooted in Child Development**

Those working with the children should be informed by a developmental perspective which recognises, that, as a child grows, they continue to develop their skills and abilities. Each stage, from infancy through middle years to adolescence, lays the foundation for more complex development. 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 a child may be experiencing. Planned action should also be timely and appropriate for the child's age and stage of development.

4.3 **Holistic in Approach**

Having a holistic approach means having an understanding of a child within the context of the child's family (parents or care givers 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 care givers to respond appropriately to those needs and the impact of wider family and environmental factors on children and on parenting capacity requires careful exploration during an assessment. The ultimate aim is to understand the child's developmental needs within the context of the family and to provide appropriate services which respond to those needs. The analysis of the child's situation will inform planning and action in order to secure the best outcomes for the child, and will inform the subsequent review of the effectiveness of actions taken and services provided. The child's context will be even more complex when they are living away from home and looked after by adults who do not have parental responsibility for them.

4.4 **Concerned with Outcomes for Children**

When working directly with a child, any plan developed for the child and their family or care giver should be based on an assessment of the child's developmental needs and the parents/care givers capacity to respond to these needs within their community contexts. This plan should set out the planned outcomes for each child and at review the actual outcomes should be recorded. The purpose of all interventions should be to achieve the best possible outcomes for

each child recognising each is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004.

4.5 Ensuring Equality of Opportunity

Equality of opportunity means that all children have the opportunity to achieve the best possible development, regardless of their gender, ability, 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 in young adulthood.

4.6 Involvement of Children and Families

In the process of finding out what is happening to a child it is important to listen and develop an understanding of his or her wishes and feelings. The importance of developing a co-operative working relationship is emphasised, so that parents or caregivers feel respected and informed, they believe professionals are being open and honest with them, and in turn they are confident about providing vital information about their child, themselves and their circumstances. The consent of children, young people and their parents or caregivers should be obtained when sharing information unless to do so would place the child at risk of harm. Decisions should also be made with their agreement, whenever possible, unless to do so would place the child at risk of harm.

4.7 Building on Strengths as well as Identifying Difficulties

Identifying both strengths and difficulties within the child, his or her family and the context in which they are living is important, as is considering how these factors have an impact on the child's health and development. Too often it has been found that a deficit model for 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.

4.8 Multi-Disciplinary /Inter Agency in Approach

From birth, there will be a variety of different disciplines and programmes in the community involved with children and their development, particularly in relation to their health and education. Multidisciplinary/inter agency work to safeguard and promote children's welfare starts as soon as there are concerns about a child's welfare, not just when there are questions about possible harm.

4.9 **A Continuing Process not an Event**

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, and intervention may start at the beginning of an assessment. 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 terms ones. The impact of service provision on a child's developmental progress should be reviewed.

4.10 **Informed by Evidence**

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

4.11 **Sources of Stress for Children and Families**

Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child's needs are met. Sources of stress within families may, however, have a negative impact on a child's health, development and well-being, either directly, or because when experienced during pregnancy it may result in delays in the physical and mental development of infants, or because they affect the capacity of parents to respond to their child's needs. This is particularly so when there is no other significant adult who is able to respond to the child's needs.

Undertaking assessments of children and families requires a thorough understanding of the factors which influence children's development: the developmental needs of children, the capacities of parents or caregivers to respond appropriately to those needs, and the impact of wider family and environmental factors on both children's development and parenting capacity. An analysis of how these three domains of children's lives interact will enable practitioners to understand the child's developmental needs within the context of the family and to provide appropriate services to respond to those needs.

The following sections summarise some of the key research findings which should be drawn on when assessing children and families, providing services to meet their identified needs and

reviewing whether the planned outcomes for each child have been achieved.

4.12 **Social Exclusion**

Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiple disadvantaged. These families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good education and leisure opportunities. Racism and racial harassment is an additional source of stress for some families and children. Social exclusion can also have an indirect effect on children through its association with parental depression, learning disability, and long term physical health problems.

4.13 **Domestic Abuse**

Prolonged and/or regular exposure to domestic abuse can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic abuse has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of abuse. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent.

4.14 **The Mental Illness of a Parent or Carer**

Mental illness in a parent or carer does not necessarily have an adverse impact on a child's developmental needs, but it is essential always to assess its implications for each child in the family. Parental illness may markedly restrict children's social and recreational activities. With both mental and physical illness in a parent, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death. A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death, showed clear evidence of

parental mental illness in one third of cases. In addition, postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers.

4.15 **Substance/Alcohol Misuse**

As with mental illness in a parent, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. Their effects on children are complex and require a thorough assessment. Maternal substance misuse in pregnancy can have serious effects on the health and development of an unborn child, often because of the mother's poor nutrition and lifestyle. Newborn babies may experience withdrawal symptoms which may interfere with the parent/child bonding process. Babies may experience a lack of basic health care and poor stimulation and older children may experience poor school attendance, anxiety about their parents' health and taking on caring roles for siblings.

4.16 **Parental Learning Disability**

Where a parent has a learning disability it will be important not to generalise or make assumptions about their parental capacity. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly needed where they experience additional stressors such as having a disabled child, domestic abuse, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care. It is these additional stressors when combined with a learning disability that are most likely to lead to concerns about the care a child or children may receive.

5 Roles and Responsibilities

This section deals with the roles of statutory and voluntary agencies and other associated groups in relation to safeguarding activities and how their duties and functions are organised in order to contribute to inter-agency co-operation for the protection of children.

Although this section relates specifically to the duties of particular professionals or groups, this section has to be read in the context of the Safeguarding Procedures as a whole. In addition, each agency has more detailed internal procedures which should also be consulted.

5.1 **Common Features of all Agencies**

All organisations that work with children need to have in place:

- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in strategic policy documents
- A clear commitment by senior management to the importance of safeguarding and promoting the welfare of children
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children
- Recruitment and human resources management procedures that take account of the need to protect children and young people including arrangements for appropriate checks on new staff and volunteers
- Procedures for dealing with allegations of abuse against members of staff and volunteers
- Arrangements to ensure all staff undertake appropriate training to equip them to carry out their responsibilities effectively and keep this up to date by refresher training at regular intervals and that all staff, including temporary staff and volunteers who work with children are made aware of the establishment's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that
- Policies in place for safeguarding and promoting the welfare of children including a child protection policy and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information; and
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

5.2 Children's Social Care

Children's Social Care have the following responsibilities:

- Assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm
- For children in need (Section 17) provide services via the Family Support Plan which is subject to regular review
- Undertake, in conjunction with the police, enquiries under Section 47 of the Children Act 1989 and commence a core assessment, wherever there is reason to suspect that a child in its area is at risk
- Convene and chair child protection conferences
- Provide a key worker for every child who requires a child protection plan and ensure the plan is multi-agency and monitored through regular core groups

- Ensure that the agencies who are party to the protection plan co-ordinate their activities to protect the child
- Undertake a core assessment in relation to each child who has a child protection plan, ensuring that other agencies contribute as necessary to the assessment
- Convene regular reviews of the child's progress through both core group and child protection conference review meetings
- Instigate legal proceedings where required

The primary duty of all staff, whatever their nominated role, is to protect children from significant harm.

5.3 **Emergency Duty Team (EDT)**

The EDT provides the social work services for the Local Authority during out of office hours, weekends and public holidays. This cover is limited to dealing with situations that occur out of office hours and cannot wait until office hours. Where there is concern about alleged/suspected abuse, the EDT should be contacted for consultation and advice. Whilst the EDT does not have access to paper case files, they can access the Electronic Social Care Record. The EDT will check to ascertain whether the subject of concern is already the subject of a child protection plan. Where there are grounds to initiate Section 47 Enquiries, the EDT will take whatever protective action is necessary. In all cases, the EDT will follow the same policies and procedures contained in these procedures as they apply to social work practice both during and out of office hours.

5.4 **The Voluntary and Private Sectors**

Voluntary organisations and private sector providers play an important role in delivering services for children and young people including in early years and day care provision, family support services, youth work and children's social care and health care. Many voluntary organisations are skilled in preventative work and may be well-placed to reach the most vulnerable children, young people and families.

Voluntary organisations also deliver advocacy for looked after children and young people and for parents and children who are the subject of Section 47 Enquiries and child protection conferences. They offer for example: therapeutic work with children, young people and families, particularly in relation to child sexual abuse; specialist support and services for children and young people with disabilities or health problems; and services for children abused through prostitution and for children who abuse other children.

Some voluntary organisations operate free 24 hour national help lines. ChildLine is a national service for all children and young people who need advice about abuse, bullying and other concerns. The NSPCC is a specialist child protection agency which operates help lines and other services throughout England, Wales and Northern Ireland. Its national Child Protection Help Line provides advice to adults and children about child protection concerns. Parent Line Plus offers support to anyone parenting a child. These services, along with many other smaller help lines, provide important routes into statutory and voluntary services.

Voluntary organisations also play a key role in providing information and resources to the wider public about the needs of children and young people and resources to help families. Many campaign on behalf of groups on specific issues.

The NSPCC is the only voluntary organisation authorised to initiate proceedings to protect children under the terms of the Children Act 1989 but other voluntary organisations often play a key role in implementing child protection plans.

The voluntary sector is active in working to safeguard the children and young people with whom it works. A range of umbrella and specialist organisations, including the national governing bodies for sports, offer standards, guidance, training and advice for voluntary organisations on keeping children and young people safe from harm. For example the Child Protection in Sport Unit (CPSU) established in partnership with the NSPCC and Sport England provides advice and assistance on developing codes of practice and child protection procedures to sporting organisations.

Organisations in the voluntary and private sectors that work with children need to have the same safeguarding arrangements in place as organisations in the public sector and need to work effectively with TSCB. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children and how they should respond to child protection concerns in line with this guidance (summarised in *“What To Do If You’re Worried A Child Is Being Abused.”*)

5.5 Faith Communities

Churches, other places of worship and faith-based organisations provide a wide range of activities for children and young people. They are some of the largest providers of children and youth work and have an important role in safeguarding children and supporting families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based organisations will have various degrees of contact with children.

Like other organisations that work with children churches, other places of worship and faith-based organisations need to have appropriate arrangements in place for safeguarding and promoting the welfare of children. In particular these should include:

- Procedures for staff and others to report concerns that they may have about the children they meet that are in line with *“What To Do If You Are Worried A Child Is Being Abused”* and TSCB procedures, as well as arrangements such as those described above; and
- Appropriate codes of practice for staff, particularly those working directly with children, such as those issued by the Churches’ Child Protection Advisory Service (CCPAS) or their denomination or faith group
- Recruitment procedures in accordance with *“Safe from Harm”* (Home Office, 1993) principles and TSCB procedures, alongside training and supervision of staff (paid or voluntary)

Churches and faith organisations can seek advice on child protection issues from the Churches’ Child Protection Advisory Service (CCPAS).

CCPAS can help with policies and procedures; its *“Guidance to Churches”* manual can assist churches and its *“Safeguarding Children and Young People”* can assist other places of worship and faith-based groups.

CCPAS provides a national (24 hour) telephone help line for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues.

5.6 **Children and Family Court Advisory and Support Service (CAFCASS)**

CAFCASS’ functions are:

- To safeguard and promote the welfare of children who are the subject of family proceedings
- To give advice to any court about any application made to it in such proceedings
- To make provision for children to be represented in such proceedings; and
- To provide information, advice and other support for children and their families.

It is CAFCASS that appoints the individual officer who might be a CAFCASS employee or a self employed contractor. The CAFCASS officer is appointed by the court to undertake one or more of their functions and can be referred to by this general title. These CAFCASS officers have different roles in private and public

law proceedings which are denoted by different titles. The specific titles are:

- Children's Guardians, who are appointed to safeguard the interests of a child who is the subject of specified proceedings under the Children Act 1989 or who is the subject of adoption proceedings
- Parental Order Reporters, who are appointed to investigate and report to the court on circumstances relevant under the Human Fertilisation and Embryology Act 1990
- Children & Family Reporters, who prepare welfare reports for the court in relation to applications under Section 8 of the Children Act 1989 (private law proceedings including applications for residence and contact) and increasingly also work with families at the stage of their initial application to the court
- CAFCASS officers can also be appointed to provide support under a Family Assistance Order under the Children Act 1989. (Local Authority Officers can also be appointed for this purpose)

The CAFCASS officer has a statutory right in public law cases to access and to take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records which relate to the child and the wider functions of the local authority or records held by an authorised person (i.e. the NSPCC) which relate to that child.

Where a CAFCASS officer has been appointed by the Court as Children's Guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings. Applications for contact, residence, specific issue and prohibited steps orders, which have become particularly difficult can also be specified proceedings) they should always be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members; understand the role of the CAFCASS officer.

5.7 **Adult Social Care Services**

Those who work with adults must consider the implications of service users' behaviour for the safety and well being of any dependent children and/or children with whom those adults are in contact. In particular, child protection issues may arise amongst parents or pregnant women who are in receipt of the following:

- Community Mental Health Support
- Substance Misuse Services
- Learning Disability Services

Where both Adults' and Children's Services are providing services to a family staff must communicate with each other and agree their interventions. Adult services staff who receive referrals about adults who are also parents must always formally consider and record whether there is a need to alert Children's Services to a child who is 'in need' and may be 'at risk of significant harm'. Once action is taken under these procedures (and regardless of whether the work is undertaken jointly or separately) Children's Services become responsible for co-ordination.

Under the Children Act 1989, as amended by the Care Standards Act 2000, local authorities are required to ensure information and advice about day care/childminding is made available and training is provided for day care providers and childminders.

5.8 **Leisure Services**

Children are intensive users of the Leisure Services, including parks, swimming pools, leisure centres and theatres. Leisure services also organise courses for young children e.g. cycling proficiency. In addition to their shared responsibility to provide staff with child protection training, leisure services must ensure that managers take responsibility for briefing casual and temporary members of staff of the need to be aware of child protection issues.

Working practices should be adopted which minimise unobserved contact with children. Leisure Services must also ensure that any organisations contracting to use leisure premises have adequate child protection procedures.

Staff, volunteers and contractors who provide these services will have various degrees of contact with children who use them and appropriate arrangements need to be in place including:

- Procedures for staff and others to report concerns they may have about children they meet that are in line with '*What To Do If You Are Worried A Child Is Being Abused*' and TSCB procedures, as well as arrangements such as those described above; and
- Appropriate codes of practice for staff, particularly sports coaches, such as those issued by national governing bodies of sport, the Health and Safety Executive, or the local authority

5.9

Sports Clubs

Many children regularly attend sports clubs and all such organisations must have their own child protection procedures and training for relevant staff and volunteers. The NSPCC Child Protection in Sport (CPSU) works in partnership with Sport England and other major sports organisations to develop safeguards for children in sport. The Football Association (FA) has its own child protection policy and procedures and provides mandatory training for coaches, referees and volunteers involved in local football clubs. The child protection procedures instruct individuals to seek advice or make referrals to the NSPCC help line, Children's Social Care or the police. Where suspected abuse occurs within a football setting, the FA Head of Education & Child Protection should be informed of the concerns and will provide information for any relevant child protection enquiries and strategy discussions.

In partnership with Ladbrokes, the NSPCC has issued a free leaflet and checklist of questions (Have Fun Be Safe) that parents and carers should be asking for, from organisations offering sports activities for children (available from NSPCC and Ladbrokes shops).

5.10

Housing Services

Housing and homelessness staff in local authorities can play an important role in safeguarding and promoting the welfare of children as part of their day to day work by:

- Recognising child welfare issues
- Sharing information
- Making referrals; and
- Subsequently managing or reducing risks

Housing managers, whether working in a local authority or for a Registered Social Landlord (RSL) and others with a front line role such as environmental health officers, also have an important role, for example:

- Housing staff, in their day to day contact with families and tenants, may become aware of needs or welfare issues which they can either tackle directly (for instance by making repairs or adaptations to homes) or by assisting the family in accessing help through other organisations
- Housing authorities are key to the assessment of the needs of families with disabled children who may require housing adaptations in order to participate fully in family life and reach their maximum potential.

- Housing authorities have a front line emergency role for instance managing re-housing or repossession when adults and children become homeless or at risk of homelessness as a result of domestic violence
- Housing staff through their day to day contact with members of the public and with families may become aware of concerns about the welfare of particular children also, housing authorities and RSLs may hold important information that could assist Children's Services (Social Care) in carrying out assessments under Section 17 or Section 47 of the Children Act 1989; conversely social care staff and other organisations working with children can have information which will make assessments of the need for certain types of housing more effective; authorities and RSLs should develop joint protocols to share information with other organisations, for example children's social care or health professionals in appropriate cases
- Environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly; under Part 1 of the Housing Act 2004, authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.
- *Multi-agency Risk Assessment Conference (MARAC)*. Housing Authorities have a key role in reducing and addressing the risk of domestic abuse to families through their involvement with MARAC. For example they can provide valuable information to the conference that may indicate violence within the household i.e. broken windows and they can assist with the issue of domestic abuse with civil injunctions, ending the tenancy to remove the perpetrator from a joint tenancy and assisting people in court.
- *Multi-agency Young People's Housing Emergency Meeting (MAYHEM)* Relevant representatives from Housing Options, Social Care, Connexions, Youth Service and Housing Providers meet together on a regular basis to discuss the reason for a young person's homelessness, look at their needs and identify a plan of action.

5.11 **Registered Social Landlords (RSLs)**

In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more RSLs.

Housing authorities remain responsible for assessing the needs of families under homelessness legislation and managing nominations to registered social landlords who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of assessment of need and because of the influence they have in designing and managing prioritisation, assessment and allocation of housing.

5.12 **Immigration Service**

Immigration officers who have contact with children on arrival in the country must refer to the relevant Children's Services (Social Care) if they have concerns about the future safety of any child. In particular, all unaccompanied asylum seeking children must be referred to Children's Services (Social Care).

5.13 **Greater Manchester Probation Service (GMPS)**

GMPS is recognised as an agency with a key role to play in protecting vulnerable children. However, they are an agency that deals with the adult carers of vulnerable children and not an agency with responsibility for direct contact and direct observation of children's progress in a difficult situation.

They may however, through the provision of a direct service to children, identify concerns in the following circumstances:

- Offering a service to child victims of serious sexual or violent offences
- Supervising 16 and 17 year olds on Community Punishment
- Seconding staff to join Youth Offending Teams
- Supporting women victims and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes

Information about possible child abuse may arise in a number of ways e.g. by personal observation, from the family, child, neighbours, Probation Centre, Courts, Family Court Welfare, Penal Institutions, Hostels or other agencies.

The key aims of the probation service are to reduce offending and to protect the public. Offender Managers work predominantly with offenders aged eighteen years and over. Probation Officers may become involved with cases relevant to child protection:

- In the course of preparing reports to the criminal courts

- As a result of their responsibility for the supervision of offenders (including those convicted of offences against children)
- Where an offender had been subjected to abuse as a child
- Where a sixteen or seventeen year old offender is or has been the subject of abuse.

Offender Managers must refer a child to Children's Services (Social Care) if concerned that a child may be in need or at risk of significant harm. The probation service has statutory responsibilities to assess and manage high risk offenders, principally via Multi-Agency Public Protection Panels (MAPPP). The probation service must contact and consult victims of serious crimes regarding release arrangements of offenders. If the victim is a child, Children's Services (Social Care) and other professionals who have contact, or good knowledge, of the child must be consulted.

Offender managers should also ensure there is clarity and communication between Multi-Agency Public Protection Arrangements (MAPPA) and other risk management processes e.g. in the case of safeguarding children, procedures covering registered sex offenders, domestic abuse management meetings i.e. multi agency risk assessment conference, child protection processes and processes for the assessment of persons identified as presenting a risk or potential risk to children.

5.14 **Youth Offending Service (YOS)**

Each local authority acting in co-operation with police, health and probation must provide a YOS. The duties of YOS are to co-ordinate provision of youth justice services for all those in the local authority's area that need them and carry out other duties under the Crime and Disorder Act 1998. Due to the YOS having contact with both victims and perpetrators of abuse, staff may identify circumstances in which action by Children's Services (Social Care) is required. In these instances a referral must be made.

5.15 **Education**

A Shared Objective

Everyone in the education service shares an objective to help keep children and young people safe by:-

- Providing a safe environment for children to learn in education settings
- Identifying children who are suffering or likely to suffer significant harm and taking appropriate action to make sure they are kept safe both at home and in the education setting.

Education settings should have systems which are required to:

- Prevent unsuitable people working with children
- Promote safe practice and challenge poor and unsafe practice
- Identify instances in which there are grounds for concern about a child's welfare, and initiate or take appropriate action to keep them safe
- Contribute to effective partnership working between all those involved with providing services for children as described in *Working together to Safeguard Children (2006)*
- Governing bodies are accountable for ensuring their establishment has effective policies and procedures in place, and monitoring the school's compliance with them.

5.16 **Safeguarding Children and Safer Recruitment in Education (DCSF January 2007)** sets out the responsibilities of all local authorities, schools and Further Education (FE) colleges in England to safeguard and promote the welfare of children and young people. It sets out recruitment best practice, some underpinned by legislation. This guidance is also relevant for supply agencies, which supply staff to the education sector, contractors who work in education establishments responsible for under 18s, as well as other providers of training for those under 18. The guidance also details the process for dealing with allegations of abuse against staff.

5.17 **School Governors & Governing Bodies**

S.175 (2) and (3) Education Act 2002 respectively, impose an obligation on school governors and on governing bodies of FE institutions (corporations) to ensure they make arrangements for ensuring their functions relating to the conduct of the school/institution are exercised with a view to safeguarding and promoting the welfare of children/young people receiving education/training.

Governing bodies should ensure that:

- The school or institution has a child protection policy which is reviewed annually, is referred to in the school/institution's prospectus and that conforms to TSCB policy and guidance
- The policy includes provision for procedures for recruiting and selecting staff and volunteers and for dealing with allegations of abuse against staff and volunteers
- The school/institution has a senior teacher/member of the senior management team designated to take lead responsibility for dealing with child protection issues

- Members of the governing body/corporation, head teacher, designated teacher/person and all other staff and volunteers who work with children have attended appropriate training to equip them to carry out their responsibilities for child protection effectively and that this is kept up to date
- Any deficiencies or weaknesses in regard to child protection arrangements are brought to the attention of the governing body/corporation and are remedied without delay
- A member of the governing body/corporation is nominated to be responsible for liaising with the Local Authority and/or partner agencies, as appropriate in the event of allegations of abuse being made against the head teacher or principal

Governing bodies of Non-Maintained Special Schools have very comparable duties by virtue of S.157 of the Education Act 2002.

