



MANCHESTER SAFEGUARDING
CHILDREN BOARD

SAFEGUARDING PROCEDURES



This document is the property of
Manchester Safeguarding Children Board
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MANCHESTER SAFEGUARDING CHILDREN BOARD SAFEGUARDING CHILDREN PROCEDURES

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INTRODUCTION

MANCHESTER SAFEGUARDING CHILDREN BOARD

- 1.1. The Manchester Safeguarding Children Board (MSCB) is the key statutory mechanism for agreeing how the relevant organisations in Manchester will cooperate to safeguard and promote the welfare of children in the city, and for ensuring the effectiveness of what the agencies do.
- 1.2. The core functions of any Local Safeguarding Children Board (LSCB) are set out in regulations and primary legislation. [Working Together to Safeguard Children](#) gives further detail on what is required as well as examples of how the functions can be carried out. In all their activities, LSCBs should take account of the need to promote equality of opportunity and to meet the diverse needs of children.
- 1.3. These core functions include developing policy and procedures for safeguarding and promoting the welfare of children in the area.
- 1.4. This is an update of the MSCB Safeguarding Children Procedures that were published in 2007. The procedures have been revised to take account of changes in local working practice (e.g. progress towards integrated working) and the revised "Working Together to Safeguard Children".

- 1.5. The policy and procedures provide a framework within which all agencies and professionals can work together to safeguard and promote the welfare of children and young people across Manchester.
- 1.6. They are underpinned by Section 11 of the Children Act 2004, and Section 175 of the Education Act 2002, which place a statutory duty on all organisations and individuals to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children and young people.

SCOPE OF THESE PROCEDURES

- 1.7. The MSCB Safeguarding Children policy and procedures apply to everyone whose work (including voluntary work) brings them into contact with children and young people, including people working with adults who may be parents or caregivers.
- 1.8. These procedures must also be followed if there are concerns about the welfare of an unborn child.
- 1.9. The Manchester Safeguarding Adults Board develops policy and guidance concerning safeguarding those aged 18 years and over. Further information can be found on Manchester City Council website: [Protection of vulnerable adults](#)

KEY PRINCIPLES IN SAFEGUARDING

- 1.10. The following principles are fundamental to the implementation of the policy and procedures and underpin work to safeguard and promote the welfare of children and young people.

Shared responsibility

- 1.11. Safeguarding and promoting the welfare of children and young people is everyone's business. Therefore all workers who come into contact with children and young people must accept a shared responsibility to work jointly across agencies to effect the best outcomes for children and young people.
- 1.12. This shared responsibility extends to being prepared to challenge colleagues in one's own and in other agencies if it is believed that they are failing to recognise child maltreatment and/or their response leaves children at risk of significant harm. The MSCB has agreed an "escalation process" to support practitioners and agencies when necessary (see paragraphs 21.1. – 21.6 below).

Integrated working

- 1.13. Agencies and professionals working together to provide a holistic service to children and young people is fundamental to the successful implementation of these policy and procedures. All workers need to be confident about other people's roles and responsibilities, and about sharing information across disciplines. Measures to safeguard children should be viewed as part of the wider range of support available to meet the needs of children, young people and their families.

Safe working practices

- 1.14. All agencies and staff working with children, young people and their families have a duty to ensure that the services they deliver keep the children and young people

they are working with safe. This includes robust recruitment practices, promoting safe staff conduct and ways of dealing with staff who pose a risk to children.

CHARACTERISTICS OF SAFEGUARDING WORK

1.15. Work to safeguard and promote the welfare of children should be:

Child centred

1.16. The child should be seen (alone when appropriate) and his or her welfare should be kept sharply in focus in all work with the child and their family. The child should be spoken and listened to, and their wishes and feelings ascertained, taken into account (having regard to their age and understanding) and recorded, when making decisions about the provision of services. 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.

Rooted in child development

1.17. Those working with children should have a detailed understanding of child development and how the quality of the care they are receiving can have an impact on their health and development. Planned action should also be timely and appropriate for the child's age and stage of development.

Focused on outcomes for children

1.18. When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their family and environmental context. The plan should set out the planned outcomes for the child; progress against these should be regularly reviewed and the actual outcomes should be recorded.

Holistic in approach

1.19. Having a holistic approach means having an understanding of a child within the context of their family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up.

Ensuring equality of opportunity

1.20. Equality of opportunity means that all children have the opportunity to achieve the best possible developmental outcomes, regardless of their gender, ability, race, ethnicity, sexual orientation or circumstances.

Involving of children and families

1.21. In the process of finding out what is happening to a child it is important to listen to the child and develop an understanding of his or her wishes and feelings. The importance of developing a co-operative working relationship is emphasised.

Building on strengths as well as identifying difficulties

1.22. Identifying both strengths (including resilience and protective factors) and difficulties (including vulnerabilities and risk factors) within the child, his or her

family and the context in which they are living is important, as is considering how these factors have an impact on the child's health and development.

Multi/Inter-agency in approach

- 1.23. Multi and inter-agency work to safeguard and promote children's welfare starts as soon as it has been identified that the child or the family has additional needs requiring support/services beyond universal services, not just when there are questions about possible harm.

A continuing process not an event

- 1.24. 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.

Providing and reviewing services

- 1.25. 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 need should be addressed alongside more complex and longer term ones.

Informed by evidence

- 1.26. Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience. Decisions based on these judgements should be kept under review, and take full account of any new information obtained during the course of work with the child and family.

DEFINITIONS

- 1.27. All the following definitions are taken from "Working Together to Safeguard Children".

Child

- 1.28. A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital, in prison or in a Young Offenders' Institution, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Safeguarding

- 1.29. Safeguarding and promoting the welfare of children is:
- 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.

Child protection

- 1.30. Child protection is a part of safeguarding and promoting welfare. It refers to the activity that is undertaken to protect specific children who are suffering, or are at risk of suffering, significant harm. (Significant harm can result from any form of maltreatment, i.e. neglect or emotional, physical or sexual abuse.)

Child in need

- 1.31. Children who are defined as being 'in need', under section 17 of 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, plus those who are disabled.

Significant harm

- 1.32. 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, 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.
- 1.33. There are no absolute criteria on which to rely when judging what constitutes significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

INFORMATION SHARING

INTRODUCTION

- 2.1. Information sharing is essential in working to safeguard children and young people. Workers and agencies are required to share information about
- Children and their health, development and exposure to possible significant harm;
 - Parents who may not be able to care adequately and safely for children;
 - Individuals who may present a risk to children.
- 2.2. It is important to find out who else is working with a child and/or other members of their family and, where appropriate, to contact them. Often it is only when information from a number of sources is shared that it becomes clear that a child or young person is at risk of or suffering from harm.
- 2.3. Children's Social Care Services Safeguarding and Improvement Unit (see Useful Contact Numbers) will be able to provide information on whether the child is already subject to a child protection plan. Where a [Common Assessment Framework](#) (CAF) has already been completed, the CAF Information Team (CAFIT)

(see Useful Contact Numbers) will be able to provide the identity of any lead professional or social worker involved with the child.

- 2.4. Failing these, it may be appropriate to make direct contact with any other agencies that might be involved.
- 2.5. Personal information held by agencies and their workers is subject to a legal duty of confidence and will normally only be disclosed to third parties with the consent of the subject of the information. In some circumstances however, the safety and welfare of a child dictates that information must be shared, without seeking consent, or where consent has not been given.

Where there are concerns that a child is, or may be, at risk of harm, the needs of the child or young person must always come first - priority must be given to safeguarding the child and information must be shared.

- 2.6. If you are not sure about sharing information in a particular case, talk to a colleague, a manager, a lead person on child protection, or a Caldicott Guardian, to help you decide.

GOVERNMENT GUIDANCE IN INFORMATION SHARING

- 2.7. Detailed government guidance concerning information sharing is available from the Every Child Matters website. The following are the “seven golden rules for information sharing” given in the government’s pocket guide for practitioners and managers.
 - Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
 - Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
 - Seek advice if you are in any doubt, without disclosing the identity of the person where possible.
 - Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
 - Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
 - Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

- Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

CONSENT TO INFORMATION SHARING

- 2.8. It is best practice to seek the child's or parent's consent to share information unless, as stated above, there are concerns that a child is, or may be, at risk of harm.
- 2.9. A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to share information. Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. You will need to assess whether the child has sufficient understanding to give or refuse consent.
- 2.10. If you judge a child or young person to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent or carer disagrees.
- 2.11. In most cases where a child cannot consent or where you have judged that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. Where parental consent is required, the consent of one such person is sufficient. In situations where family members are in conflict you will need to consider carefully whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought.
- 2.12. It is good practice to obtain explicit consent either orally or preferably in writing.
- 2.13. As stated above, seek advice if you are in doubt about information sharing.

EARLY INTERVENTION

- 3.1. There is overwhelming evidence that early identification of children's additional needs and early intervention to meet them have the best chance of ensuring that all children achieve the five Every Child Matters outcomes. It can also minimise the risk of harm and the need for more obtrusive and possibly statutory intervention.
- 3.2. For those children who have needs above those that agencies providing universal services can meet individually, with the family's consent the Common Assessment Framework (CAF) will be the most appropriate way forward. This will lead to identifying and addressing these needs through a common assessment, a Child and Family meeting, identification of a lead professional and a Child and Family plan. Examples of the circumstances in which this might be appropriate are given in [Manchester's Continuum of Need](#) / [Framework of Response](#).
- 3.3. A completed CAF will always be helpful in supporting a practitioner or manager contacting Children's Social Care Services concerning a child's wellbeing. In those cases where it is not clear whether the child's circumstances require a child protection response, completing a CAF will assist in clarifying the concerns and determining the need to contact Children's Social Care Services.

However, where there is any urgency, contact with Children’s Social Care Services must not be delayed pending the completion of a CAF. A completed CAF is not a prerequisite for making contact.

- 3.4. If you are unsure whether it is appropriate to undertake a CAF, discuss with your manager or your CAF champion/CAF lead, if your agency has one. The CAF Information Team (CAFIT) (see [Useful Contact Numbers](#)) can provide information about whether a CAF has already been completed and, if so, provide the identity of any lead professional or social worker involved with the child.
- 3.5. Further information can be obtained from the [Manchester Children’s Trust website](#).

MANAGING INDIVIDUAL CASES

RECOGNITION

- 4.1. Everyone, including members of local communities, has a part to play in keeping every child and young person safe, and needs to know what to do when they have concerns that a child or young person may be at risk of harm. Helpful overviews of the process are given in "[What to do if you're worried a child is being abused](#)" and in the MSCB’s own [Guidelines for Reporting/Contact Procedures](#).
- 4.2. Everybody who works with or has been/is in contact with children, parents and other adults in contact with children should be able to recognise, and know how to act on, evidence that a child's health or development is, or may be, being impaired, and especially when they are suffering, or at risk of suffering, significant harm. The MSCB’s [Guidelines for Reporting/Contact Procedures](#) include some common indicators of abuse.
- 4.3. Whenever local authority children’s social care has a case referred to it which constitutes, or may constitute, a criminal offence against a child it should always discuss the case with the police at the earliest opportunity.
- 4.4. Whenever other agencies or the local authority in its other roles encounter concerns about a child’s welfare which constitute, or may constitute, a criminal offence against a child they must always consider sharing that information with local authority children’s social care or the police in order to protect the child or other children from suffering significant harm. If a decision is taken not to share information the reasons must be recorded.”

Those who work with children

- 4.5. All professionals working with children should be alert to indicators that a child may be being maltreated and aware of the appropriate response. In particular, those in health and social care should be familiar with the core standards set out in the [National Service Framework for Children, Young People and Maternity Services Core Standards](#), especially standard 5, 'Safeguarding and Promoting the Welfare of Children and Young People'. Health practitioners who are not specialists in child protection may also find [When to suspect child maltreatment](#) helpful.
- 4.6. The government publication [Safeguarding Disabled Children – Practice Guidance](#) provides particular advice in identifying the abuse of disabled children.

- 4.7. Any allegations made by children or concerns reported by them must be taken seriously.

Those who work with parents or caregivers

- 4.8. Agencies and individual practitioners working with and/or providing services to adults who may need help in promoting and safeguarding their children's welfare should always consider the implications for children of the adult's behaviour. For example:
- Adult mental health or substance misuse services should always consider the implications for the children of their service users;
 - The police, probation services, mental health services and housing authorities should be alert to the possibility that an individual may pose a risk of significant harm to a particular child (for example a member of their family) or children in a local community;
 - Day nurseries, children's and family centres should keep the interests of children uppermost when working with parents, working in ways intended to bring about better outcomes for children, and be alert to possible indicators of abuse or neglect.
- 4.9. When dealing with cases of domestic abuse, the police and other involved agencies should consider the implications of the situation for any children in the family. Note that the 1989 Children Act definition of "significant harm" has been extended to include "seeing or hearing the abuse of another".

Those with employees or others who have contact with children

- 4.10. Employers of staff or volunteers who have substantial unsupervised access to children should guard against the potential for abuse, through rigorous selection processes, appropriate supervision and by taking steps to maintain a safe environment for children, including by promoting safe working practices.

HOW TO GET ADVICE IF YOU HAVE CONCERNS

- 4.11. It is important to seek consultation and get advice about concerns that practitioners may have. For this purpose, there should be a named doctor, nurse/midwife in each health Trust and a designated member of staff within each school or further education institution. Most other agencies will also have identified safeguarding lead officers.
- 4.12. There should always be the opportunity to discuss child welfare concerns with, and seek advice from, colleagues, managers, a designated or named professional.
- 4.13. Except in an emergency, it may be helpful to discuss your concerns with other practitioners currently working with the child and/or family. As stated above, the Children's Social Care Services Safeguarding and Improvement Unit can provide information about any existing child protection plan. The CAF Information Team (CAFIT) (see [Useful Contact Numbers](#)) can provide information about whether a CAF has already been completed and, if so, provide the identity of any lead professional or social worker involved with the child. Failing these, contact with

other agencies to check their involvement could be considered. Such agencies might include:

Sure Start/other Early Years	School
Family Support Services	Children's Social Care Services
School Nursing Teams	Health Visiting Teams
Manchester Drug Services	Community Alcohol Team
Probation	Connexions
Adult Social Care	Youth Service

Note that this list is not exhaustive.

- 4.14. Where colleagues in partner agencies remain unsure about the need to report concerns, the Children's Social Care Services First Response Team, offers a consultation service (see [Useful Contact Numbers](#)).
- 4.15. Similarly, the Greater Manchester Police Public Protection Investigation Units (see [Useful Contact Numbers](#)) will provide advice on whether a concern should be reported directly to them as a criminal offence against a child, in addition to reporting to Children's Social Care Services.
- 4.16. Staff and volunteers should be familiar with their own agencies' safeguarding procedures. All should include the following:
- Never delay emergency action to protect a child from harm, including seeking immediate support from the police if necessary;
 - Always record in writing concerns about a child's welfare, including whether or not further action is taken;
 - In reference to the MSCB Continuum of Need/Framework of Response, contact Children's Social Care Services as appropriate and consider the need to report any criminal offence directly to the police;
 - Always record in writing any discussions about a child's welfare. At the close of discussion, always reach a clear and explicit recorded agreement about who will be taking what action, (or that no further action will be taken).

IMMEDIATE RESPONSE TO A SUSPICION THAT A CHILD IS SUFFERING, OR IS LIKELY TO SUFFER, SIGNIFICANT HARM

- 4.17. Children are a key and sometimes the only source of information about what has happened to them especially in child sexual abuse cases but also in physical and other forms of abuse. Accurate and complete information is essential for taking action to safeguard and promote the welfare of the child, as well as for any criminal proceedings that may be instigated concerning the alleged perpetrator of abuse.
- 4.18. The nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide accurate and complete information.

