

Bolton Safeguarding Children Board

Framework for Action

For all children, young people and families in Bolton



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Foreword

In Bolton, all agencies work together with families to promote the well-being of children and keep them safe.

The Bolton Framework for Action and Early Help Framework, formerly known as the Common Assessment Framework (CAF), are tools to support and guide people that work with children and families. They facilitate a high quality, collaborative approach to holistic assessment, support and planning and enable positive outcomes. This resource should be used as a working document and not just for reference.

Whilst the principles which underpinned our original handbook, 'Bolton Child Concern Model' and the first edition of the 'Framework for Action' have not changed; the legislation and guidance in relation to working with children and their families has.

This edition of the Framework for Action builds on the successes of our previous handbooks and provides guidance on:

- How to identify, assess and respond to children's needs across our continuum from early help, to specialist responses, to protecting children from abuse and neglect
- How to access additional services to address children's needs
- A process for seeking advice and guidance
- What to do when there are child protection issues

The Framework for Action has been developed with partners and remains rooted in strong multi-agency working to achieve the best for Bolton's children.

Director, Children's Services
Chair, Children's Trust

Independent Chair Bolton

Section A

Framework for Action



Section A1

Framework for Action model

For all children, young people and families in Bolton



Section A2

Introduction

Bolton's Framework for Action aims to ensure that people who work with children and young people work together to support them and their families to achieve their full potential.

It is agreed by strategic partnerships¹ across Bolton that those who work directly or indirectly with children² use this framework consistently to improve the well-being of all children; meet children's early help needs and protect children from harm and neglect.

This Framework is intended to cover all support needs of children in Bolton to safeguard and promote their welfare and is not exclusively about child protection.

The Children Act 2004 identifies 5 key outcomes³ that are crucial to well-being in childhood and later life:

- Enjoying good physical, emotional and mental health
- Being protected from harm and neglect

- Enjoying and achieving: getting the most out of life and developing the skills for adulthood
- Being involved with the community and society
- Achieving economic well-being: parents, carers and families are supported to access employment, training, further education etc

Effective and consistent use of Bolton's Framework for Action by all those who work directly or indirectly with children will support them in meeting these outcomes.

The Framework is underpinned by the following principles:

- Safeguarding and promoting the welfare of children is everyone's responsibility and each worker,

¹ Signatories are: Bolton Safeguarding Children Board, Bolton Children's Trust, Bolton Health and Well-being Board, Bolton Community Safety partnership, Bolton Safeguarding Adults Board

² In this document a child is defined as anyone who has not yet reached their 18th birthday – 'children' or 'child' therefore means children and young people throughout

³ Children Act 2004 Part 2 10 (2)

volunteer and agency should understand their role and responsibility across the continuum of need identified in Bolton's Framework for Action; this should be reflected in internal guidance and policy documents

- All agencies should work collaboratively using the processes in the Framework for Action to:
 - Avoid duplication of assessment and activity
 - Promote effective support to children and their families
- Help and support should be provided at the earliest opportunity by the worker, volunteer or agency that first identifies the need – the right person at the right time for the child and parent⁴
- Assessments should be child centred in order to provide a full picture of the child and their family; support should be offered in a co-ordinated, planned and timely way

Continuum of help and support

The continuum of help and support in Bolton has been in place for a significant number of years. Throughout this time the threshold for responses has remained consistent:

- The majority of children will have needs that can be met by parents, and universal services. This is reflected in the continuum as 'Every Child'
- A number of children will have needs that require additional support from the services they are already involved with. This is reflected in the continuum as Level 1 and is a single agency response
- Some children will have additional needs that require a multi-agency response and the support of additional agencies working together with parents to promote positive outcomes. This is reflected in the continuum as Level 2 and identifies the use of the agreed Early Help Framework

⁴In this document 'parent' is used throughout to define anyone who has parental responsibility or exercises an on-going caring role for a child in their daily life

- A very small number of children will have complex needs that require specialist support to meet the identified needs. This is reflected in the continuum as Level 3 and identifies the use of specialist assessments building on the findings from the Early Help Framework; specialist assessments at this level will include those undertaken by Children’s Social Care under Section 17 of the Children Act 1989 (Children in Need⁵)
- An even smaller number of children will be in need of protection from abuse or neglect. This is reflected in the continuum as Level 4 and identifies the use of statutory processes to protect children from significant harm using Section 47 of the Children Act 1989⁶

The levels of need and the expected response are outlined as follows:

Every Child

Every child has needs and in most situations these are addressed by parents accessing universal services. For example school admissions,

registering with a doctor, taking part in sports and leisure activities and community health services etc.

Level of Need – 1

At this level childrens’ ‘needs’ can be addressed by individual workers from a single agency working with parents to identify the required help. This help will be provided by that agency.

It would be appropriate to use the Early Help Assessment and Action Plan if the agency does not have their own internal assessment or recording processes in place; or where it is identified that further additional services may be needed in the future to meet the child and family’s needs.

If children and family needs are not met by the single agency, the worker should then discuss the need to use the Early Help Assessment and Action Plan with the child and family. This should be reflected in individual agency guidance on Early Help.

Level of Need – 2

At this level the Early Help Assessment and Action Plan must be used with child/parent’s consent. Triggers that

⁵ Children In Need - In situations where it is recognised that children’s needs are not being met children may be identified as ‘children in need’. Children who are defined as being ‘in need’ under Section 17 of the Children Act 1989 include those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development; whose health or development is likely to be significantly impaired or further impaired without the provision of services or they are disabled

⁶ Section B of the Framework for Action provides further detail in these processes

may indicate the need for an Early Help Assessment include one or more of the following:

- A single agency response has not met the need or cannot meet the need alone
- It is not clear what the needs for the child and family are and an Early Help Assessment will provide a structure to assess these
- There are a number of needs for the child and family and an Early Help Assessment will help to prioritise and co-ordinate how needs can be met, information shared and an action plan identified
- There are a number of agencies already working with the child and family but an Assessment has not been completed
- The child or parent has asked for an Early Help Assessment to support them

There are four possible outcomes following the completion of the Early Help Assessment and Action Plan:

- The assessment indicates that all the child’s needs are being addressed through existing services or can be met within the family and no further action is required

- The assessment indicates that there are needs which require a coordinated multi-agency approach
- The assessment indicates that there are needs which require a coordinated multi-agency approach from specialist services
- The assessment indicates that there are Child Protection concerns (See Section B3 - Abuse and Neglect and B4 - What to do)

Level of Need – 3

For children at this level of need it will be appropriate to access a specialist assessment and response. In most cases the Early Help Assessment will have previously been used and will evidence the need for a specialist assessment and support plan.