5.18 **Maintained Schools/FE Colleges**

The head teacher or equivalent should ensure that:

- A senior person (member of the senior management team in an FE institution) is designated as taking lead responsibility for child protection including liaising with pupils' social workers, making referrals where appropriate, representing the school/institution in inter-agency working and liaising with parents/carers
- Child protection procedures in line with the school/FE institution policy and TSCB policy and procedures are in place and followed by all staff and volunteers
- The designated teacher and other staff and volunteers have undertaken up to date and appropriate training to equip them to carry out their responsibilities effectively, including in the case of the designated teacher, training in inter-agency work
- Procedures for dealing with allegations of abuse against staff are in accordance with TSCB procedures and all staff and volunteers are aware of them and aware of the boundaries of professional conduct
- All staff and volunteers feel able to raise concerns about poor or unsafe practice and such concerns are addressed sensitively and effectively in a timely manner in accordance with agreed whistle blowing policies
- Safe recruitment practices that provide for appropriate checks are in place and are followed in respect to all new staff and volunteers who will work with children
- Child protection training for all staff is included as a key area in all induction procedures
- Arrangements are made, including where necessary the provision of supply cover, to enable the designated teacher and other staff to discharge their responsibilities by taking

part in strategy discussions and child protection conferences and contributing to the assessment of children.

5.19 **Independent Schools**

The role of independent schools in relation to child protection is the same as that of any other school. The same pastoral responsibilities apply and schools should adopt the principles and pursue the objectives contained within this guidance. It is particularly important that independent schools establish channels of communication with Children's Services and TSCB, building on links with the local authority, so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated. Independent schools that provide medical and/or nursing care should ensure that their medical and nursing staff has appropriate training and access to advice on child protection. Children's Services and TSCB should offer the same level of support and advice to independent schools in matters of child protection as they do to maintained schools.

Proprietors of independent schools (including Academies and City Technology Colleges) also have a duty to safeguard and promote the welfare of their pupils under S.157 Education Act 2002 and the Education (Independent Schools Standards) Regulations 2003.

Proprietors of independent schools should ensure that:

- Their school has a child protection policy that conforms with local guidance, is reviewed annually and is made available on request
- A senior teacher/member of staff of the senior management team is designated to take responsibility for dealing with child protection issues
- The proprietor, head teacher and designated teacher have attended the necessary training to equip them to carry out their responsibilities for child protection which is kept up to date and high quality training is available for all other staff appropriate to their needs
- Any deficiencies or weaknesses are remedied without delay
- They have arrangements in place to liaise and work with other agencies over child protection issues in line with policies and procedures
- They have safe recruitment procedures in place together with procedures for dealing with allegations of abuse against staff.

5.20 **Education Welfare Officers (EWOs)**

EWOs, who work in association with particular schools, are often well placed to identify where families are facing difficulties and are

in need of support. In their direct welfare work with families, EWOs may recognise child protection issues and must refer these to Children's Social Care. EWOs should assist the designated teacher in monitoring children who have a multi-agency child protection plan. EWOs are able to provide advice and support to other education staff on child protection matters.

5.21 Educational Psychology and other Support Services

Educational Psychologists deal with pupils who exhibit learning and behavioural difficulties of varying kinds. Most of these children will have no additional needs outside the school context but some may be failing to make the necessary progress at school due to problems which affect them socially and emotionally, including neglect and abuse. Educational Psychologists are trained to identify indicators of abuse and have an important role in informing co-professionals of problems that need to be addressed on an inter-agency basis. If an Educational Psychologist has a concern about a child who is, or is likely to be at risk of significant harm, s/he should consult with the designated professional in the organisation and make a referral to the Multi-Agency Referral and Assessment Team (MARAT) if this is felt to be appropriate.

5.22 Library Services

Library staff have a great deal of informal contact with children and parents using their services, which provides opportunities for recognising those who are experiencing difficulties. If young children are left unattended within the library for lengthy periods of time, staff should intervene with parents and inform the Multi-Agency Referral and Assessment Team (MARAT) if concerns are not allayed.

Through the facility for homework helpers and holiday groups, some library staff have direct unsupervised contact with children and all must be familiar and comply with child protection procedures. Because libraries provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and chat rooms in which children may be drawn into risky relationships.

5.23 Parents Employing a Personal Tutor

The Local Authority (LA) does not keep a list of approved tutors but they do directly employ them in order to make provision for children who are unable to attend school on a protracted basis and for whom alternative special arrangements are necessary. The names of such LA home tutors cannot be made available to the public in order to employ them privately. Parents/carers should be advised to approach their child's school to see if they can help in the

identification of someone willing to provide additional support for the child at home on a private paid basis. Such an approach should provide the necessary safeguards since all teaching staff employed in maintained schools should have been subject to professional checks regarding their suitability to work with children and young people and also regarding their professional qualifications.

5.24 **Sure Start Early Years Service**

Sure Start Early Years (SSEY) provide a range of services to implement the duties for the local authority under the Children Act 1989, Care Standards Act 2000 and Childcare Act 2006 in providing information, advice and training to childcare providers from the private, voluntary and independent (PVI) sectors. The term *Childcare Providers* includes early year's childcare for 0-5 years and later years 5-19 years, this may be extended up to 25 years for Disabled Children and Young People. This includes Ofsted registered provision such as Childminders; Day Nurseries; Pre-school Playgroups; Before and After School Clubs; Holiday Clubs and Crèches.

Trafford's Sure Start Early Years Service provides a range of services direct to childcare providers to challenge, support and offer advice on quality childcare issues, this includes: visits to settings, childminders' homes and group meetings. Priority work for the team includes the mandatory training under relevant legislation which covers Safeguarding and Child Protection. Everyone in the Sure Start Service shares an objective to keep children and young people safe.

SSEY service is not an investigating or intervention agency, but has an important role to play in Safeguarding Children and Young People in providing support to families to prevent crisis and in the identification of potential abuse and referring to Children's Social Care.

5.25 **Connexions**

Connexions are tasked with the provision of services to a wide age range of young people (13 to 19 and for the more vulnerable, up to 25 years of age). Where there are welfare concerns regarding a young person these need to be referred to either Children's Services (MARAT) if the young person is 17 years or below and to Adult Services if aged 18 or above.

Connexions are responsible for:

- Identifying, keeping in touch with and giving the necessary support to young people in their geographical area (each young person's needs are assessed and the support and continuing

contact they receive is tailored to their assessed needs). A young person may receive any combination of the following according to their need: information, advice, guidance, counselling, personal development opportunities, referral to specialist services and advocacy to enable them to access opportunities funding or other services. The needs of young people from vulnerable groups such as teenage mothers, care leavers, young people supervised by YOS and young people with learning difficulties and/or disabilities are a particular priority for Connexions

- Identifying young people who may be at risk and in these cases, for alerting the appropriate authority (Connexions staff should be aware of the agencies and contacts to use to refer those at risk and be aware of the services it is reasonable to expect from these organisations)
- Minimising risk to the safety of young people on premises for which they or their subcontractors are responsible
- Minimising the risk that organizations, to which they signpost young people e.g. those providing employment and training opportunities, pose a threat to the moral development and physical and psychological well being of young people
- Ensuring that the recruitment of all staff (including volunteers) complies with current vetting regulations
- Ensuring staff (including sub contractors), are aware of risks to young people's welfare and can exercise their legal, ethical, operational and professional obligations to safeguard them from these risks (information sharing protocols with other agencies should award high priority to safeguarding the welfare of young people and staff should comply fully with these agreements)

Connexions should be working closely with other agencies concerned with child safety and welfare to rigorously analyse the nature and distribution of risk within the cohort of young people and to use this information to design services.

5.26 **Greater Manchester Police**

Whenever Children's Social Care has a case referred to it that constitutes, or may constitute, a criminal offence against a child, a social worker or their manager should always discuss the case with the police at the earliest opportunity.

Whenever other agencies, or the Local Authority (LA) in its other roles, encounter concerns about a child's welfare that constitute, or may constitute, a criminal offence against a child, they must always consider

sharing that information with Children's Social Care or the police in order to protect the child or other children from the risk of significant harm. If a decision is taken not to share information, the reasons must be recorded.

In dealing with alleged offences involving a child victim, the police should normally work in partnership with children's social care and/or other agencies. While 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 care led intervention rather than a full police investigation.

Strategy Meeting

Whenever there is a reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion involving LA Children's Social Care and the Police and other bodies as appropriate. Significant harm to children gives rise to both child welfare concerns and law enforcement concerns and Section 47 Enquiries may run concurrently with Police investigations concerning possible associated crimes. The Police have a duty to carry out thorough professional investigations into allegations of crime and the obtaining of clear, strong evidence is in the best interest of a child, since it makes it less likely that a child victim will have to give evidence in a criminal court. Enquiries may, therefore, give rise to information that is relevant to decisions that will be taken by both LA Children's Social Care and the Police. The findings from the assessment and/or Police investigation should be used to inform plans about future support and help to the child and family. They may also contribute to legal proceedings, whether criminal, civil or both.

Immediate Protection

The Police have powers to remove a child to suitable accommodation in cases of emergency but they should only be used in exceptional circumstances where there is insufficient time for social care to seek an emergency protection order or for reasons relating to the immediate safety of the child.

5.27 Health Services

All health staff have a duty to protect children and young people and should ensure that safeguarding forms an integral part of all stages and aspects of the care they offer.

All staff (at all levels) working within the NHS and independent healthcare settings, play an important part in ensuring that children

and their families receive the care, support and services they require in order to promote children's health, wellbeing and safety.

Staff need to be aware of their responsibility to safeguard and promote the welfare of children and young people even when the health professionals do not work directly with a child but may be seeing their parents, carers or other significant adults.

Many health professionals, for example, health visitors, school nurses, G.P.'s, midwives, provide a universal service which all children and young people can access without a referral. This places them in a unique situation where they are often the only professionals working with the family and are often the first to be aware that families are experiencing difficulties looking after their children

The National Service Framework for Children, Young People and Maternity Services (NSF) highlights the serious impact that physical, emotional, sexual abuse, neglect and domestic abuse (and parental mental health, substance misuse) can have on all aspects of a child's health, development and wellbeing. This can impact on the child not achieving their optimal outcomes throughout childhood, teenage years and into adulthood

Safeguarding children is a theme throughout the 11 standards in the NSF but standard 5 deals specifically with safeguarding and promoting the welfare of children and young people. This is defined 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

Standard 1 of the NSF outlines the new universal child health promotion programme. This provides a framework to ensure the promotion of the health and well-being of individual children and young people. The child health promotion programme is being delivered by multi-agency support services involved with children and young people including GPs, midwives, health visitors, school nurses, dentists, early year's workers and teachers working together. The programme addresses the needs of children from preconception to adulthood and integrates pre-school and school aged health promotion and assessment.

The safety and health of a child are intertwined aspects of their wellbeing. Many "health" interventions also equip a child to "stay safe."

The NSF is an integral part of the *Every Child Matters: Change for Children Programme*.

National Standards, Local Action (DOH 2004) incorporates *Standards for Better Health* (DOH 2004), which describes the level of quality that healthcare organisations including NHS Foundation Trusts and private and voluntary providers of NHS care are expected to meet. It sets out core standards which are not optional, and developmental standards, such as national service frameworks, which the Healthcare Commission will use to assess continuous improvement and to ensure a high standard of care.

The Healthcare Commission is required to pay particular attention to “the rights and welfare ”of the child and to safeguard the public by acting swiftly and appropriately on concerns about healthcare.

Core Standard 2, within the “safety” domain states “ health care organisations protect children by following national child protection guidelines within their own activities and in their dealings with other organisations.”

In discharging their roles and responsibilities, NHS organisations will therefore need to meet the core standard 2 and take account of the NSF.

All health organisations whether in the NHS or independent health sector should ensure safeguarding children and young people are an integral part of their governance system.

The involvement of health professionals is important at all stages of work with children, young people and families and they should be able to:

- Recognise children and young people in need of support and target services to support families who may need extra help in bringing up their children.
- Assessing the needs of children and the parenting capacity, in accordance with the Framework for the Assessment of Children in Need and their Families.
- Implement and review plans to support vulnerable children and their families to ensure each child achieves their optimal outcomes.
- Understand the risks factors and recognise children and young people in need of support and/or safeguarding including the unborn child.
- Contribute to the planning of support for children and young people who may be at risk of significant harm due to living in

households with domestic abuse, substance misuse, mental health problems or learning difficulties

- Recognition of indicators of abuse within the four categories, physical, sexual, emotional abuse and neglect.
- Be alert to the increased likelihood of harm being suffered by children and young people with disabilities.
- Respond sensitively to the needs of children and their families from a range of racial and religious backgrounds.
- Understand the risks posed by and needs of children who harm others.
- Understand the roles and responsibilities of partner agencies within the Children and Young People's Service (CYPS)
- Compile a chronology of significant events which records their involvement over a period of time. And all information must be accurately recorded in accordance with professional guidelines.

There will always be a need for close co-operation with other agencies, including any other health professionals involved.

Health services contribute to safeguarding through the:

- Contribution to single and multi agency assessment.
- Completion of the Common Assessment documentation when appropriate.
- Undertaking of the role of lead professional and chair family support meetings.
- Provision of written health reports for Strategy, Family Support Meetings and Initial and Review Child Protection Conferences.
- Attendance at family support meetings and child protection conferences. .
- Participation in protection plans to support a child/young person at risk of likely or actual significant harm. To attend core groups.
- Contribution to enquiries from other professionals about a child/young person and their family. .
- Recognition of children/young person in need of support and /or protection during core health services e.g. immunisations,

paediatric development examination, school health service and attendance to medical services.

- Contribution to serious case reviews and the action plans in response to the recommendation.

All health service staff must be:

- Alert to the possibility of child abuse and neglect.
- Able to recognise, and know how to act upon, indicators that a child/young person's welfare or safety may be at risk. (*Key processes are summarised in What To Do If You're Worried A Child Is Being Abused*).
- Able to initiate referral to the Multi-Agency Referral and Assessment Team (MARAT, previously known as CDAT) using CAF/MARAF forms.
- Aware of the importance of discussing the concerns with the parents and carers and gaining agreement before a referral to MARAT, however, this should only be done where such discussion and agreement seeking will not place a child at increased risk of significant harm or place the referrer at risk or the concern is suspected sexual abuse.
- Familiar with Trafford Safeguarding Children Board (TSCB) Procedures and how to access the procedure.
- Able to access information about the names and contact details of the relevant named and designated professionals from whom advice can be sought.
- All consultations must be recorded in the records and followed up in writing. This should not delay a timely referral to the MARAT.
- Able to access safeguarding training which is appropriate to their function within their role with children and young people.
- Able to access safeguarding supervision on a one to one or within a peer group setting, in order to support staff.

All staff involved in working with children and young people and in adult settings should access safeguarding induction, single agency and multi agency training at the relevant level set down in the single and multi agency training programme.

All healthcare organisations whether in the NHS or independent health sector must ensure they have in place safe recruitment policies and practices, including Criminal Record Bureau (CRB) for all staff, including agency staff, students and volunteers, working with children and young people.

5.28 **Health Organisations**

Strategic Health Authority (SHA)

The Strategic Health Authority (SHA) is responsible for performance managing and supporting development of Primary Care Trusts' (PCT) arrangements to safeguard and promote the welfare of children and young people.

The SHA will need to:

- Manage performance against the core and developmental standards
- Monitor the Primary Care Trust (PCT) implementation of child protection serious case review action plans.

They will be able to draw on the findings of a number of inspection processes – the Joint Area Review (JAR) undertaken by a number of inspectorates working in partnership, including the Healthcare Commission reviews and investigations.

5.29 **Primary Care Trusts (PCT)**

- Trafford PCT is under a duty to take account of the need to safeguard and promote the welfare of children in discharging their functions and should identify a senior lead for children and young people to ensure their needs are at the forefront of local planning and service delivery. There should be a named public health professional who addresses issues around children in need as well as those in need of protection and who is responsible for the performance management of the designated functions.
- Trafford PCT Chief Executive has a responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs commissioning arrangements.
- The PCT's statutory duties include involvement in, and commitment to, the work of TSCB including representation on the Board at an appropriate level of seniority.

- Trafford PCT has an additional responsibility for providing and / or ensuring the availability of advice and support to TSCB in respect of a range of specialist health functions e.g. primary care, mental health (adult, child and adolescent) and sexual health, and for co-ordinating the health component of serious case reviews.
- Trafford PCT should ensure that all health providers from whom they commission services have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children in line with and informed by TSCB procedures, and are easily accessible for staff at all levels within each organisation.
- Trafford PCT ensures that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements

5.30 **Primary Care Health Services**

All members of the primary health care team and practice employed staff have key roles to play in identifying children and young people who may be in need of services and children in need of protection. Surgery consultations, home visits, treatment room sessions, child health clinic attendance carried out by the health visitor, practice nurse and general practitioner (GP).

Health visitors are often the starting point for safeguarding referrals for children in need of protection due to their delivery of a universal service coupled with their expertise in assessing and monitoring child health and development. Their continuing work in supporting families places them in a unique position to play an important part as enquiries progress

All PCT Staff should:

- Know when it is appropriate to complete a CAF and contribute to the family support meetings.
- Know when to refer to the MARAT and complete the appropriate documentation.
- Be able to recognise when a parent or other adult has problems which may affect their capacity as a parent/carer or which may mean they pose a risk of harm to a child.
- Know to share concerns that may have been identified at assessments, as part of the core programme, which identifies that the family may need support.

- Contribute to the sharing of information with partner agencies when enquiries are being made about a child, an assessment is being carried out, involvement in a child protection plan.
- Be kept up to date with safeguarding single and multi-agency training. GPs should take part in the training and have regular updates as part of their postgraduate educational programme. As employers, GPs should ensure that practice nurses, practice managers, receptions and any other staff they employ, are given the opportunity to attend the single/multi-agency safeguarding training.
- Ensure the practice guidelines for identifying those children who are subject of a child protection plan are followed.
- Ensure that staff working within out-of-hours service knows how to access the TSCB Procedures and access advice.

5.31 **Designated Professionals**

Trafford PCT is responsible for identifying a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children across the health economy.

The designated professionals should be performance managed at the level of board-level director who has executive responsibility for safeguarding as part of their portfolio of responsibilities.

The responsibilities of designated professionals are:

- Providing the strategic, professional health lead on all aspects of the health service contribution to safeguarding children across the PCT area, which includes all providers.
- Supporting and advising the named professionals in meeting safeguarding specifications.
- Providing professional advice on safeguarding children matters to the multi-agency network.
- Provide an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis to ensure the training needs of all health staff is addressed.
- Provide skilled professional involvement in child safeguarding processes in line with TSCB procedures and in serious case reviews.

- Monitoring, evaluating and reviewing the health service contribution to the protection of children
- Provide professional advice to TSCB
- Collaborating with the named professionals in each trust in reviewing the involvement of health services in serious incidents which meet the criteria for serious case reviews.

5.32 **Named Professionals**

Trafford PCT and Trafford Healthcare NHS Trust are required to appoint a named nurse and named doctor and named midwife to take the professional lead on safeguarding matters within their respective Trusts and service areas.

The responsibilities of named professionals are:

- Being a source of advice and expertise on safeguarding matters to all staff at the point of need.
- Promoting good practice and effective communication within and between trusts and partner agencies.
- Ensuring that arrangements are in place for safeguarding supervision for health staff involved in providing services to children and families and vulnerable adults who are parents/carers.
- Ensuring that arrangements are in place for induction and training at levels of competencies according to level of involvement in providing health services to children and families
- Ensuring that health staff are aware of the thresholds for triggering the levels of intervention and assessment of risk.
- Ensuring there are effective systems to monitor practice and the application of agreed safeguarding standards.
- Conducting the trusts internal case reviews.

5.33 **Trafford Healthcare NHS Trust and Greater Manchester West Mental Health Foundation Trust**

The NHS Trust and Mental Health Trust along with other health partners are responsible for providing health services in the hospital and community, specialist and in-patient settings. They have a duty to participate in TSCB and as statutory partners share responsibility for

the effective discharge of its functions in safeguarding and promoting the welfare of children.

Representation on TSCB should be at an appropriate level of seniority. They will need to have a strategic role in relation to safeguarding and promoting the welfare of children within their agency. They should be able to speak for their organisation with authority on policy and practice matters.

5.34 **Maternity Services**

Midwives are the primary health professionals working with and supporting women and their families throughout the pregnancy until after the birth of the baby. The health visitor and specialist professionals may also be directly engaged in providing support.

Midwives are in a position to observe attitudes to the developing baby and identify potential problems during pregnancy, birth and early care.

All staff working in maternity services should be:

- Aware of the impact of mental health problems during pregnancy and on the child's safety and well-being following birth.
- Aware of the escalation of domestic abuse during pregnancy and the issue of domestic abuse should be raised in a supportive and enabling environment with information about support services.

Aware that services contracted for midwifery led maternity services should be fully integrated into TSCB Procedures.

Aware of the documentation used in the community and hospital to record safeguarding information in the relevant files.

Aware that when they are invited to a child protection conference they should provide a written report including information from hospital and community case records. Information should relate to the mother, child and family situation.

5.35 **School Services**

School nurses have regular contact with school-aged children who they see predominantly in the school setting. Their skills and knowledge of promoting, assessing and monitoring child health and development of children and young people places them in an important role at all stages of safeguarding processes.

All staff working in School Health should:

- Be aware that any member of the school health staff who has reason to believe that a child has suffered physical, sexual, emotional abuse or neglect should report this to the designated professional for safeguarding in the school environment. This role is undertaken by either the Head Teacher or a 'named' teacher. It is their responsibility to refer this to Multi Agency Referral and Assessment Team. If this does not happen then the school health staff must discuss this with the designated or named nurse or line manager.
- Refer to the Procedures for working to Sexual Active Young People under the age of 18, using the Risk/Needs Assessment Guide in conjunction with the Fraser Guidance.