- 4.19. You should not conduct your own investigation but it is permissible in some circumstances to have separate communication with a child in order to clarify suspicion of abuse. In this situation leading, suggestive and over-questioning of a child should be avoided. If the nature and extent of the harm allegedly suffered by the child is clear at the outset then the child should not be questioned any further.
- 4.20. Ensure that an accurate record is made of what the child says in the child's own language and that also an accurate record is made of any questions asked.

Do not undress a child in order that you may physically examine them. No one other than a qualified medical practitioner is competent to diagnose the nature, extent or severity of an injury or the condition of a child.

- 4.21. If somebody believes or suspects that a child may be suffering, or is likely to suffer, significant harm then he or she should always refer his or her concerns to children's social care services or the police.

ALLEGATIONS AGAINST STAFF OR VOLUNTEERS

- 4.22. Where staff or a volunteer working with children is implicated in an allegation or suspicion of abuse, the local authority designated officer (LADO – see [Useful Contact Numbers](#)) must be consulted about how to proceed.
- 4.23. Where such a situation is first reported to the police or to Children's Social Care Services, they must consult the LADO.
- 4.24. Please refer to ["Procedures for managing allegations against people who work with children"](#) for more detailed guidance.

CONTACTING CHILDREN'S SOCIAL CARE SERVICES

Note that if your concerns are for a child with whom you know Children's Services Social Care is already involved, you should contact the child's social worker or team manager. If you need to check, the Contact Centre will be able to inform you whether there is a social worker already involved.

SEEKING CONSENT

- 5.1. Following consultation and advice, where possible, and provided this will not place the child at greater risk of harm (see section on Information Sharing) discuss your concerns with the child, family and/or carers and seek their agreement and inform them before contacting Children's Social Care Services.
- 5.2. The permission of the parent/carer or the child's permission where appropriate, should be sought before discussing them with other agencies, unless permission-seeking may itself place a child at increased risk of significant harm.

Always seek advice if you are uncertain about seeking consent. Where there is any urgency, do not delay contacting Children's Social Care Services.

SAFEGUARDING CHILDREN REFERRAL FORM

- 5.3. The [Safeguarding Children Referral Form](#) (SCRF) constitutes part of Manchester's recently introduced Multi-Agency Case Planning Process for Children with

Additional Needs. It is compliant with the recommendations made by Lord Laming's Inquiry into the death of Victoria Climbié. It is designed to be a vehicle for requests for service as well as reporting concerns.

- 5.4. If, having consulted appropriately (see How to get advice if you have concerns, above) and possibly having completed a CAF, you believe you need to contact Children's Social Care Services about your concerns for a child, you need to make that contact by completing a SCRF and sending it to the Manchester Contact Centre, by fax if appropriate (see [Useful Contact Numbers](#)). The MSCB has published [guidance](#) on completing a SCRF.
- 5.5. In those cases where a CAF has been completed, this should be appended to the SCRF, with any relevant sections of the SCRF marked "see CAF, attached".
- 5.6. Where the need to contact Children's Social Care Services is urgent, you should telephone the Contact Centre, following the call up with a completed SCRF within 24 hours.
- 5.7. Even when making contact by telephone, you will find it helpful to have completed at least the basic information required for the SCRF, including:
 - Your details;
 - The child's name, date of birth, age, if not available then approximate age, gender and school or childcare setting, if attended;
 - The child's address or place of residence;
 - The names date of birth and ages of any other children in the household, if known;
 - The names date of birth and ages of any adult members of the household, if known;
 - Any barriers to communication arising from the child's or parent's disability, language or culture;
 - Details of any other agencies known to be involved or working with the family;
 - Details of any allegation or incident or concern/s, including when and where it occurred, and who was present;
 - A description of evidence of any injury observed on the child;
 - The name of the person/s alleged to be responsible for the potential or actual significant harm;
 - The impact of the alleged harm on the child;
 - Brief details of any assessments if available.
- 5.8. You should state what response you expect from Children's Services Social Care.

CONCERNS FOR AN UNBORN CHILD

- 5.9. In some cases, the parent's past history, mental ill health or substance misuse will raise concerns for the welfare of an unborn child. This may include a history of neglect or abuse of other children, domestic violence or other offending on the part of the mother, father, mother's partner or anyone in the same household. Wherever possible, agencies involved with the parent will work with them throughout the pregnancy to seek to reduce any risk.

- 5.10. Where Children's Social Care Services is already involved with other children in the family, the responsible social worker should be informed of the pregnancy as soon as possible.
- 5.11. Where Children's Social Care Services is not already involved they should be contacted at about the 6th month of the pregnancy, to allow an initial assessment and decision about whether a strategy discussion should be convened. Where necessary, the aim is to hold the child protection conference and agree the child protection plan by eight weeks prior to the expected date of the child's birth, i.e. at 32 weeks gestation.
- 5.12. More detailed guidance can be found in the Manchester Children's Social Care Services and Manchester NHS [Joint Pathway for Safeguarding Unborn Babies and Vulnerable Women During Pregnancy](#).

RESPONSE BY MANCHESTER CHILDREN'S SOCIAL CARE SERVICES

- 6.1. [Flow chart 1](#) illustrates the processes from the point that Manchester Children's Social Care Services is contacted about concerns that a child may be being, or is at risk of being, maltreated.
- 6.2. Unless all the required information is provided in a SCRF, it is the responsibility of Children's Social Care Services to clarify with the person contacting them (including those making contact on their own behalf):
 - The nature of concerns
 - How and why they have arisen
 - What appear to be the needs of the child and family
 - What involvement they are having or have had with the child and/or family members;
 - If there has been a criminal offence against a child, whether this has been reported to the police.
- 6.3. Children's Services Social Care Services should specifically ask if the person contacting them holds any information about difficulties being experienced in the family/household due to domestic violence, mental illness, substance misuse and/or learning or physical disability.
- 6.4. This will usually be done by the First Response Team. This clarification should always identify the basis of the concerns and whether it may be necessary to consider taking urgent action to ensure the child(ren) are safe from any immediate risk of harm.
- 6.5. Children's Social Care Services First Response Team should acknowledge receipt of a SCRF within a maximum of two working days and acknowledgement can be requested within one working day. If the person submitting the SCRF has not received an acknowledgement within three working days, they should contact Children's Social Care Services again.
- 6.6. Children's Social Care Services will decide next steps of action within one working day, recording this decision on a Referral and Information Record. This decision should normally follow discussion with the practitioner/service with concerns and

consideration of information held in any existing records, and involve discussion with other professionals and services as necessary.

- 6.7. Children's Social Care Services must consult the police in any case where a criminal offence may have been committed against a child.

POSSIBLE OUTCOMES FOLLOWING A CONTACT WITH CHILDREN'S SOCIAL CARE SERVICES

6.8. These are:

- No further action, in which case the practitioner/ agency/member of the public with concerns should be informed and given an opportunity to provide any further information. In the case of concerns being expressed by a member of the public, this should be done in a way which respects the confidentiality of the child. The completion of a CAF may be indicated, if not already done;
- Agreeing the provision of services to the family or other help with any practitioner/ agency with concerns. The completion of CAF is likely to be recommended, if not already done;
- Initial Assessment by Children's Social Care Services of the needs and circumstances of the child, which may lead to:
 - advice that a CAF should be completed and a Child and Family (CaF) plan agreed;
 - transfer to Child in Need processes
 - core assessment led by Children Social Care Services;
 - strategy discussion, to decide the need for Section 47 enquiries and any need for immediate protective action.

6.9. Where a practitioner disagrees with the Children's Social Care Services response, they should refer to the MSCB Escalation Process (paragraphs 21.1 – 21.6 below).

6.10. If new information is received regarding an open case and there are concerns that the child may be suffering significant harm, a decision must be made about whether a strategy discussion should be initiated. The decision and its rationale must be recorded. It may not be necessary to undertake an initial assessment. However, in order to understand the child's current needs, it may be necessary to undertake a core assessment or update a previous one.

INITIAL ASSESSMENT

7.1. Initial assessments will be made in accordance with the [Framework for the Assessment of Children in Need and their Families](#). They should be led by a qualified and experienced social worker. They should be completed within a maximum of **10 working days** of the contact, but may take much less time, depending on the circumstances and degree of urgency of the case.

7.2. Where a CAF has been completed, this information should be used to inform the initial assessment.

7.3. As far as is consistent with the urgency of the case, the initial assessment should address the following questions:

- What are the developmental needs of the child? What needs of the child are

- being met and how? What needs of the child are not being met and why?
 - Are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from harm, and are the parents able to promote the child's health and development?
 - What impact are family functioning (past and present) and history, the wider family and environmental factors having on the parent's capacity to respond to their child's needs and the child's developmental progress?
 - Is action required to safeguard and promote the welfare of the child?
- 7.4. Similarly, as far as is consistent with the urgency of the case, the process of initial assessment should involve:
- Seeing and speaking to the child, including alone when appropriate;
 - Seeing and meeting with parents, the family and wider family members as appropriate;
 - Drawing together and analysing available information from a range of sources (including existing agency records); and
 - Involving and obtaining relevant information from professionals and others in contact with the child and family.
- 7.5. As is the case in any assessment, the initial assessment must include consideration of any particular issues relating to the child's or parent's/carer's race, religion, culture, language or sexual orientation.
- 7.6. All relevant information (including information about the family's history and family functioning in the past and adult problems such as domestic violence, substance misuse, mental illness and criminal behaviour/convictions) should be taken into account.
- 7.7. In any case where a criminal offence may have been committed, the police should be consulted as part of the initial assessment process, unless this has already been done.
- 7.8. An initial assessment is not an alternative to a section 47 enquiry. As stated below, where concerns of significant harm emerge during an initial assessment a strategy discussion must be held to decide the need for and, if appropriate, plan a section 47 enquiry.

INVOLVING THE CHILD AND FAMILY

- 7.9. The child should be seen by the assessing social worker within a timescale that is appropriate to the nature of concerns expressed at the time Children's Social Care Services was contacted, according to the agreed plan (which may include seeing the child without his or her caregivers present). This includes observing and communicating with the child in a manner appropriate to his or her age and understanding.
- 7.10. Interviews with the child should be undertaken in the preferred language of the child, with interpreters being used where necessary. For some disabled children interviews may require specialist assistance and the use of non-verbal communication methods.

- 7.11. Any allegation made by a child or concern expressed by them must be taken seriously, recorded and addressed as part of the assessment and/or section 47 enquiry.
- 7.12. Interviews with family members (which may include the child) should also be undertaken in their preferred language and, where appropriate for some people, by using non-verbal communication methods.
- 7.13. The Greater Manchester Safeguarding procedures include guidance on the use of interpreters.

INITIAL ASSESSMENT IN URGENT CASES

- 7.14. Where the concerns are of immediate significant harm and it is apparent that a strategy discussion will be required very promptly, the initial assessment will be considerably abbreviated. The process of full information gathering and interviews will be planned at the strategy discussion.

POSSIBLE OUTCOMES FOLLOWING AN INITIAL ASSESSMENT

- 7.15. Following an initial assessment, the social worker will make one of the following recommendations to their manager in relation to their assessment of the child or young person in question:
 - The child is not 'in need' as defined by the Children Act 1989 and the concern about abuse is not substantiated. No further action is required by statutory social work, but the child may have additional needs requiring that a CAF be completed and, depending on its outcome, a Child and Family (CaF) plan agreed with the identification of a lead professional and a Team Around the Child (TAC). This would be subject to the agreement of the parent/carer and, if appropriate, the child.
 - The child is 'in need' as defined by the Children Act 1989 but that there are no substantiated concerns that the child may be suffering, or at risk of suffering significant harm. If there is adequate information to assess the child's needs, a plan should be agreed as to how best to meet these needs, and a lead professional identified. If more information is required, a core assessment, led by Children's Social Care Services, will be completed to inform case planning.
 - There is reasonable cause to suspect that the child is suffering, or is likely to suffer significant harm, as a result of any type of abuse. A strategy discussion is required in order to determine whether a S47 enquiry is needed to establish the action to be taken to promote and safeguard the welfare of the child/ren.
 - There is a risk to the life of a child or a likelihood of serious immediate harm and emergency action is needed to secure the immediate safety of the child.
- 7.16. See [flow chart 2](#) for outcomes following Initial Assessment

IMMEDIATE PROTECTION

- 8.1. If Manchester Children's Social Care Services or Police receive information which indicates that a child's life is at risk or the child is likely to suffer a serious injury, or

an assessment reveals this to be the case, they will explore the possibility that a parent can take action to protect the child by removing the alleged perpetrator from the home. However, should this be inappropriate or should the parent not co-operate, they must secure the immediate safety of the child by invoking their statutory powers through one of the following:

- Police Protection Powers;
- applying to the Court for an Emergency Protection Order;
- applying to the Court for an Exclusion Order.

8.2. This could be:

- as soon as information concerning the risk has been received, or
- at any other time when abuse or neglect presents such a risk of significant harm that immediate protection is required.

8.3. A paediatric consultation must be arranged whenever a child under the age of 18 months is made the subject of an Emergency Protection Order or taken into police protection. Such a consultation must be considered if the child is over 18 months.

IMMEDIATE PROTECTION AND STRATEGY DISCUSSION

8.4. If it is necessary to take emergency action before a strategy discussion, the strategy discussion and S47 enquiry should take place as soon as possible afterwards.

8.5. [Flowchart 3](#) illustrates the process of taking urgent action.

STRATEGY DISCUSSION

9.1. Where there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm as a result of any type of abuse, a strategy discussion must be held. This should take place following a contact, or at any other time that concerns about possible significant harm emerge in respect of a child being assessed and/or receiving support from any agency. This includes where a child is already an open Children's Social Care Services case and allocated to a social worker or has become looked after in an emergency, i.e. as the result of actual or suspected significant harm.

9.2. An unborn child should be the subject of a strategy discussion where a parent's previous history or behaviour, or that of another member of the household, gives reasonable cause to believe that, once born, the child would be likely to suffer significant harm.

9.3. When a child is admitted to or treated at hospital following an act of self-harm that has resulted in significant harm or signifies the risk of significant harm occurring, a strategy discussion should be considered. One should also be considered when consideration is given to detaining or treating a child under the Mental Health Act or when a child may be at risk due to an adult's acute mental health needs.

9.4. As emphasised in recent local serious case reviews, the strategy discussion should take place in a meeting involving several agencies, as detailed below. Decisions made in strategy discussions must be based on current and historical information

from those agencies with recent or current contact with both parents and their families.

- 9.5. Only in exceptional circumstances should a strategy discussion be conducted by telephone.

PURPOSE OF THE STRATEGY DISCUSSION

- 9.6. The purpose of the strategy discussion is to:
- share available information;
 - agree the conduct and timing of any criminal investigation;
 - decide whether a core assessment under S47 of the Children Act 1989 should be initiated, or continued if it has already begun;
 - plan how the S47 enquiry should be undertaken (if one is to be initiated), including the need for health/developmental assessment or medical treatment, how any issues relating to race, culture or language are to be addressed (including any communication issues arising from the disability of the child or parent) and who will carry out what actions, by when and for what purpose;
 - agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
 - determine what information from the strategy discussion will be shared with the family, unless such information sharing may place a child at increased risk of suffering significant harm or jeopardise any police investigation;
 - determine if legal action is required.