Level of Need – 4

At this level of need a referral must be made to the appropriate Children’s Social Care team by telephone. The referral must be followed up, in writing, within **two working days**, using the Early Help Assessment template to share relevant information.

A decision about how to respond will be made by Children’s Social Care within **one working day**.

For more detailed information on Making a Referral see Section B6.

Assessment

Effective use of this Framework is based on the use of appropriate and proportionate assessments at every level. Practitioners in Bolton have developed a guide – 8 Multi-Agency Practice Standards to support all workers to undertake effective assessments when working with children and their families. The guide identifies and provides advice for all stages of interventions from preparation, assessment and analysis to delivery and review. It also includes a section to outline best practice for supervisors.

Assessment as an activity can be meaningful and useful for a family and practitioners should use the guide to build on practice to gather information sensitively and appropriately, deliver on action plans and share information, to make lasting change with families even though their problems can be complex and challenging.

Every child

Children whose needs are being met and are achieving the 5 outcomes

Positive outcomes

Healthy

- Physically, emotionally and sexually healthy
- Have healthy lifestyles
- Parents promote healthy choices

Stay safe

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour
- Have security, stability and are cared for
- Parents provide safe homes and stability

Enjoy and achieve

- Ready for school
- Attend and enjoy school
- Achieve educational milestones
- Have social and recreational opportunities
- Parents support learning

Make a positive contribution

- Engage in positive and law abiding behaviour
- Develop positive relationships and choose not to bully or discriminate
- Engage in decision making and support the community and environment
- Develop self-confidence and successfully deal with life changes and challenges
- Develop enterprising behaviour
- Parents promote positive behaviour

Achieve economic well being

- Engage in further education, employment and training on leaving school
- Ready for employment
- Live in decent homes and sustainable communities
- Access to transport and material goods
- Live in households free from low income
- Parents are supported to be economically active

Level 1 need

Children who need extra help from those already involved

Possible indicators to trigger action

- Children with isolated, unsupported parent
- Children or parents with mental or physical health difficulties
- Children in families where there are indicators of neglectful parenting
- Children identified by schools as requiring additional educational support, including Behavioural, Emotional Social Difficulties
- Children with emerging patterns of unauthorised absences from school
- Children who have started involvement in criminal activities
- Children involved in contact/residence disputes
- Children of parents involved in substance misuse
- Children experimenting with drugs/substances
- Children of parents where there has been some domestic abuse
- Children who have episodes of missing from home
- Families with a high number of children or more than two under five
- Young carers
- Parents not accessing appropriate services
- Parents struggling to manage children's behaviour or routines
- Children experiencing bullying
- Children disengaged from education, training or employment post 16

Level 2 need

Children who have needs that require a multi-agency response

Possible indicators to trigger action

- Children with increasing Behavioural, Emotional Social Difficulties including self-harm
- Children regularly absent from education
- Homeless young people
- Homeless families or those threatened with eviction
- Children with chronic ill health or terminal illness
- Parents unable to meet their children's basic needs
- Children in families where there are emerging patterns of domestic abuse
- Carers who have substance misuse dependency which impacts on their ability to meet their children's needs
- Children with substance dependency
- Children where there are emerging patterns of them missing from home
- Children who consistently miss medical appointments and/or treatment
- Children consistently not seen by one or more agencies
- Children who may be at risk of Child Sexual Exploitation
- Children where parents are in prison
- Children with Special Educational Needs

Level 3 need

Children who have **complex** needs and require a multi-agency response including specialist services

Possible indicators to trigger action

- Privately fostered children
- Children in households where parents have multiple problems
- Children with families experiencing a crisis likely to result in a breakdown of care arrangements
- Children in families where there has been one significant episode of domestic abuse or a pattern of Domestic Abuse incidents that are likely to significantly impact on the child's safety, health or welfare
- Children who are frequently talking about self-harm or where there is evidence of serious self-harming behaviour
- Children with chaotic and or poly substance misuse
- Parents who do not consistently meet the basic needs of their children
- Asylum seeking children
- Children with a disability
- Children previously subject to a child protection plan
- Children who disappear or are regularly missing from home or they go missing for long periods

Level 4 need

Children who are at risk of or are suffering Significant Harm and are in need of:

- Protection
- Substitute Care

Possible indicators to trigger action

- Children who are at risk of/are suffering abuse including unborn children
- Children who have non organic faltering growth
- Children whose parents are unable to provide care whether for physical, intellectual, emotional or social reasons
- Children whose behaviour is sufficiently extreme to place them at risk of removal from home
- Children subject to proceedings in the Family Court
- Unborn babies where previous child protection concerns have been identified or siblings have been subject to proceedings in the family court
- Unaccompanied asylum seeking children

Section A3

Advice and guidance

Bolton Framework for Action promotes positive communication between all agencies.

Requesting advice and guidance is regarded as a positive process involving two or more workers; during the process advice is given, views are exchanged and an outcome agreed.

Promoting accessible advice and guidance encourages those working with children and parents to actively access additional knowledge and expertise. This should inform and enhance any assessment whilst supporting and promoting positive outcomes for children and families.

Those working with a child and their parents can request advice and guidance from a range of agencies, including adults and young people's substance misuse services, mental health services, social care services etc.