5.36 **Paediatric Services**

All health staff should have easy access to paediatricians trained in examining, identifying and assessing children and young people who may be experiencing abuse or neglect.

All staff working in Paediatric Services should:

- Maintain their skills in the recognition of abuse and neglect and be familiar with the procedures to be followed if harm is suspected
- Should be aware of the referral pathway to access St Mary's Children's Sexual Assault Referral Centre (SARC).
- Produce reports for child protection investigations. They may also have to produce a report for civil and criminal proceedings and appear as witnesses to give oral evidence. They must always act in accordance with guidance from the General Medical Council and professional bodies, ensuring their evidence is accurate.
- Produce a report or/and attends child protection conference.
- Paediatricians, especially at consultant level, may be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those which have a medical cause. In their contact with children and families they should be sensitive to, and knowledgeable about, indicators suggesting the need for additional support or inquiries to prevent or identify abuse and neglect.

5.37

Accident and Emergency Department (A&E)

Staff working in A&E departments, ambulatory care units, walk-in centres and minor injury units should be able to recognise abuse and be familiar with TSCB Procedures for making enquiries when there are safeguarding concerns.

All staff working in A&E should:

- Be trained in how to safeguard and promote the welfare of children and young people and be alert to potential indicators of abuse or neglect in children and young people.
- Be familiar with the procedure for making enquiries to find out if a child is subject to a child protection plan.
- Be alert to carers who seek medical care from a number of sources in order to conceal the repeated nature of the child's injuries.
- Be alert to the need to safeguard the welfare of children where there is evidence of domestic abuse.
- Be able to access specialist paediatric advice at all times and all units where children receive care.
- Notify the GP of visits of children to the Department. Where the child is not registered with a GP staff must contact the PCT so that they can arrange registration.
- Be aware of the role of the paediatric health visitor liaison service whose role is to inform the health visitor and school nurse of attendance.

5.38

Child and Adolescent Mental Health Services (CAMHS)

Standard 9 of the NSF is devoted to the Mental Health and Psychological Well-being of Children and Young People. The importance of effective partnership working is emphasised and this is especially applicable to children and young people who have mental health problems as a result of abuse and/or neglect.

Staff working in CAMHS should:

- As part of the assessment and care planning identify whether child abuse or neglect or domestic abuse are a factor in a child's mental health problems and should ensure that this is addressed appropriately in the child's treatment and care. If the

professional thinks a child is currently affected the TSCB Procedures should be followed.

- Have a role in the initial assessment process in cases where their specific skills and knowledge are helpful, eg:
 - Children and young people with severe behaviour and emotional disturbance, eating disorders or self-harming behaviour.
 - Families where there is a perceived high risk of danger.
 - Families where the parent/carer fabricates or induces illness.
 - Families where there is a very young child or where the abused child/abuser has severe communication problems.
- Have a role with children with significant learning difficulties, a disability, or sensory and communication difficulties (potentially requiring the expertise of a specialist psychiatrist or clinical psychologist from a learning disability of child health service).
- In some cases have a role in the provision of a range of psychiatric and psychological assessment and treatment for children and families, eg, the provision of reports for court.
- In addition, consultation and training may be offered to other agencies in the community, eg, Children's Social Care, schools, primary health care teams.

5.39 **Dental Practitioners**

Dental practitioners and the dental care professionals work in a variety of settings who see children and young people within health care settings and when undertaking domiciliary visits. They are likely to identify injuries to the head, neck, face, mouth and teeth as well as potentially identifying other child welfare concerns.

Staff working in dental services should:

- Be able to access TSCB Procedures.
- Be able to access single and multi-agency safeguarding training.
- Be aware how to contact the named and designated professionals within the PCT and NHS Trust and access support when referring to MARAT.

- Be able to access *Child Protection and the Dental Team – An Introduction to Safeguarding Children in Dental Practice. (2006).*

5.40 **Other Health Professionals**

The following health staff are also potential contributors to the safeguarding of children and young people in their role of providing services to promote their health and development of children and young people (the list is not exhaustive). They should have knowledge of TSCB Procedures and how to contact named and designated professionals for advice and support. They should receive the training and supervision needed to recognise and act upon safeguarding concerns and to respond to the needs of children. This includes the guidance in the preceding sections of roles and responsibilities.

Pharmacists prescribing emergency hormonal contraception (EHC) to minors and staff working in sexual health services should have enhanced training in the recognition and referral for sexually abused and sexually exploited children. These staff include:

Staff in sexual health services
 Speech & language therapists
 Pharmacists
 Occupational therapists & physiotherapists
 Orthoptists & Optician
 Obstetric & gynaecological staff

5.41 **Adult Mental Health Services**

Adult mental health services, including general adult and community, forensic, specialist services, psychological therapies, allied health professionals, alcohol and substance misuse and learning disabilities service have a duty to safeguard and promote the welfare of children.

The Mental Health Trust provides services across three local authority areas and from a large number of sites in the community and in hospitals. Most services are integrated with local authority adult mental health services.

Contact between adults with mental health problems and children will not necessarily indicate a risk of abuse or neglect to the child; any safeguarding concerns will be the result of the adult's behaviour rather than any mental health problems in itself. However, children who are cared for by an adult with severe and enduring mental health problems are likely to be children in need (Children Act 1989).

Services have a responsibility to the following children:

- Unborn children of service users who are pregnant or expectant fathers.
- Children who are in any way related to service users, eg, grandchildren, siblings.
- Children who live in households shared with, or visited by, service users.
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse.

All staff working in mental health services should:

- Identify children who are being or have been abused or neglected.
- Refer to MARAT if a child is in need of support or protection.
- Contribute to Section 47 child protection investigations, core assessments and subsequent child protection conferences and reviews.
- Support parents care for their children and keep them safe.
- Advise parents about the impact of their mental illness or substance misuse on their children including the unborn child.
- Identify when the impact of a service user's mental illness or substance misuse is impairing their child's health and development and should take action to safeguard the child including adapting care and treatment planned for the adult.
- Contribute to the multi-agency common assessments for children and their families.
- Collaborate and liaise with children's services and this may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm.
- Work jointly with children social care when Mental Health Act assessments and child assessments are being considered at the same time. This may entail joint planning and joint assessments.
- Routinely record details of patient's responsibilities in relation to children and consider the support needs of patients who are

parents and their children in all aspects of their work using the care programme approach.

- Inform the service user of their professional duty to safeguard children when they are working with adults who disclose that they were abused in childhood. They must endeavour to ascertain whether the past abuser is currently in contact with children and where appropriate share information with children's social care or the police.
- Identify service users who are pregnant, are parents, or, who have regular access to children. If they consider any risk to children as part of the risk assessment this information must be shared with children's social care.
- Consider that children should be given an opportunity to contribute to assessments as they often have good insight in to the patterns of behaviour due to their parent's mental health.
- Be aware that mental health professionals can call strategy meetings/discussions and request child protection conferences or associated meetings if a mental health service user is involved.
- Be aware of the written policies regarding the welfare of children and particularly the visiting of in-patients by children.

5.42 **Named Professionals in the Greater Manchester West Mental Health Foundation Trust**

The Mental Health Trust is required to identify a named nurse and doctor but may wish to appoint additional staff to ensure each service has access to specialist support.

- It is important that named professionals for safeguarding children have experience and understanding of both child welfare/multi-agency child protection practice and adult mental health services and mental illness.
- Named professionals will be expected to contribute to the work of TSCB to ensure adult mental health services take full account of their safeguarding responsibilities and ensure the range of children's services have an understanding of the role of adult mental health.

5.43 **Alcohol and Drug Services**

Services should be linked to the relevant agencies at local level through Drug Action Teams (DAT) and arrangements should be in

place between Multi-Agency Referral and Assessment Team (MARAT formerly CDAT) and the Family Support Teams within Children's Social Care for timely identification, referral and joint-assessment of families where a child or an unborn child may be at risk of harm through their parents substance misuse.

5.44 **Office For Standards In Education, Children's Services & Skills (Ofsted)**

Registered Childcare Providers

SSEY provides a service to all Ofsted registered childcare providers registered under the Early Years Foundation Stage Framework (EYFS) and Ofsted Childcare Registers (OCR).

All Ofsted registered childcare providers receive pre and post registration information, advice and training from the local authority. This includes Safeguarding and Child Protection to ensure that the Welfare Standards within the EYFS are met for Ofsted registration and inspections. This also ensures compliance with Trafford Safeguarding procedures.

Recruitment and Selection

Ofsted retain the responsibility to 'suitable person' check owners and managers of childcare provision and those involved in a Childminding registration.

All Ofsted registered providers then need to evidence a robust recruitment procedure to ensure that all people working with children and young people in their provision are suitable to do so.

This would include: Enhanced Criminal Records Bureau (CRB) Disclosures (membership of Vetting and Barring Scheme); References, employment history, qualifications, interviews, identity checks and other checks, i.e. medical suitability.

Providers must notify all people working directly with children that they must declare any convictions and/or cautions as well as court orders which may disqualify them from working with children or affecting their ability to do so.

Sure Start support this process by providing a 'Recruitment and Retention Good Practice Guidance' to all childcare providers. This provides guidance on how to provide a robust recruitment procedure to meet the Welfare requirements of the EYFS and Safeguarding good practice.

Providers must notify Ofsted of any changes of manager/leader with direct responsibility for the provision, any proposal for a child minder

to employ an assistant, any change of persons over 16 years of age in childminding premises, any change of hours which may entail overnight care, any change of premises which may affect space for children, changes of names and addresses, any change of charity number, any criminal offence by a registered provider after time of registration. It is an offence not to disclose any of the above.

Specific legal requirements under the Welfare Requirements now includes; When working directly with children, practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children.

OFSTED has responsibility for the registration and periodic inspection of:

- All fostering services (local authority and independent)
- All children's homes (local authority and independent)
- Adoption agencies (local authority and independent)
- 'Qualifying' boarding/residential special schools and further education colleges with boarding facilities for under 18s
- Residential family centres
- Domiciliary care and private and voluntary hospitals and clinics.

Such providers will be obliged to meet national standards with respect to child protection, relevant to the service they offer. Providers will also be expected to have knowledge of child protection, including the signs and symptoms of abuse and what to do if abuse or neglect is suspected. OFSTED must contact Children's Social Care regarding any child protection issues and, in consultation with them, will consider whether any action needs to be taken to protect children attending registered provision. OFSTED must be informed when a child protection referral is made to the Children's Social Care regarding a person who works in any of the services regulated by this body. They should also be invited to any strategy meetings convened due to concerns or allegations about staff or carers in regulated settings and children involved in prostitution.

6 Trafford Safeguarding Children Board

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 required each Local Authority (LA) to establish a Local Safeguarding Children Board (LSCB). Previously every LA had an Area Child Protection Committee (ACPC). Trafford's Safeguarding Children Board was established in April 2006.

Trafford Safeguarding Children Board (TSCB) is the key statutory mechanism for agreeing how the relevant organisations in Trafford

will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

6.1 The Role of TSCB

The work of TSCB is part of the wider context of Children's Trust arrangements that aim to improve the overall wellbeing (across the five Every Child Matters outcomes) of all children in the local area.

The scope of TSCB role falls into three broad areas of activity:

- Firstly it engages in activities that safeguard all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care.
- Secondly it leads and co-ordinates pro-active work that aims to target particular groups.
- Thirdly it leads and co-ordinates arrangements for responsive work to protect children who are suffering, or at risk of suffering, maltreatment.

6.2 TSCB Functions

Working Together 2006 defines the following key functions for all LSCB's which are:

- **Developing Policies and Procedures** for safeguarding and promoting the welfare of children in the area of the authority, for example setting out thresholds for referrals and processes for robust multi-agency assessments of children in need.

Agree inter-agency procedures for Section 47 enquiries and for developing local protocols on key issues of concern such as domestic violence, parents with mental ill health, and substance misuse.

- **Communicating** to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encourage them to do so by listening and consulting with children and young people, ensuring their views are taken into account in planning and delivering safeguarding and promoting welfare services.
- **Monitoring and Evaluating** the effectiveness of what is done by the Local Authority and Board partners individually and collectively to safeguard and promote the welfare of children and

advise them on ways to improve. Using an agreed framework of benchmarks or indicators agencies undertake a self-evaluation and the results are shared with the LSCB .

- **Participating in Local Planning and Commissioning** of children's services to ensure that they take safeguarding and promoting the welfare of children into account.
- **Undertaking reviews** of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected and advising on lessons that can be learned.

6.3 **Membership**

The membership of TSCB comprises of statutory and non-statutory members from different services and agencies in Trafford. In addition the Board receives input from professional advisors, they are:

Designated Doctor Safeguarding
Designated Nurse Safeguarding
Professional Advisor Social Care
Professional Advisor Legal Services

Members hold a strategic role in relation to safeguarding and promoting the welfare of children within their organisation and should be able to:

- speak for their organisation with authority
- commit their organisation on policy and practice matters
- hold their organisation to account.

6.4 **The Role of the Elected Members**

Local Authority Elected Members and non-executive directors of other Board partners are not members of TSCB. Their role through their membership of governance bodies such as the cabinet of the Local Authority or a scrutiny committee or a governance board, is to hold their organisation and its officers to account for their contribution to the effective functioning of the TSCB.

The lead member of Children's Services within the Local Authority has a particular focus on how the Local Authority is fulfilling its responsibilities to safeguard and promote the welfare of children and will hold the Director of Children's Services to account for the work of TSCB.

6.5 **Statutory Members**

TSCB includes representatives of the Local Authority and its Board partners (as set out in the Children Act (2004), statutory organisations which are required to co-operate with the Local Authority in the establishment and operation of the Board and have shared responsibility for the effective discharge of its functions.

- Chief Superintendent, Greater Manchester Police
- Greater Manchester Probation Service
- Youth Offending Service
- Primary Care Trust
- Greater Manchester West Mental Health Foundation Trust
- Connexions Service
- CAFCASS (Children and Family Courts Advisory and Support Services)
- Children & Young Peoples Service
- Trafford Healthcare NHS Trusts

The Local Authority will ensure that those responsible for Adult Social Service functions are represented on TSCB because of the importance of Adult Social Care in safeguarding and promoting the welfare of children. Similarly, health organisations will ensure that Adult Health Services and in particular, Mental Health and Adult Disability Services are represented on TSCB.

The Children Act 2004 states that the Local Authority and its partners must co-operate in the establishment and operation of an LSCB (Local Safeguarding Children Board). This places an obligation on the Local Authority and statutory partners to support the operation of TSCB.

6.6 **Other Members**

Other members of TSCB include representatives from the Voluntary and Community Sector including the NSPCC and representatives from both Primary and Secondary schools, Special schools and Further Education Colleges.

6.7 **Involvement of Other Agencies and Groups**

There may be some organisations or individuals who are in theory represented by the statutory board partners but who need to be engaged because of their particular role in service provision to children and families or their role in public protection. Furthermore, there will be other organisations which TSCB need to link to, either through inviting them to join TSCB, or through some other mechanism.

For example:

- The coronial service
- Dental health services
- Domestic abuse forums
- Drug and alcohol misuse services
- Housing providers
- Local Authority Legal Services
- Local MAPPAs
- Local sports bodies and services
- Local Family Justice Council
- Local Criminal Justice Board
- Other health providers such as pharmacists
- Representatives of service users
- Sexual health services
- The Crown Prosecution Service
- Witness Support Services
- CAMHS

TSCB will also draw on the work of key national organisations and liaise with them when necessary, for example, the new Child Exploitation and On Line Protection Centre(CEOP).

6.8 **Ways of Working**

TSCB has a Constitution which outlines :

- Objectives and functions
- Membership
- Committees which will carry out specific tasks. TSCB Committees are:
 - Guidelines and Procedures –(Chair) Joint Director, Services for Young People, Children & Families Trafford CYPS
 - Training and Professional Development – (Chair) Director of Education & Early Years Trafford CYPS
 - Audit and Monitoring – (Chair) Director of Commissioning Performance & Strategy Trafford CYPS
 - Serious Case Review Panel – (Chair) Corporate Director Trafford CYPS
 - Child Death Overview Panel - (Chair) Consultant in Public Health Trafford PCT

It may also be appropriate for TSCB Committees to set up sub groups or working groups on a short term or a standing basis to:

- Carry out specific tasks – e.g. maintaining and updating Procedures and Protocols

- Provide specialist advice – e.g. in respect of working with specific ethnic and cultural groups, or with disabled children and/or parents
- Bring together representatives of a sector to discuss relevant issues and to provide a contribution from that sector to TSCB work

Each member agency of TSCB has signed up to a Mandate which commits them to:

- a. the Constitution of TSCB
- b. taking appropriate action to safeguard children and young people in the Borough and that due priority is given to this duty
- c. having a strategy for safeguarding children and young people approved by their governing body and an associated annual delivery plan for continuously improving this work
- d. jointly working with other agencies in an integrated way to promote the welfare of and ensure maximum protection for children and young people from harm and abuse
- e. promoting multi-agency work on safeguarding within and external to their agency
- f. participate actively in the ongoing multi-agency self- evaluation of safeguarding procedures and practice in the Borough
- g. developing and improving the system for reviewing and investigating the deaths of individual children and young people and other serious incidents, learning the lessons from such reviews, and putting these into practice
- h. promoting safeguarding strategies and the work of the TSCB in the overall context of the development of integrated multi-agency services for children and young people in the Borough
- i. promoting the independence and role of the TSCB in holding all agencies to account for their procedures and practice in relation to the safeguarding of children and young people
- j. nominate a representative (or representatives) to serve on the TSCB who has the strategic lead for safeguarding within their agency, and is able to speak and act with authority on behalf of the agency on policy and practice matters
- k. provide appropriate time to its nominees so that they can participate effectively within the TSCB, its committees and workstreams
- l. making an annual financial contribution to the running and work of the TSCB at a level agreed jointly by the partners prior to the start of each financial year. Contributions made by each partner will be committed in advance into a pooled TSCB budget to be managed by the TSCB
- m. training its employees so that they can be effective in safeguarding children and young people including attending multi-agency courses organised by the TSCB
- n. providing professional advice and expertise to the TSCB as and when appropriate through agreement with the TSCB and

- o. participating fully in the performance management, scrutiny and improvement planning of the TSCB.

6.9 Finance/Resources

TSCB has an annual budget which resources inter-agency training and serious case reviews. Member organisations also contribute to the work of TSCB sub committees.

6.10 Monitoring and Inspection

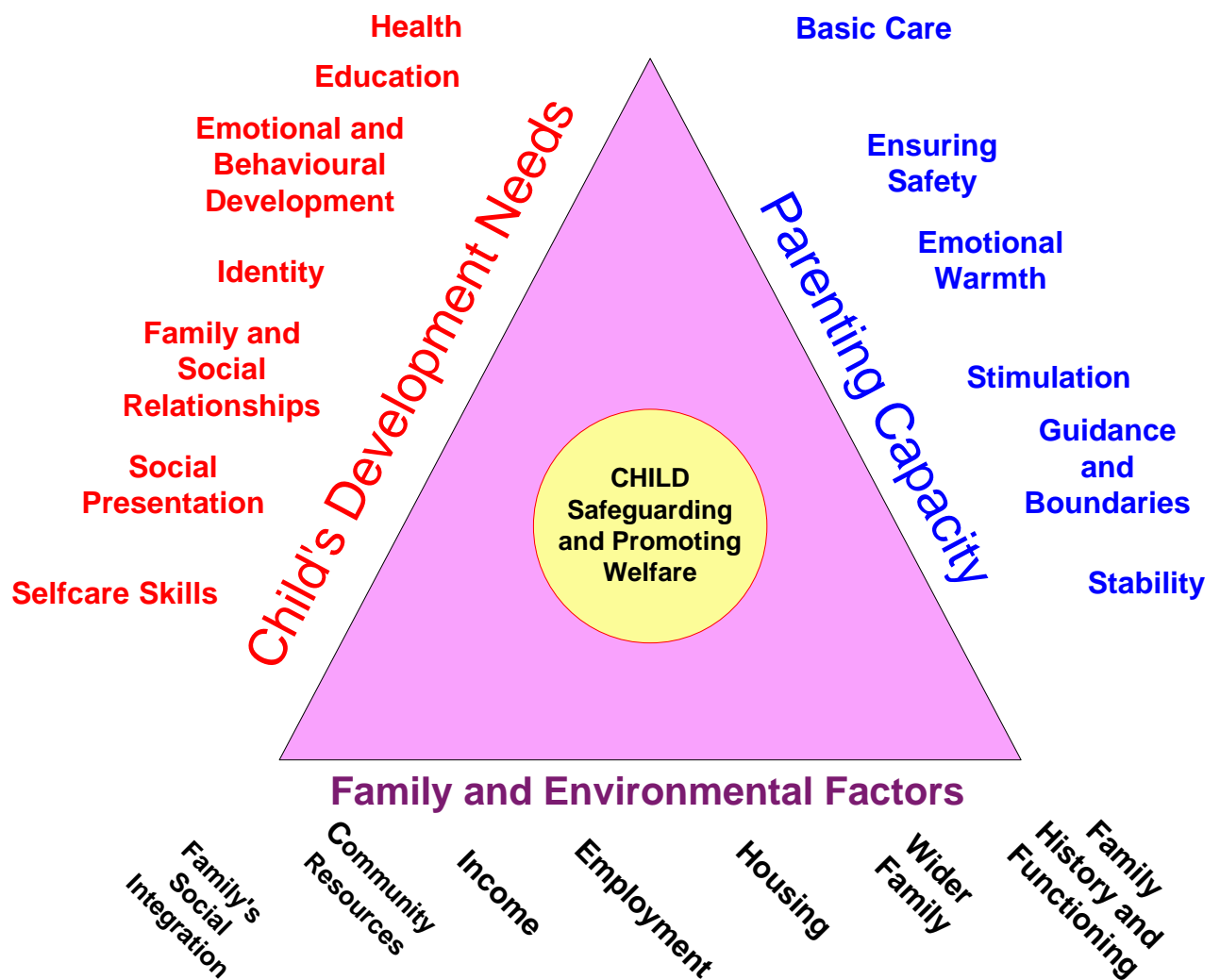
The TSCB work to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations will be a peer review process, based on self evaluation, performance indicators and joint audit. Its aim is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also act on the identified weaknesses in services.