CHAIRING AND ATTENDANCE

- 9.7. The meeting will be convened and chaired by Children's Social Care Services who should invite representatives from the following agencies. Representatives should be sufficiently senior and able to contribute to the discussion, and make decisions on behalf of their agencies:
- The referring agency;
 - The Police
 - Health. (Professionals should always be aware that although injuries or incidents may not appear sufficiently serious to justify a medical examination or assessment, it is health professionals who are in the best position to make that judgement. For example, although an injury or incident may appear minor it may result in the need for further treatment or support services. The presumption should always be in favour of obtaining an opinion from health.)
 - The St Mary's Sexual Assault Referral Centre, where the concerns are of suspected or disclosed sexual abuse;
 - Suitably qualified child and adolescent psychiatric specialists must be invited to any strategy meeting convened following a child's self-harming or when consideration is being given to detaining or treating a child under the Mental Health Act.

- Other agencies involved with the child e.g. school/ children's centre/ hospital department.

9.8. All strategy discussions must have access to legal advice.

9.9. Parents/carers, including foster carers or practitioners against whom an allegation has been made, will not be invited.

VENUE

9.10. A strategy discussion should be held at a convenient location for the key attendees, such as a hospital, school, police station or children's social care office. Any information shared, all decisions reached, and the basis for those decisions should be clearly recorded by the chair of the strategy discussion and circulated within one working day to all parties to the discussion.

9.11. It is good practice to inform attendees at the strategy discussion of the outcomes of the S47 enquiry and confirm that all actions agreed at the strategy discussion have been undertaken. A review strategy discussion may assist this process.

RECORDING A STRATEGY DISCUSSION

9.12. Children's Social Care Services should record the strategy discussion consistent with the Record of Strategy Discussion. The decision of the strategy discussion and its rationale must be recorded.

9.13. Any decisions about taking immediate action should be kept under constant review.

POSSIBLE OUTCOMES OF A STRATEGY DISCUSSION

9.14. A strategy discussion can result in:

- No further involvement by Children's Social Care Services. With the consent of the family, the case should then transfer to the CAF planning process;
- A decision to commence a core assessment of the child as a child in need, led by the social worker;
- A decision to initiate a S47 enquiry and commence a core assessment within that enquiry.

9.15. More than one strategy discussion may be necessary. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether - and, if so, when - to initiate a core assessment, as well as how best to undertake this.

9.16. The outcomes and subsequent actions are illustrated in [flowchart 4](#).

THE SECTION 47 ENQUIRY

Those making enquiries should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question.

Every section 47 enquiry must demonstrate that decision making is based on current and historical information from those agencies with recent or current contact with both parents and their families.

LEAD AGENCY

- 10.1. Significant harm to children gives rise to both child welfare and law enforcement concerns and section 47 enquiries may run concurrently with police investigations concerning possible associated crime(s). The police have a duty to carry out thorough and professional investigations into allegations of crime and the obtaining of clear strong evidence in the best interests of the child.
- 10.2. Enquiries may therefore give rise to information that is relevant to decisions that will be taken by both local authority 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 the child and family. They may also contribute to legal proceedings, whether criminal, civil or both.
- 10.3. When joint enquiries take place the police have the lead for the criminal investigation and the local authority children's social care have the lead for the section 47 enquiries and the child's welfare.
- 10.4. Sometimes there will be a need for an investigative interview with a view to gathering evidence for criminal proceedings. All such interviews with children should be conducted by those with specialist training and experience in interviewing children, consistent with the [Achieving Best Evidence](#) guidance.

HEALTH/DEVELOPMENTAL ASSESSMENT

- 10.5. The tasks of the strategy discussion include deciding whether there is a need for an assessment of the child's health and development and, if so, how this is to be arranged.
- 10.6. A paediatric consultation must be arranged whenever a child under the age of 18 months is made the subject of an Emergency Protection Order or taken into police protection. Such a consultation must be considered if the child is over 18 months.

CORE ASSESSMENT

- 10.7. The core assessment is the means by which a S47 enquiry is carried out. It should be led by a qualified and experienced social worker. Children's Social Care Services have lead responsibility for the core assessment, but partner agencies should contribute to it. The tasks of the strategy discussion should include planning the core assessment.
- 10.8. A core assessment should be completed within 35 working days of:
 - The completion of the initial assessment; or

- The decision being made to initiate S47 enquiries, including where the concerns are for an unborn child;
 - Where new information received on an open case indicating that a core assessment should be done.
- 10.9. The core assessment must include all relevant information, including consideration of any particular issues relating to the child's or parent's/carer's race, religion, culture, language, disability or sexual orientation.
- 10.10. Where the concerns include substance misuse, mental ill health and/or domestic abuse, the core assessment must include information from any records held by the North West Ambulance service and local Accident and Emergency Departments.

OUTCOME OF THE ENQUIRY

- 10.11. Children's Social Care Services must decide how to proceed following S47 enquiries, after discussion between all those who have conducted, or been significantly involved in those enquiries, including relevant professionals and agencies, as well as foster carers where involved and the child and parents themselves.
- 10.12. The information recorded on the outcome of the S47 enquiries should be consistent with the information set out in the Outcome of the S47 Enquiries Record.
- 10.13. Parents and children of sufficient age and appropriate level of understanding (together with professionals and agencies who have been significantly involved) should receive a copy of this record, in particular in advance of any initial child protection conference that is convened. This information should be conveyed in an appropriate format for younger children and for those people whose preferred language is not English.
- 10.14. In every case, consideration should be given to whether the core assessment has been completed, or what further work is required before it is completed.

Concerns are not substantiated

- 10.15. S47 enquiries may not substantiate the original concerns that the child is suffering, or is likely to suffer, significant harm, but it is important that the core assessment is completed. In some circumstances it may be decided that completion of the section 47 enquiry means that the core assessment has been completed and no further action by the Police and/or Children's Social Care Services is necessary. However, the focus of section 47 enquiries is the welfare of the child, and the assessment may well reveal a range of needs. With the agreement of the parent/carer and child where appropriate, such cases should be transferred to the CAF process so that a CaF plan can be agreed.
- 10.16. In some cases, there may remain concerns about significant harm, despite there being no real evidence. It may be appropriate to put in place arrangements to monitor the child's welfare. Monitoring should never be used as a means of deferring or avoiding difficult decisions. The purpose of monitoring should always be clear - i.e. what is being monitored and why, in what way and by whom. It is also important to inform parents about the nature of any ongoing concern. There

should be a time set for reviewing the monitoring arrangements by holding a further discussion or meeting. . These considerations should be taken into account when agreeing a CaF plan and during the CaF plan review.

Concerns substantiated but no continuing risk

- 10.17. 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 a plan for ensuring the child's future safety and welfare can be developed and implemented without having a child protection conference or a child protection plan. Such an approach is of particular relevance where it is clear to the agencies involved that there is no continuing risk of significant harm.
- 10.18. This judgement can only be made in the light of all relevant information obtained during a S47 enquiry, and a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism.
- 10.19. With the agreement of the parent/carer and child where appropriate, such cases should be transferred to child in need processes.

Concerns substantiated and continuing risk

- 10.20. Where the agencies most involved judge that a child may continue to suffer, or be at risk of suffering, significant harm, Children's Social Care Services should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to access all relevant information and plan how best to safeguard and promote the welfare of the child, including an unborn child.

CHILDREN FROM ABROAD

- 10.1. Every effort should be made to seek information from relevant services if the child and family have spent time abroad. Professionals from agencies such as health, local authority children's social care or the police should request this information from their equivalent agencies in the country/ies in which the child has lived.
- 10.2. Information about who to contact can be obtained via the Foreign and Commonwealth Office (see [Useful Contact Numbers](#)) or the appropriate Embassy or Consulate based in London (see the London Diplomatic List (The Stationery Office), ISBN 0 11 591772 1 or the FCO website www.fco.gov.uk).

INITIAL CHILD PROTECTION CONFERENCE

CRITERIA FOR CONVENING

- 11.1. An initial child protection conference should always be convened where:
 - There is reasonable cause for concern that a child is suffering, or likely to suffer significant harm; and
 - The harm can be attributed to the quality of the care and protection given by the parents or carer; and

- Information needs to be shared between agencies so as to establish the need for a child protection plan.
- 11.2. Detailed information sharing is likely to be essential in the following circumstances and convening an initial child protection conference should always be considered where there are concerns of significant harm in relation to these circumstances:
- Children who go missing
 - Forced marriage
 - Child sexual exploitation
 - Other forms of exploitation
 - Children with a disability
 - Managing allegations against people who come into contact with children
 - Children living in an environment where there is domestic abuse
 - Female genital mutilation (also known as female circumcision)
 - Peer abuse (i.e. abuse carried out by a child or young person)

POWER TO CONVENE

- 11.3. An initial child protection conference can only be convened by Children's Social Care Services. If partner agencies disagree with a decision not to convene one, they should contact the appropriate Children's Social Care Services Deputy District Manager and/or Service Lead for resolution. Where agreement cannot be achieved, the principle will be that the referring agency's request is upheld and an initial child protection conference is convened.

PURPOSE OF THE INITIAL CHILD PROTECTION CONFERENCE

- 11.4. The conference brings together family members, the child who is the subject of the conference (where appropriate), and those professionals most involved with the child and family, following S47 enquiries. Its purpose is:
- To bring together and analyse in an inter-agency setting the information which has been obtained about the child's developmental needs, and the parents' or carers' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
 - To consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history, and present and past family functioning; to make judgements about the likelihood of a child suffering harm in future, decide whether the child is continuing to, or is likely to, suffer harm and to discuss whether the harm suffered is considered to be 'significant'; and
 - To decide what future action is required, including the child becoming the subject of a child protection plan, in order to safeguard and promote the welfare of the child, what the planned developmental outcomes are for the child and how best to intervene to achieve these.

TIMING OF AN INITIAL CHILD PROTECTION CONFERENCE

- 11.5. The timing of an initial child protection conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. All initial child protection conferences should take place within 15 working days of the strategy discussion, or the strategy discussion at which the section 47 enquiries were initiated, if more than one has been held.
- 11.6. Any delay beyond 15 working days must be clearly recorded by the Children's Social Care Services' Safeguarding and Improvement Unit, which will monitor the incidence of delay. Children's Social Care Services must ensure risks of harm to the child are monitored and action taken to safeguard the child.
- 11.7. Wherever possible, an initial child protection conference in respect of an unborn child should take place about 8 weeks prior to the expected date of birth, i.e. by 32 weeks gestation.

CONFERENCE CHAIR

- 11.8. All child protection conferences are chaired by Independent Reviewing Officers from the Safeguarding and Improvement Unit, all of whom have extensive experience in the field of child protection but no direct involvement in the case to be considered. The role of the chair will usually include meeting the family members and child, where relevant, prior to the conference to ensure that they understand the process.
- 11.9. When questions arise which require a decision on the process to be followed in a particular conference, including questions concerning the attendance of a parent/carer and/or child, the chair will discuss the issues with the relevant professionals and make a decision.

ATTENDANCE

- 11.10. Who and how many people should attend will depend on the need to reach well informed decisions about the action required and realistic proposals to undertake it. Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both. Where an individual with relevant information is unable to attend they should provide a written report.
- 11.11. To avoid inhibiting discussion and intimidating family members only those with something to contribute should be invited and large numbers should be avoided. Those who are likely to have the most to contribute are:
- Members of the family, including the wider family;
 - The child, where appropriate, and
 - The professionals who have most to contribute, who may include the following:
 - Children's Social Care Services staff who have assessed the child and family;
 - Professionals involved with the child such as health visitors, the GP, the school nurse, paediatrician, school or Education representatives;

- Professionals involved with the parents such as family support services, the GP, other relevant health practitioners, adult mental health services, probation. The involvement of midwifery services will be of particular importance where there are concerns is for the welfare of an unborn child.
- The relevant Greater Manchester Police Public Protection and Investigation Unit;
- NSPCC or other voluntary organisations involved,
- A representative of the armed services if there is a service connection.

Other agency professionals whose presence should always be considered are:

- Children's Guardian
- Foster Carers
- Midwives
- School Attendance Officers
- Manchester Drugs Services
- Child and adolescent psychiatrist or psychologist
- School, day care or family centre staff

- 11.12. The view of the local authority child care legal services should be sought prior/post conference.
- 11.13. The Safeguarding and Improvement Unit can advise about the attendance of children and young people, supporters, observers, the Children's Guardian, and the Council's Legal Department.

QUORACY

- 11.14. The minimum representation will be Children's Social Care Services and at least two other agencies in order for a decision to be made. See appendix [Quoracy](#).

ADMINISTRATION

- 11.15. Written invitations will be sent to all people to be invited to attend the initial child protection conference by the Safeguarding and Improvement Unit. In most cases invitations to parents/carers will be sent by first class post. Where it is preferable for reasons of confidentiality, safety or other circumstances the invitation should be given to the parent/carer in person by the social worker.
- 11.16. Every child protection conference will have a dedicated administrator to take the notes. These will be circulated to the participants, including relevant members of the family, as soon as possible after the meeting. This is in addition to sharing the key conference decisions within one working day.

INVOLVEMENT OF PARENTS/CARERS AND CHILDREN

- 11.17. It is essential that parents and appropriate carers are invited to play as full a role in the conference process as possible. This includes:
- Anyone with parental responsibility; and/or
 - Anyone else who has had substantial care of the child

- 11.18. They should always be invited to attend for the whole duration of the initial child protection conference (unless exclusion is warranted) and helped to participate fully, supported by interpreters, if necessary. (The Greater Manchester Safeguarding procedures include guidance on the use of interpreters.). Requests for exclusion should be the exception rather than the rule.
- 11.19. It is the responsibility of the lead social worker to try to establish the identity of all persons with parental responsibility during the S47 enquiry and negotiate the appropriateness of the attendance of these people with the conference chair. In circumstances where agreement cannot be reached the chair will hear any relevant views, including those of family members, and make a decision.
- 11.20. Leaflets are available for child and young people and parents/carers to explain the child protection conference process. The [Manchester Children's Rights Service](#) will support any child or young person who is to participate in a child protection conference.
- 11.21. Both parents and children will be provided with consultation booklets in order to allow them to contribute if they are unable to attend.

Reasons for exclusion from a Child Protection Conference (or Child Sexual Exploitation Meeting)

- 11.22. Total exclusion should only apply in the following exceptional circumstances:
- 11.23. Exclusion of parents/carers:
- Where there is evidence of a strong likelihood that the Initial Child Protection Conference/Child Sexual Exploitation meeting will be severely disrupted by their presence to the extent that the meeting will not be effective. For example, when the particular parent/carer has been disruptive on a previous occasion and/or is threatening to be disruptive on this occasion.
 - Where the presence of a particular individual will compromise the investigative process. For instance, when a criminal investigation has not been completed or where the child's future welfare may be compromised by the individual's presence.
- 11.24. Exclusion of children
- Child's general behaviour indicates that the conference/meeting is likely to be severely disrupted by their presence to the extent that the meeting will not be effective.
 - Child's chronological age indicates that they will be limited in their ability to understand the process and information, or child's functional age is different to their chronological age and this will limit their ability to understand the process and information.
 - Child's parent/carer is dismissive of the allegations or seeks to minimise them or is not supportive to the child/young person.
 - The parent will not allow the child to be present at the conference or the child/young person does not wish to attend.

PROVIDING INFORMATION

11.25. All those providing information should take care to distinguish between fact, observation, allegation and opinion.

Children's Social Care Services

11.26. Children's Social Care Services will provide an initial child protection conference report, which will be based on the initial assessment and the S47 enquiries/core assessment. The report covers:

- An accurate family composition;
- A chronology of the significant events and contacts which agencies and individuals have had with the child and the family;
- Information about child's developmental needs;
- Information about parents/carers parenting capacity, family and environmental factors;
- Parents capacity and willingness to cooperate with actions to safeguard and promote the child's welfare;
- The views, wishes and feelings of the children, the parents and other members of the family;
- Any particular issues relating to the child's or parent's/carer's race, religion, culture, language, disability or sexual orientation.
- Information about any significant others;
- An analysis of the implications of this information for the child's future safety and welfare;
- The agency/individual's view of the needs of the child including any need for protection.