Advice and guidance should always be requested from the agency with the most relevant knowledge and skills to meet the identified need. Advice and guidance can be sought at any level on the continuum of need.

It is not expected that personal details

about a child or family will be shared or should be shared during the process. The ethos behind this approach is to seek advice on an issue basis rather than on an individual case basis – for example contacting the adult substance misuse team to ask advice on how high levels of alcohol use may impact on a parents capacity to meet their child's needs or speaking to a health visitor about child development at particular stages etc.

Process

Advice and guidance may be requested where:

- It is an agreed outcome of supervision/case discussion with a line manager, named professional or a designated person
- There is an immediate need for advice and guidance in relation to a specific issue about which your own agency does not have knowledge and expertise, e.g. substance misuse, child protection thresholds, emotional or physical health, education, Early Help Assessment etc.

- To clarify the child's level of need to better inform assessment and planning processes

Prior to contacting an external agency for advice and guidance you should:

- Identify the most relevant agency to provide advice and guidance
- Be clear about the reason for requesting advice and the desired outcome
- Prepare any relevant information prior to the discussion and be clear with the agency you are contacting that you are requesting advice and guidance

If at any time, during the discussion it becomes apparent that the concerns indicate that the child is at risk or they would benefit from an immediate specialist service, then appropriate referrals should be made to the relevant agency. This may result in a decision to share personal details to ensure the best support for the child or family.

If that action is agreed, then the practitioner making the referral should inform the family at the earliest opportunity.

Recording

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

Disagreement

Where there is disagreement about the proposed actions, the person requesting the advice must discuss this with his/her line manager. If necessary the line manager will contact the line manager of the agency providing the advice for further discussion.

Section A4

Early Help

Early Help is a key element of the Framework for Action.

Early Help is the support that is delivered at the Every Child, Level 1 and Level 2 of Bolton's Framework for Action. It includes universal interventions that are offered to an entire population to prevent problems developing and targeted support offered to particular children and families with additional needs.

The purpose of Early Help is to support the well-being of children and families by tackling emerging needs at the earliest opportunity and prevent them from getting worse. This means working with children and families to engage and include them as equal partners and to support them to access additional services that can promote positive outcomes.

Effective Early Help may be delivered at any point in a child's life; pre-birth onwards, about any issue which is impacting or could affect their development and well-being, including education, health and safety.

Working Together to Safeguard Children – A Guide to Inter-agency Working to Safeguard and Promote

the Welfare of Children 2013 identifies that supporting children to achieve these outcomes is more effective when local agencies work together to:

- Identify children and families who would benefit from early help
- Undertake an assessment
- Provide early help services to address the assessed needs of a child and their family to improve outcomes for the child

Bolton's Framework for Action provides clear thresholds for using early help processes.

Early Help Framework

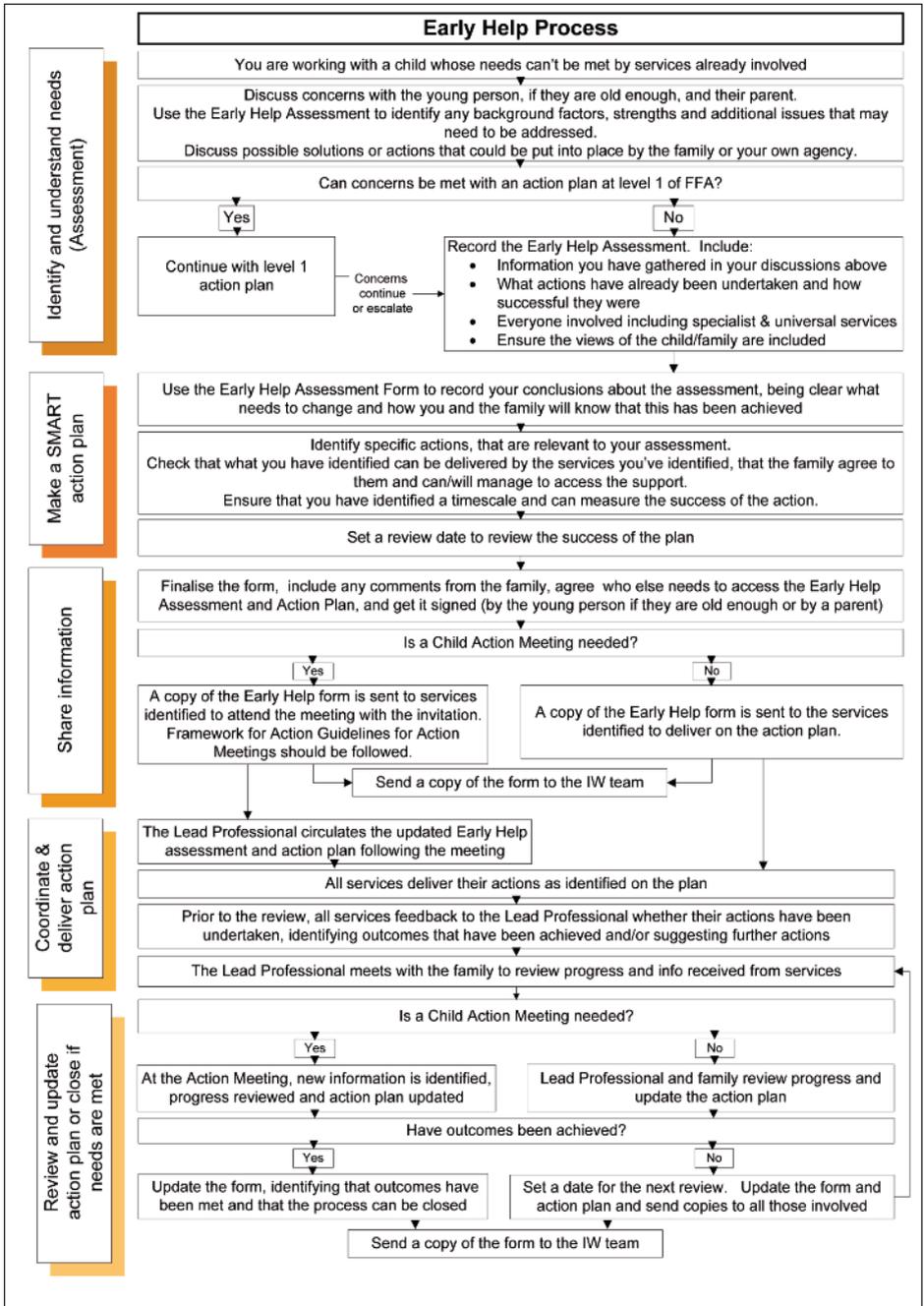
The Early Help Assessment and Action Plan provides a standard assessment approach to enable those working with children and families in need of early help to identify and respond effectively. The assessment will help identify:

- The child's level of need
- Which needs must be prioritised

- What actions are needed to meet needs
- Whether a child needs to access additional support from named services
- Which outcomes are to be addressed

Some agencies such as Educational Psychology, Child and Adolescent Mental Health Services, Children's Social Care, Youth Offending Team, and 360: Under19 Substance Misuse Service will be required to undertake specialist assessments. It is important these assessments actively contribute to and inform the Early Help Assessment and Action Plan.

Those receiving Early Help Assessments should use the information received to contribute to further specialist assessment. This should avoid the need for children and families to re-tell their story and reduce the likelihood of falling into the trap of 'start again syndrome'.



Section A5

Action Meetings

Action Meetings are the agreed process for all multi-agency meetings convened to pro-actively respond to the needs of children and families at Level 2 and Level 3 on the continuum.

Action Meetings rely on all those involved having a shared focus and commitment to work together openly and positively to meet the needs of children and their families.

The purpose of the meeting is to:

- Share knowledge and co-ordinate action
- Plan effectively to promote positive outcomes for the child/young person
- Identify a Lead Professional
- Services and resources within the worker's agency have been fully utilised, the need remains and additional support from other agencies is required which needs to be accessed via a multi-agency meeting
- There is a need for agencies working with the child or parent to co-ordinate their work to meet the child's needs

The reason and purpose of the Action Meeting should be clearly outlined in the planning and preparation stages of the meeting to all involved and in particular to the child and their parents.

Arranging the Meeting

Action Meetings are a tool for workers in all agencies. They should only be convened when an Early Help Assessment has been used and at least one of the following is true:

Venue

The venue should be the most convenient and comfortable place to meet for the child and family. In some cases it could be the family home.

Invitations

The worker identifying the need for a multi-agency response should arrange the initial meeting. Invitations should be made via the telephone and followed up in writing.

Workers should ensure that they only invite those who are either working currently with the child or parent or

likely to have an active role in the action plan. Having too many people at the meeting could overwhelm the child and family, lead to competing priorities and potentially contribute to the child and family disengaging.

As a minimum, the invitation should clearly outline:

- Child and family details
- Date, time and venue
- Reason and purpose for the meeting

Attendance

The meeting should include:

- The child themselves and/or evidence of their views and wishes
- Parents
- Workers who have direct and relevant involvement with the child and their parents
- Agencies that may be able to respond to the needs of the child and their parents
- Those who have relevant information to share in the meeting

In addition to this, meetings may also involve:

- Additional family members or friends as appropriate
- Advocacy for the child where such a service is involved
- Supporters for the parent

Where someone working with a child or parent cannot attend it is their responsibility to identify a suitable representative or request their line manager attends. If this is not possible, they should share, in writing, relevant information relating to their current involvement so that this can be incorporated into the Early Help Assessment and Action Plan. They also need to ensure their apologies and reason for absence is recorded.

There may be occasions when agencies are invited to the meeting but from the information recorded on the Early Help Assessment, they do not identify that they have anything to contribute. In this case they should consult with the worker leading the meeting. Relevant information regarding the child or family should still be shared, in accordance with local information sharing policy and procedures.

Listening to the views of Children and Young People

The views and thoughts of children should be central to all Action Meetings; every effort should be made to ensure their voice is heard and acted on. This can either be through the child attending the meeting where appropriate, or by someone who works with them sharing their views and including them on the Early Help Assessment on their behalf. In either case, the child should be kept informed about what is happening in a way which is suitable for their age.

Involving Parents

Every effort should be made to make sure that parents attend and are actively involved in the Action Meeting. Workers should ensure that the parent fully understands the purpose of the meeting and how the meeting will work, including adequate preparation and explanation of the purpose and process of the meeting. This should be done to reduce worries and promote their engagement. Remember for some parents this will be viewed as a scary and intimidating process.

Where parents do not attend the meeting the workers should consider the reason and decide what should happen about the meeting. This may include a decision to:

- Stop the meeting and explore other ways to engage the family; or
- Continue with the meeting and:
 - Develop a draft plan
 - Meet with the family and discuss the outcomes, seek their views and identify any changes to the plan
 - Update the Early Help Action Plan to reflect this and share with all involved
 - Review at the next meeting

Chairing

It is the responsibility of the worker arranging the meeting to organise the chairing arrangements. The meeting could be chaired by:

- The worker themselves
- A manager within the agency convening the meeting
- A worker/manager from another agency

During the course of the meeting the Chair is responsible for:

- Managing the meeting
- Promoting open and honest discussion
- Promoting participation and involvement of all present

- Ensuring the child and their parents have an opportunity to share their views; including their own aspirations and how they can be supported to achieve these
- Summarising the strengths and needs identified
- Ensuring a clear action plan is produced and recorded
- Identifying a date for the review and chairing arrangements
- Identifying the Lead Professional

Action Planning

The Action Plan should be developed during the course of the meeting and will identify:

- Desired outcomes for the child
- Strengths, needs and risks currently impacting on the child and priority areas for activity
- Actions required by those participating in the plan

The Action Plan is integral to the Early Help Assessment and will be circulated within 10 working days to all those invited to the meeting, including those unable to attend.