The local inspection framework will play an important role in reinforcing the ongoing monitoring work of TSCB, and all LA's will be subjected to a Comprehensive Area Assessment (CAA) to assess the quality of provision of Council services, including those provided to children. In addition there will be an annual inspection by OFSTED of local authority safeguarding services.

7 The Process for Safeguarding Children

7.1 The Framework for Assessment of Children in Need and their Families (2000)

The Framework for Assessment introduces a systematic approach for gathering and analysing information about all children who may be in need and their families which can discriminate effectively between different levels of vulnerability. The Framework is illustrated by the following triangle:



All agencies and organisations should use this framework for all children in need assessment activity (including disabled children). This will enable common language, understanding and consistency to develop across child welfare services. Trafford's Children and Young People's Service have developed eligibility criteria for children in need of support, including those in need of protection. The intention is that the local authority provides appropriate support to children and their families at an early stage by using a common assessment tool. Early support will usually be provided by a single agency and more complex cases will require multi-agency support.

7.2 Common Assessment Framework (CAF)

The common assessment should be undertaken at the first sign of need, most likely, within level two, so as to prevent a child's needs becoming more serious. Common assessment is therefore particularly aimed at "vulnerable children", best described as children with additional needs. The CAF is described as a generic assessment

for children with additional needs. It aims to help early identification of need, promote coordinated service provision and reduce the number of assessments that some children and young people go through.

7.3 **Lead Professionals**

The government guidance suggests that the lead professional is not a new role, but a set of three core functions which can be carried out by a range of practitioners.

- To act as a single point of contact for the child or family
- To co-ordinate the delivery of the actions agreed
- To reduce overlap and inconsistency in the services received.

The lead professional is to be accountable to their home agency for their delivery of the lead professional functions but they are not to be seen as responsible or accountable for the actions of others.

7.4 **ContactPoint**

ContactPoint provides a mechanism for practitioners to share information about vulnerable children and young people. Key people across the statutory and voluntary sector have to be trained to become authorised users of the system. ContactPoint forms an information hub between agencies, allowing practitioners to know who else is currently involved when a child is deemed vulnerable. An authorised user can log that they have information they need to share with anybody else who is involved with that child or young person. It does not replace any existing process for referring a child to Children's Social Care, especially if a child is considered to be at risk of significant harm.

The main aim is the early identification of vulnerable children and young people leading to early intervention by services. Under the Children Act 2004 there is a duty to co-operate towards improving the well being of ALL children and young people.

ContactPoint was previously known by the working title of the 'information sharing index'. It is a key element of the Every Child Matters programme to transform children's services by supporting more effective prevention and early intervention.

ContactPoint is one of a range of tools that will help services work together more effectively on the frontline to meet the needs of children, young people and their families and is a basic on line directory of all children in England and will hold the following information:

- basic identifying information for all children in England (aged up to 18): name, address, gender, date of birth and a unique identifying number
- basic identifying information about the child's parent or carer
- contact details for services involved with the child: as a minimum, educational setting and GP practice, but also other services where appropriate
- a means to indicate whether a practitioner is a lead professional and if they have undertaken an assessment under the Common Assessment Framework.

ContactPoint will not hold assessment or case information, or subjective observations about a child or their parent. It will not contain any details such as birth weight, exam results, medical records, diet or any other detailed personal information about a child or their family.

The informed consent of the young person or the child's parents and carer's will be required to record details about practitioners providing sensitive services, such as sexual and mental health, and substance abuse services. Where consent is given, access to the information will be restricted. Consent will also be required for care leavers, or those with learning difficulties, to remain on ContactPoint from the ages of 18-25.

Section 12 of the Children Act 2004 provides the legislative basis for establishing ContactPoint.

ContactPoint will be made available to all local authorities in England during 2009. Access will be restricted to authorised users who need it as part of their work. This will include those working in education, health, social care, youth offending and some voluntary organisations. All users will have to go through appropriate security checks, including enhanced Criminal Records Bureau checks.

Users will be trained in the safe and secure use of ContactPoint, information sharing practice and the importance of compliance with the Data Protection Act and Human Rights Act. All users should receive training as close as possible to the time that they will start to use ContactPoint.

Robust procedures and mechanisms will be in place to guard against access by unauthorised users, and the inappropriate use of ContactPoint by authorised users.

For further information go to:

www.everychildmatters.gov.uk/deliveringservices/contactpoint or
Trafford ContactPoint Team ContactPoint@trafford.gov.uk

7.5 **Safeguarding Children Thresholds in Trafford (Appendix A)**

Working Together to Safeguard Children (2006) sets out the core function of Trafford's Safeguarding Children Board (TSCB). One of the functions is the development of policies and procedures for safeguarding and promoting the welfare of children. A specific application of this function is in setting out thresholds for referrals to agencies, including children's social care, of children who may be in need, and, processes for robust multi-agency assessment of children in need.

7.6 **Parenting, Family Life and Support Services**

Patterns of family life vary and there is no one perfect way to bring up children. Good parenting involves caring for children's basic needs, keeping them safe, showing warmth and love and providing stimulation needed for their development and to help them achieve their potential within a stable environment where they experience consistent guidance and boundaries. It is acknowledged that parenting can be challenging. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

A wide range of services and professionals provide support to families in bringing up children. In the majority of cases, it should be the decision of parents when to ask for help and advice on their children's care and upbringing. However, professionals do also need to engage parents early when to do so may prevent problems or difficulties becoming worse. Only in exceptional cases should there be compulsory intervention in family life, for example, where this is necessary to safeguard children 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.

7.7 **A Shared Responsibility**

Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends upon effective joint working between agencies and workers/practitioners that have different roles and expertise.

Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-

coordinated help from health, education, children's social care, and quite possibly the voluntary sector and other agencies, including youth justice services. Adult services, such as mental health or substance misuse services should always include consideration of the needs of any children and young people involved and possible risks of harm to them when planning the adult's ongoing treatment or discharging the adult from their care into the community.

7.8 **Assessment of Need**

Children have varying needs that change over time. Assessment of need should be based on competent professional judgment based on a sound assessment of the child's needs, the parents' capacity to respond to those needs, including their capacity to keep children safe from significant harm, and the wider family circumstances. The Common Assessment Framework (CAF) will support practitioners/workers in the assessment of need.

Thresholds have been developed based on a continuum of need and services to promote early intervention and support to children and their families based on assessment of need.

There are four levels of need within Trafford's threshold criteria with corresponding assessment processes. Examples of services that may be provided, alongside examples of protective factors that may be present are outlined in the threshold criteria document. Children can move across the levels depending on their level of need at particular times in their lives. However, if there is concern that a child may be at risk of harm, or has been harmed, an immediate referral to MARAT should be made.

7.9 **Level 1: Universal Services (Services which children and young people can access without a referral)**

Most children achieve the Every Child Matters five outcomes:

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

through the care of their families with the support of universal services. However, at particular times in their lives some children may require additional services to address a specific need over a time-limited period. A practitioner may wish to seek advice from their own agency and/or partner agency in order to address the need of the child appropriately. In these circumstances consent of the family is required.

Applying the CAF checklist will determine whether the CAF process needs to be applied. In cases where children are not achieving any of the five outcomes the CAF will progress the child to Level 2.

7.10 Level 2: Children/Young People with additional needs who require support

Children/young people unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development in accordance with the five outcomes, without the provision of services, meet the Level 2 threshold. At this stage a CAF may be undertaken with the child/young person and parent/carer. Consent must be obtained in order to complete the assessment and to share information across services.

If consent is withheld to share information and/or complete a CAF, services should still be offered to the child/young person. If the child/young person does not require an integrated multi-agency support package, it may be appropriate for practitioners to consult colleagues from within their own agency. In the following circumstances for example:

a health visitor has concerns about a mother's ability to cope with a new baby and two school age children because of her low mood. An Edinburgh score assessment is completed (health tool to assess post-natal depression) and the mother is shown to be suffering from post-natal depression. The Health Visitor applies the CAF assessment tool to explore the family's need for additional services and discusses the outcome with the G.P. to determine the way forward.

If the CAF, in the above case, indicates that the mother has a need for additional health services, the case will remain at Level 2 as this will be a single-agency response. If, however, the CAF indicates that the family require support/services from partner agencies, e.g. education and/or children's social care, the Health Visitor should discuss the case with their designated professional and with the family in order to gain their consent for a multi-agency integrated support package to be put in place.

If consent is withheld at Level 2 to complete a CAF and/or share information across agencies, the professional should discuss the case with their designated professional, to ensure that everything is being done to engage the family and gain their trust. Please note that a single agency service should still continue to be offered at Level 2.

7.11 **Level 3: Children/Young People with additional needs requiring an integrated response.**

This is the level at which a coordinated multi-agency response is required due to the child/young person's complex or multiple needs. In these cases a CAF must be completed, a Family Support Meeting held and a lead professional from the most appropriate agency appointed. The Family Support Meeting will determine the multi-agency support plan which will be regularly reviewed. Parents/carers participation should be encouraged and facilitated in the whole process and they should be invited to the Family Support Meetings.

Engaging parents/carers is a vital component in securing good outcomes for children. If consent is withheld at Level 3 to complete a CAF and/or share information across agencies, the worker should discuss with their line manager and/or designated professional to ensure everything is being done to engage the family and gain their trust.

Within Level 3, there are a group of children with complex needs who may require a referral to Children's Social Care via the Multi Agency Referral and Assessment Service (MARAT) (formerly the Children's Duty and Assessment Team (CDAT)). The decision to refer the child/young person should be taken at the Family Support Meeting based on the CAF assessment and the information shared which indicates that the current level of intervention is not improving the outcomes for the child/young person. If MARAT accepts the referral an initial assessment will be completed which may result in a core assessment being undertaken.

7.12 **Level 4: Children/Young People with complex needs including those in need of protection**

Within this group of children/young people with complex needs, a small number will have needs which may meet the threshold for statutory intervention:

- children who are the subject of a child protection enquiry/plan
- children for whom adoption is the plan
- children with severe and complex educational needs
- children with complex disabilities/health needs
- children diagnosed with mental health problems
- young offenders involved with youth justice services.

A lead professional will be determined on the basis of a completed need assessment, and the nature of any statutory involvement. In cases where children are in care or in need of protection the lead professional will always be a Social Worker.

Where the assessed level of need no longer indicates that the child/young person requires Level 4 intervention, but further work is necessary within a multi-agency framework at Level 3, a decision should be clearly recorded at the Family Support Meeting or Child Protection Conference when the child/young person is being de-registered, that support is now being provided at Level 3 and, a new lead professional appointed if so required.

8 The Child Protection Process

8.1 Advice and Consultation

Where there are concerns about a child's welfare which are unclear the individual who is concerned should discuss these with a manager/ a named or designated health professional or a dedicated member of staff depending on the organisational setting. Concerns can be discussed without necessarily identifying the child in question with senior colleagues in another agency in order to clarify the child's needs and circumstances. Where consultation takes place the professional providing the consultation should clarify:-

- What details are being recorded
- Make a recording of the conversation according to their own agency's procedure
- Specify what action if any will be taken, by whom and within what timescales
- What the person seeking advice does if there are further concerns

8.2 Initiating referral to Children's Social Care

A referral during office hours should be made to the Multi Agency Referral and Assessment Team (MARAT formerly CDAT) tel. no. 0161 912 5125. Dedicated Child Protection Line tel. no. 0161 912 5124 (8.30a.m- 4.30p.m.) An Integrated Children's System (ICS) record is created at this point.

If the child is known to have an allocated social worker, referrals should be made direct to her/him or in her/his absence their manager.

In urgent situations, during out of office hours, the referral should be made to the Emergency Duty Team (EDT)/Out of hours team tel. no. 0161 912 2020 4.30 p.m. - 8.30a.m) or to the Police 872 5050.

When making a telephone referral it is important to ensure that the nature of the concern is fully conveyed and all referrals must be followed up in writing using a Multi Agency Referral Form or a Common Assessment Framework Form within 48 hours.

The MARAT will make a decision as to what the response to the referral will be ***within 1 working day*** of the referral being received. The response could be:

- Provision of information and advise
- Referral to another agency
- Initial Assessment
- No Further Action.

8.3 **Cross Boundary Referrals**

MARAT will take referrals regarding children who are not normally resident in their area but who have or are likely to suffer significant harm while they are in the area.

MARAT will take any immediate action required to secure the child's safety and then negotiate with the child's home local authority to undertake the child protection enquiries. If there is a significant geographical distance between the two authorities, Children's Social Care will be guided by the child's home authority about how they wish to proceed with the case.

Any unresolved issues regarding child protection in cross boundary situations should be referred to the Safeguarding Team Manager.

8.4 **Initial Assessment by Children's Services (Social Care)**

All referrals to Children's Services (MARAT) where concerns are held about a child's welfare will receive an initial assessment as a child in need, which includes children in need of protection and children who need to be looked after. This assessment will be completed ***within 7 working days***.

The process of initial assessment will include:

- Utilising any CAF already completed
- Seeing and speaking to the child alone as well as family members as appropriate
- Checking Social Care records including any Children's Social Care services known to be previously involved with the child/family
- Obtaining further information about the child and the family from other professionals, including the Health Visitor for under 5's and the school/school nurse for over 5.s in the form of an Initial Assessment. (Education Welfare service should be consulted for school age children during school holidays)
- Early Years provider if any child in the family attend such a service)

- Drawing together the information and forming an assessment

In the course of this assessment the social worker is considering and will make a recommendation on:

- Is this child in need? (Section 17 Children Act 1989)
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (Section 47 Children Act 1989).

The social worker must inform relevant agencies, in writing, of the outcome of the initial assessment **within 5 working days**.

8.5 Strategy Discussion

A strategy discussion may take place following a referral, or at any other time (e.g. if concerns about significant harm emerge in respect of a child receiving support under S17).

The strategy discussion should be used to:

- Share available information
- Agree the conduct and timing of any criminal investigation
- Decide whether a core assessment under S47 should be initiated, or continued if it has already begun
- Plan how the S47 enquiry should be undertaken
- Agree what immediate action is required to safeguard and promote the welfare of the child

The decision to hold a strategy discussion usually will be based on the conclusion of an initial assessment. However, **there will be circumstances where the referral is such that the initial assessment will consist of little more than a record check**. Such circumstances are listed below:

- A serious, incident based event, e.g. significant suspicious or admitted injury to the child:
- Disclosure of sexual abuse by the child or reliable 3rd party
- Neglect or failure to thrive likely to compromise the child's health and development if it persists.
- Following an Emergency Protection Order (EPO) or use of Police Powers of Protection (PPOP)
- A child breaches curfew criteria in which case the response must be initiated within 48 hours of receipt of the information (s47(1)(a)(iii) Children Act 1989 inserted by S15 (4) Crime and Disorder Act 1998)

In the majority of circumstances, the decision to initiate a strategy discussion will be a conclusion of an initial or core assessment. Such circumstances are listed below:

- Frequent minor injuries
- Persistent physical neglect
- Occasional or isolated sexualised behaviour
- Sexual exploitation
- Marked changes in behaviour for which there is no obvious explanation
- Persistently poor home conditions
- Parent's chaotic lifestyle
- Lack of adequate supervision
- Domestic abuse
- Persistent failure to attend to the child's emotional needs
- Contact with an individual who presents a risk to children

In the case of unborn children where there are concerns based on previous history or parents lifestyle that the child will be at risk of significant harm when born a strategy discussion should be held and a section 47 enquiry/core assessment completed.

It should be noted that the age and vulnerability of the child will be important factors in the decision making.

A number of other variables should also be considered before deciding that a section 47 enquiry is necessary.

- Seriousness of the concern/s
- Combinations of concerns
- Repetition or duration of concern/s
- Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. "Children in Care")
- Source of concern/s
- Accumulation of sufficient information
- A child in the carer's current or previous household is/has been the subject of a child protection plan or of previous care proceedings.
- Emotional environment of child, especially high criticism/low warmth
- Any predisposing factors in the family that may suggest a higher level of risk e.g. domestic abuse, substance misuse
- The impact on the child's health and development

A core assessment should be commenced (or up-dated if an open case) whenever S47 enquiries are initiated. The information and conclusions of those enquiries will inform the core assessment which should cover all 'relevant dimensions' in the Assessment Framework, including the systematic gathering of information about

the history of the child, family and household members, and include any previous specialist assessments.

A combination of any of the factors which taken individually would require only an initial assessment, or the additional factors of parental mental illness, excessive drinking or drug use may justify considering an immediate section 47 enquiry.

In very complex cases it may be necessary to hold more than one strategy meeting/discussion to determine whether S47 enquiries should be initiated.

A Record of the Strategy Discussion/Meeting should be taken detailing the information shared, the decisions reached and the basis for these decisions. This record should be circulated to all parties to the discussion ***within one working day.***

8.6 **Role of Social Worker in the S47 Enquiry**

Enquiries must be undertaken by a suitably qualified social worker with the relevant experience, either a duty officer or the allocated social worker on an open case. The duty/social worker will:

- Obtain clear, detailed information about the concerns, suspicion or allegation
- Obtain history and background information including agency files
- Establish if the child, any other children in the household or children who have previously lived with the caregiver/s have ever been subject to a child protection plan
- Establish whether the child has ever been subject to a CAF
- Report to the responsible manager
- Undertake any necessary emergency action
- Contact the local Police Public Protection Investigation Unit (PPIU)
- Agree with manager if parental agreement to be sought prior to undertaking agency checks, recording the decision.
- Undertake agency checks with agencies that may be involved with the child and family.

In the following circumstances, the child must be seen on the day of referral unless a social care manager decides (and records) the decision to defer seeing the child:

- Allegations/concerns indicating a serious risk to the child e.g. serious physical injury, injury to a baby or serious neglect
- Allegations of recent penetrative sexual abuse (to ensure forensic evidence)
- Where the child is frightened to return home.

8.7 **Joint Enquiries/Criminal Investigation (Police and Social Care)**

Where both agencies have responsibilities with respect to a child, they must co-operate to ensure that the joint investigation (combining the parallel processes of a S47 enquiry and a criminal investigation) is undertaken in the best interests of the child. This should primarily be achieved through the co-ordination of activities agreed at strategy discussions.

If the agencies agree that a single agency enquiry or investigation is appropriate, there should still be an exchange of relevant information, possible involvement in strategy discussions and agreement reached as to the feedback required by the non participating agency. A case may start as single agency, but further assessment/information may clarify the need for joint investigation.

Any decision to terminate enquiries or investigations must be communicated to the other agency for it to consider, and the rationale recorded by both agencies.

The decision regarding single or joint agency investigations should be authorised and recorded by first line managers in both the Police (PPIU) and Children's Services.

Consideration must be given as to whether joint enquiries with the police are appropriate. Where the criteria set out for a Section 47 enquiry earlier, then the PPIU must be consulted.

A joint investigation must always commence when there is an allegation or reasonable suspicion that one of the criminal offences described below has been committed:

- Any suspected sexual offence committed against a child aged up to and including seventeen years
- Serious neglect or ill treatment actionable under Section 1 Children and Young Persons Act 1933 (to be distinguished from minor deficiencies in parenting)
- Serious physical injury to a child, aged up to and seventeen years old – this includes murder, manslaughter, any assault involving Actual or Grievous Bodily Harm, repeated assaults involving minor injury (ABH includes bruising and/or mental trauma, if the only injury is mental trauma there must be medically recognisable signs before prosecution can be contemplated).
- Offences involving organised or institutionalised abuse
- Offences which involve unusual circumstances such as bizarre behaviour/medical conditions including suspected illness induced or fabricated by carers with parenting responsibilities.

A joint investigation must also be considered in cases of

- Minor injuries to a child with a child protection plan or looked after by a local authority
- Injury to a pre-mobile baby

For other cases of minor injury the following factors must be considered in determining the seriousness of the allegation or concerns and whether the threshold for joint investigation has been met:

- The vulnerability of the child (including age, disability and special needs)
- A previous history of minor injuries
- The intent of the assault e.g. strangulation may leave no marks but is very serious
- Use of weapon or implement
- A history of domestic abuse
- Previous concerns from an TSCB agency
- The consistency with and clarity or credibility of the child's accounts of the injuries
- Other predisposing factors about the alleged perpetrator e.g. criminal convictions, alcohol/drug abuse, mental health issues. Unusual circumstances are present e.g. suspected complex abuse or fabricated and induced illness.
- The child (if age appropriate) wants police involvement.

Where information is received which indicates that a person who has been identified as being a risk to children is living in or who has access to a household where there are children. Children's Services (Social Care) and PPIU must discuss the circumstances and agree if a single enquiry or joint investigation should be initiated. Disputes about the threshold for a joint enquiry must be resolved between senior managers of the agencies involved, namely the Head of MARAS and the PPIU Inspector.

Every time there is an allegation of sexual abuse against a child, detailed information should be entered onto the child's record by the social worker including:

- whether or not the allegation was reported to the police
- the date the decision was made and, if the decision was to refer, the date the information was passed on
- the reason why or why not a referral was made.

The Integrated Children's System enables a retrospective audit to be undertaken focusing on the number of allegations not referred to the police and the justifying reasons.

Sexual activity may be consensual but may also be abusive and can involve subtle elements of sexual exploitation and criminality. For these reasons, all reports of sexual activity involving children under the age of 16 years will be dealt with by divisional PPIU.

Child under 13

A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm to that child. Such cases will be reported to the PPIU who will take part in a strategy discussion involving Children's Social Care and relevant agencies to agree a way forward.

Child 13-15

Sexual activity involving a child aged 13-15 should always be considered for discussion with other agencies and referral to Children's Social Care. Sexual activity with a child under 16 is also an offence and officers must recognise that within this age range, the younger the child, then the stronger the presumption must be that sexual activity will be a matter of concern. Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, there should be a presumption that the case is reported to the PPIU and a strategy discussion held to discuss appropriate courses of action.

Young People 16 -17

Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of Child Protection Procedures under the Children Act 1989. Consideration still needs to be given to issues of sexual exploitation through prostitution and abuse of power in circumstances outlined above. Young people, of course, can still be subject to offences of rape and assault and the circumstances of an incident may need to be explored with the young person. Young people over the age of 16 and under the age of 18 are not deemed able to give consent if the sexual activity is with an adult in a position of trust or a family member as defined by the Sexual Offences Act 2003.