11.27. A copy of this report should be shared with the child/parent by the author, ideally at least 48 hours prior to the meeting.

Partner agencies

11.28. Other professionals should also bring details of their involvement with the child and the family, and share their knowledge of the child's health and development and the parents 'capacity to safeguard the child and promote her or his health and development', contained within a written report, which must be sent to the chair 24 hours in advance of the conference.

11.29. Professionals should do their best to share the content of their reports with relevant family members in advance of the meeting.

Principles in providing information

- All contributions should be presented through the chair and must be fair, accurate and free from discriminatory remarks or jargon. It must be made clear whether information is fact or opinion and whether it is drawn from firsthand knowledge or information from a third party.
- As a general rule information presented to initial child protection conferences and contained in the minutes of conferences is confidential (but see below).

Copies of the minutes should not be made without the permission of the Safeguarding and Improvement Unit.

- Information presented at conference should not be discussed, or the contents of minutes shown to anyone outside the conference, other than to protect children.
- People presenting written reports should summarise the main points verbally to ensure that the family members and professionals present understand the issues fully. Parents and children when attending will be encouraged to offer a response to all reports.
- In the event of any member of the conference exercising their right to withhold confidential information from the family members, the family will be asked to leave the conference briefly for a closed session. Conference members may decide that such information is relevant to the protection of children and must therefore be shared with the family on their return to the conference room.
- Conference members should be aware that any person has a right to see confidential information held about themselves whether they attended the conference or not. All conference members should be mindful of this when making their contributions.

Confidentiality of information

11.30. Information shared at the initial child protection conference is confidential and should not be disclosed outside the conference. There are a number of circumstances when information may be disclosed:

- Subject to limited exceptions, any person has a right to see personal information held about themselves. This includes information contained in child protection conference minutes and must be disclosed upon request whether the individual attends the conference or not. It should be noted that non family members can apply to see information about themselves which may be contained in child protection conference minutes;
- If there are court proceedings then a judge may order that child protection conference minutes are disclosed to the parties. This applies to both civil (family) proceedings and to criminal proceedings. Conference members may be asked or ordered to attend court to give evidence;
- If there are legal proceedings, a Children's Guardian (an independent social worker appointed by the Court), can see the initial child protection conference minutes, and may refer to them in their reports;
- Child protection conference minutes may be disclosed to other professionals involved with the child who have not attended the conference;
- Permission must be obtained from the conference chair before passing information to a third party including other agencies;
- All conference attendees may disclose the minutes of the conference to their own legal advisor;
- Finally, the law permits the disclosure of confidential information when necessary in the public interest, when persons may be at risk of significant harm. The public interest in child protection overrides the public interest of

maintaining confidentiality. Disclosures should be justifiable in each case and legal advice sought in cases of doubt.

OUTCOME OF THE INITIAL CHILD PROTECTION CONFERENCE

- 11.31. The conference must consider whether the child or young person is at risk of significant harm (or, in the case of an unborn child, will be at risk once born) basing its judgement on the evidence of:
- The records and reports from other agencies;
 - The initial assessment;
 - The S47 enquiry/core assessment;
 - Contributions from the child and their family.
- 11.32. The test is 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.
- 11.33. If the child is considered to be at continuing risk of significant harm, he or she will require inter-agency help and intervention delivered through a formal child protection plan. The chair should determine which category of abuse or neglect (see below) the child has suffered or is likely to suffer.
- 11.34. A child protection plan will be developed by the initial child protection conference in respect of an unborn child where it concludes that s/he would be at risk of significant harm once born.
- 11.35. The initial child protection conference should outline the child protection plan, in as much detail as possible, identifying what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child. The conference should also:
- appoint the a Children's Social Care Services social worker as the lead social worker;
 - identify the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool;
 - establish how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them;
 - establish timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings;

- identify in outline what further action is required to complete the core assessment and the requirement for any other specialist assessments of the child and family;
 - ensure a contingency plan is in place if agreed actions are not completed and/or circumstances change, for example if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child;
 - clarify the different purposes and remit of the initial conference, the core group, and the child protection review conference; and
 - agree a date for the first child protection review conference, and under what circumstances it might be necessary to convene the conference before that date.
- 11.36. The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the lead social worker and the core group membership should be recorded in a manner that is consistent with the Initial Child Protection Conference Report and circulated to all those invited to the conference within one working day.
- 11.37. The need to take legal action to safeguard the child, for example by initiating care proceedings or making application for a Child Assessment Order may also be considered. The decision rests with the local authority, but the child protection conference should inform the decision-making process.
- 11.38. In those cases where the initial child protection conference concludes that there is no need for a child protection plan, the child may nonetheless require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them.
- 11.39. Subject to the family's views and consent, it may be appropriate to add to the core assessment of the child's needs to help determine what support might best help promote the child's welfare and inform a child in need plan, if appropriate.

TYPES OF ABUSE

- 11.40. Where an initial child protection conference concludes that there is a need for a child protection plan, the chair should determine which category of abuse or neglect the child has suffered or is likely to suffer. The category used will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.

Physical abuse

- 11.41. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional abuse

- 11.42. Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development.

It may involve bullying, including cyber-bullying. It may involve seeing or hearing the ill-treatment of another. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

- 11.43. Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children (usually defined where there is a significant age difference of three years or more).

Neglect

- 11.44. 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.

DISSENT AMONGST AGENCY REPRESENTATIVES

- 11.45. The chair should enable those present at the conference to reach agreement on the decisions, if at all possible. If there is dissent over the question of the child being the subject of a child protection plan then the following rules should apply:

- The view of the majority should be taken. For these purposes a simple majority of the agencies represented should apply;
- Dissent to the decision expressed by particular agencies should be clearly recorded. Dissent does not excuse the dissenting agency from contributing to the development and implementation of the child protection plan;
- If there is no clear majority then the child should be the subject of a child protection plan.
- If by majority decision the child/ren does not become the subject of a child protection plan, concerns expressed by the minority must be addressed specifically during the conference and recorded.

OBJECTIONS FROM THE FAMILY OR CHILD

- 11.46. The family or the child may express concerns or wish to complain about:

- The conference process
- The outcome
- The decision that the child is made the subject of a child protection plan or, in the case of a review conference, that a child protection plan was not discontinued.

- 11.47. Some of the above will constitute complaints and should be responded to as follows:

- Complaints about particular agencies, including those about services, should be addressed and responded to through that agency's complaints procedure;
- Complaints about conference process should be addressed to the chair and their manager and ultimately through the Children's Social Care Services' complaints process.

- 11.48. Where the objection concerns a decision to make a child the subject of a child protection plan or not discontinue such a plan, it will constitute an appeal against a child protection plan.

CHILD PROTECTION PLAN

- 12.1. The initial child protection conference is responsible for agreeing an outline child protection plan. Professionals and parents/caregivers should develop the details of the plan in the core group. The overall aim of the plan is to:
- ensure the child is safe from harm and prevent him or her from suffering harm or a recurrence of harm by supporting the strengths and helping to meet the child's unmet needs;
 - promote the child's health and development i.e. his or her welfare; and
 - provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.
- 12.2. The child protection plan should be based on the findings from the assessment, following the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors, and drawing on knowledge about effective interventions. [Working Together to Safeguard Children](#) offers advice on identifying appropriate interventions.
- 12.3. The content of the child protection plan should be consistent with the information set out in the Child Protection Plan. Where the child is the subject of a care plan, the child protection plan should be part of the looked after child's care plan
- 12.4. The child protection plan should set out what work needs to be done, why, when and by whom. The plan should:
- describe the identified developmental needs of the child, and what therapeutic services are required;
 - 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;
 - set out when and in what situations the child (or, in the case of an unborn child the expectant mother) will be seen by the lead social worker both alone and with other family members or caregivers present. The Manchester standard is that this will be at intervals of no more than 4 weeks;
 - clearly identify and set out roles and responsibilities of family members and professionals including those with routine contact with the child, for example, health visitors, GPs and teachers, and the nature and frequency of contact by these professionals with the child and family members;
 - include a contingency plan to be followed if circumstances change significantly and require prompt action (including initiating family court proceedings to safeguard and promote the child's welfare); and
 - lay down points at which progress will be reviewed, and the means by which progress will be judged.

- 12.5. The child protection plan should take into account the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. It should address any particular issues relating to the child's or parent's/carer's race, religion, culture, language, disability or sexual orientation.
- 12.6. The lead social worker should make every effort to ensure that the children and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it. If the parents are not willing to co-operate with the implementation of the plan the local authority should consider what action it should take to safeguard the child's welfare.
- 12.7. The plan should be constructed with the family in their preferred language and they should receive a written copy in this language. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so (see Appeals against a child protection plan).
- 12.8. Key elements of the management of a child protection plan are illustrated in [flowchart 5](#).

AGREEING THE PLAN WITH THE CHILD

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

NEGOTIATING THE PLAN WITH PARENTS

- 12.10. Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a child protection plan, what needs to change, and about what is expected of them as part of the plan for safeguarding and promoting the child's welfare. All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan.
- 12.11. The parents should receive a written copy of the child protection plan in their preferred language so that they are clear about who is doing what, when, the intended outcomes for the child and the contingency plan should there be any difficulty in implementing the child protection plan.

DISAGREEMENT AMONG PROFESSIONALS ABOUT THE PLAN

- 12.12. Very exceptionally, there may be serious disagreement amongst the professionals about the child protection plan which cannot be resolved within the initial child protection conference or the core group. Such disagreements must be referred to the Service Lead for Safeguarding for resolution as soon as possible and within no more than 15 working days.

APPEALS AGAINST A CHILD PROTECTION PLAN

- 12.13. The appeal system exists to provide parents and family members with a means of challenging the decision to make a child the subject of a child protection plan through a fair and impartial process. This procedure is not available to individual professionals or agencies.
- 12.14. The best interests of the child will always be the paramount consideration in making decisions on appeals

Grounds for Appeal

- The criteria for the child being the subject of a child protection plan were not met.
- Facts are available now which were not known at the time of the original decision to make the child the subject of a child protection plan and that these facts invalidate the original decision.
- The information considered as having a bearing on the decision to make a child the subject of a child protection plan has proved subsequently to be inaccurate

The appeal process

- 12.15. The parent or carer, should write to the Service Lead for Safeguarding , explaining the reasons for the appeal , within 28 days of the initial child protection conference or the review conference which made the decision against which they wish to appeal. If new evidence becomes available after this date, consideration will be given to accepting an appeal later on. This decision is at the discretion of the Service Lead for Safeguarding.
- 12.16. The Service Lead for Safeguarding , in conjunction with an independent Children's Social Care Services Deputy District Manager, will decide within 21 days whether or not they consider there are grounds for an appeal hearing. The appellant will be notified of the decision in writing.
- 12.17. To ensure impartiality a Deputy District Manager from a different district, who has no operational involvement with the case will be involved in the decision.
- 12.18. If it is agreed that there are sufficient grounds, the appeal will be heard quickly by a Panel of three people from the list which follows. People asked to sit on the Panel must not have attended the relevant initial child protection conference or review conference which prompted the appeal. It is preferable that they should have had no previous involvement with the family.
- Designated Nurse for Safeguarding Children, or their deputy;
 - An officer from Greater Manchester Police Public Protection and Investigation Unit;
 - Senior officer from School Attendance Improvement Service;
 - NSPCC Manager;
 - An Assistant Chief Executive from Greater Manchester Probation Service (Manchester City District)
 - Deputy District Manager, Children's Social Care Services

- 12.19. The precise composition of the Panel will be agreed by the Service Lead for Safeguarding and the previously identified Deputy District Manager based upon the expertise needed to resolve the issues presented by the case. They will have the authority to co-opt other professionals where specialist advice is required.
- 12.20. The parent/carer will be informed in writing by the Service Lead for Safeguarding whether or not an appeal has been agreed and the date on which it will be heard. S/he will be invited to attend to explain verbally her or his reasons for lodging the appeal and to make further representations if they so wish. The Appeal Panel may ask the parent/carer to clarify certain points.
- 12.21. The parent or carer is welcome to bring a supporter to the Panel meeting.
- 12.22. The Appeal Panel may request the attendance of the initial child protection conference or review conference chair to clarify any points.
- 12.23. The Panel will make its decision on the basis of the parent's or carer's submissions, the minutes of the relevant initial child protection conference or review conference, and any information given by the chair.
- 12.24. The Panel's decision is final.

Communicating the decision

- 12.25. The decision of the Appeal Panel will be communicated verbally and in writing to the appellant and to all members of the relevant conference within seven days of the appeal being concluded.

CHECKING WHETHER A CHILD IS THE SUBJECT OF A CHILD PROTECTION PLAN

- 13.1. Whenever a professional/practitioner considers a child to be at risk of significant harm he or she must check whether the child is subject to a child protection plan. The individual agency safeguarding procedures of some agencies require professionals/practitioners to consult their designated officer for safeguarding. The designated officer then decides whether such a check is appropriate.
- 13.2. The list of children subject to a child protection plan must always be checked as part of any S47 enquiry, even when Children's Social Care Services is already involved with the child.
- 13.3. It is particularly important for medical staff in the following circumstances to check whether there is a child protection plan:
 - Staff in Accident and Emergency Units or Children's Outpatient Departments;
 - Medical officers who might examine children routinely when they present with injuries which are incompatible with the explanation given.

HOW TO CHECK

- 13.4. Appropriate professionals/practitioners can check whether a child is the subject of a child protection plan by contacting the Safeguarding and Improvement Unit at :
3rd Floor
Victoria Mill
Lower Vickers Street

Miles Platting
MANCHESTER
M40 7LY

Telephone: 0161 203 3232

Fax : 0161 203 3242

- 13.5. The Safeguarding and Improvement Unit is open from 9.00am to 4:30pm, Monday to Friday. Outside these hours, the Emergency Duty Team (0161 255 8250) will be able to access the information
- 13.6. The information supplied about the child will usually be confined to:
- whether or not the child (or siblings) is currently the subject of a child protection plan; and
 - if so, the name and telephone number of the lead social worker.
- 13.7. The Service Lead for Safeguarding has responsibility for:
- ensuring that each local authority record on a child who has a child protection plan is kept up to date;
 - ensuring enquiries about children about whom there are concerns or who have child protection plans are recorded and considered in accordance with the requirements of Working Together to Safeguard Children;
 - managing other notifications of movements of children into or out of the local authority area such as children who have a child protection plan and looked after children;
 - managing notifications of people who may pose a risk of significant harm to children who are either identified with the local authority area or have moved into the local authority area; and
 - managing requests for checks to be made to ensure unsuitable people are prevented from working with children.
- 13.8. The Safeguarding and Improvement Unit makes a record of all and monitors all enquiries about child protection plans. It will initiate a discussion with relevant professionals in the following circumstances:
- any enquiry about any child who is the subject of a child protection plan;
 - one enquiry in respect of a child who is not the subject of a child protection plan but is at the same address of a child who is subject to such a plan;
 - two enquiries about a child not the subject of a child protection plan;
- 13.9. The Safeguarding and Improvement Unit also monitors the outcome of such enquiries.

LEAD SOCIAL WORKER ROLES AND RESPONSIBILITIES

ALLOCATING A LEAD SOCIAL WORKER

- 14.1. All children made the subject of a child protection plan must be allocated a Children's Social Care Services' social worker as lead social worker at the initial child

protection conference. It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.