An action meeting checklist can be found here:

<http://boltonsafeguardingchildren.org.uk/working-with-children-and-young-people/early-help-and-working-together/>

Following the meeting the Lead Professional will ensure that:

- The Early Help Assessment and Plan are updated and circulated within 10 working days to those who attended
- Send a copy of the updated assessment and plan to the Integrated Working Team
- Confirm the chairing arrangements and the date for the review meeting

Lead Professional

All meetings will identify a Lead Professional. The Lead Professional is not necessarily the worker who convened the meeting. The Lead Professional's details will be recorded on the Early Help Assessment.

In Bolton, those currently working with children and parents will incorporate the Lead Professional role into their existing functions.

A worker from any agency can be a Lead Professional.

The Lead Professional will:

- Be a Single Point of Contact: the Lead Professional will be someone that children and parents can trust, who will support them to make choices and navigate their way through the system
- Ensure appropriate and effective interventions: the Lead Professional will be someone who will work to ensure that children and families are supported via well planned, regularly reviewed and effectively delivered interventions that are identified via the Action Plan
- Minimise duplication and inconsistency: the Lead Professional will help co-ordinate and focus the multi-agency team around the child and young person.
- Support effective Information Sharing

More information about the Lead Professional role can be found at <http://boltonsafeguardingchildren.org.uk/documents/2013/10/lead-professional-guidance.docx>

Recording

A summary of the information discussed in the meeting should be recorded onto the Early Help Assessment under the most relevant section.

This will form a record of the meeting and remove the need for separate minutes. As stated previously the updated Early Help Assessment should be circulated to all attendees, including, where appropriate, the child within 10 working days.

Review

A review date should be set at the Action Meeting and recorded on the Early Help Assessment and Action Plan. The Lead Professional will chair the review meeting.

Reviews should take place every 8-10 weeks. The purpose of the review is to:

- Monitor and evaluate progress of desired outcomes for the child and family
- Consider the current level of need as outlined in the Framework for Action Continuum
- Identify if there is a continuing need for a multi -agency response
- Update the existing plan
- Where identified end the Action Plan

Should it become apparent, prior to the planned review date, that the child's level of need has increased significantly, the review date should be brought forward.

Where a worker identifies that the child is at risk of experiencing significant harm they should make an immediate referral to Children's Social Care. The Lead Professional should be notified of this and make the current Early Help Assessment and Action plan available to the social worker.

To ensure that children's needs continue to be supported at the right level on the continuum of need, the Lead Professional should, prior to the **third** Action Meeting review have a discussion with either their line manager, named or designated person to review the effectiveness of the Early Help Assessment and Action Plan.

Professional Meetings

There may be exceptional circumstances where it is necessary for workers to meet without the child and

parents being present e.g. complex medical information or serious level of threat against workers. Workers should always discuss holding a Professionals Meeting with their manager. Where a manager is uncertain if a Professionals Meeting is appropriate, they should seek advice and guidance from a named or designated person in their agency.

The reasons and rationale as to why a professional's meeting has been held should always be recorded.

The family shouldn't have to start again from the beginning or wait for things to get worse. New agencies working with the child or family need to know about the family and about previous support that's been provided.

Section A6

Early Help transitions

When Early Help support is being provided and a child moves between settings, it's really important that this work carries on with a new Lead Professional.

Planned transitions - between services, for example - Midwife to Health Visitor, Nursery to Primary School

Before the move, discussions should be undertaken with the child and family about the need for the Early Help Assessment and Action Plan to transfer to the new service. The timing of such discussions will be dependent on the individual circumstances; including the complexity and urgency of the child's needs.

The assessment and action plan should be updated before the transfer, including consent to share with the new setting – this can be done at an Action Meeting if they are being held. Make sure you invite the relevant worker from the new service to the meeting.

Often services have transition processes already in place. Where an Early Help Assessment and Action Plan is in place, the transfer of Lead Professional responsibility should be undertaken as part of this.

Transfer Process:

- Agree with the new setting who will take on the role of the new Lead Professional
- Update the Early Help Assessment form with any new information, including the name and contact details of the new Lead Professional
- Share the updated assessment – a copy to the family, a copy to the Integrated Working team and an electronic copy to the new Lead Professional, so that they can carry on with the review process
- Set a review date with the family and the new Lead Professional

Unplanned Moves - for example when a family move area, or stop contact with a service before a transfer can be made

If still relevant, Early Help Assessment and Action plans can be accessed by new services working with the child and family, so long as the parent (or child if they are old enough) gives their consent for the information to be shared.

Contact the original service with details of the consent and request that an electronic copy is sent to you. Remember to send an updated copy to the Integrated Working Team, so that the system can be updated with the name of the new Lead Professional.

If you are the Lead Professional and are the owner of an Early Help Assessment and Action Plan, but are no longer able to contact or trace the family, or transfer it in a planned way – then after a period of time it can be closed. Send an updated copy to the Integrated Working Team with the reason for closure so that the system can be updated. Copies should be kept in the child’s record for a minimum of 6 years, in accordance with retention schedules.

‘Stepping up’ from Early Help

There will be occasions when it is not possible to continue to respond to a child’s needs at Level 2. This might be when the child’s needs are complex and require a specialist response; or when practitioners identify the need for Social Care to lead on the case going forward.

A ‘Step Up’ process is needed to provide clear working procedures to enable the transition of vulnerable children into statutory or specialist services and to avoid:

- Drift and delay
- Duplication of information and the need for the family to repeat their information
- Duplication of service delivery

The ‘Step Up’ Process - Childrens Social Care

Where an Early Help Assessment and Action Plan is in place, the Lead Professional should review the current Early Help Assessment and Action Plan to:

- Identify any changes to the child or family circumstances and any new needs

- Ensure all previous actions and outcomes are detailed
- Consider the Framework for Action guidance to ascertain that the concerns reach the threshold to request that Children’s Social Care take the lead role

At this point, the Lead Professional should communicate concerns to the child and family. At the very least consent should be sought for a referral to Social Care (unless there are immediate child protection concerns that would place a child or parent at further risk of harm or jeopardise an investigation). A record of the family’s consent should be made; where a decision to share without consent is made a clear reason for this should be recorded on the updated form.