8.8 Involving Parents, Family Members and Children

Those with parental responsibility must be informed at the earliest opportunity of concerns, unless to do so would jeopardise the child's safety, the safety of the referrer or that of other children, or undermine a criminal investigation. Parents should, in addition to being offered a verbal explanation of the child protection enquiry process, be provided with an explanatory leaflet. Consideration must be given to those for whom English is not their first language or who

may have a physical/sensory/learning disability and may need the services of an appropriate interpreter. It is also essential that factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health are taken into account.

In planning any intervention with parents, the following points must be covered:

- An explanation of the reasons for concern and where appropriate 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).
- 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 explanation of the wish in partnership with them to secure the welfare of the child.
- 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.
- The provision of an opportunity for parents to be able to ask questions and receive support and guidance

Parents should be provided with an early opportunity to explain their perception of the concerns, recognising that there may be alternative accounts and disparities.

In the course of an enquiry it may be necessary for statutory agencies to make decisions or initiate actions to protect children, or require the parents to agree to such action.

The social worker must inform relevant agencies of the outcome of initial assessment within 5 working days.

8.9 **Purpose of Health Assessment for Section 47 Enquiries**

A health assessment involves a holistic approach to the child and considers the child's well being, including development, if under five years old and cognitive ability if older.

The purpose of a health assessment during a section 47 enquiry is as follows:

- To establish and record the nature of any injuries or other physical signs which may be present including any that are not immediately apparent.

- To establish an expert opinion on the likely cause of any injuries or physical signs and the plausibility of any explanation offered.
- To ensure any necessary medical treatment is obtained.
- To identify any additional health needs of the child/young person.

Additional considerations include:

- Likelihood of securing forensic evidence
- Need to obtain medical documentation
- Need to provide re-assurance for the child, parent and Children's Services (Social Care)
- Need to provide treatment follow up and review for injury or infection

St Mary's Sexual Assault Referral Centre (SARC), Children's Service

In partnership with St Mary's Centre, Greater Manchester Police has developed a dedicated children's service. Investigating Officers should ensure that all child victims of sexual crime should utilise the services of the centre.

8.10 Outcome of S47 Child Protection Enquiries

At the completion of the planned enquiry, a strategy discussion/meeting should be held for joint enquiries to agree the outcome of the enquiry or plan any further investigations. When the outcome is agreed, the original concerns may be:

- Unsubstantiated
- Substantiated, but assessed as posing no continuing risk of significant harm
- Substantiated and at continuing risk of significant harm

8.11 Concerns that are not Substantiated

Enquiries may not substantiate the original concerns about a child being at risk of, or suffering harm. In these circumstances there may be:

- No further action to be taken
- A decision to provide services to the child as child in need
- Where there remains concerns about a child's welfare, particularly if parents/ carers do not cooperate with a Child in Need Plan, then consideration should be given to either initiating a Child Protection enquiry or convening a Child Protection conference.

8.12 **Concerns are substantiated but the child is not judged to be at continuing Risk of Significant Harm**

There may be substantiated concerns that a child has suffered significant harm, but it is agreed between the agencies most involved and the child and family, that there is no continuing risk of significant abuse and that a plan for ensuring the child's future safety and welfare can be developed and implemented without the need for a Child Protection Conference or a Child Protection Plan.

A decision not to proceed to a Child Protection Conference should be made carefully by Children's Services (Social Care) and must be discussed and agreed by the Safeguarding Unit.

In these circumstances a Family Support Meeting, chaired by a Team Manager Social Care should be held. The child and the family should be invited to the meeting and be involved in drawing up the Family Support Plan.

8.13 **Concerns are Substantiated and the Child is Judged to be at Continuing Risk of Significant Harm.**

Where the Section 47 enquiries have established that the child may continue to suffer or to be at risk of suffering significant harm, Children's Services should convene a Child Protection Conference. The aim is to enable those professionals most involved with the child and family, together with the family itself, to plan how to safeguard the child and promote his/her welfare.

8.14 **Disagreements between Agencies about the Outcome of a Child Protection Enquiry**

Where the Social Care Team concludes that abuse is not substantiated or that it is substantiated but there is no continuing risk of significant harm they may decide not to convene a Child Protection Conference. They must discuss and agree this course of action with the Safeguarding Unit.

If professionals and other agencies, which have significant involvement with the family or who have taken part in the enquiries, disagree with that decision because they have serious concerns that the child might not be adequately safeguarded otherwise, they have the right to request that a Child Protection Conference is convened. Any such request which is supported by a senior manager, or a named or designated professional, should normally be agreed.

8.15 **The Initial Child Protection Conference**

8.15.1 **Inter-agency Collaboration**

All agencies must ensure that staff involved in child protection work are committed to and achieve:

- Sharing of information
- Careful preparation for conferences, including the provision of reports
- Attendance at conferences
- Contributing to decision making
- Following up agreed action to safeguard the child

8.16 **Purpose of Initial Conference**

The initial child protection conference brings together family members, the child (where appropriate), supporters/advocates and those professionals most involved with the child and family to:

- Share and evaluate information in an interagency setting regarding the child/ren's health, development and functioning and the parent/carer's capacity to ensure the child's safety and promote their well being
- Make judgements about the likelihood of the child/ren suffering future significant harm and whether there are sufficient concerns to formulate a child protection plan.
- Decide what future action is needed to safeguard the child/ren and promote his/her welfare, how that action will be taken forward and with what intended outcomes and time-scales.
- Allocate a key worker in order to develop, co-ordinate and implement the child protection plan.
- Identify a multi agency core group to formulate, implement and review the inter agency child protection plan.
- Develop an agreed plan and identify a lead professional where registration does not occur and refer the case down into the children in need system with an agreed outline plan of continuing work.

The conference must consider all the children in the household, even if concerns are only being expressed about one child.

8.17 **Criteria for convening an Initial Child Protection Conference.**

- When a child who has a child protection plan in another local authority moves to permanently live in Trafford (this conference will be called a Transfer conference).

- When Section 47 enquiries indicate that concerns are substantiated and the child is judged to be at continuing risk of significant harm leading to the need for a child protection plan.
- Where there are plans to return a child who had been accommodated or in the care of the local authority because of child protection concerns to parents/carers, and a child protection plan is required to safeguard the child.
- When assessment indicates sufficient concern about risks to an unborn child based on current behaviour or past history. (this is known as a pre-birth Child Protection Conference).

The Children's Services social care first line manager is responsible for making the decision to convene a child protection conference following careful consideration with the social worker and other involved agencies. However, they should call a conference if one or more other professionals, supported by a senior manager or named or designated child protection professional, requests one.

The reason for calling the conference must be recorded. This reason will be provided on the invitation to conference.

8.18 **Timing of an Initial Child Protection Conference**

The timing of the initial conference will depend upon the urgency of the case and on the time required to obtain relevant information about the child and family. It should take place following adequate preparation and assessment of the child's needs and circumstances whilst not allowing the case to drift.

All initial child protection conferences should take place ***within 15 working days*** of the:

- Last strategy discussion or meeting (if more than one was held) or:
- Notification by another local authority that a child subject to a child protection plan has moved to the borough on a permanent basis.

Where a core assessment under S47 of the Children Act 1989 gives concern that the unborn child may be at risk of significant harm, it may be necessary to convene an initial child protection case conference prior to the child's birth. Such a conference will have the same status and proceed in the same way as other initial child protection case conferences and where possible should take place **at least 10 weeks prior** to the expected date of delivery.

8.19 **Membership of Initial Conference**

A conference must consist of the smallest number of people consistent with effective case management, but the following should normally be invited:

- Current carers
- Parents
- Child (if of sufficient age and understanding)
- Social Worker and first line manager
- Greater Manchester Police
- Health services staff (health visitor, school nurse, GP, other doctors, mental health workers, including CAMHS)
- Education services (school, education welfare officers etc)
- Standing members i.e. designated or named child protection officers for education and health, and Safeguarding manager

Additional invitations to conferences should be limited to those with a need to know or who have a contribution to the task involved. These may include:

- Legal services – if it is anticipated that legal advice is required
- The children's guardian where there are current court proceedings.
- Midwifery services where the conference concerns an unborn or new-born child
- Housing services
- Mental Health (adult or child) services
- Alcohol and substance abuse services
- Any professional or service provider involved with the children or adults in the family, including foster carers and early years staff
- Any other relevant professional or service provider.

Agencies should limit their representation to a maximum of two specialists, so as to minimise the intimidating effect of large meetings on parents and children and ensure efficiency. Those attending conferences should be there because:

- They have a significant contribution to make, arising from professional expertise, knowledge of the child and/or family
- They can enable the conference to make informed decisions about what action needs to be taken to safeguard the child and promote his or her welfare.
- They can make realistic and workable proposals for taking that action forward.

8.20 **Quoracy**

As a minimum at every conference there should be attendance by Children's Social Care and at least two other professional groups or agencies who have had direct contact with the child who is subject of the conference. In exceptional cases where a child has not had relevant contact with these agencies this minimum quorum maybe breached.

A professional observer can only attend with the prior consent of the chair and the family and must not take part in discussions or decision-making.

All invited agencies and professionals must attend, or send a representative, and, provide a written report sharing known information. Attendees have a professional role and responsibility to contribute information and to be part of the evaluation and decision making process. Professionals who are invited but unable to attend for unavoidable reasons should inform the conference administrator and ensure their written report is submitted prior to the conference date. Health professionals must send a copy to the Health Safeguarding Team.

8.21 **Involving Children/Young People in the Child Protection Process**

Trafford Safeguarding Children Board believes that to effectively protect children and young people, it is necessary to maximise the involvement of the family members in the Child Protection Process.

Children and young people's attendance or participation in Conferences and Reviews should only occur when it will promote their welfare.

8.22 **Attendance at Conferences/ Reviews**

It is unlikely that children under the age of 12 years will have attained sufficient maturity to participate *in person* in the Case Conference process. Young People aged 12 years and over should **not** automatically be invited to attend Conferences and Reviews; the social worker should assess the suitability of the young person to attend the meeting by using the assessment tools contained in the document: *"Helping Children to Participate in Child Protection Conferences – a guide for Professionals about how and when to include Children in Child Protection Conferences"*

If, after a full assessment has been completed, it is felt that it **is** appropriate for the young person to attend the Conference, he or she should be given the opportunity to bring along a supporter/appropriate adult to the meeting. Arrangements should also be made for the young person to meet with the Chair of the Conference prior to the meeting in order for the full process to be explained to them.

8.23 **Participation at Conferences /Reviews**

All children of an appropriate age, whether attending the conference or not, should have the opportunity to have their views shared if they so wish. It should be noted that if a child does not wish to express or share any views or feelings at the Conference, they should not be overly encouraged to do so.

Consultation booklets (*What's Going On? 1/2/3*) are available should the child wish to have their views shared at the Conference. These booklets have no defined age bands, and social workers should select the most appropriate booklet for the individual child, and assist them in completing the booklet if necessary.

If a Child indicates that they wish to have their views represented at the Conference via an alternative medium (e.g. Text, Videotape) this should be facilitated by the social worker.

8.24 **Informing a Child of the Outcome of a Child Protection Conference**

Working Together to Safeguard Children (2006) states;

“The Child Protection Plan should be explained to and agreed with the child in a manner appropriate to their age and understanding. 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” (5.119)

The Key Worker should also regularly ascertain the Child's wishes and feelings, and keep him/her up to date with the Child Protection Plan and any developments or changes.(5.109)

As an aid to achieving this aim, social workers should refer to the document;

“My book about keeping safe and well – a Users guide to helping Children understand Child Protection feedback”

8.25 **Involving Family Members**

All professionals should seek to work in partnership with children and family members and follow the recommended approach for working in partnership with service users set out in “The challenge of partnership in Child Protection”

It is the role of the chair to ensure before a conference is held, that the purpose of the conference and who will attend and the way in which it will operate has been explained to a child of sufficient age and understanding, to the parents and involved family members. The parents will normally be invited to attend the conference and helped to participate fully. Children's Services (Social Care) should give parents information about local advice and advocacy agencies and explain that they may bring a friend, independent supporter or advocate. Written information should be provided to the family regarding the role of child protection conferences and reviews, the right to bring a friend, supporter (including

an advocate) or solicitor, and details of any local advice and advocacy services and the conference complaints procedures.

Those for whom English is not a first language must be offered and provided with an interpreter, if required.

Provision should be made to ensure that visually or hearing impaired or otherwise disabled parents/carers are enabled to participate.

A family member should not be expected to act as an interpreter of spoken or signalled language.

All persons with parental responsibility and carers must be invited to conference (unless exclusion is justified, as described below). Preparation by the allocated social worker should include the consideration of childcare and transport arrangements to enable the attendance of parent/s.

Immediately 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 different parties.

If parents/carers are unable to attend the conference, alternative means should be provided for them to communicate with the chair of the conference.

8.26 **Exclusion Criteria**

In exceptional circumstances it may be necessary to exclude a parent/carer from a conference. Exclusions should be kept to a minimum and will be made by the Chairperson following discussion with relevant professional staff.

8.27 **Total Exclusion**

Any exclusion of parents/carers should be decided by the chair according to the following criteria:

- The circumstances of the case indicate that the presence of the parent may seriously prejudice the welfare of the child.
- There is sufficient evidence that the parents may behave in such a way as to interfere seriously with the work of the conference (e.g. 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) when a parent has been excluded on these grounds, 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.

- There is evidence that the presence of parents would prevent a participant from making her/his proper contribution
- 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.

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 parents for all or part of a conference.

Where any person believes a parent/child should, on the basis of the above criteria, be excluded, representation must be made to the chair of the conference indicating which of the grounds they believe is met and the reasons. The chair must consider the representation carefully and may need legal advice.

Any exclusion period should be for the minimum duration necessary.

If, in planning a conference, it becomes clear to the chair that there may be conflict of interests between the child/ren and parents, the conference should be planned so that the welfare of the child remains paramount, this may mean arranging for the child and parents to participate in separate parts of the conference and making separate waiting arrangements.

If, prior to the conference, the chair has decided to exclude a person, they must communicate this fact in writing with information on how that person may make their views known, how s/he will be told the outcome of the conference and how to use the complaints procedure.

In some circumstances, the chairperson may agree that an excluded person's advocate be present at conferences to observe and to ensure that their views are accurately presented. Where a person is to be excluded because their presence could prejudice an investigation it is unlikely that their advocate would be able to be present without also jeopardising the investigation. However, where a person is excluded because their behaviour makes it impossible to run an effective conference, the chair may decide to allow an advocate to be present.

At the start of the conference, the chair will inform the meeting of any exclusions and the reasons which will appear in the minutes. A decision will be taken by conference as to what information will be shared with the excluded person/s. The reasons for non-disclosure of any information will be noted in a confidential section of the minutes. When an excluded person will not be given copies of any part of the minutes, the conference chair will undertake to produce a brief summary of the conference.

Exclusion from one conference is not reason enough in itself for exclusion at further conferences. Where a parent/carer attends only part of a conference as a result of exclusions, s/he will receive a record of the conference.

8.28 **Provision of Conference Records when Exclusion has occurred.**

Those excluded should be provided with a copy of the social workers report to the conference and be provided with the opportunity to have their views recorded and presented to the conference. Where a parent/carer attends only part of a conference as a result of exclusion, s/he should receive the record of the decisions made at the conference. The chair has the authority to decide if:

- the entire record may be provided or
- (Usually) only that part attended by the excluded parent/carer
- Health and Safety, where to provide the entire record might increase the risk to the child or relevant others
- Sensitive third party information the sharing of which is unjustified e.g. health related information.
- A current criminal investigation, the effectiveness of which might otherwise be undermined or
- Other legal considerations (usually on the basis of legal advice)

8.29 **Provision of Information for Conference**

Written reports of relevant information with a summary of the implications for child protection should be prepared by all involved staff and forwarded to the chair **by 12 noon the working day before** the conference. It will not be necessary to provide a separate report for each child who is the subject of a conference, unless separate health professionals are involved. The report should consider all children in the household. Reports must be shared by the authors, with parents and children prior to the conference. Where necessary, the reports should be translated into the relevant language or medium. A copy of the Health report should be sent to the Health Safeguarding Team. All reports should be sent out after the conference (with the conference minutes) to those invited to the conference.

Within the conference report, it is important to distinguish between fact, observations and opinion and to highlight strengths as well as concerns. Care must also be taken to avoid jargon or excessive details. All agencies should use the CYPS proforma for reports. The reports must make it clear which child/ren are the subject of the conference, but address any known circumstances of all children in the household.

The Children's Services (Social Care) report should contain summaries and analysis of the information obtained during the initial assessment and section 47 enquiries. 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 of 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:
- The expressed views, wishes and feelings of the child, parents, and other family members, and
- An analysis of the implications of the information obtained for the child's future safety and meeting of his or her developmental needs.

Other professionals should prepare their reports to conference detailing:

- Their involvement with the child and family
- Information about the child's health and development
- Capacity of the parents to safeguard the child's health and development.

8.30 **Actions and Decisions for the Conference**

The conference will consider the following questions when determining whether a child should be made subject of a child protection plan.

Is the child at continuing risk of significant harm?

The test should be that either:

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

If the child is at continuing risk of significant harm, it will therefore be the case that safeguarding the child requires inter-agency help and intervention delivered through a formal child protection plan. It is also the role of the initial conference to formulate the outline child protection plan, in as much detail as possible.

Conference participants should base their judgements on all the available evidence obtained through existing records, the initial

assessment and fuller core assessment undertaken following the initiation of S47 enquiries. If the above criteria are satisfied and a decision is taken that a child is at continuing risk of significant harm and hence a child protection plan is necessary the chair should determine which category of abuse, ie physical, sexual, emotional or neglect the child has suffered or is at risk of suffering. The need for a child protection plan and the category of abuse should be considered separately in respect of each child in the family or household.

The decision making process will take account of the views of all the agencies present at the conference. If a professional sends their views about whether the criteria for continuing significant harm is met in a written form, but fails to attend and has not attended the last core group meeting their report will be presented to conference members for consideration and included in the minutes. However this view will not be counted in the decision-making process since that professional would need to be present at conference and hear information from other sources to be able to offer an informed opinion about whether the criteria of the need for a child protection plan was met at the time of conference or not.

If the criteria for a child protection plan are satisfied the conference will agree:

- A date for the first core group meeting (***within 10 working days of the initial conference***) and timescales will be set for subsequent meetings and the production of the detailed child protection plan.
- The membership of a core group of professionals and family members who will develop and implement the child protection plan as a working tool.
- How children and parents, and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them.
- What further action is required to complete the core assessment, and what 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:
- The outline child protection plan, especially identifying what needs to change in order to safeguard and promote the welfare of the child.
- What is the contingency plan 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,
- A date for the child protection review conference and under what circumstances it may be necessary to reconvene the conference before that date
- Clarify the different purpose and remit of the initial conference, the core group and the child protection review conference

8.31 **Procedures for Resolving Disagreements Amongst Conference Members**

When conference members cannot agree on the issue the decision will be made on the basis of a majority vote. The view of each agency will be recorded in the minutes. The chairperson does not have a vote unless there is an equally split decision when they will have a casting vote. If parents/carers disagree with the decision, the chair must discuss the issue with them and explain their right to appeal.

If a professional believes that the decision of a child protection conference has placed a child at risk then they should discuss this with their line manager/designated professional who will take the issue up with Children's Social Care.

8.32 **Administrative arrangements and record-keeping**

Invitation to child protection conferences should be sent out as far in advance of possible and every effort should be made to hold the conference at a time and place that is likely to be convenient to as many people as possible.

The Conference minutes should include:

- The essential facts of the case
- A summary of the discussion, which accurately reflects the contributions made
- All decisions made, with information outlining the reasons for the decisions, and
- An outline or revised child protection plan, enabling everyone to be clear about their tasks.

Where it has been decided that a child protection plan is required, within one working day, the following information should be sent to all those invited to the conference:

- The decision of the conference
- The category of abuse or neglect
- The name of the key worker
- The core group membership.

A copy of the conference minutes should be sent out as soon as possible after the conference to all those who attended and to all those who were invited, including family members, except for any part of the conference from which they were excluded. ***Conference minutes should be circulated within 15 working days of the date of the conference.***

Conference minutes are confidential and should not be passed by professionals to third parties without the consent of either the conference Chair or the key worker.

8.33 **Action following an Initial Conference**

Role of the key worker

When a conference decides that a child should be the subject of a child protection plan Children's Social Care should carry future case responsibility and designate a member of its social work staff to be the key worker (lead professional).

The key worker is responsible for making sure that the outline child protection plan is developed into a more detailed interagency plan. S/he should co-ordinate the completion of the core assessment of the child and family, ensuring contributions from Core Group members as and when necessary and drawing together the gathered information into the core assessment document. The core assessment should be completed ***within a maximum of 35 working days from the commencement of the S47 Enquiry*** and should focus particularly on those areas highlighted by the conference as requiring further exploration and understanding. The key worker is responsible for acting as lead professional for the inter agency work with the child and family and should analyse the findings of the assessment to inform planning, case objectives and the nature of service provision. S/he should co-ordinate the contribution of family members and other agencies to planning the actions which need to be taken, putting the child protection plan into effect, and reviewing progress against the objectives set out in the child protection plan.

8.34 **The Core Group**

The core group is responsible for developing the child protection plan into a detailed working tool, and implementing it, based on the outline plan agreed at the initial child protection conference. It should be refined as necessary and the progress of the child and family members should be monitored against the objectives specified in the plan.

The core group membership should include the key worker who leads the core group, the child if appropriate, family members and professionals or carers who have direct contact with the family. Although the key worker has the lead role, all members of the core group are jointly responsible for the formulation and implementation of the child protection plan, refining the plan as needed and monitoring progress against specified objectives in the plan.

Core groups are an important forum for working with parents, wider family members and children of sufficient age and understanding. It can often be difficult for parents to agree to a child protection plan within the

confines of a formal conference. Their agreement may be forged later when details of the plan are worked out in the core group. Sometimes there may be conflict of interest between family members who have a relevant interest in the work of the core group. The child's best interest should always have precedence over the interest of other family members.