- 14.2. The lead social worker is responsible for:
- making sure that the outline child protection plan is developed into a more detailed inter-agency plan and providing the Safeguarding and Improvement Unit with a copy of that detailed plan;
 - acting as the lead professional for the inter-agency work with the child and family.
 - seeing the child, alone where appropriate, in accordance with the plan;
 - completing the core assessment of the child and family, securing contributions from core group members and others as necessary.
- 14.3. Completion of the core assessment should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs within the context of their family and environment. It may be necessary to commission specialist assessments (for example, from child and adolescent mental health services, adult mental health or substance misuse services or a specialist in domestic violence) which it may not be possible to complete within the 35 day period. This should not delay the drawing together of the core assessment findings at this point.
- 14.4. The analysis of the child's needs and the capacity of the child's parents or caregivers to meet these needs within their family and environment should provide evidence on which to base judgements and decisions on how best to safeguard and promote the welfare of a child and where possible to support parents in achieving this aim. It should be used to decide what interventions are required and, in particular, in considering what actions are necessary to prevent the child from suffering harm in the future or to prevent a recurrence of the abuse or neglect suffered.

FREQUENCY OF LEAD SOCIAL WORKER'S VISITS

- 14.5. In order to decide the frequency of visits to a particular child or family an assessment of risk should be done, taking account of
- the age of the child;
 - the nature of the concerns; and
 - the level of contact between the family, other professionals, and supportive wider family members.
- 14.6. In Manchester, the minimum frequency of visits to all families with a child who is the subject of a child protection plan, or to expectant mothers where the plan is in respect of an unborn child, is once every four weeks. This minimum standard requires that the lead social worker sees the child on every visit, so that they can satisfy her or himself of the child's general wellbeing. Unless the child is too young to communicate with the social worker s/he should be seen alone. The minimum frequency of visits should only apply if:
- The child is being seen very regularly by other professionals and this is in line with requirements of the child protection plan,

- The decision to visit at this minimum level of frequency has been agreed with the team manager and recorded on the child's record, with the reasons stated;
 - All the core group members have been informed at a core group meeting.
- 14.7. All contact with the child must be clearly recorded on the child's record and all dates of visits by the lead social worker must be recorded in the lead social worker's report for the child protection review conference.

CHANGE OF LEAD SOCIAL WORKER

- 14.8. Changes in the lead social worker must be notified, in writing, to all core group members, including the relevant family members, without delay.

THE CORE GROUP

- 15.1. A core group must be identified whenever a child is made the subject of a child protection plan.

RESPONSIBILITIES OF THE CORE GROUP

- 15.2. The core group is collectively responsible for:
- developing the child protection plan as a detailed working tool, and implementing it, within the outline plan agreed at the initial child protection conference. The lead social worker must send a copy of the detailed plan to the Safeguarding and Improvement Unit;
 - providing a forum for working with the parent/carer and securing their co-operation and commitment to the child protection plan;
 - Deciding how the core assessment is to be completed within the timescale of 35 days.

MEMBERSHIP

- 15.3. Membership should include the lead social worker, who chairs the core group, family members, and professionals or foster carers who will have direct contact with the family.
- 15.4. Membership may need to change as the circumstances of the family change or as additional needs are identified. Some professionals may become members of the core group for a short period only while they undertake a specialist piece of work with a member or members of the family. Consideration should be given to allowing a parent to bring a friend or an advocate to core group meetings.
- 15.5. Children under the age of 8 will not normally be invited to core group meetings. Where the child is aged over 8, a decision will be taken by the lead social worker as to whether an invitation to attend the core group meeting is appropriate.

RESPONSIBILITIES OF CORE GROUP MEMBERS

- 15.6. Although the lead social worker has lead responsibility for the formulation and implementation of the child protection plan, all members of the core group are jointly responsible for carrying out these tasks, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan.

- 15.7. It is essential that all identified core group members attend all meetings or make appropriate deputising arrangements. Where this is not possible, core group members should submit to the lead social worker a written report providing an update since the last core group meeting or review conference. This report should consist of the following information where it is relevant to their agency and role:
- Dates the child was seen;
 - Dates parent/carer was seen;
 - Details including dates of any missed appointments by either child or parent/carer;
 - Details of any absences from school/early years setting;
 - Details including dates of any no access home visits;
 - Details including dates of any unannounced visits they have made to the home;
 - Any new information or significant changes in the child's or family's circumstances, including changes in the composition of the household;
 - Report on any tasks they may have as part of the child protection plan;
 - Their current concerns;
 - Their recommendations concerning any changes needed to the child protection plan, including whether it would be appropriate for a review conference to consider its discontinuation.
- 15.8. Each member of the core group is responsible for preparing their individual agency's report for the child protection review conference. This must be submitted to the Safeguarding and Improvement Unit at least 48 hours before the child protection review conference takes place.
- 15.9. Where any member of the core group is aware of difficulties implementing the child protection plan due to changed or unforeseen circumstances, the lead social worker must be informed immediately and a core group meeting convened to agree a reconsidered child protection plan.
- 15.10. If the difficulty in implementing the child protection plan impacts on the safety of the child, managers and advisers, (e.g., the responsible Children's Social Care Services Deputy District Manager; designated/named doctor/nurse; designated teacher; Sure Start Safeguarding Manager, Principal Manager Safeguarding and Improvement Unit) must be consulted promptly. Consideration must be given to the need for immediate legal action, emergency police action to gain access to premises where appropriate, a S47 enquiry and/or to bring forward the date of the review child protection conference.

TIMING OF MEETINGS

- 15.11. The first meeting of the core group must take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to flesh out the child protection plan. The meeting should also decide what steps need to be taken by whom to complete the core assessment on time so that future decisions and the provision of services can be fully informed when making decisions about the child's safety and welfare.

- 15.12. Thereafter, core groups should meet at agreed intervals but at least every 6 weeks to facilitate working together, monitor actions and outcomes against the child protection plan, and make any necessary alterations as circumstances change.

CHAIRING & RECORDING ARRANGEMENTS

- 15.13. The lead social worker would normally be responsible for chairing the meetings. Where this is not possible, e.g. due to sickness or other unforeseen absence, it is expected that another Children's Social Care Services officer would take responsibility for taking the chair.
- 15.14. The lead social worker should ensure that there is record of the decisions taken and actions agreed at core group meetings, as well as of the written views of those who were not able to attend. Arrangements should be made jointly by group members to take the notes on a rotational basis. The notes should be distributed to members of the core group via the lead social worker within 7 working days of the meeting taking place. The child protection plan should be updated as necessary. Any further identified areas of actual or potential significant harm should be recorded and linked to further identified needs and actions.
- 15.15. There is a strong presumption within the recording documentation of agreement between carers/parents/professionals in respect of the plan. It is particularly important that any disagreements with the plan are specifically recorded on the documentation. Completion of the detailed inter-agency plan record will serve as a written agreement.
- 15.16. The implementation of individual components of the child protection plan remains the responsibility of the individual workers and their agencies.

VENUE FOR CORE GROUP MEETINGS

- 15.17. The venue of core group meetings should be agreed between the core group members. Any agency within the core group membership may be asked to provide a venue. The venue should be comfortable, convenient and accessible to the family and child/ren. In identifying a venue, consideration should be given to the wishes of the family, its accessibility, any need for child care and the need to retain confidentiality. Possible venues would include family centres, schools, health clinics and district Children's Social Care Services offices. Only in extremely exceptional circumstances should the family home be used.

THE CHILD PROTECTION REVIEW CONFERENCE

PURPOSE

- 16.1. The purposes of the child protection review are to:
- review whether the child is continuing to suffer or to be likely to suffer harm, and their health and developmental progress against planned outcomes set out in the child protection plan;
 - ensure that the child continues to be safeguarded from harm; and

- consider whether the child protection plan should continue or should be changed.
- 16.2. The child's wishes and feelings should be sought and taken into account during the reviewing process. Every review should consider explicitly whether the child is suffering, or continues to be likely to suffer, harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If not, then the child should no longer be the subject of a child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate court proceedings.

TIMING OF THE CHILD PROTECTION REVIEW CONFERENCE

- 16.3. In Manchester, the first routine child protection review conference should be held within two and a half months of the initial child protection conference, and further reviews should be held at intervals of not more than five months for as long as the child remains the subject of a child protection plan. Where necessary, reviews should be brought forward to address changes in the child's circumstances.
- 16.4. A child protection review conference must be convened when:
- There has been a S47 enquiry concerning a child who is the subject of a child protection plan;
 - Children's Social Care Services is considering returning to the care of her/his parent a child who is both looked after and the subject of a child protection plan.

CHAIRING

- 16.5. Chairing child protection review conferences will be chaired by a Safeguarding and Improvement Unit Independent Reviewing Officer. Wherever possible, the Independent Reviewing Officer who chaired the initial child protection conference will also chair the reviews.

ATTENDANCE

- 16.6. Review attendees should include those most involved with the child and family in the same way as at an initial child protection conference. This will include family members and the child, where appropriate.
- 16.7. The review requires as much preparation, commitment and management as the initial child protection conference. Those unable to attend should, wherever possible, delegate attendance to a well briefed colleague.
- 16.8. Each member of the core group has a responsibility to produce an individual agency report for the child protection review, using the pro forma sent out with the conference invitation. A copy of this report must be sent to the Safeguarding and Improvement Unit no more than 48 hours prior to the review conference.
- 16.9. The quorum is the same as for an initial child protection conference, i.e. the minimum representation will be Children's Social Care Services and at least two other agencies in order for a decision to be made. See appendix [Quoracy](#).

ADMINISTRATION OF THE CHILD PROTECTION REVIEW CONFERENCE

16.10. The administrative arrangements of the conference will be the same as for an initial child protection conference. Written invitations will be sent to all people to be invited to attend by the Safeguarding and Improvement Unit. The conference will have a dedicated administrator to take the notes. These will be circulated to the participants, including relevant members of the family, as soon as possible after the meeting.

INFORMATION FROM THE CORE GROUP

16.11. It is essential that pre-review conference core group meeting takes place specifically to:

- consider the outcomes from the short and long term actions undertaken within the child protection plan;
- evaluate the progress of the plan;
- identify any outstanding risks of significant harm; and
- Agree a recommendation concerning whether a child protection plan continues to be needed.

16.12. It is the lead social worker's responsibility to ensure that the above are reflected in their Child Protection Review Report and that this is sent to the Safeguarding and Improvement Unit 48 hours before the child protection review conference is due to take place.

16.13. The individual agency reports of other core group members should also be sent to the Safeguarding and Improvement Unit within the same time limit.

16.14. The lead social worker will share the core group's conclusions and recommendations with the family and provide them with copies of their Child Protection Review Report. Other members of the core group are responsible for discussing their own individual agency reports with the family. To allow the family time to consider the content of these reports, this should be done no later than 24 hours before the child protection review conference.

CHILD PROTECTION REVIEW CONFERENCE AGENDA

16.15. Informed by the reports, the child protection review conference will consider the progress of the child protection plan, any outstanding risk of significant harm and the core group's recommendation concerning whether a child protection plan continues to be needed.

16.16. In addition, the conference will consider any unmet needs identified from the core assessment and evaluate the impact which these may have on the need for a child protection plan.

16.17. In every case, the child protection review conference will actively consider whether it would be appropriate to discontinue the child protection plan.

16.18. If the conference considers that the child continues to be at risk of significant harm, the child protection plan should be amended as appropriate to take account of any

changes to the family composition, the core group membership, the identified risks of significant harm and associated needs.

DISCONTINUING THE CHILD PROTECTION PLAN

- 17.1. A child should no longer be the subject of a child protection plan if:
 - it is judged that the child is no longer continuing to be, or to be likely to, suffer harm and therefore require safeguarding by means of a child protection plan;
 - the child and family have moved permanently to another local authority area;
 - the child has reached 18 years of age, has died or has permanently left the UK.
- 17.2. When a child is no longer the subject of a child protection plan, the Safeguarding and Improvement Unit will notify, as minimum, all those agency representatives who were invited to attend the initial child protection conference that led to the plan.
- 17.3. A child who is no longer the subject of a child protection plan may still require additional support and services and discontinuing the child protection plan should never lead to the automatic withdrawal of help. With the consent of the family, a child in need planning meeting should be convened to develop a multi-agency plan and identify a lead professional. The lead social worker retains lead responsibility at least until that meeting takes place and another lead professional is identified.

SAFEGUARDING THE UNBORN CHILD

- 18.1. As stated throughout this document the parent's past history, mental ill health or substance misuse may raise concerns for the welfare of an unborn child. This may include a history of neglect or abuse of other children, domestic violence or other offending on the part of the mother, father, mother's partner or anyone in the same household.
- 18.2. The procedure to safeguard unborn children is the same as that for any child and should be conducted within the same timescales. Unless Children's Social Care Services is already involved, in which case they should be informed of the pregnancy as soon as possible, they should be contacted soon after 20 weeks gestation to allow any necessary assessments to be completed and initial child protection conference to be held by 32 weeks. A completed CAF is likely to be helpful in clarifying the concerns and any need to contact Children's Social Care Services.
- 18.3. Where necessary, Children's Social Care Services, in partnership with other agencies and the parent, should conduct an initial assessment and a decision should be made about the need for a strategy discussion. Where there is to be a S47 enquiry, Children's Social Care Services should lead a core assessment. Any initial child protection conference should be convened with 15 working days of the strategy discussion that initiated the S47 enquiry.
- 18.4. Where it concludes that the child would be at risk of significant harm once born, the initial child protection conference will develop a child protection plan, effective

from the date of the conference. The aim is to have this in place by 32 weeks gestation.

CHILD LOOKED AFTER BY THE LOCAL AUTHORITY

- 19.1. In general children who are looked after should not require a child protection plan unless particular circumstances apply. The need for protection is the main reason most children become looked after and therefore having been removed from an actually or potentially abusive situation, they should no longer be vulnerable to significant harm. The local authority shares parental responsibility for these children and their wellbeing is monitored through the statutory system for children looked after, which includes regular reviews chaired by a reviewing officer independent of the management of the case.
- 19.2. However, there will always be some cases where it will be necessary for a child looked after to continue to be the subject of a child protection plan. Such cases may be referred to as “dual process” cases and should be exceptional. Manchester’s [Dual Process Guidance and Procedure](#) (April 2010) provides detailed information.
- 19.3. Dual process cases may include some of the following:
 - children who have recently become looked after, whose needs are being assessed and whose future plan is undetermined;
 - children whose plan is reunification with their parent/s;
 - children who are placed at home on a care order with parents/carers;
 - children accommodated under a voluntary arrangement with their parents/carers;
 - children having unsupervised contact with an individual assessed as presenting a risk;
 - children subject to an order, where the local authority is unable to exercise parental responsibility.
- 19.4. In the main, children subject to dual process will have been the subject of a child protection plan when they became looked after. However, there may be some cases where there is grave concern for the welfare of a child not the subject of a child protection plan but subject to care proceedings and placed with parents on an interim care order. In such circumstances, dual process may be required until decisions have been made about long term plans. Consideration must be given to convening an initial child protection conference to discuss the need for a child protection plan.
- 19.5. In addition, whenever a child becomes looked after in an emergency, i.e. as the result of actual or suspected significant harm, usual procedures must be followed. There must be a strategy discussion, section 47 enquiry and initial child protection conference.
- 19.6. Where a child looked after is the subject of a child protection plan the two review systems should be aligned in an un-bureaucratic way to enable the full range of the child’s needs to be considered in the looked after child’s care planning and reviewing processes.