Following this, the Early Help Assessment and Action Plan should be shared with the Referral and Assessment team. At this point, the Early Help process should remain open (but not active), until a decision is made by the Referral and Assessment team about the next steps.

The Referral and Assessment team manager will make a decision about whether a Child and Family Assessment will be undertaken and allocate a Social Worker. The allocated Social Worker should tell the Lead Professional their decision within one

working day of receiving the referral via an Early Help Assessment. The Social Worker should:

- Use the Early Help information to inform their assessment, and decision making ensuring that any ongoing needs are incorporated into the analysis
- Liaise with the existing Lead Professional throughout the assessment process until the outcome is known
- Agree with their manager the next course of action

On-going Assessment by Social Care

Following the decision, should the case remain with Social Care, the Lead Professional will be informed that the Early Help Assessment and Action Plan should be closed and advised of their role and contribution to the ongoing social care assessment or plan.

Once clarified, the Early Help Lead Professional should complete the closure section and inform the Integrated Working Team by sending a copy of the closed Early Help Assessment.

No further action by Social Care

If no further Social Care intervention is deemed necessary, the Social Worker should:

- Communicate the outcome to the Lead Professional, the rationale for this decision and identify any new needs that should be addressed
- Record on the Social Care system that the Lead Professional was advised to continue with the Early Help process, include the above information relating to rationale and any additional identified needs
- Inform the Integrated Working team to enable tracking to be undertaken

The Lead Professional should:

- Review the Early Help paperwork with the family, gaining their consent to continue with the Early Help process
- Arrange an Action Meeting to review and update the action plan
- Send a copy of the updated Early Help Assessment and Action Plan to the Integrated Working Team

The ‘Step down’ process from Social Care to Early help

Following a decision by Social Care that the case no longer requires their involvement, it is important that a family continues to receive co-ordinated support from those services who are still involved with them.

A ‘Step Down’ process is needed to provide clear working procedures to enable the transition of children and families who have made progress to universal and targeted services. This will:

- Identify a Lead Professional at the Early Help level
- Allow relevant information to be shared to avoid the child and family having to repeat their ‘story’
- Continue co-ordination and review of a robust action plan
- Reduce risks to children to avoid the need for re-referral to Social Care
- Recognise positive progress made and be clear about on-going support and evaluation

Prior to handing the case to a new lead Professional the Social Worker should:

- Discuss with the family and gain their consent to transfer the case to a new Lead Professional (this will be someone who is already working with the family from a targeted or universal service)
- Consult with workers and agree who will take the role of the Lead Professional

- Arrange an Action Meeting and give a copy of the transfer action plan to the new Lead Professional

The new Lead Professional should:

- Start a new Early Help Assessment and Action Plan with an outline of the previous issues and the agreed actions
- Agree a date with the child, family and other agencies for the next review of the plan
- Send a copy of the updated Early Help Assessment and Action Plan to the Integrated Working Team

Section B

Children in need of protection



Section B1

Introduction

Children in need of protection

This part of the handbook sets out the action which should be taken to safeguard and promote the welfare of children who are suffering, or at risk of suffering significant harm and are in need of protection or substitute care.

This section has been developed in line with statutory guidance contained in Working Together to Safeguard Children (2013). It applies to everyone whose work, whether directly or indirectly, brings them into contact with children and their parents.

It emphasises the need for all organisations to work collectively and individually to ensure that children are protected from significant harm and their welfare promoted. The effectiveness of this guidance depends upon collaboration, understanding and robust information sharing.

The guidance recognises that keeping children safe is everyone's responsibility.

Section B2

What is abuse and neglect?

If you are in doubt about signs of abuse, or are concerned that a child may have suffered significant harm, contact your local Referral and Assessment Team, and refer to Section B4 - 'What to do if you suspect child abuse'.

Introduction

This section describes what is meant by child abuse and neglect and gives brief definitions of specific abuse and some indicators.

Abuse or neglect of a child is caused by inflicting harm or by failing to act to prevent harm. A child may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger.

Physical abuse

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 feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as Fabricated or Induced Illness.

Emotional abuse

Emotional Abuse is the persistent emotional ill treatment of a child which causes severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on a child, including:

- Interactions that are beyond the child's developmental capability
- Over-protection and limitation of exploration and learning
- Preventing the child participating in normal social interaction
- The child seeing or hearing the ill-treatment of another e.g. domestic abuse

- Serious bullying, causing children to feel frequently frightened or in danger

Some level of emotional abuse is usually present in all types of child abuse though it may occur independently.

Sexual abuse

Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child understands what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. This includes:

- Child sexual exploitation
- Exposure to pornographic images
- Encouraging children to behave in sexually inappropriate ways

Cases of underage sexual activity that present cause for concern are likely to raise difficult issues and should be approached sensitively.

A child under 13 is not legally capable of consenting to sexual activity. Any offence suspected of being committed under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate a risk of significant harm. Cases

involving a child under 13 should always be discussed with a line manager or Senior Nominated Officer within your organisation and always referred to Children's Social Care for investigation.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance misuse. Once a child is born, neglect may involve a parent failing to provide adequate food, shelter and clothing including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Safeguarding children - specific circumstances

On-line abuse

As technology develops, so too does the means by which abuse can be perpetrated. Over the last few years there has been an increasing awareness that child abuse can occur on-line. This is particularly relevant in the light of recent research which

shows that 69% of children aged 12-17 have unsupervised internet access. The internet has become a significant tool in the distribution of indecent images of children. In addition social media sites and 'apps' further increase the risks of online grooming, exploitation and cyber bullying.