The first meeting of the core group should take place ***within 10 working days of the initial child protection case conference***. The purpose of this first meeting is to flesh out the child protection plan and to decide what steps need to be taken by whom to complete the core assessment on time. Thereafter, ***the core group should meet monthly*** to facilitate working together, monitor actions and outcomes against the child protection plan and make any necessary changes as circumstances change.

The core group should ensure that a written record is made of actions agreed and decisions taken at core group meetings updating the child protection plan as necessary. All those who attended and were invited to the core group should receive a copy of the record for their agency files, this record should include the names and designation of those who attended.

The core group has the collective responsibility for the completion of the core assessment ***within 35 working days***, including agreeing the analysis of the gathered information and the set objectives. The family should be encouraged to participate in the assessment.

The analysis of the findings of the core assessment will inform the plan on how best to safeguard and promote the welfare of the child and support parents in achieving this aim.

The core group should be the only forum for decisions to de-commission services. Any agency withdrawing services to a child/family, which have previously been agreed at a case conference should attend the next review conference or at least prepare a report following the core group decision.

8.35 **The Detailed Multi-Agency Child Protection Plan**

The detailed multi-agency child protection plan should address:

- Action to make a child safe
- Action to promote a child's health and development
- Action to help a parent/carers in safeguarding a child and promoting his/her welfare
- Therapy for an abused child:
- Support or therapy for a perpetrator of abuse

The plan should:

- Describe the identified development needs of the child, and what therapeutic services are required,
- Include specific, achievable, child focused outcomes intended to safeguard and promote the welfare of the child.
- Include realistic strategies and specific actions to achieve the planned outcomes,
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members.
- Lay down points at which progress will be reviewed, and the means by which progress will be judged
- Set out clearly the roles and responsibilities of those professionals with routine contact with the child, for example, health visitors, GPs and teachers, as well as any specialist more targeted support to the child and family.

The plan will take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. Family members and core group members will be asked to sign the plan to evidence their acceptance and willingness to work to it.

All parties to the plan will receive a copy of the most recent plan following core group meetings so that they are clear about who is doing what and when and what the planned outcomes are for the child. Records of core group meetings should be sent to the parties ***within 10 working days***. All professionals have a responsibility for keeping their own records, this includes making notes of any actions agreed which can be used pending receipt of the official meeting record.

8.36 Interventions

Irrespective of where a child is living interventions should specifically address:

- The health and developmental needs of the child
- The child's understanding of what has happened to him/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; and
- Possible changes to the family's social and environmental circumstances

Intervention may have a number of inter related components:

- Action to make a child safe
- Action to help promote a child's health and development i.e. welfare
- Action to help parent(s)/caregivers(s) in safeguarding a child and promoting his or her welfare;
- Therapy for an abused child:
- Support or therapy for a perpetrator of abuse

A key issue when deciding upon suitable interventions will be whether the child's developmental needs can be responded to within his/her family context, and within timescales that are appropriate for the child. These timescales may not be compatible with those of the carer/s who is/are in receipt of therapeutic help. Where the family situation is not improving or changing fast enough to respond to the child's needs then decisions will be necessary about the long term future of the child.

8.37 **Review Conference**

The purpose of the review conference is to:

- Review the safety, health and development of the child against the intended outcomes set out in the child protection and core assessment plans.
- Ensure that the measures put into place to ensure the child is adequately protected from the risk of harm are effective and appropriate
- Bring together and analyse 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.
- Make judgements about the likelihood of the child suffering significant harm in the future.
- Decide what action is required to safeguard the child and promote their welfare and identity
- Set desired outcomes and time-scales
- Consider changes that may be required to the child protection plan
- Determine whether the core assessment has been completed within the required timescale, or, whether the core assessment should be up-dated and/or whether a specialist assessment is required.

The review conference must decide explicitly if the child is still at continued risk of significant harm and hence whether a child protection plan is still necessary. Whilst the category of the child protection plan should be considered it cannot be altered in the absence of parents unless they had been advised of this issue in advance and have been able to make representation on the subject. If the child protection plan is

discontinued the review conference should consider what support may benefit the child and family and who is responsible for providing that support.

The Child Protection Plan **will not be discontinued unless** the core assessment has been completed, covering all the relevant issues, and presented to the review conference.

8.38 **Attendance**

The review conference should be attended by most of those people involved in the initial child protection conference, the same rules of quoracy apply.

8.39 **Attendance of Children at Review Conferences**

Children and young people should be active participants in meetings that make decisions about their lives. The nature of the participation should be that which is considered to be in the young person's best interests and appropriate to their age and understanding. In all cases in which a young person's name who is over the age of 11 years is made subject of a child protection plan a recommendation will be made for the core group to consider the issue of the young person's participation in the first review conference.

If the core group decide that the nature of the young person's participation should not include actual attendance at the review conference, it is essential that the young person's views are presented to the conference by a nominated professional. Where it is considered that it will be in the young person's interest to attend the review conference, direct preparation of the young person must be undertaken by the most appropriate professional.

The young person will be entitled to have a supported or appropriate friend with them. The conference chair will meet the young person before the conference in order to explain the process. The young person will only be present at the start of the meeting to hear information relevant to themselves.

After the conference, the conference chair will write to the young person outlining the decision of the conference and relevant aspects of the plan. The letter will be given to a nominated professional who will go through it with the young person. A copy will be maintained by the keyworker.

8.40 **Reports**

All staff involved with the child and family should provide reports for the review, which will be **sent to the chair by 12 noon the working day before the conference** and shared with the parents, carers and child/ren. The social worker should ensure that a copy of the completed

core assessment is sent to the Conference Chair at the same time as the review report. A copy of health reports should be forwarded to the Health Safeguarding Team.

Core group members have an individual responsibility to produce reports for the review conference. The report should include the following information:

- Dates of visits to the child and family
- Dates of core group meetings
- Significant changes in the household during the review period
- The core assessment and progress of the protection plan
- Views of family members, including the child
- Analysis of risk
- Recommendations contained in the core assessment, and how the protection plan should be developed or amended.

8.41 **Decisions of the Review Conference**

The review conference has two main decisions to make:

Consider whether the child protection plan should continue in place or if it should be changed

Discontinuing the child protection plan

- It is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan (e.g. the risk of harm has been reduced by action taken through the child protection plan, the child and family's circumstances have changed; or reassessment of the child and family indicates that a child protection plan is no longer necessary). Under these circumstances, only a review conference can decide that a child protection plan is no longer necessary and the decision of the conference must be a majority decision.
- The child and family have moved permanently to another local authority area. In such cases, the receiving authority should convene an initial child protection conference within 15 working days of being notified of the move, only after which event may de-registration occur in respect of the original local authority's child protection register.
- The child has reached 18 years of age, has died or has permanently left the UK.

It is expected for all review conferences but particularly those where discontinuing the child protection plan is recommended that parents will

be in attendance or every effort will have been made to obtain the views in order for those views to be represented at the review.

There will inevitably be occasional cases where efforts to secure parental participation with the inter-agency child protection plan have not been successful and the plan is therefore ineffective. In these cases discontinuing the child protection - may be considered and agreed at a review conference if the following issues have been addressed.

- Every effort has been made to work with the parents and to secure their attendance at the review or to obtain and represent their views. They should be informed if the core group is recommending discontinuing the child protection plan Legal representation at the review is ensued in order to address the issue of whether the threshold is met for commencing proceedings and whether that should be the outcome of discontinuing the child protection plan
- The majority of core group meetings are in attendance at the review in order to provide a clear consensus if discontinuing the child protection plan is to be agreed.
- Recommendations for future monitoring and support are actively considered.

If the child protection plan continues and is updated, it must ensure that the impetus for change is not lost and drift is avoided, that concerns which led to the initiation of a child protection plan are tackled, and the plans are purposeful and systematic. The child protection plan will therefore include:

- A summary of assessed needs and risks agreed at the review conference
- A list of changes, both short and long term, with timescales, required to keep the child safe, reduce risks, and meet needs.

9 Complaints about a Child Protection Conference

Working together to safeguard children clarifies that parents/carers or a child (considered by the conference chair to have sufficient understanding), may make a complaint in respect of one or more of the following aspects of the child protection conferences.

- The process employed by the conference
- The outcome, in terms of the facts and/or the category of initial or review conferences
- A decision to initiate a child protection plan, not to initiate a child protection plan or discontinue a child protection plan.

All parties must be made aware that this complaints process cannot itself change a conference decision and that during the course of a complaint's consideration, the decision made by the conference stands.

The end result for a complainant will be either that a conference is reconvened under a different chair, that a review conference is brought forward or that it confirms the status quo.

Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's ordinary complaints handling process.

9.1 **Immediate Resolution**

An expressed concern about the conference itself which arises in the course of the meeting must be noted and an attempt made by the chair to resolve it with the service user.

If this initial attempt to resolve matters fails, the service user should be reminded of the conference complaints process, and be invited (and if necessary assisted by the social worker) to write within 28 days of receipt of minutes, to the conference chair.

9.2 **Stage 1 – Exploration by Conference Chair**

The conference chair should inform the Safeguarding Team Manager, relevant service manager and all professionals who attended the conference that s/he has received the complaint.

Complaints made outside the 28 day time limit may, in exceptional circumstances and at the discretion of the conference chair, be accepted.

The chair may meet with the complainant (who may be supported by a friend or relative) within 7 working days of receipt of the complaint so as to:

- Ensure the complainant sufficiently understands the child protection process
- Clarify the grounds for, and 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

At the meeting with the complainant the chair should be accompanied by a colleague who can take minutes.

Within a further 7 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.

9.3 **Formal Consideration by Complaints Manager**

If, within 28 days of receipt of the stage 1 letter the complainant notifies the chair of the conference that s/he remains dissatisfied and specifies reasons, arrangements must be made to convene, within 28 days, a panel of a minimum of three individuals from the member agencies of the TSCB.

Arrangements for this meeting will be made by the Safeguarding Team Manager and the role of chair will normally be fulfilled by the representative of the agency least directly involved in the case.

The panel membership should include at least two from amongst police, social care, education and health agencies and the individuals should have had no previous or present direct line management responsibility for the case in question.

The panel must be provided with the following documentation by the complaints and review and protection managers:

- 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 telephone numbers of the conference chair, all other professionals involved and the family concerned.

The complaints manager will liaise with the complainant throughout. 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.

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

The panel's conclusions should be put in writing to the complainant ***within 7 days*** of its meetings and will:

- Confirm membership of the panel
- State the decision reached
- Provide concise information about how the decision was reached.

A recommendation must be made to re-convene the conference, under a different chair if:

- Procedures/protocols relating to the conference were not correctly followed or
- The procedures/protocols were correctly followed but the decision of the conference was unreasonable.

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. The panel should also consider any specific concerns which may be relevant to communicate to agencies involved with the case and may make recommendations relating to practice or procedure to any LSCB agency.

9.4 **Reconvened Conference**

The chair of a reconvened child protection conference (either an initial or a review) must ensure that all present have seen or are briefed at the conference about the decisions reached by the panel.

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/ren's current circumstances.

9.5 **Further Challenge**

No further internal process exist in those cases where the panel concludes that all relevant processes were followed and that the decisions which were made were reasonable.

10 **Managing and Providing Information about a Child with a Child Protection Plan**

The Safeguarding Children Team Manager has responsibility for:

- ensuring that records held 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

- managing other notifications of movements of children into or out of the LA area, such as children who have a child protection plan and children in care
- managing notifications of people who may pose a risk of significant harm to children who are either identified with the LA area or have moved into the LA area
- managing requests for checks to be made to ensure unsuitable people are prevented from working with children.

Information on each child known to LA children's social care should be kept up-to-date on the LA's ICS IT system, and the content of the child's record should be confidential, available only to legitimate enquirers. This information should be accessible at all time to such enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.

If an enquiry is made about a child and the child's case is open to LA children's social care, the enquirer should be given the name of the child's key worker, and the key worker should be informed of this enquiry so that they can follow it up. If an enquiry is made about a child living at the same address as a child who is the subject of a child protection plan, this information should be sent to the key worker of the child who is the subject of the child protection plan. If an enquiry is made but the child is not known to LA children's social care, this enquiry should be recorded on a contact sheet, together with the advice given to the enquirer. In the event of a second enquiry about a child who is not known to children's social care, not only should the fact of the earlier enquiry be notified to the later enquirer, but the designated manager in LA children's social care should ensure that LA children's social care considers whether this is, or may be, a child in need.

10.1 **Changes in Circumstances**

It is essential that information regarding a child with a Child Protection Plan be kept up to date. All agencies have a responsibility to inform the key worker promptly of any changes in the circumstances of any child with a Child Protection Plan. This is particularly important if a child has moved, or is about to move, out of the area.

On receiving information about changes in a child's circumstances the key worker should inform the Safeguarding Team and other members of the core group promptly.

These changes include:

- changes in the child's address or placement
- changes in the parents'/carers' address
- changes in household members
- movement of the child within, into and outside the area, including those who have gone missing

- changes in the child's legal status
- changes in the child's name or that of the parents, carers or siblings
- change of key worker

10.2 **Children with a Child Protection Plan who Move out of Trafford**

When a child with a Child Protection Plan moves into another local authority, it is imperative that there is a speedy exchange of information with the receiving authority in order to safeguard the child.

When alerted that a child with a Child Protection Plan has moved, or is about to move, out of Trafford, the key worker must:

- consider with the team manager and members of the core group whether any immediate action should be taken to safeguard the child/ren
- make telephone contact with the relevant Social Care Department (Children & Young People's Service) the same day giving details of the new address, the child protection plan and reasons for the current concern. This must be confirmed in writing
- request the receiving authority to establish interim arrangements for case responsibility if appropriate and necessary
- request that the receiving Social Care Department hold a child protection conference and provide the names, designations and addresses of persons in Trafford who should be invited
- inform the Conference Chair the same day.

The Conference Chair must:

- formally notify the Manager of the Safeguarding Team promptly in the receiving authority and forward copies of the previous child protection conference minutes
- discontinue the child protection plan in Trafford, following the child protection conference being held in the receiving authority
- notify all members of the conference in Trafford that the child protection plan has been discontinued in Trafford and the outcome of the conference in the receiving authority

All involved agencies must inform their equivalent agency and establish interim arrangements for case responsibility.

The key worker and any other key agencies should attend the child protection conference arranged by the receiving authority. Where distances prevent this, written reports should be provided for the conference.

10.3 **Children with a Child Protection Plan who move temporarily out of Trafford**

When a child with a Child Protection Plan moves temporarily out of Trafford the key worker must:

- notify the Safeguarding Children Unit chairperson of the temporary change of address within 1 working day of becoming aware of the move
- notify the Social Care department (Children & Young People's Service) office in the receiving authority and negotiate temporary case management arrangements
- inform core group members in Trafford so that they can make similar case management arrangements

The Trafford key worker retains the key worker role during this period.

The chairperson in the Safeguarding Children Unit must:

- inform the Manager of the Safeguarding Unit in the receiving authority within one working day and ask that the child's details be included on the receiving authorities I.T. system

A 'temporary' move should not be allowed to drift into a longer-term arrangement. 'Temporary' should mean no longer than 28 working days normally. If the stay becomes longer than expected, then the key worker and the chairperson should decide whether to request the receiving authority to convene a child protection conference in their area with a view to the child being subject of a Child Protection Plan there.

10.4 **Children with a Child Protection Plan who move into Trafford from another Authority**

Any agency receiving information that a child with a Child Protection Plan has moved into Trafford must inform the Manager of the Safeguarding Unit immediately.

The Manager of the Safeguarding Unit must:

- Ensure that the child/young person's details are included on the CYPS I.T. system the same day, pending an initial child protection conference, and arrange for that conference to take place
- notify the relevant Children's Social Care Operations Manager
- inform all core agencies within 3 working days

All agencies must ensure that records are obtained from counterparts in the other authority.

Children's Social Care must:

- Agree case management arrangements with the other authority for the interim period before the conference is held in Trafford. These arrangements must ensure that the child will be safeguarded. Responsibility will remain with the other authority prior to conference if it can safeguard the child effectively but if that is not possible Trafford Social Care Team Manager will accept responsibility if it is explicitly agreed with the other authority and confirmed in writing
- request a child protection conference in Trafford
- consult with the key worker in the other authority and advise the Trafford chairperson of appropriate staff from the other authority to be invited

When the conference has been held the chairperson will inform the Manager of the Safeguarding Unit of the other authority of the outcome.

10.5 **Children with a Child Protection Plan who move temporarily into Trafford**

Any agency receiving information that a child who has a Child Protection Plan in another authority has become a temporary resident in Trafford must inform the Safeguarding Unit.

The Safeguarding Unit must:

- Ensure that the child/young person's details are included on the CYPS I.T. system on a temporary basis recording both the permanent and temporary addresses of the child and details of the key worker in the other authority on the day of receiving the information
- inform the relevant key agencies of the child's details, in particular making sure that the Social Care team manager is made aware quickly

If this temporary arrangement looks like drifting into a longer-term arrangement, ie after 28 working days, the Safeguarding Children Unit should consider with the key worker from the other authority whether a conference should be convened.

If an allegation of abuse is received in respect of a child staying temporarily in Trafford who has a Child Protection Plan in another authority, it must be investigated by Trafford Social Care Department (Children & Young People's Service) and other agencies unless responsibility is formally accepted by the local authority with whom the child receives a Child Protection Plan and they instigate a Section 47 Enquiry or delegate the responsibility to a social worker employed at the child's placement.

11. Managing Individuals Who Pose a Risk of Harm to Children

A range of mechanisms are available to manage people who have been identified as presenting a risk or potential risk of harm to children.

11.1 Collaborative Working

The Children Act 1989 recognised that the identification and investigation of child abuse together with the protection and support of victims and their families requires multi-agency collaboration. This has rightly focused on the child and the supporting parent/carer. As part of that protection the police have taken action to prosecute known offenders or control their access to vulnerable children. This work, whilst successful in addressing the safety of particular victims has not always acknowledged the on going risk of harm that an individual perpetrator may present to other children in the future.

11.2 Use of the term “Schedule One Offender”

The term “schedule one offender” and “schedule one offence” had been commonly used for anyone convicted of an offence against a child listed in Schedule One of the Children and Young Person’s Act 1933. However this term is confusing for practitioners since various child protection legislation has been enacted since the 1933 Act. To provide some clarity on this matter the Home Office has issued a consolidated list of offences, which all agencies can use to identify “a person identified as presenting a risk, or potential risk, to children”. This list identifies the major offences against children currently on the statute.

Agencies, which come into contact, or are working, with an individual who has been convicted or cautioned for an offence against a child may use the list as part of their usual policies and procedures.

The term schedule one offender should be replaced with “a person identified as presenting a risk, or potential risk, to children”. Obviously offending history is an important factor in such assessments but it is not the only one.

Please note, however, the following important points:

- when using the list practitioners need to exercise their professional judgement in all instances. It should be remembered that:
- This is not an exhaustive list. There are also other types of offences where a child may be the intended victim but where the primary offence is not a child specific offence. (e.g. telecommunications offences, harassment etc.)
- New offences may be created by new legislation

- Some offences may only indicate a risk to children in certain circumstances
- Not all convicted or cautioned individuals will necessarily pose a continued risk to children.
- There will also be cases where a person without a conviction or caution may pose a risk to children. For example, a finding of fact in a civil court that an individual poses a risk to a child: an individual may be subject to a Risk of Sexual Harm Order, or there may be other non-offence related information that an offender presents a risk to children.
- The prison service will continue to notify the police, probation and Children's Social Care prior to the release of an identified offender.
- The list includes both current and repealed offences. This is due to the fact that many offenders will have been convicted prior to the introduction of new legislation, such as the Sexual Offences Act 2003.

Practitioners working in this area should use the new list of offences as a “trigger” to a further assessment to determine if an offender should be regarded as presenting a continued risk of harm to children. This allows agencies to focus resources on the correct group of individuals and not include those who have been identified solely because a child was harmed during the offence, for example as in the case of a road traffic accident. An offender who has harmed a child might not continue to present a risk towards that child or other children. Practitioners should also consider that where a juvenile offender (aged under 18 years) offends against a child it is possible that there is little or no future risk of harm to other children, and the stigma of being identified as presenting a continued risk of harm to children is potentially damaging to the development of the juvenile offender.

Once an individual has been sentenced and identified as presenting a risk to children, agencies have a responsibility to work collaboratively to monitor and manage the risk of harm to others. Where the offender is given a community sentence. Offender Managers (or Youth Offending Team workers) will monitor the individual's risk to others and behaviour and liaise with partner agencies as appropriate.

In cases where the offender has been sentenced to a period of custody, prison establishment will undertake a similar responsibility, and in addition, notify other agencies prior to any period of release. New offences targeted at those who abuse children through prostitution now exist which serve to emphasize the view that those who abuse or exploit children through prostitution should feel the full force of the law. The Sexual Offences Act 2003 introduced a number of new offences to deal with those who abuse and exploit children in this way. They protect children up to the age of 18 and can attract tough penalties. They include:

- Paying for the sexual services of a child
- Causing or inciting child prostitution
- Arranging or facilitating child prostitution
- Controlling a child prostitute

These are not the only charges that may be brought against those who use or abuse children through prostitution. Abusers and coercers often physically, sexually and emotionally abuse these children and may effectively imprison them. If a child is victim of serious offences, the most serious charge that the evidence will support should always be used. While Multi Agency Public Protection Panel Arrangements (MAPPA) will not address the concerns of further serious harm posed by all perpetrators of child abuse, its purpose is to focus on convicted sexual and violent offenders returning to and in the community. The development of national databases will significantly enhance the capability to track offenders who move between communities and across organisational boundaries.

11.3 **Multi-Agency Public Protection Arrangements**

Exchange of information is essential for effective public protection. The MAPPA Guidance 2007 (National MAPPA/Team) clarifies how MAPPA agencies may exchange information amongst themselves, and to other persons or organisations outside the MAPPA. Multi-agency Public Protection Panels (MAPPP) can recommend that agencies disclose information about offenders to a number of organisations including schools and voluntary groups.

11.4 **Assessment of the Risk of Serious Harm**

The National Offender Management Service (NOMS) assess risk of harm using the Offender System (OASys). The Youth Justice Board use ASSET for under eighteen year olds. The following describe each level of risk

- Low: no significant, current indicators of risk of harm
- Medium: there are identifiable indicators of risk of harm. The offender has the potential to cause harm but it unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.
- Very High: there is an imminent risk of harm. The potential event is more likely than not to happen imminently and the impact would be serious.