CHILDREN MOVING BETWEEN LOCAL AUTHORITY AREAS

- 20.1. The [Greater Manchester Safeguarding procedures](#) provide detailed guidance and procedures concerning the response to children and families who move across local authority boundaries. This includes procedures in those cases where the child is subject to a child protection plan. The following is a summary of the procedure in respect of children who move permanently.
- 20.2. The Greater Manchester procedures also include procedures to be followed when the move is temporary or the child and family move so frequently that the child's welfare cannot be adequately monitored because of the continuing disruption to service provision and information transfer.
- 20.3. The term "receiving authority" is used to describe the area to which the child is to move.

Usual process when the move is permanent

- 20.4. If a professional from any agency discovers that a child subject to a child protection plan is planning to move or has moved out of Manchester, s/he should inform the lead social worker immediately, and confirm this information in writing, whenever practicable on the same day.
- 20.5. Families should be informed that information will be shared with the receiving authority.
- 20.6. The lead social worker must inform all other professionals involved in the case as well as children's social care in the receiving authority. If the move has occurred already the lead social worker should complete this task immediately. If the move is to be within the next 14 days, the lead social worker should complete this task within one working day.
- 20.7. The lead social worker must inform the Service Lead for Safeguarding in the Manchester Safeguarding and Improvement Unit and the equivalent in the receiving authority.
- 20.8. It is the responsibility of each of the Manchester agencies involved to try to ascertain that the:
 - reciprocal agency in the receiving authority receives detailed information and is made aware of the need to fulfil its role in the protection plan;
 - lead social worker is informed of the name and details of staff in the receiving authority;
 - lead social worker is notified of any factors affecting the protection plan.
- 20.9. The lead social worker must:
 - make contact with agencies in the receiving authority to ensure that the level and type of service being provided satisfies the requirements of the protection plan;
 - discuss any difficulties with her/his supervisor;
 - initiate use of any of the local authority's statutory powers made necessary by the move;

- provide a report and attend the child protection transfer conference.
- 20.10. When case responsibility is to be transferred the lead social worker must inform all agencies of the arrangements so that staff can transfer records and attend and provide information to the receiving authority's transfer child protection conference.
- 20.11. The receiving authority must convene a transfer child protection conference within 15 working days from the date that a child subject of a child protection plan moves into its area and a transfer conference is requested, or discovering that a child subject of a child protection plan has moved into the area and a transfer conference is requested.
- 20.12. The Manchester lead social worker and the core group retain responsibility for the child protection plan at least until the transfer conference is held and:
- the receiving authority's transfer child protection conference makes a decision about the continuing need for a protection plan;
 - management responsibility is transferred to the receiving authority;
 - these decisions have been confirmed and this has been conveyed in writing between the authorities.

Children who move some distance away

- 20.13. If the receiving authority is some distance away so that home visits and other tasks cannot be accomplished effectively by a Manchester lead social worker, the receiving authority may agree to implement the child protection plan on behalf of Manchester from the date of the move. The agreement must be confirmed in writing by the lead social workers' first line manager level or above.

Usual process when the move is temporary

- 20.14. For this purpose, a temporary move is one of fewer than 28 days duration. In such cases, responsibility for the child protection plan remains with Manchester.
- 20.15. In advance of the child's move, the lead social worker must notify the Safeguarding and Improvement Unit of the child's new address and notify the equivalent unit in the area in which the child is to be temporarily resident.

DISAGREEMENTS BETWEEN PRACTITIONERS/AGENCIES: ESCALATION PROCESS

- 21.1. Disagreements between practitioners and agencies can arise at any stage in the safeguarding process and between any of the agencies involved. For example, there may be differing views about:
- Whether certain behaviour constitutes child maltreatment;
 - Whether particular circumstances warrant a child protection response;
 - The need for, or detail of, a Child and Family, Child in Need or Child Protection Plan.
- 21.2. There will always be differences of professional opinion. However, practitioners and agencies have a responsibility to challenge when it is believed that colleagues

or other agencies are failing to recognise child maltreatment and/or their response leaves children at risk of significant harm.

- 21.3. Where such disagreements arise between practitioners in the same agency, they should use that agency's own procedures for their resolution. The following MSCB process is intended for use when disagreement arises between agencies.
- 21.4. Where disagreements arise between agencies, in the first instance every effort should be made by the practitioners and/or first line managers most immediately involved to reconcile the differences within one working day. Where necessary, this may involve a meeting. Where the disagreement concerns whether or not there should be a child protection response, practitioners and managers should involve their agency's safeguarding lead, named health professional or designated teacher, with whom they will already have consulted.
- 21.5. Where early resolution cannot be achieved, the matter should be referred up the management chain within each of the agencies concerned. Referral up the management chain must be achieved promptly to minimise any delay believed to be detrimental to the child's welfare. In some cases, it may be appropriate to convene a professionals meeting.
- 21.6. Any action agreed through this discussion should be fed back immediately to the operational staff involved, confirmed in writing between agencies and, where appropriate, include a date for review. If it affects the plan for the child, then the relevant procedures for reviewing the plan should be invoked.
- 21.7. If a meeting hasn't already been called by the agency with the concern, then a meeting should be called to discuss the situation involving all parties. Records of discussions must be maintained by all the agencies involved. The outcome of discussions and agreed actions should also be recorded.
- 21.8. An exception to this general rule is where there is disagreement about the detail of a child protection plan. Such disagreements must be referred to the Service Lead for Safeguarding for resolution as soon as possible and within no more than 15 working days.
- 21.9. Where necessary and appropriate, disagreements other than those concerning the detail of a child protection plan may be referred to the MSCB via the agency's representative. However, it is imperative that disagreements about the conduct of an individual case are resolved promptly. Therefore, it is likely that only disagreements about principle or cumulative concerns about an agency's thresholds or practice will be referred to the MSCB.

LEGISLATIVE FRAMEWORK

A legislative framework governs the work that agencies do in relation to child protection and safeguarding. This framework consists of the following (this list is not exhaustive):

- Acts of Parliament (primary legislation) e.g. Children Act 1989 and 2004
- Regulations/Statutory Instruments (secondary legislation) e.g. Local Safeguarding Children Board Regulations 2006.
- Statutory guidance issued by the Government. It may be issued to local authorities under S7 of the Local Authority and Social Services Act 1970 (LASSA). If so, whilst it will not have the full force of statute, it must be followed unless there are exceptional reasons for departing from it. e.g. Working Together to Safeguard Children.
- Circulars issued to Heads of Service by Government for individual statutory agencies e.g. Local authorities (LAC), Health (HSC), Police (HO). Some may be issued jointly, the most common of these being social care and health. Many are quasi legislative. Circulars are generally used to explain aspects of policy and legislation more fully.

Other information of relevance will be contained within:

- Case law
- Non-statutory and good/best practice guidance

STATUTORY DUTIES IN RELATION TO SAFEGUARDING CHILDREN

The two most important pieces of legislation in this area are the Children Act 1989 and the Children Act 2004.

The Children Act 1989 was the most groundbreaking piece of legislation ever to affect children, their families and the agencies that work with them. Its aim was to consolidate all the legislation relating to children into one overarching Act.

The 1989 Act introduced totally new concepts in Section 1 such as the welfare checklist, the principle of paramountcy of the child's welfare, the no order principle and the importance of avoidance of delay.

It sets out in exceptional detail the statutory duties and powers of agencies, in particular, those of Children's Services.

The Children Act 2004 was the statutory backing for the Government's Every Child Matters agenda. This agenda arose from the report of Lord Laming into the death of Victoria Climbié in 2003. This Act sets out the five outcomes for children and the explicit duty on agencies to co-operate in Section 10.

For the first time ever, legislation imposed a duty on key agencies (listed within Section 10 (4)) to promote and safeguard the welfare of children in order to achieve the five outcomes. The Act was the enabling legislation for the establishment of Children's Trust arrangements and Local Safeguarding Children Boards.

The most important guidance document is Working Together to Safeguard Children - a guide to inter-agency working to safeguard and promote the welfare of children.

Part 1 of Working Together is statutory guidance issued under S7 of LASSA, Part 2 is non-statutory practice guidance.

Working Together is relevant to both operational and frontline managers and to senior and operational managers who:

- Commission or provide services to children
- Have a particular responsibility for safeguarding and promoting children's welfare

CIVIL LAW POWERS AND DUTIES

There is a menu of legal powers and duties available to cover the wide variety of situations where agencies may need to take action. These are mainly vested in Children's Social Care Services. Anyone can apply for an Emergency Protection Order but only the Police can take a child into police protection.

Emergency Protection Orders (EPO)

The courts may make an Emergency Protection Order under Section 44 of the Children Act 1989 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:

- He is not removed to accommodation; or
- He does not remain in the place in which he is then being accommodated

An Emergency Protection Order may also be made if Section 47 Children Act 1989 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency. An EPO gives authority to remove a child and places the child under the protection of the applicants for a maximum of eight days (with a possible extension of up to seven days). There are no restrictions on who can apply for an EPO although it is exceedingly rare for the applicant not to be the local authority.

If an EPO is made parental responsibility vests in the local authority.

An application for an EPO can be made *ex parte* (i.e. in the absence of the parents) or *inter partes*, i.e. on 24 hours notice to the parents.

A number of High Court cases have made it clear that the Court should only give leave for an *ex parte* application to be made if the applicant can demonstrate on evidence that the child is in imminent danger. If this cannot be established, the options are to either give notice for an EPO or issue care proceedings with the earliest possible first hearing. The choice of option will depend on the assessed level of risk following consultation with legal advisers.

An application for an EPO on notice is much more likely to be made if a child has been taken into police protection.

On an application for an EPO the court has additional powers to assist in finding a child under Section 48, for example the court can make an order requiring named individuals to disclose the whereabouts of children or issue a warrant for a police officer to enter premises using reasonable force if necessary.

Police Protection Powers

Under Section 46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child will otherwise be likely to suffer significant harm, s/he may:

- Remove the child to suitable accommodation and keep him or her there; or
- Take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented

An independent officer of at least Inspector rank should act as the designated officer for authorisation of Police Protection.

No child may be kept in police protection for more than 72 hours. Parental responsibility does not vest in the Police.

Other than in exceptional circumstances, no child should be taken into police protection without first being seen and an assessment of the child's circumstances being undertaken in conjunction with Children's Social Care.

Lord Laming's report into the death of Victoria Climbié criticised the inappropriate use of police protection powers, giving a very clear indication that an application for an Emergency Protection Order to a Court was the preferred option both in terms of the child's rights and those of the parents.

Police and Criminal Evidence Act 1984

Section 17 (1) (e) of this Act gives a general power to the Police to enter premises without a warrant in order to save life or limb.

Care or Supervision Orders

This is by far the most frequently used means of safeguarding children. Section 31(2) of the Children Act 1989 states that:

A court may only make a care or supervision order if it is satisfied:

- a) That the child concerned is suffering, or is likely to suffer significant harm; and
- b) That the harm, or likelihood of harm is attributable to
- c) The child being beyond parental control.

This is known as the "threshold criteria". Only the local authority can issue care proceedings. Decisions to commence care proceedings can occur in a wide variety of circumstances but the two most common are:

Firstly, in relation to a child that is not known, or has been known historically to the local authority and other agencies. Evidence from a S 47 investigation and assessment following referral indicates that the threshold criteria are met AND that care proceedings are the best option for safeguarding and promoting the child's welfare.

Secondly, in relation to a child that is already known to the local authority and other agencies and is likely to be on the subject of a S 20 accommodation and/or subject to a child protection plan. The objectives of the case plan or child protection plan are not being met and therefore statutory action is needed.

Once proceedings are issued, they will be adjourned, in most cases with an interim order. In most cases the child will be or remain in foster or residential care but there are a minority where the child will remain at home. In most cases, additional assessments, e.g. parenting, psychological etc will be commissioned.

Most parents and other family members are represented and a children's guardian and a solicitor will always represent the child.

Care proceedings are governed by the case management protocol and the Court, usually the Family Proceedings Court or County Court, should tightly manage the case. One of the objectives of the protocol is to complete most cases within 40 weeks. Some will take less, others more, depending on the issues to be decided.

Outcomes will include reunification, placement with relatives on special guardianship or residence, long-term foster care and adoption.

Recovery Orders

Section 50 of the Children Act 1989 provides for the court to make a recovery order where a child who is the subject of a care order or emergency protection order is missing, has absconded or has been abducted

Wardship/Inherent Jurisdiction of the High Court

This is still available for some situations, usually the most complex. It can only generally be used where the outcome or remedy sought for the child cannot be achieved by use of other legislation, most frequently the Children Act 1989. Agencies need the leave of the High Court before they can make an application.

Some examples of where it might be appropriate would be by Children's Services or Health seeking an Order from the High Court to override a child's or parent's refusal to life saving medical treatment or the Police seeking an order to override a parents refusal to allow their child to be interviewed during a police investigation.

Child Assessment Orders

Where parents continue to refuse children's services access to a child in the conduct of Section 47 enquiries, and where the concerns about the child's safety are not as urgent as to require an Emergency Protection Order, a local authority may apply to the court for a Child Assessment Order under S 43 of the Children Act 1989. In the circumstances, the courts may direct the parents/carers to co-operate with an assessment of the child, the details of which should be specified in the order.

The order does not take away the child's own right to refuse to participate in an assessment, e.g. a medical examination, so long as he or she is of sufficient age and understanding. This order is very rarely used.

Exclusion Orders

There are a range of powers available under the Family Law Act 1996 and Section 38 of the Children Act 1989 which may allow a perpetrator to be removed from the home, instead of having to remove the child. For the courts to include exclusion requirement in an order it must be satisfied that:

- There is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm.
- Another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

PEOPLE IDENTIFIED AS PRESENTING A RISK, OR POTENTIAL RISK, TO CHILDREN

Legislation provides a list of offences from any offence causing bodily injury to murder. Currently a conviction for one of the offences in Schedule 1 does not trigger any statutory requirement in relation to child protection issues. The list of offences in Schedule 1 is relevant to matters such as mode of charging, depositions from children and determination of age. However, in practice, conviction for a Schedule 1 offence would trigger further assessments of risk and is considered a useful tool to help the Probation Service, the Prison Service, Local Authority Children and Young Persons Social Care and the Police to focus on those individuals who may pose a risk to children.

It should be noted that the term 'Schedule 1 offender' is still used by agencies. However, such use is ill defined and, to a certain extent, unhelpful since it defines people by their offending history rather than the ongoing risk they pose. Consequently the term should be replaced with "a person identified as presenting a risk, or potential risk, to children".

A consolidated list of offences that all agencies can use to identify "a person identified as presenting a risk, or potential risk, to children" is below. It should be noted that convictions and cautions apply equally.

Convictions or cautions for any offences in the list should not be used to assess an individual's risk in isolation, as not all convicted or cautioned individuals will necessarily pose a risk to children. Alternatively, there will also be cases where a person without a conviction or caution will pose a risk to children.