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

Fabricated or Induced Illness by parents, previously known as Munchausen Syndrome by Proxy occurs when a parent or carer invents or induces physical symptoms in a child. The child is taken to healthcare personnel who undertake unnecessary investigations and treatment which may themselves carry risks. It is often accompanied by neglect of the child's healthcare needs at other times.

This form of abuse is both emotionally and physically abusive; risks include death and severe emotional trauma resulting in long term damage. There are many minor degrees of these difficulties which do not reach the threshold for child protection responses, and can be resolved using Early Help processes.

Sexual exploitation

Child Sexual Exploitation is the sexual abuse of children and young people by adults in order to obtain sexual acts. It can happen to both girls and boys of any age and from any background. It

can take the form of informal exchanges of sex for favours, money, drugs, accommodation or other commodities; more 'formal' forms of exploitation involving groups of organised abuse and trafficking.

Exploitation commonly happens when children and young people are 'groomed' and manipulated by adults in order to gain trust and make young people feel they are safe and loved.

Child sexual exploitation can happen in different ways. It can involve an older adult exerting financial, emotional or physical control over a young person to involve them in sexual activity. It can involve other young people manipulating or forcing other children into sexual activity with adults. Exploitation can also involve opportunistic or organised networks of perpetrators who may profit financially from trafficking young victims between different locations to engage in sexual activity with multiple men.

Technology is widely used by perpetrators as a method of grooming and coercing victims, often through social networking sites, such as Facebook, Snapchat, Instagram, BBM (Blackberry Messenger) and mobile devices.

Child trafficking

Trafficking people involves a collection

of crimes and involving an increasing number of victims - resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation occurs through sexual exploitation and labour exploitation. It can include the movement of people across and within borders.

Children and young people who display sexually harmful behaviour to other children

Sexual exploration and experimentation are a normal part of childhood development. However, children can also be vulnerable to sexual abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. To help identify or indicate the presence of abuse, the following factors should be considered:

- Absence of consent and the presence of a power imbalance and exploitation
- The nature of the relationship between the children/young people, the perpetrator having authority or responsibility of care for the victim

- Age inappropriate sexual activity, subject to an assessment of the young person's cognitive development
- Difference in age between the victim and the alleged abuser
- The use of aggression, coercion and bribery
- The child's perception of the abuse

Bolton use the Assessment Intervention and Moving on (AIM) model for responding to those children and young people with problematic or harmful sexual behaviours.

Female Genital Mutilation - F.G.M.

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

F.G.M. is an act of extreme violence against women and children. It can be performed from birth onwards. It is more extensive than male circumcision and carries a far greater risk of physical damage, psychological damage and in some cases, death.

Forced Marriage

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

Domestic Abuse

Domestic abuse is the use of power and exercise of control by one person over another. It can occur in any situation where two people have, or have had, a relationship. According to an NSPCC study, 12% of under 11s, 18% of 11-17s and 24% of 18-24s¹ had been exposed to domestic abuse between adults in their homes during childhood. Adult males were the perpetrators in 94% of cases where one parent had physically abused another.

However it is important to recognise that domestic abuse may involve:

- A woman and a man
- A parent and a son/daughter
- Two men
- Two women

Domestic abuse includes physical or sexual assault, threats and intimidation, humiliating and controlling behaviour, withdrawing finances, isolation and deprivation. One serious attack or prolonged exposure to domestic abuse can significantly impair the victim's confidence and ability to care for their children. Children suffer directly and indirectly if they live in households where there is domestic abuse. Everyone working with children, their parents or carers, should be aware of the relationship between domestic abuse and safeguarding children. Where there are concerns relating to serious or serial incidents of domestic abuse these cases should be risk assessed, safety plans developed and support plans put in place. For the most serious cases, the CAADA DASH model should be used. Safety plans developed and referred to MARAC (Multi Agency Risk Assessment Conference) where appropriate. MARAC meets monthly to consider the level of risk and agree actions that can be taken to reduce and manage risks for the victim and their family.

In recent years there have been an increasing number of young people under 18 who are victims of domestic abuse in their own interpersonal relationships. These cases should be risk assessed using the same

¹ Child abuse and neglect in the UK today, NSPCC 2011

processes, safety plans developed which are supported by a robust holistic assessment. Cases of 16 and 17 year olds should be referred to MARAC.

Each statutory agency is represented at the MARAC. If you need to know the contact for your organisation contact your Senior Nominated Officer; see Section B10 for details.

Professional abuse

Professional abuse occurs when someone who works with children exploits a professional relationship with a child. The abuse can take many forms and occur in a wide range of settings. The term professional is used to refer to people acting on behalf of an organisation whether in a paid, professional or voluntary capacity. This includes foster care.

Further guidance on professional abuse can be found in Section B10 of the handbook.

Organised abuse

Organised abuse (sometimes called multiple abuse) may be defined as abuse involving more than one abuser and a number of children and young people. This may include:

- Paedophile rings, where adults in the community who have contact with one another organise abusive access to large numbers of children
- Family based abuse, where mainly adult relatives abuse children (Although non-relatives may also be involved)
- ‘Institutional abuse’ where adults working with children in community based and residential settings misuse their power and authority in order to physically, sexually or emotionally abuse children and young people. Organised abuse may not come to light until several years after events have taken place, and the victims have reached adulthood

Child abuse linked to belief in ‘possession’ or ‘witchcraft’ as part of spiritual or religious belief

The belief in ‘possession’ and ‘witchcraft’ is present in a number of belief systems. It is not confined to particular countries, cultures, religions, or communities.

The number of known cases of child abuse linked to accusations of ‘possession’ or ‘witchcraft’ is small, but the children involved can suffer damage to their physical and mental health, capacity to learn, ability to form new relationships and self-esteem.