Risk is categorised by reference to who may be the subject of that harm. This includes children who may be vulnerable to harm of various kinds,

including violent or sexual behaviour, emotional harm or neglect. In this context, MAPPA will work closely with TSCB to ensure the best, local joint arrangements can be made for any individual child being considered by either setting.

- 11.5 The police, the prison service and national probation service (the responsible authority) have statutory responsibilities under S67 and 69 Criminal Justice Act 2000 to establish in consultation with partner agencies, “multi-agency public protection arrangements” (MAPPA).

S67 requires the responsible authority to

- Establish arrangements for the assessment and management of risks posed by relevant sexual and violent offenders and other persons who, by reasons of offences committed by them are considered to be persons who may cause serious harm to the public.
- Monitor and review the arrangements made and make any necessary or expedient changes
- Publish an annual report

S67 and 68 also define those offenders in respect of whom arrangements must be made. The total offender population that falls within the remit of MAPPA comprises the following:

- Category 1: all locally registered sex offenders
- Category 2: all violent and other sex offenders currently subject to MAPPA
- Category 3: any other offenders, not already identified who are considered by the responsible authority to pose a risk of serious harm to the public (in exceptional cases MAPPA may include consideration to an individual who has not, to date been convicted or cautioned but who is considered to pose a risk of serious harm to the public).

11.6 **Criteria for Referral into MAPPA**

Offenders entering MAPPA as new cases will be:

- Offenders who receive one of the relevant sentences defined in S68 Criminal Justice and Court Services Act 2000
- Offenders already subject to MAPPA elsewhere who transfer into the area
- Relevant offenders arriving in England and Wales from overseas
- Person who may be referred into the arrangements at any time by one of the local agencies or by the public
- Persons referred into the arrangements under mental health legislation

11.7 **Criteria for referral out of MAPPA**

Offenders leaving MAPPA will be:

- Offenders from categories 1 or 2 (above) whose licence, supervision or period of sex offender registration comes to an end. In circumstances where they continue to be considered high or very high risk they would then become offenders under category 3 and managed accordingly.
- Transfers out
- In category 3 but the responsible authority (usually determined by residence) is satisfied that the offender no longer poses a risk of serious harm to the public.

11.8 **Risk Management**

The national framework for MAPPA identified the following three separate though connected mechanisms by which protection can be most efficiently managed.

11.9 **Level 1: Ordinary Risk Management**

An agency identifying an offender accepts responsibility for the management of risks posed and is confident that in the light of the risk assessment, the normal agency risk management regime is sufficient to address those needs effectively for public protection.

11.10 **Level 2: Local Inter-Agency Risk Management Meeting**

Where the public protection needs in respect of an offender cannot be adequately met or sustained through normal agency management, the agency identifying the offender is required to make a referral. The agency must detail what are the public protection needs for effective risk management, either at the local inter-agency risk management meeting or the multi-agency public protection panel (MAPPP).

The local inter-agency risk management meeting comprises local practitioners who are regularly engaged with managing the risk posed by local offenders. The purpose of referring cases to this panel will be for the public protection needs presented by the offender to be examined, agreed and a multi-agency public protection plan to be agreed and implemented.

Whilst each agency retains responsibility and accountability for its own practice, there is an expectation that agencies will contribute to the agreed plan. In exceptional circumstances, where agreement cannot be reached and the public protection needs remain critical to public safety, the case will be referred to the MAPPP.

The local inter-agency risk management meeting is likely to have a significant caseload that is actively managing and reviewing. The size of the caseload will, itself require effective management and where the public protection needs of a case have been addressed sufficiently for normal agency management to resume, the local inter-agency risk management meeting should refer the case back to that agency.

Conversely, where the circumstances of a case indicate that the public protection needs requires either exceptional resources or raise an exceptional public profile, the case must immediately be referred to the MAPPP.

11.11 **Level 3: Multi-agency Public Protection Panel (MAPPP).**

The MAPPP will be responsible for the management of offenders where the public protection needs require either exceptional resources or professional practice, or where the public profile of the case is such that failure to manage the offender robustly would seriously threaten the public credibility of either the responsible authority or other agencies within MAPPA.

The MAPPP should therefore, deal only with the “critical few” and is likely to be convened on a case by case basis as opposed to a regular caseload.

The principle of referring cases to the appropriate panel for management applies, where the public protection needs are most efficiently addressed, and cases should return to local inter agency risk management meetings or normal agency management as soon as the exceptional nature of these cases has been addressed.

11.12 **Referring to Multi-Agency Public Protection Panel**

Any professional who is of the view that a person is a serious risk to the public, and their behaviour cannot be managed within the agency’s normal risk management regime, should consult with their manager and if agreed make a referral under the agreed procedures. This will require electronic completion of the referral form by the referring officer and it should be submitted to the MAPPA co-ordinator in Probation.

11.13 **Other Processes and Mechanisms**

11.13.1 **Offending Behaviour Programmes**

Rehabilitation of offenders is the best guarantee of long term public protection. A range of treatment programmes have been “tried and tested” at a national level, which have been developed or commissioned by the prison and probation service. Examples include, Sex Offender Treatment Programmes, programmes for offenders convicted of Internet sexually related offences, and for perpetrators of domestic abuse.

11.13.2 Disqualification from Working with Children

The Criminal Justice and Court Services Act 2000 (CJCSA), as amended by the Criminal Justice Act 2003, provides for people to be disqualified from working with children. A person is disqualified by either:

- A Disqualification Order, made by the Crown Court when a person is convicted for an offence against a child (under 18) listed in Schedule 4 to the CJCSA. Schedule 4 includes sexual offences, violent offences and offences of selling Class A drugs to a child; or
- Being included in a permanent capacity on the list of people who are unsuitable to work with children that is kept under s1 of the Protection of Children Act 1999, or,
- Being included on DfES List 99 on the ground of being unsuitable to work with children. When making a Disqualification Order the court applies different provisions depending on the age of the offender and the sentence received:
- Adult offender who receives a qualifying sentence (12 months or more or equivalent) or relevant order for a specified offence: a Disqualification Order must be made unless the court is satisfied that it is unlikely that the individual will commit any further offence against a child.
- Juvenile offender who receives a qualifying sentence or relevant order: a Disqualification Order must be made if the court is satisfied that it is likely that the individual will commit a further offence against a child.
- A Disqualification Order is of indefinite duration (i.e. for life) but application can be made for an order to be reviewed by the Care Standards Tribunal after 10 years (or 5 years in the case of a juvenile).

Disqualification Orders are made as part of the sentence, and therefore, cannot be made on application. However, the Criminal Justice Act 2003 makes provision for the Crown Prosecution Service to refer cases back to the courts where it appears that the court should have considered making a Disqualification Order but failed to do so. Therefore, if an offender is identified who it seems should have been made subject to a Disqualification Order the case should be discussed with other MAPPA agencies and the Crown Prosecutions Service.

People who are disqualified from working with children are prohibited from applying for, offering to do, accepting, or doing, any work in a "regulated position". The positions covered are specified in S36 of the Criminal Justice and Court Services Act 2000 and are broadly defined. They include working with children in paid or unpaid positions whose normal duties involve caring for, training, supervising or being in sole charge of children, and positions whose normal duties involve unsupervised contact with children under arrangements made by a responsible person, for example, a parent, and include a broad range of

work with children from babysitting to working as a schoolteacher and from working in a local authority education or social services department to voluntary work at a boys football club. School governor is a regulated position, as are other positions whose normal duties include the supervision or management of another individual who works in a regulated position.

A person who is disqualified commits an offence if he/she knowingly applies for, offers to do, accepts, or does, any work with children. It is also an offence for an individual knowingly to offer work with children, or to allow such an individual to continue in such work. The police should be contacted if such an offence is committed. The maximum penalty for breach is 5 years imprisonment.

11.14 **The Protection of Children Act List**

This Act gives the Secretary of State power to keep a list of people who are unsuitable to work with children in childcare positions. Child care organisations in the regulated sector are required to make a report to the Secretary of State in specified circumstances, principally if they dismiss a person for misconduct which has harmed a child or put a child at risk of harm, or if a person resigns in circumstances where s/he might have been dismissed for that reason. Other organisations that employ childcare workers can also make reports in those circumstances, but do not have to. If there appear to be grounds for including the person on the List his/her name will be added provisionally while further enquiries are made, and the person will be given the opportunity to make written observations about the case. If, at the end of that process the Secretary of State is of the opinion that:

- The referring organisation reasonably believed that the person was guilty of misconduct that harmed a child, or put a child at risk of harm: and
- The person is unsuitable to work with children, the person will be added to the List on a permanent basis. Anyone who is included on the List on a permanent basis can appeal to an independent tribunal, the Care Standards Tribunal, within 3 months of the decision.
- Childcare Organisations must check the List (and List 99) before employing someone in a childcare position.

11.15 **Department of Educational Services List 99**

List 99 is a confidential list of people who the Secretary of State has directed may not be employed by Local Authorities schools (including independent schools) or Further Education Institutions (FEI) as a teacher or in work involving regular contact with children under 18 years of age. The List also includes details of people the Secretary of State has directed can only be employed subject to specific conditions. Employers in the

education sector are under a duty not to use a person who is subject to a direction in contravention of that direction.

LAs, schools, FEI and other employers have a statutory duty to make reports to DCFS if they cease to use a person's services on grounds of misconduct or unsuitability to work with children, or someone leaves in circumstances where the employer might have ceased to use their services on one of those grounds. The police also make reports to DCFS if a teacher or other member of staff at a school is convicted of a criminal offence.

People who are convicted of one of a number of sexual offences against a child under 16 years of age are automatically deemed unsuitable to work with children and included on List 99. Those subject to a disqualification order and those permanently included on the Protection of Children Act List are also included on List 99 automatically. In other cases the Secretary of State has power to direct that a person be prohibited from employment and added to the List, but must consider the circumstances of the individual case and give the person concerned an opportunity to make representations before reaching a decision.

People included on List 99, other than those included automatically, can appeal to the Care Standards Tribunal against the decision within 3 months of the decision.

11.16 **The Sex Offenders Register**

The notification requirements of Part 2 of the Sexual Offences Act 2003 (known as the Sex Offenders Register) are an automatic requirement on offenders who receive a conviction or caution for certain sexual offences. The notification requirements are intended to ensure that the police are informed of the whereabouts of offenders in the community. The notification requirements do not bar offenders from certain types of employment, from being alone with children etc. Offenders must notify the police of certain personal details within three days of their conviction or caution for a relevant sexual offence (or, if they are in prison on this date, within three days of their release).

Such an offender must then notify the police, within three days, of any change to the notified details and whenever they spend 7 days or more at another address. All offenders must reconfirm their details at least once every twelve months and notify the police, 7 days in advance of any travel overseas for a period of 3 days or more. The period of time that an offender must comply with these requirements depends on whether they received a conviction or caution for their offence and, where appropriate, the sentence they received.

Failure to comply with these requirements is a criminal offence with a maximum penalty of 5 years imprisonment. The police should be contacted if such an offence is committed. All agencies must inform the

police if they are aware of a sex offender who has changed their address, or is planning to move, without informing the police.

The above also applies to offenders under the age of eighteen if they have been reprimanded, given a final warning or convicted.

11.17 **Notification Orders**

Notification Orders are intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (the Sex Offenders Register) in the UK if they receive convictions or cautions for sexual offences overseas. Notification Orders are made on application from the police to a Magistrates Court. Therefore, if an offender is identified who has received a conviction or caution for a sexual offence overseas the case should be referred to the local police station for action. If a Notification Order is in force then the offender becomes subject to the requirements of Sex Offenders Registration. For example: A Notification Order could ensure that the notification requirements will apply to a British man who, while on holiday in South East Asia, received a caution for a sexual offence on a child. Any information that an individual has received a conviction or caution for a sexual offence overseas should, where appropriate, be shared with the police. Sexual Offences Prevention Orders (SOPOs)

Introduced by the Sexual Offences Act 2003, SOPOs are civil preventative orders designed to protect the public from serious sexual harm. A court may make a SOPO when it deals with an offender who has received a conviction for an offence listed at Schedule 3 (sexual offences) or Schedule 5 (violent and other offences), to the Act who is assessed as posing a risk of serious sexual harm. SOPOs include such prohibitions as the court considers appropriate. For example, a child sex offender who poses a risk of serious sexual harm could be prohibited from loitering near schools or playgrounds. The offender will also if s/he isn't already, become subject to the notification requirements for the duration of the order.

SOPOs can be made on application from the police, so any violent or sex offender who poses a risk of serious sexual harm should be referred to MAPPA agencies and the police in particular. In an application for an order the police can set out the prohibitions they would like the court to consider. Breach of any of the prohibitions in a SOPO is a criminal offence with a maximum punishment of 5 years imprisonment. Therefore, the police should be contacted whenever a SOPO is breached. SOPO's can be particularly helpful in the management of sex offenders who are assessed as continuing to pose a high risk of harm but are no longer subject to statutory supervision.

11.18 **Risk of Sexual Harm Orders (RSHOs)**

Introduced by the Sexual Offences Act 2003, RSHOs are civil preventative orders used to protect children from the risks posed by

individuals who do not necessarily have a previous conviction for a sexual or violent offence but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children and who pose a risk of further such harm. For a RSHO to be made it is not necessary for there to be a risk that the defendant will commit a sexual offence against a child – the risk may be that s/he intends to communicate with children in a sexually explicit way. The RSHO can contain such prohibitions, as the court considers necessary. For example, an adult could be found regularly communicating with young children in a sexual way in Internet chat rooms. A RSHO could be used to prohibit the person from using the Internet in order to stop him/her from such harmful activity.

RSHOs are made on application from the police, so any person who is thought to pose a risk of sexual harm to children should be referred to the police. In an application for an order the police can set out the prohibitions they would like the court to consider. Breach of any of the prohibitions in a RSHO is a criminal offence with a maximum punishment of 5 years imprisonment. It is also an offence, which makes the offender subject to the notification requirements. The police should be contacted whenever a RSHO is breached.