List of Relevant Offences (chronological)

Offence	Section	Act
Murder	Common Law	
Manslaughter	Common Law	
Infanticide	Common Law	
Kidnapping	Common Law	
False Imprisonment	Common Law	
Assault or battery	Common Law	
Indecent exposure	Section 4	Vagrancy Act 1824
Indecent exposure	Section 28	Town Police Clauses Act 1847
Conspiring or soliciting to commit murder	Section 4	Offences Against the Person Act 1861
Administering poison, or wounding, with intent to murder	Section 11	Offences Against the Person Act 1861

Threats to kill	Section 16	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: Wounding with intent	Section 18	Offences Against the Person Act 1861
Wounding and causing grievous bodily harm: Inflicting bodily injury	Section 20	Offences Against the Person Act 1861
Maliciously administering poison	Section 23	Offences Against the Person Act 1861
Abandonment of children under two	Section 27	Offences Against the Person Act 1861
Assault occasioning actual bodily harm	Section 47	Offences Against the Person Act 1861
Child stealing	Section 56	Offences Against the Person Act 1861
Drunk in charge of a child under 7 years	Section 2	Licensing Act 1902
Cruelty to children	Section 1	Children and Young Persons Act 1933
Allowing persons under 16 to be in brothels	Section 3	Children and Young Persons Act 1933
Causing or allowing persons under 16 to be used for begging	Section 4	Children and Young Persons Act 1933
Give / cause to be given intoxicating liquor to a child under 5 years	Section 5	Children and Young Persons Act 1933
Exposing children under seven to risk of burning	Section 11	Children and Young Persons Act 1933
Prohibition against persons under 16 taking part in performances endangering life and limb	Section 23	Children and Young Persons Act 1933
Infanticide	Section 1	Infanticide Act 1938
Rape	Section 1	Sexual Offences Act 1956
Procurement of a woman by threats	Section 2	Sexual Offences Act 1956
Procurement of a woman by false pretences	Section 3	Sexual Offences Act 1956
Administering drugs to obtain or facilitate intercourse	Section 4	Sexual Offences Act 1956
Intercourse with a girl under 13	Section 5	Sexual Offences Act 1956
Intercourse with a girl under 16	Section 6	Sexual Offences Act 1956
Intercourse with defective	Section 7	Sexual Offences Act 1956
Procurement of defective	Section 9	Sexual Offences Act 1956
Incest by a man	Section 10	Sexual Offences Act 1956
Incest by a woman	Section 11	Sexual Offences Act 1956
Buggery where the victim is under 16*	Section 12	Sexual Offences Act 1956
Indecency between men (gross indecency)	Section 13	Sexual Offences Act 1956
Indecent assault on a woman	Section 14	Sexual Offences Act 1956
Indecent assault on a man	Section 15	Sexual Offences Act 1956

Assault with intent to commit ^{buggery}	Section 16	Sexual Offences Act 1956
Abduction of a woman by force or for the sake of her property	Section 17	Sexual Offences Act 1956
Abduction of unmarried girl under 18 from parent or guardian	Section 19	Sexual Offences Act 1956
Abduction of unmarried girl under 16 from parent or guardian	Section 20	Sexual Offences Act 1956
Abduction of defective from parent or guardian	Section 21	Sexual Offences Act 1956
Causing prostitution of women	Section 22	Sexual Offences Act 1956
Procuration of girl under 21	Section 23	Sexual Offences Act 1956
Detention of a woman in a brothel or other premises	Section 24	Sexual Offences Act 1956
Permitting a girl under 13 to use premises for intercourse	Section 25	Sexual Offences Act 1956
Permitting a girl between 13 and 16 to use premises for intercourse	Section 26	Sexual Offences Act 1956
Permitting defective to use premises for intercourse	Section 27	Sexual Offences Act 1956
Causing or encouraging prostitution of, or intercourse with, or indecent assault on, girl under 16	Section 28	Sexual Offences Act 1956
Causing or encouraging prostitution of defective	Section 29	Sexual Offences Act 1956
Man living on earnings of prostitution	Section 30	Sexual Offences Act 1956
Women exercising control over prostitute	Section 31	Sexual Offences Act 1956
Sexual intercourse with patients	Section 128	Mental Health Act 1959
Indecent conduct towards young child	Section 1	Indecency with Children Act 1960
Aiding, abetting, counselling or procuring the suicide of a child or young person.	Section 2	Suicide Act 1961
Procuring others to commit homosexual acts (by procuring a child to commit an act of buggery with any person, or procuring any person to commit an act of buggery with a child)	Section 4	Sexual Offences Act 1967
Living on earnings of male prostitution	Section 5	Sexual Offences Act 1967
Burglary (by entering a building or part of a building with intent to rape a child)	Section 9	Theft Act 1968
Supplying or offering to supply a Class A drug to a child, being concerned in the supplying of such a drug to a child, or being concerned in the making to a child of an offer to supply such a drug.	Section 4	Misuse of Drugs Act 1971

Inciting girl under 16 to have incestuous sexual intercourse	Section 54	Criminal Law Act 1977
Indecent photographs of children	Section 1	Protection of Children Act 1978
Offence of abduction of a child by parent	Section 1	Child Abduction Act 1984
Offence of abduction of child by other persons	Section 2	Child Abduction Act 1984
Possession of indecent photographs of children	Section 160	Criminal Justice Act 1988
Abduction of Child in Care/ Police Protection .. take away/induce away/assist to run away/ keep away	Section 49	Children Act 1989
Recovery of missing or unlawfully held children	Section 50	Children Act 1989
Abuse of Trust	Section 3	Sexual Offences (Amendment) Act 2000
Traffic in prostitution	Section 145	Nationality, Immigration and Asylum Act 2002
Rape	Section 1	Sexual Offences Act 2003
Assault by penetration	Section 2	Sexual Offences Act 2003
Sexual assault	Section 3	Sexual Offences Act 2003
Causing a person to engage in sexual activity without consent.	Section 4	Sexual Offences Act 2003
Rape of a child under 13	Section 5	Sexual Offences Act 2003
Assault of a child under 13 by penetration	Section 6	Sexual Offences Act 2003
Sexual assault of a child under 13	Section 7	Sexual Offences Act 2003
Causing or inciting a child under 13 to engage in sexual activity	Section 8	Sexual Offences Act 2003
Sexual Activity with a Child	Section 9	Sexual Offences Act 2003
Causing or inciting a child to engage in sexual activity	Section 10	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a child	Section 11	Sexual Offences Act 2003
Causing a child to watch a sexual act	Section 12	Sexual Offences Act 2003
Child sex offences committed by a children or young persons	Section 13	Sexual Offences Act 2003
Arranging or facilitating commission of a child sex offence	Section 14	Sexual Offences Act 2003
Meeting a child following sexual grooming etc.	Section 15	Sexual Offences Act 2003
Abuse of position of trust: sexual activity with a child	Section 16	Sexual Offences Act 2003
Abuse of position of trust: causing or inciting a child to engage in sexual activity	Section 17	Sexual Offences Act 2003

Abuse of position of trust: sexual activity in the presence of a child	Section 18	Sexual Offences Act 2003
Abuse of position of trust: causing a child to watch a sexual act	Section 19	Sexual Offences Act 2003
Sexual activity with a child family member	Section 25	Sexual Offences Act 2003
Inciting a child family member to engage in sexual activity	Section 26	Sexual Offences Act 2003
Sexual activity with a person with a mental disorder impeding choice	Section 30	Sexual Offences Act 2003
Causing or inciting a person, with a mental disorder impeding choice, to engage in sexual activity	Section 31	Sexual Offences Act 2003
Engaging in sexual activity in the presence of a person with a mental disorder impeding choice	Section 32	Sexual Offences Act 2003
Causing a person, with a mental disorder impeding choice, to watch a sexual act	Section 33	Sexual Offences Act 2003
Inducement, threat or deception to procure sexual activity with a person with a mental disorder	Section 34	Sexual Offences Act 2003
Causing a person with a mental disorder to engage in or agree to engage in sexual activity by inducement, threat or deception	Section 35	Sexual Offences Act 2003
Engaging in sexual activity in the presence, procured by inducement, threat or deception, of a person with a mental disorder	Section 36	Sexual Offences Act 2003
Causing a person with a mental disorder to watch a sexual act by inducement, threat or deception	Section 37	Sexual Offences Act 2003
Care workers: sexual activity with a person with a mental disorder	Section 38	Sexual Offences Act 2003
Care workers: causing or inciting sexual activity	Section 39	Sexual Offences Act 2003
Care workers: sexual activity in the presence of a person with a mental disorder	Section 40	Sexual Offences Act 2003
Care workers: causing a person with a mental disorder to watch a sexual act	Section 41	Sexual Offences Act 2003
Paying for the sexual services of a child	Section 47	Sexual Offences Act 2003
Causing or inciting child prostitution or pornography	Section 48	Sexual Offences Act 2003
Controlling a child prostitute or a child involved in pornography	Section 49	Sexual Offences Act 2003

Arranging or facilitating child prostitution or pornography	Section 50	Sexual Offences Act 2003
Causing or inciting prostitution for gain	Section 52	Sexual Offences Act 2003
Controlling prostitution for gain	Section 53	Sexual Offences Act 2003
Trafficking into the UK for sexual exploitation	Section 57	Sexual Offences Act 2003
Trafficking within the UK for sexual exploitation	Section 58	Sexual Offences Act 2003
Trafficking out of the UK for sexual exploitation	Section 59	Sexual Offences Act 2003
Administering a substance with intent	Section 61	Sexual Offences Act 2003
Committing an offence with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 62	Sexual Offences Act 2003
Trespass with intent to commit a sexual offence (in a case where the intended offence was an offence against a child)	Section 63	Sexual Offences Act 2003
Exposure	Section 66	Sexual Offences Act 2003
Voyeurism	Section 67	Sexual Offences Act 2003
Trafficking people for exploitation	Section 4	Asylum and Immigration (Treatment of Claimants, etc)
A reference to an offence in this list includes:		
an attempt, conspiracy or incitement to commit that offence, and aiding, abetting, counselling or procuring the commission of that offence.		
Unless stated otherwise, the victim of the offences listed above will be under 18		
Cautions and discharges for the offences listed above would apply		
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Cautions and discharges for the offences listed above would apply		

QUORACY

An Initial Child Protection Case Conference is an inter agency meeting and cannot take place with only single agency representation. Minimum attendance should include local authority children's social care and at least two other agencies or professional groups who have had direct contact with the child. It is important that practitioners attend and provide information to the conference in order for the right decision to be made for the child so that the child is protected from harm. The following procedure applies to those exceptional circumstances where despite best efforts, quoracy cannot be achieved. The same decision-making procedure should be used to make a judgement at a Review Child Protection Case Conference.

BREACHING THE QUORACY AGREEMENT

The decision to proceed with a case conference where quoracy is not met will be made by the Chair of the Conference following discussion with a MSIU Team Manager.

The decision to progress with a conference may be made where:-

The age of the child (pre-school or over 16 years old) limits the number of relevant agency contacts.

There is an urgent need to safeguard a child.

When the Chair makes the decision to proceed with a meeting which is inquorate, s/he must ensure that the decision to proceed and the reason why this decision was reached are included in the record of the meeting. The Chair will need to be satisfied that sufficient information will be available at conference to make an informed decision.

The Chair must ensure that parents and children invited to attend the meeting are made fully aware of the implications of agreeing to an inquorate meeting proceeding. It must also be stressed that any decision reached is only a provisional one and that following post conference consultation the decision will either be confirmed or a decision will be made for the conference to be reconvened.

If an agency representative has sent apologies but provided a report for conference, the Chair will ensure that this information is made available to conference members (if necessary in the confidential slot). If an agency representative who was unable to attend the meeting has not sent a report, a conference decision will be made requesting a post conference report be provided so that this can be attached to the record of the meeting.

The Chair must clearly state that in such circumstances any decision reached can only be a **provisional** one.

ADMINISTRATIVE ARRANGEMENTS

The Chair should make efforts to speak with the agency representatives who are unable to attend via telephone. This will ensure that the Chair has the earliest opportunity to consider any potential dissenting views.

If parents/children were unable to attend the conference, the Chair will need to ensure that the Social Worker is able to visit them in order to explain the outcome. Parents or children will be informed that if they wish they can speak to the Chair further about this decision.

The case conference administrator will send out a standard letter attached to a record of the summary of the child conference discussion provided by the Chair in conference, this will inform agency representatives who were unable to attend the meeting of the provisional decision reached. If an agency representative is not in agreement with the provisional decision made, they must write to the chair within 10 working days noting their dissenting view.

If no dissenting views are received, all agency representatives and parents will receive a letter notifying them that the provisional decision reached has been confirmed.

If there are any dissenting views, the Chair, as they would in a quorate meeting, will need to consider the majority view.

However, before confirming the decision, the Chair must consider the following:-

Had a key agency representative who did not attend the meeting been made aware of the meeting: had they received an invite?

Subsequently had any significant information relating to the safety of the child not been shared?

Is there a clear majority of view?

If the answer to any of these questions is no, the Chair will need to consider the need to reconvene the case conference at the earliest possible date. Invites will be sent out to all parties specifying that this is a reconvened meeting.

These arrangements will be monitored and subject to review to ensure that the number of inquorate conferences is kept to a minimum.

USEFUL CONTACTS

LOCAL

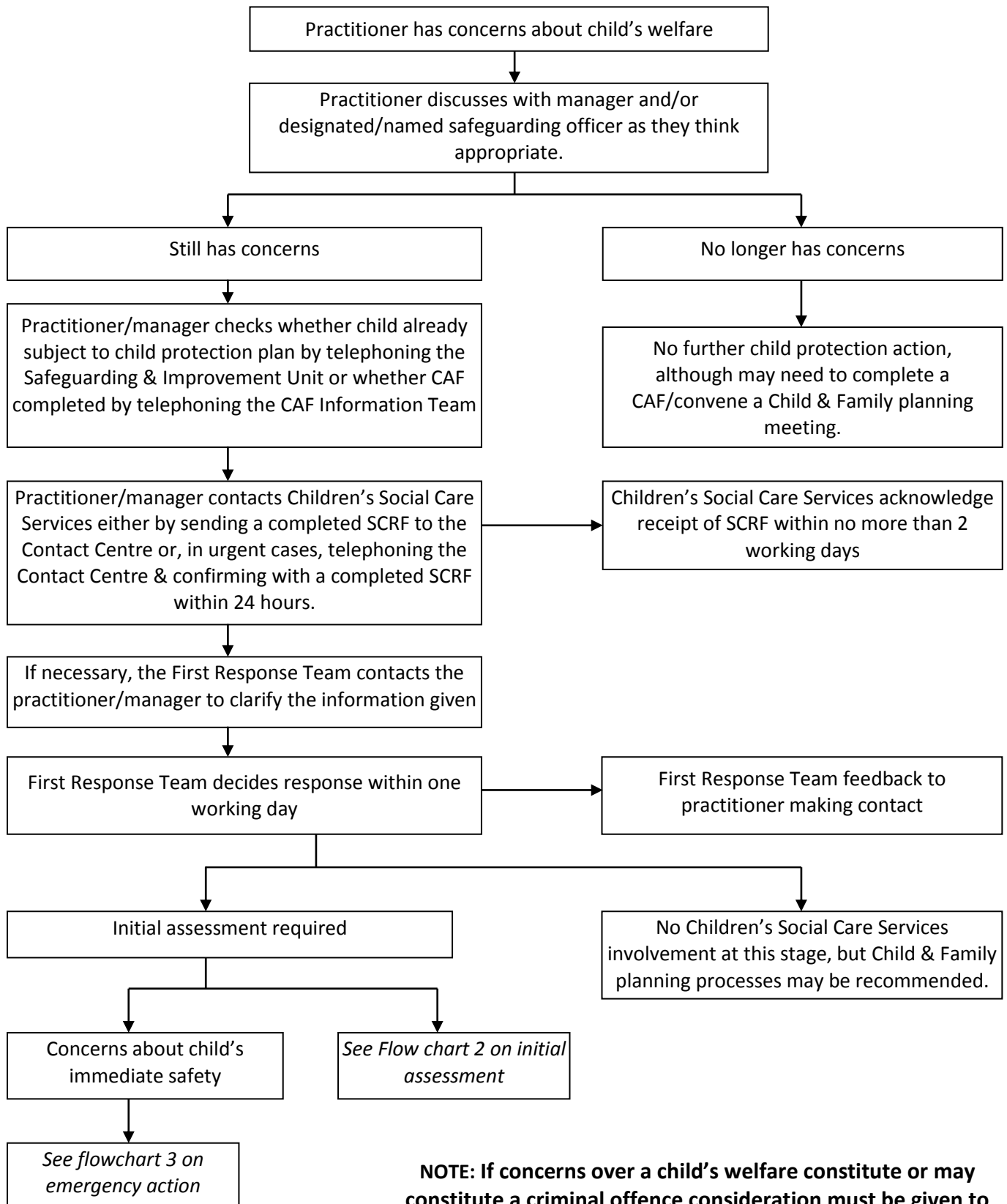
Contact Centre	Tel: 0161 255 8250 Fax: 0161 255 8266
Children's Social Care Services Out of Hours Service	Tel: 0161 255 8250
Local authority designated officer	Tel: 0161 203 2393
CAF Information Team	Tel: 0161 234 7285 / 7214 Email: CAFIT@manchester.gov.uk
Homeless Families Unit	Tel: 0161 234 4714
Out of hours contact number	Tel: 0161 255 8250
Safe in the City – Missing from home scheme	Tel: 0161 202 0977 Fax: 0161 205 2156
Police Public Protection & Investigation Units	Tel: 856 6137 / 6135 / 6053 / 3707
Children's Social Care Services District Teams	Tel: 0161 255 8250
Vulnerable Baby Service	Tel: 0161 232 0629
Unaccompanied Asylum Seekers Service	Tel: 0161 226 8137
Eclipse – drug & alcohol support for young users	Tel: 0161 273 6686
Community Alcohol Team	Tel: 0161 882 1300
Manchester Drug Service North	Tel: 0161 708 2110
Manchester Drug Service South	Tel: 0161 490 2251
Manchester Drug Service Central	Tel: 0161 232 7359 / 273 0404
Manchester Drug Service – Stimulant Service	Tel: 0161 819 2020
Alcohol & Drug Abstinence Service (ADAS)	Tel: 0161 484 0000
Lifeline	Tel: 0161 839 2054
Addiction Dependency Solutions (ADS)	Tel: 0161 831 2400
Manchester Specialist Midwifery Service	Tel: 0161 226 6669
School Nurse Team: Central Manchester	Tel. 0161 226 0101
School Nurse Team: North Manchester	Tel 0161 861 2953
School Nurse Team: South Manchester	Tel. 0161 945 3624

Manchester Women's Domestic Abuse Helpline	Tel: 0161 636 7525
St Mary's Sexual Assault Referral Centre	Tel: 0161 276 6515
Independent Domestic Violence Advisors	Tel: 0161 234 5393
Manchester Women's Aid	Tel: 0161 660 7999
Connexions: North Manchester	Tel: 0161 202 8300
Connexions: East Manchester	Tel: 0161 248 7864 (Longsight) Tel: 0161 231 9660 (Openshaw)
Connexions: Central Manchester	Tel: 0161 226 8609
Connexions: South Manchester	Tel: 0161 437 4288 (Wythenshawe) Tel: 0161 434 6852 (West Didsbury)

NATIONAL

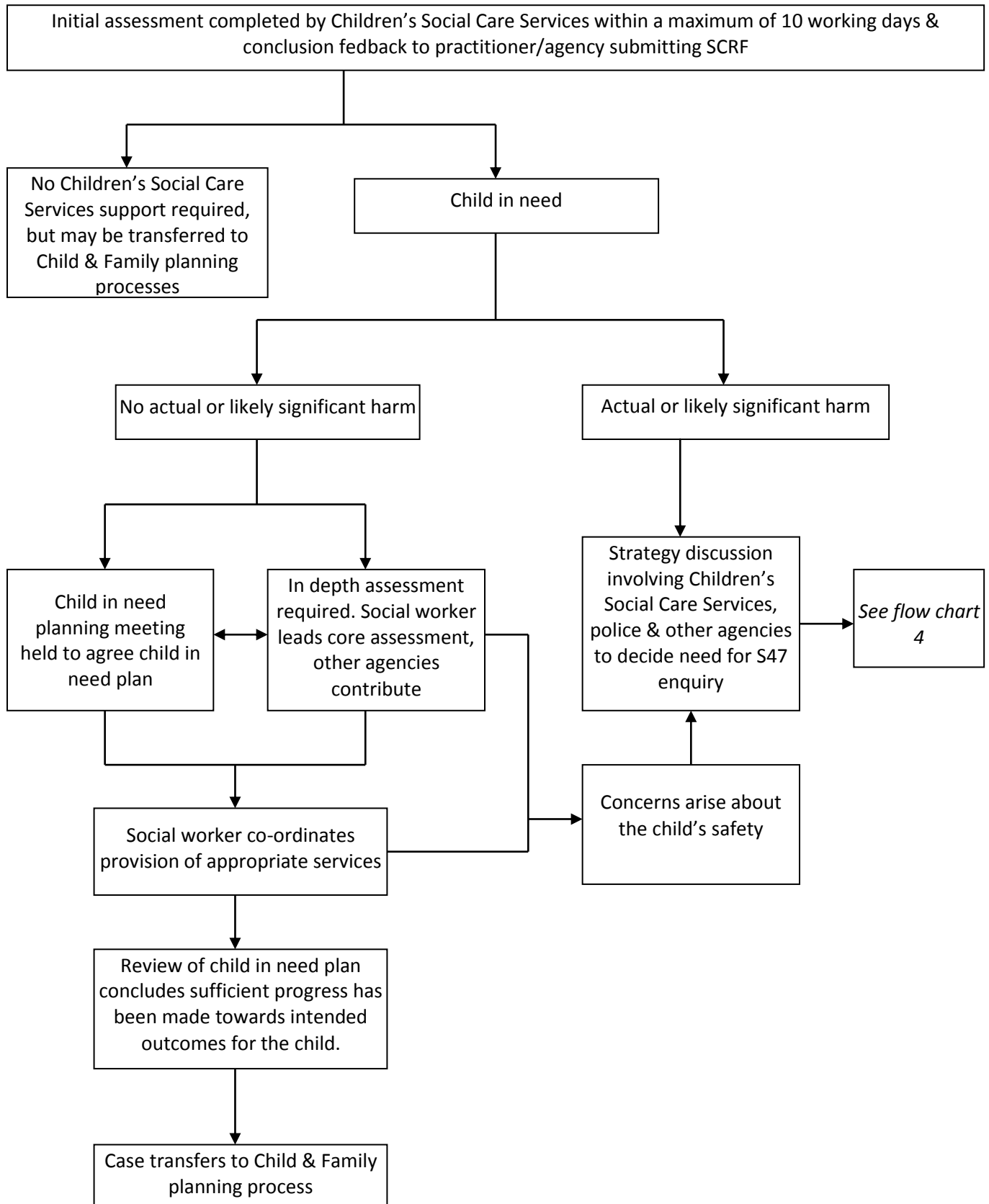
Childline (for children and young people)	Tel: 0800 1111
NSPCC Child Protection Helpline (for concerned adults)	Tel: 0808 800 5000
Foreign & Commonwealth Office	King Charles Street London SW1A 2AH Tel: 020 7008 1500
Forced Marriage Unit	Tel: 020 7008 0151
Protecting Children & Uniting Families Across Borders (CFAB, previously International Social Services)	Tel: 020 7735 8941 Fax: 020 7582 0696 www.cfab.uk.net
SSAFA Forces Help – Social work service Head Office & for Army & RAF overseas	19 Queen Elizabeth Street London SE1 2LP Tel: 012 7403 8783 Fax: 020 7403 8815 www.ssafa.org.uk
24 Hour Domestic Violence Helpline	Tel: 0808 2000 247
MALE Men's Advice Line & Enquiries	Tel: 0808 801 0327
Respect – info for those working with perpetrators of DA	Tel: 0845 122 8609
Website info for both professionals and survivors of DA	www.endthefear.co.uk

FLOWCHART 1: CONTACT

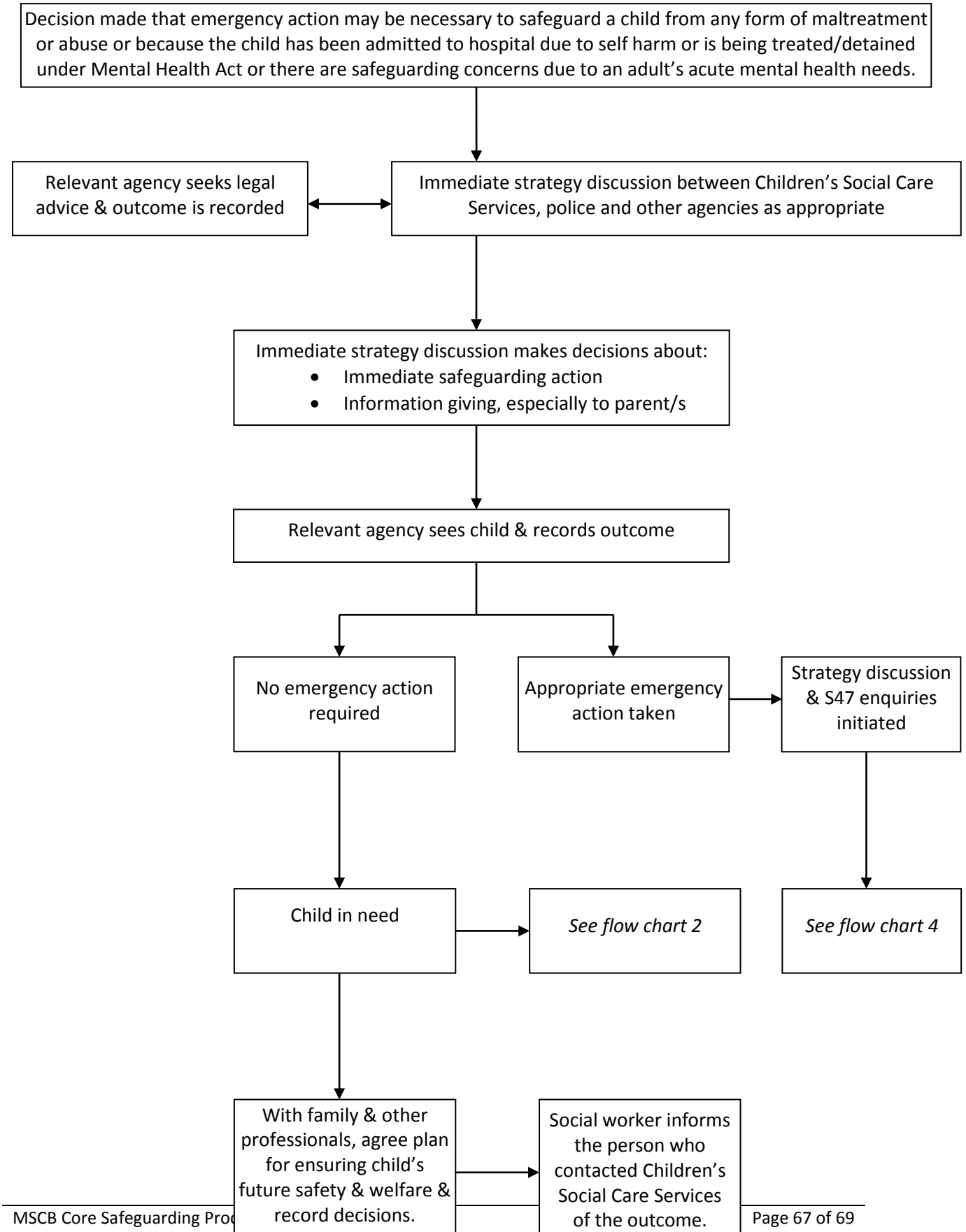


NOTE: If concerns over a child's welfare constitute or may constitute a criminal offence consideration must be given to involving the police at the earliest opportunity

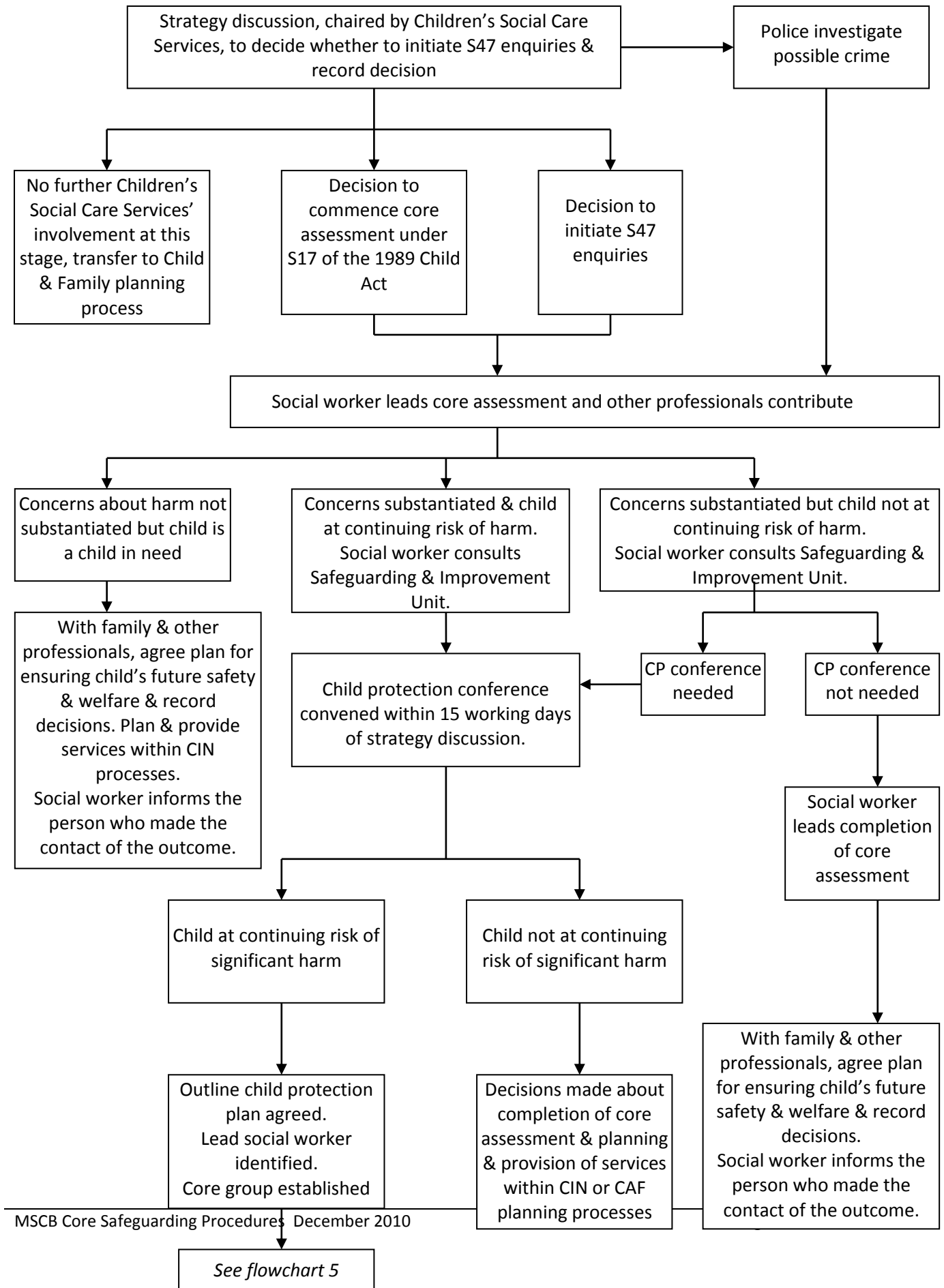
FLOWCHART 2: AFTER INITIAL ASSESSMENT



FLOWCHART 3: URGENT SAFEGUARDING ACTION



FLOWCHART 4: AFTER STRATEGY DISCUSSION



FLOWCHART 5: AFTER A CHILD PROTECTION PLAN MADE