APPENDIX A

THRESHOLD CRITERIA



Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 1</u> <u>UNIVERSAL</u></p> <p>Children/young people achieving the Every Child Matters (ECM) five outcomes through the care of their families with the support of universal services</p>	<ul style="list-style-type: none"> • Children attend school regularly • Children who are reaching developmental milestones and normal growth patterns • Children who appear to be emotionally well adjusted • Children whose education achievement is in accordance with their age, ability, aptitude and attachments 	<ul style="list-style-type: none"> • Children/Young People with parent /carer who take advantage of universal services • Stable home environment 	<p>Professional Assessment Process</p> <p><u>For example:</u></p> <p>Health: Health Visiting Assessment School Health Assessment</p> <p>Education: Standard Assessment Test (S.A.T.S) Special Educational Needs Assessment (SEN)</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Parents/Carer with substance misuse/ alcohol misuse • Parent/Carer with identified learning disability and/or mental illness • Emotional/behavioural difficulties • Poor personal presentation • Poor self care/hygiene/home conditions • Concern about child's attendance at health appointments, especially if child is under five or has a specific health problem or condition • Excessive or insufficient weight gain • Delay in reaching developmental milestones and/or not attending identified services • Children with mental/physical ill health • Children who have suffered a significant bereavement <p>Child/Young Person diagnosed with terminal illness</p>	<p>Positive Environment</p> <p>Good Parenting Capacity</p> <p>Family/Carer actively seeks support from and engages with appropriate services</p> <p>Regular supportive help from family/friends/single agency</p> <ul style="list-style-type: none"> • Primary Care Team • Health Visiting Service • School Nurse • CAMHS • Trafford Early Development Service • Surestart Childrens Centres • Individual Education Programme • Anti-bullying interventions (Education) 	<p>CAF</p> <p>Substance Misuse Screening Tool</p> <p>MARAS may provide advice/consultation to professionals involved with family</p> <p>SEN Assessment</p> <p>Children's Centre Assessment: Request For Services</p> <p>School Entry Health Assessments</p> <p>ABC Assessment for Dyspraxia</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Child 0-3 years with identified developmental need • Child/Young Person with identified learning disability • Children unnecessarily accessing health services e.g. A&E & GP • Young person experimenting with drug/alcohol lacks information • Young person is sexually active/lacks information • Young Person pregnant 	<ul style="list-style-type: none"> • School Nurse • Young person involved with substance misuse service • Talkshop/Youth Service/Brook Advisory Service • Community Paediatric Team 	<p>CAF</p> <p>Substance Misuse Screening Tool</p> <p>MARAS may provide advice/consultation to professionals involved with family</p> <p>SEN Assessment</p> <p>Children's Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Staying Safe</p> <ul style="list-style-type: none"> • Child involved in single incident of sexualised behaviour which has come to the notice of Carer/ Professionals • Child/Young Person is target of bullying and discrimination in school/community • Vulnerable children home alone • Children who present management problems to their parents/carers within the community • Domestic abuse incident in household with child/children <ul style="list-style-type: none"> • Parent states wish/intention to place child either for adoption 	<ul style="list-style-type: none"> • Child/Young Person supported by Carer/Family • Regular supportive help to family from Health Visiting Service/ School Health Service • Early years provision: <p>Surestart Children's Centre Nursery/ Playgroup/ Childminder</p> <ul style="list-style-type: none"> • CAMHS • Contact with Greater Manchester Police to prevent incident from escalating • Victim seeking legal advice • Awareness of impact of domestic violence on self and children • Ability to prioritise children's needs over self and partner • Support networks in place • Other Agencies involved • Perpetrator willing to engage with services • Perpetrator left family home • Single agency advise appropriately • Support networks in place 	<p>CAF</p> <p>MARAS may provide advice/consultation to professional involved with family</p> <p>Children's Centre Assessment: Request For Services</p> <p>Joint Social Care/Health response on receipt of police referral to MARAS</p> <p>CAF</p> <p>Referral to MARAS</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Enjoy and Achieve</p> <ul style="list-style-type: none"> • Concerns regarding the impact of siblings of a child with a disability • Child with disability needs unmet • Child placed on school action due to concerns about foundation attainment • Concerns about child's attendance and poor punctuality at school • Child placed on school action due to concerns about Key Stage 1/Key Stage2 attainment • Child placed on school action due to concerns about GCSE attainment • Child has caring responsibilities within the family • Child is vulnerable and requiring support 	<ul style="list-style-type: none"> ○ Regular supportive help to family from Health Visiting Service/School Health Service ○ Appropriate Single Agency Support ○ Education Welfare Service Support ○ Appropriate additional educational support ○ Involvement with Young Carers ○ Engagement with Surestart Children's Centres 	<p>CAF Assessment</p> <p>MARAS may provide advice/consultation to professional involved with family</p> <p>SEN Assessment</p> <p>Asset Assessment (YOS)</p> <p>Children's Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Enjoy and Achieve</p> <ul style="list-style-type: none"> • Children involved in contact/residence disputes • Children experiencing frequent changes of address and schools • Children with isolated and/or unsupported parents/carers • Children from families with a high number of children or families with more than three children under five • Children with parents/carers who have a substance misuse problem 	<ul style="list-style-type: none"> ○ Regular supportive help to family from Health Visiting Service/School Health Service ○ Early years provision: <ul style="list-style-type: none"> Surestart Children’s Centre Nursery Playgroup Childminder ○ Engagement with Adult Drug and Alcohol Misuse Services 	<p>CAF Assessment</p> <p>MARAS may provide advice/consultation to professional involved with family</p> <p>Children’s Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p><u>LEVEL 2</u></p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Making a positive contribution</p> <ul style="list-style-type: none"> • Child/Young Person identified as a bully or behaving in a discriminating way in the community or school • Child/Young Person displaying socially unacceptable behaviour • Repeated notification by Police regarding young persons offending behaviour 	<ul style="list-style-type: none"> ○ Regular supportive help to family from friends/family ○ School bullying policy activated ○ Education Welfare support ○ Local police support ○ Parent/Carer/Young Person's engagement with appropriate services ○ Juvenile Contact Scheme ○ Youth Service ○ YOS ○ School Health Service ○ Surestart Children's Centres 	<p>CAF Assessment</p> <p>MARAS may provide advice/consultation to professional involved with family</p> <p>SEN Assessment</p> <p>Asset Assessment (YOS)</p> <p>Children's Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 2</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS WHO REQUIRE SUPPORT</p> <p>Child/Young Person unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health or development, in accordance with the five outcomes, without the provision of services</p>	<p>Achieving economic wellbeing</p> <ul style="list-style-type: none"> • Household - Child/Young Person belongs to low income or dependant on state benefits • Household with children/young people at risk of homelessness • Transport provision inadequate • Material goods inadequate 	<ul style="list-style-type: none"> • Housing Options involvement • Regular supportive help to family from friends/family/School health • Welfare rights/tax credit entitlement • Surestart Childrens Centre 	<p>Housing Assessment</p> <p>CAF</p> <p>MARAS may provide advice/consultation to professional involved with family</p> <p>Childrens Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Children with chronic ill health, terminal illness or severe disability • Parent/carers lifestyle significantly impacts unborn baby or child's health and wellbeing, e.g. substance misuse, sexual activity, criminal activity, anti-social activity • Parent/carers identified learning disability/parental illness/mental health significantly impacts on child health and wellbeing • Where a client is pregnant and there have been previous child protection concerns or the expected parents present with complex needs, or where there has been historical concern 	<ul style="list-style-type: none"> • Regular supportive help to family from extended family/friends network engaged with universal services • CAF Assessment completed with plan • Evidence of good attachment between parent/carer/child • Surestart Childrens Centres <ul style="list-style-type: none"> • Midwifery Services • Teenage pregnancy Midwifery Service • Substance Misuse Midwifery Service • Engagement with appropriate Health Service for adults/children 	<p>CAF Initial assessment Core assessment Specialist Health Assessment</p> <p>Childrens Centre Assessment: Request For Services</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Child's cognitive development may be delayed through lack of stimulation, disorganisation and failure to attend pre-school • Child/Young Person statemented for learning and physical special needs • Suspect Young Person is regular drug user <p>Deteriorating mental health of Child/Young Person impacting on daily life/education</p>	<ul style="list-style-type: none"> • Early Years Educational Support • School Action Plus • Individual Education Programme • Engagement with Young Person's Substance Misuse Service <p>Involvement of CAMHS</p>	<p>SEN Assessment</p> <p>Substance Misuse Screening Tool</p> <p>CAMHS</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Staying Safe</p> <ul style="list-style-type: none"> • Parent/Carers own issues affect their ability to keep child safe • Unaccompanied asylum seeking children • Child/Young Person displaying sexualised behaviour or at risk of sexualised abuse and sexual exploitation • Young Person at risk of or has been cautioned for crime or anti-social behaviour, given an ASBO or received a sentence 	<ul style="list-style-type: none"> • The presence of an alternative caring adult in family • Engagement with appropriate voluntary services e.g. Homestart, Young Carers • Surestart Childrens Centres • Regular supportive help from universal services/family network • CAMHS • Engaged with YOS Service 	<p>CAF Initial Assessment Core Assessment</p> <p>Age Assessment – MARAS(Asylum Seeker)</p> <p>Asset Assessment (YOS)</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Staying Safe</p> <ul style="list-style-type: none"> • Child/Young Person beyond parental/carer control and putting themselves at risk in the community through behaviour • At risk of entering care system • Young Person known to be using drugs/abusing alcohol • Child/Young Person being privately fostered • Parent states wish/intention to have child adopted or be placed in private foster care 	<ul style="list-style-type: none"> • Engaged with CAMHS • Local police involvement • Engaged with preventative services delivered by YOS • Outreach (Social Care) support in place • Young Person Substance Misuse Service • Notification of private fostering arrangement and engagement with parents/carers • Support networks in place 	<p>Substance Misuse Screening Tool</p> <p>Private Fostering Assessment</p> <p>Referral to MARAS Core Assessment</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Enjoy and Achieve</p> <ul style="list-style-type: none"> • Attending specialist education setting and unable to attain foundation level/ Key Stage1/Key Stage 2/GCSE • Child/Young Person receives no education input • Does not engage with after school, sporting, social opportunities offered by school/community • Parents/carers/own needs – places caring responsibilities on Child/Young person that affects their ability to enjoy and achieve 	<ul style="list-style-type: none"> • Engagement with Pupil Referral unit • Engagement with Youth Service/Connexions • Accessing Direct Payments to facilitate participation in social and leisure pursuits • Accessing Voluntary sector provision/support groups 	<p>CAF</p> <p>Initial Assessment</p> <p>Core Assessment</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 3</p> <p>CHILD/YOUNG PERSON WITH ADDITIONAL NEEDS REQUIRING AN INTEGRATED SUPPORT</p> <p>Children and young people for whom it has been identified that a multi-agency approach is required or whose complex or multiple needs have been identified and referral to MARAS may be necessary</p>	<p>Make a positive contribution</p> <ul style="list-style-type: none"> • Parents/Carers own needs affects Child/Young Person's ability to make a positive contribution • Child/Young Person's own needs affects their ability to make a positive contribution <p>Achieving economic wellbeing</p> <ul style="list-style-type: none"> • Parents/Carers own needs limit the degree to which they can become economically active • Child/Young Person's needs limit their potential to become economically active in the future 	<ul style="list-style-type: none"> • Engagement with Youth Service/Connexions • Accessing Voluntary Sector provision/support groups • Engaged with YOS • CAMHS involvement • Involved with Housing Options • Outreach Service (Social Care) • Involvement with Young Carers • Education Welfare Support • School Health Service • Welfare Rights Advice 	<p>CAF Initial Assessment Core Assessment</p> <p>Asset Assessment (YOS)</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p> <p>Within the group of children with multiple complex needs, a small proportion have more significant or complex needs which meet the threshold for statutory involvement. These children are: children in need of protection, looked after children, care leavers, children for whom adoption is the plan, children with severe and complex special educational needs, children diagnosed with significant mental health problems, young offenders involved with the Youth Justice Service</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Drugs and alcohol use and violence during pregnancy may have caused neurological and physical damage to the baby • Development of child as measured by weight/height both below the expected level • Developmental milestones unlikely to be met • Cognitive development of the child may be delayed through parent/carer inconsistent under stimulating and neglectful behaviour • Child's physical needs neglected • Child's health problems may be exacerbated by living in an impoverished physical environment • Evidence of neglect 	<ul style="list-style-type: none"> • The presence of an alternative or supplementary caring adult who can respond to the developmental needs of children • Sufficient income support and good physical standards in the home • Regular supportive help from universal services and wide support network • Insight into child's needs and how these could/should be met • Good physical standards within the home 	<p>CAMHS Assessment</p> <p>Substance Misuse Screening Tool</p> <p>CAF</p> <p>Specialist Assessment</p> <p>Initial Assessment</p> <p>Core Assessment</p> <p>Child Protection Enquiry</p> <p>Child Protection Plan</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Being Healthy</p> <ul style="list-style-type: none"> • Children with complex disabilities/complex health needs • Acute/severe mental health problems e.g. threat of suicide, psychotic episode, sever depression, self-harming • Evidence of the impact of emotional abuse on the child where there are issues relating to any of the following: <ul style="list-style-type: none"> - domestic abuse - parental substance misuse - parental mental health problems or learning disability 	<ul style="list-style-type: none"> • Social networks outside the family • A friend – children who have at least one mutual friend – have been shown to have higher self-worth • Belonging to organised out-of-school activity including homework clubs • Availability to separate either psychologically or physically from the stressful structure • Sympathetic, empathic and vigilant teachers and health staff • A mentor trusted adult with whom the child is able to discuss sensitive issues • The presence of an alternative caring adult in family 	<p>CAMHS Assessment</p> <p>Substance Misuse Screening Tool</p> <p>CAF</p> <p>Specialist Assessment</p> <p>Initial Assessment</p> <p>Core Assessment</p> <p>Child Protection Enquiry</p> <p>Child Protection Plan</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Staying Safe</p> <ul style="list-style-type: none"> • Parents/carers who present with high risk behaviours e.g. violence, criminal activity, anti-social behaviour • Domestic violence incidents within the household escalating/or serious incident may have resulted in injury to child/young person • Children may learn inappropriate behaviour responses through living with domestic abuse • Evidence of sexual abuse/sexual exploitation • Children under 13 assessed as being sexually active • Children whose behaviour is sufficiently extreme to place them at risk of removal from home e.g. control issues, risk taking, 	<ul style="list-style-type: none"> • Parent/Carer/Young Person subject to Multi-Agency Public Protection Panel and has a risk management plan • The presence of an alternative or supplementary caring adult who can respond to the developmental needs of children • Sufficient income support and good physical standards in the home • Regular supportive help from universal services • Social networks outside the family • A friend – children who have at least one mutual friend – have been shown to have higher self-worth <p>Belonging to organised out-of-school homework clubs</p>	<p>CAF</p> <p>Specialist Assessment</p> <p>Initial Assessment</p> <p>Core Assessment</p> <p>Child Protection Enquiry</p> <p>Child Protection Plan</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4 CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Staying Safe</p> <p>dangerous behaviour, sexual exploitation, sexualised behaviour, missing from home</p> <ul style="list-style-type: none"> • Children in the criminal justice arena • Child/young person sexually assaulted another child • Child makes allegation of abuse • Alleged Professional abuse 	<ul style="list-style-type: none"> • Ability to separate either psychologically or physically from the stressful structure • Sympathetic, empathic and vigilant teachers and school health staff • A mentor trusted adult with whom the child is able to discuss sensitive issues 	<p>CAMHS Aims Assessment</p> <p>Substance Misuse Assessment</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Enjoy and Achieve</p> <ul style="list-style-type: none"> • Children with severe and complex special educational needs • Child/Young Persons no school placement alienated from school • 2nd permanent exclusion from school or imminent 2nd inclusion • Statement of educational needs • Child is isolated/withdrawn • Unable to cope with every day life • No constructive leisure time • No access to leisure facilities • Children’s cognitive development may be delayed through lack of stimulation • Disorganisation and failure to attend pre-school <p>Children take on too much responsibility for themselves, their parents and younger siblings</p>	<ul style="list-style-type: none"> • Educated at home • The presence of an alternative or supplementary caring adult who can respond to the developmental needs of children • Sufficient income support and good physical standards in the home • Regular supportive help from universal services • Social networks outside the family • A friend – children who have at least one mutual friend – have been shown to have higher self-worth • Belonging to organised out-of-school activity including homework clubs • Ability to separate either psychologically or physically from the stressful structure • Sympathetic, empathic and vigilant teachers • A mentor trusted adult with whom the child is able to discuss sensitive issues <p>Involvement with Young Carers Project</p>	<p>CAF</p> <p>Specialist Assessment</p> <p>Initial Assessment</p> <p>Core Assessment Child Protection Enquiry</p> <p>Child Protection Plan</p> <p>CAMHS SEN Assessment</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Making a positive contribution</p> <ul style="list-style-type: none"> • Children/Young People have inappropriate role models • Children/Young People fail to achieve their potential, poor life choices due to exclusion and poor school attainment • Low self-esteem due to inconsistent parenting • Unable to display empathy • Cannot maintain peer relationship • Prosecution for offences resulting in Court Order, ASBO etc. • Regularly involved in anti-social/criminal activities • Child/Young Person beyond parental control • Child/Young Person not in education, training or employment past 16 	<ul style="list-style-type: none"> • The presence of an alternative or supplementary caring adult who can respond to the developmental needs of children • Sufficient income support and good physical standards in the home • Regular supportive help from universal services • Social networks outside the family • A friend – children who have at least one mutual friend – have been shown to have higher self-worth • Belonging to organised out-of-school activity including homework clubs • Ability to separate either psychologically or physically from the stressful structure • Sympathetic, empathic and vigilant teachers • A mentor trusted adult with whom the child is able to discuss sensitive issues 	<p>CAF Specialist Assessment Initial Assessment Core Assessment Child Protection Enquiry Child Protection Plan</p> <p>CAMHS</p> <p>Asset Assessment</p>

	INDICATORS TO BE DETERMINED BY ASSESSMENT	PROTECTIVE FACTORS	ASSESSMENT PROCESS
<p>LEVEL 4</p> <p>CHILDREN/YOUNG PERSON WITH MULTIPLE COMPLEX NEED WHICH MEET THE THRESHOLD FOR STATUTORY INVOLVEMENT</p>	<p>Achieving economic well being</p> <ul style="list-style-type: none"> • Inadequate/poor house and/or low income significantly affect wider family unit periods of unemployment significantly affect wider family unit • Total lack of developmentally appropriate independence and self-care skills does not allow young person to achieve economic wellbeing • Child/Young Person not in full time education at school (or at home) • Not in education, employment or training • Food/warmth etc frequently not available • Extreme financial difficulties not allowing needs of children to be met • Homeless and not eligible for temporary housing • Family not entitled to benefits with no means of other support • Child's attitudes, temperament or disposition is significantly affecting their ability to achieve economic wellbeing <p>Young person unable to cope with everyday life</p>	<ul style="list-style-type: none"> • The presence of an alternative or supplementary caring adult who can respond to the developmental needs of children • Sufficient income support and good physical standards in the home • Regular supportive help from universal services • Social networks outside the family • A friend – children who have at least one mutual friend – have been shown to have higher self-worth • Belonging to organised out-of-school activity including homework clubs • Ability to separate either psychologically or physically from the stressful structure • Sympathetic, empathic and vigilant teachers • A mentor trusted adult with whom the child is able to discuss sensitive issues <p>Young Person subject to multi-agency Youth Homeless emergency meeting</p>	<p>CAF</p> <p>Specialist Assessment Initial Assessment Core Assessment Child Protection Enquiry Child Protection Plan</p> <p>CAMHS</p> <p>Housing Assessment</p>



APPENDIX B GUIDANCE NOTES FOR PROFESSIONALS

THRESHOLD CRITERIA



Trafford CYPS brings together council and health services to improve outcomes for children, young people, their families and schools.

GUIDANCE NOTES FOR THRESHOLD CRITERIA

1. Introduction

Working Together to Safeguard Children (2006) sets out the core function of Trafford's Safeguarding Children Board (TSCB). One of the functions is the development of policies and procedures for safeguarding and promoting the welfare of children. A specific application of this function is in setting out thresholds for referrals to agencies, including children's social care, of children who may be in need, and processes for robust multi-agency assessment of children in need.

2. Key Definitions and Concepts

2.1 Children

2.1.1 A child, within the Working Together document is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'. The fact that a child has become 16 years of age, is living independently or is in Further Education, or is a member of the armed forces, is in hospital, prison or a young offender's institution, does not change their status or entitlement to services or protection under the Children Act 1989.

2.2 **Safeguarding and promoting the welfare of children** is defined 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; and
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

2.2.1 Child protection is a part of safeguarding and promoting welfare. Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

2.3 Children in need

2.3.1 Children who are defined as being 'in need', under S.17 of the Children Act 1989 (CA 1989), are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services, including those who are disabled.

2.3.2 The critical factors to be taken into account in deciding whether a child is in need under the CA 1989 are what will happen to a child's health or development without the provision of services being provided, and the likely effect the services will have on the child's standard of health and development.

2.4 **Concept of significant harm**

2.4.1 Some children are in need because they are suffering or likely to suffer significant harm. The CA 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention into family life in the best interests of the child, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer significant harm.

2.4.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration should be given to the severity of ill-treatment and may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often significant harm is a complication of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

2.4.3 In each case it is necessary to consider any maltreatment alongside the family's strengths and supports.

3. **Parenting, Family Life and Support Services**

3.1 Patterns of family life vary and there is no one, perfect way to bring up children. Good parenting involves caring for children's basic needs, keeping them safe, showing warmth and love and providing stimulation needed for their development and to help them achieve their potential within a stable environment where they experience consistent guidance and boundaries. It is acknowledged that parenting can be challenging. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

3.2 A wide range of services and professionals provide support to families in bringing up children. In the majority of cases, it should be the decision of

parents when to ask for help and advice on their children's care and upbringing. However, professionals do also need to engage parents early when to do so may prevent problems or difficulties becoming worse. Only in exceptional cases should there be compulsory intervention in family life, for example, where this is necessary to safeguard children 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.

4. A Shared Responsibility

- 4.1 Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends upon effective joint working between agencies and workers/practitioners that have different roles and expertise.
- 4.2 Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-coordinated help from health, education, children's social care, and quite possibly the voluntary sector and other agencies, including youth justice services. Adult services, such as mental health or substance misuse services should always include consideration of the needs of any children and young people involved and possible risks of harm to them when planning the adults ongoing treatment or discharging the adult from their care into the community.

5. Assessment of Need

- 5.1 Children have varying needs that change over time. Assessment of need should be based on competent professional judgment based on a sound assessment of the child's needs, the parents' capacity to respond to those needs, including their capacity to keep children safe from significant harm, and the wider family circumstances. The Common Assessment Framework (CAF) will support practitioners/workers in the assessment of need.

6. Safeguarding Children: Thresholds in Trafford

- 6.1 Thresholds have been developed based on a continuum of need and services to promote early intervention and support to children and their families based on assessment of need.
- 6.2 There are four levels of need within Trafford's threshold criteria with corresponding assessment processes. Examples of services that may be provided, alongside examples of protective factors that may be present are outlined in the threshold criteria document. Children can move across the levels depending on their level of need at particular times in their lives. However, if there is concern that a child may be at risk of harm, or has been harmed, the TSCB Child Protection Procedures should be followed.

6.3 Level 1: Universal Services (Services which children and young people can access)

without a referral)

6.3.1 Most children achieve the Every Child Matters five outcomes:

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

through the care of their families with the support of universal services.

6.3.2 Where a child needs a universal service, rather than a targeted service, from another agency e.g. Children's Centre, then a *Common Referral Form* should be completed rather than a CAF.

6.3.3 If a child has a specific single additional need that can be met by a referral to a service within the practitioner's own agency or to a partner agency e.g. a referral to podiatry or speech and language therapy, then it is not necessary to complete a CAF.

6.3.4 However, at particular times in their lives some children may require additional services to address a specific need over a time-limited period. A practitioner may wish to seek advice from their own agency and/or partner agency in order to address the need of the child appropriately. In these circumstances consent of the family is required.

6.3.5 Applying the CAF checklist will determine whether the CAF process needs to be applied. In cases where children are not achieving the five outcomes the CAF will progress the child to Level 2.

6.4 Level 2: Children/Young People with additional needs who require support

6.4.1 Children/young people unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development in accordance with the five outcomes, without the provision of services, meet the Level 2 threshold. At this stage a CAF may be undertaken with the child/young person and parent/carer. Consent must be obtained in order to complete the assessment and to share information across services.

6.4.2 If consent is withheld to share information and/or complete a CAF, services should still be offered to the child/young person. If the child/young person does not require an integrated multi-agency support package, it may be appropriate for practitioners to consult colleagues from within their own agency. In the following circumstances for example:

a health visitor has concerns about a mother's ability to cope with a new baby and two school age children because of her low mood. An

Edinburgh score assessment is completed (health tool to assess post-natal depression) and the mother is shown to be suffering from post-natal depression. The Health Visitor applies the CAF assessment tool to explore the family's need for additional services and discusses the outcome with the G.P. to determine the way forward.

- 6.4.3 If the CAF, in the above case, indicates that the mother has a need for additional health services, the case will remain at Level 2 as this will be a single-agency response. If, however, the CAF indicates that the family require support/services from partner agencies, e.g. education and/or children's social care, the Health Visitor should discuss the case with their designated professional and with the family in order to gain their consent for a multi-agency integrated support package to be put in place.
- 6.4.4 If consent is withheld at Level 2 to complete a CAF and/or share information across agencies, the professional should discuss the case with their designated professional, to ensure that everything is being done to engage the family and gain their trust. Please note that a single agency service should still continue to be offered at Level 2.

6.5 Level 3: Children/Young People with additional needs requiring an integrated response.

- 6.5.1 This is the level at which a coordinated multi-agency response is required due to the child/young person's complex or multiple needs. In these cases a CAF must be completed, a Family Support Meeting held and a lead professional from the most appropriate agency appointed. The Family Support Meeting will determine the multi-agency support plan which will be regularly reviewed. Parents/carers participation, and children's where they are of an age and level of understanding, should be encouraged and facilitated in the whole process and they should be invited to the Family Support Meetings.
- 6.5.2 Engaging parents/carers is a vital component in securing good outcomes for children. If consent is withheld at Level 3 to complete a CAF and/or share information across agencies, the worker should discuss with their line manager and/or designated professional to ensure everything is being done to engage the family and gain their trust.
- 6.5.3 Within Level 3, there are a group of children with complex needs who may require a referral to Children's Social Care via the Multi-Agency Referral and Assessment Service(MARAS, formerly CDAT). The decision to refer the child/young person should be taken at the Family Support Meeting based on the CAF assessment and the information shared which indicates that the current level of intervention is not improving the outcomes for the child/young person. If CDAT accept the referral an initial assessment will be completed which may result in a core assessment being undertaken.

6.6 Level 4: Children/Young People with complex needs including those in need of protection

6.6.1 Within this group of children/young people with complex needs, a small number will have needs which may meet the threshold for statutory intervention. Those with complex needs include:

- children who are the subject of a child protection enquiry/plan
- children for whom adoption is the plan
- children with severe and complex educational needs
- children with complex disabilities/health needs
- children diagnosed with mental health problems
- young offenders involved with youth justice services.

6.6.2 A lead professional will be determined on the basis of a completed need assessment, and the nature of any statutory involvement. In cases where children are in care or in need of protection the lead professional will be a social worker.

6.6.3 Where the assessed level of need no longer indicates that the child/young person requires Level 4 intervention, but further work is necessary within a multi-agency framework at Level 3, a decision should be clearly recorded at the Family Support Meeting or Child Protection Conference when the child/young person is being de-registered, that support is now being provided at Level 3 and, a new lead professional appointed if so required.

APPENDIX C

AGENCY COMPLETING REPORT	
--------------------------	--

REPORT FOR INITIAL CHILD PROTECTION CONFERENCE

1. DATE OF CONFERENCE	
--------------------------	--

2. SUBJECT/S OF CONFERENCE (Name/s)

3. FAMILY STRUCTURE			
<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Occupation/School</u>

4. REASON FOR CONFERENCE

5. PREVIOUS PROFESSIONAL CONCERNS (Background Information)	
<u>Date/Source of Referral</u>	<u>Action Taken</u>

6. PREVIOUS PROFESSIONAL INVOLVEMENT (to include a chronology of significant events/agency contact with child/family)

--

7. INITIAL ASSESSMENT

a. Parenting Capacity (ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability)

--

b. Family and Environment Factors (family history and functioning, housing, employment, income, social integration, community resources)

--

c. Child Development (health, education, emotional and behavioural development, identity, family and social relationships, social presentation, self-care skills)

--

8. VIEWS OF FAMILY ON CONTENT OF REPORT
(parents/carers/children/young people)

--

9. ANALYSIS OF RISK

--

SIGNED		Professional
SIGNED		Manager of Professional
DATE		

APPENDIX D

AGENCY COMPLETING REPORT	
--------------------------	--

**REPORT FOR REVIEW CHILD PROTECTION
CONFERENCE**

1. DATE OF CONFERENCE	
--------------------------	--

2. SUBJECT/S OF CONFERENCE (Name/s)

3. FAMILY STRUCTURE			
<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Occupation/School</u>

4. DATE OF CHILD PROTECTION PLAN AND CATEGORY	
5. PREVIOUS REVIEW DATES	
6. DATES OF CORE GROUP MEETINGS	

7. SIGNIFICANT DEVELOPMENTS

8. PROGRESS WITH CHILD PROTECTION PLAN (to include core assessment)
a. <u>Parenting Capacity</u> (ensuring safety, emotional warmth, stimulation, guidance and boundaries, stability)
b. <u>Family and Environment Factors</u> (family history and functioning, housing, employment, income, social integration, community resources)
c. Child Development (health, education, emotional and behavioural development, identity, family and social relationships, social presentation, self-care skills)

(please include a section on all children in the family)

9. VIEWS OF FAMILY ON CONTENT OF REPORT (parents/carers/children/young people)

10. ANALYSIS OF RISK

11. RECOMMENDATIONS (future areas of work)

SIGNED		Professional
SIGNED		Manager of Professional
DATE		