When children hurt themselves

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

- **Substance misuse** - Children may regularly misuse legal and illegal substances including alcohol, glue, opiates, stimulants, legal highs, steroids and hallucinogens. Although experimentation with substance is normal, continuous chaotic or dependent use can be very harmful
- **Threat of suicide** - Threats of suicide, suicidal thoughts, or suicidal behaviour by a child should always be assessed and responded to
- **Deliberate self-harm** - As with suicidal behaviour, if a child is repeatedly engaging in self-harming behaviours (for example cutting or self-strangulation, eating disorders etc) this should always be assessed and responded to
- Receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries
- Have an impaired capacity to resist or avoid abuse
- Have communication difficulties which may make it difficult to tell others what is happening
- Be inhibited about complaining because of fear of losing services
- Be especially vulnerable to bullying and intimidation
- Be more vulnerable than other children to abuse by their peers

This distress can be due to many causes but bullying, mistreatment or abuse is often a factor.

Abuse of disabled children

Disabled children may be especially vulnerable to all forms of abuse due to the potential to:

- Have fewer independent contacts outside the family than other children

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

Section B3

What to do if you suspect child abuse?

It is the responsibility of any person who has knowledge of, or suspicion that, a child is suffering or is at risk of suffering abuse or neglect to refer their concern to the Referral and Assessment Team or the Police.

Responsibility

Concerns should be discussed with your line manager or designated safeguarding lead prior to referral if this does not cause delay. You should, if possible, inform the family that you have made a referral to Children's Social Care. This should only be done when sharing the information will not place a child or parent at increased risk of significant harm.

Where a child is in immediate danger an urgent referral should be made to the Police. Emergency medical attention can be secured by calling an ambulance.

Criteria

The threshold for referral into the child protection system is as follows:

- A child who has alleged abuse
- A child who has suffered, or are suffering specific incidents of neglect or emotional abuse that are impairing or will impair their development e.g.:
- Failure to seek necessary medical attention
- Non-organic faltering growth which has been investigated medically and no organic cause found
- Problems associated with carers 'lifestyle' - e.g. chaotic drug use
- Children or young people involved in, including being witness to, one serious or persistent incidences of domestic abuse
- Where there are serious concerns about the risk of significant harm to an unborn child
- A child with unexplained injuries, suspicious injuries or where there is an inconsistent explanation of the injury

The context and background to the suspected abuse should always be considered when determining entry into the child protection system.

If the child is in immediate danger the police should be notified as they alone have the power to remove a child to a place of safety without recourse to courts, contact should also be made with the Referral and Assessment Team.

Section B4

What to do if a child talks to you about abuse or neglect?

It is recognised that a child may seek you out to share information about abuse or neglect, or talk spontaneously individually or in groups when you are present.

In these situations you must:

- Listen to the child - **do not** directly question the child
- **Do not** stop a child who is freely recalling significant events
- Using the child's words and phrases, make an accurate record of the information you have been given; record the timing, setting and people present, the child's presentation as well as what was said
- Explain that you cannot promise that you will keep the information secret or not to speak to others about the information they have shared
- Explain that you will need to get help to keep the child safe
- **Do not** ask the child to repeat their account of events to anyone

Failure to follow these guidelines may result in a situation where the child is unprotected.

You should then follow the process outlined in B.

What to do if members of the public raise concerns

Members of the public will talk to workers in different circumstances and may talk about the abuse of children known to them. They may specifically allege incidents or knowledge of abuse to a child or may refer to it when discussing other issues. The child may be well known to them, or may be the child of neighbours or others less well known.

The type and nature of abuse may be quite specific or it may be described only in very general terms. It is important that all such allegations or references to abuse are taken seriously and relevant details should be referred

to Referral and Assessment Team for further enquiries to be made. It would be good practice for you to encourage the person to make a direct referral themselves and facilitate this where possible.

Where there is reluctance to report a concern you have a duty to report the alleged abuse as detailed in Section B5 – Making a Referral.

Section B5

Making a referral

How to Refer

A prompt referral should be made to the Referral and Assessment Team to allow a co-ordinated and considered response. This should be done by telephone and then followed-up in writing within **two working days**. The Early Help template should be used to share information and ensure the referral is followed up in writing.

Children's Social Care has the power to apply to courts for Emergency Protection Orders. If time allows and it is safe for the child to do so this would be the preferred option to safeguard their welfare.

During Office Hours

There are three District Referral and Assessment teams in Bolton covering North, South and West Bolton. Where a child does not already have an allocated social worker, all referrals should be made to the district Referral Assessment Team where the child lives.

Contact the Teams at:

North District

Castle Hill Centre
Castleton Street, Bolton BL2 2JW

Duty Telephone:

01204 337408
01204 331505

Covers: - Astley Bridge, Bradshaw, Brightmet, Bromley Cross, Tonge Moor, Darcy Lever, Dunscar, Eagley, Egerton, Hall l'th' Wood, Halliwell, Tonge Fold

South District

Farnworth Town
Hall Market Street
Farnworth, Bolton BL4 7PD

Telephone:

01204 337729
01204 337730

Covers: - Burnden, Daubhill, Farnworth, Harper Green, Kearsley, Little Lever, Darcy Lever, Deane, Great Lever, Moses Gate, Morris Green, Stoneclough

West District

Westhoughton Town Hall
 Market Street, Westhoughton
 Bolton BL5 3AW

Telephone:

01942 634625
 01942 634587

Covers: - Blackrod, Deane, Derby, Heaton, Halliwell, Smithills, Hulton Park, Horwich, Westhoughton, Lostock

The referrer should ask for the Duty Social Worker or, in their absence, the Deputy Team Manager or Team Manager, and state that they wish to make a child protection referral. In the unlikely event that no one is available the referrer should contact an alternative Referral and Assessment Office.

Outside Office Hours

Children’s Social Care

The Emergency Duty Social Worker:

Telephone: 01204 337777 between 6pm - 8.45am

If delay would be detrimental to the child, refer directly to the police.

Police

Referrals should be made to:

Telephone: 0161 872 5050

If child is in immediate danger dial **999**

Information Required

Be prepared to give as much of the following information as possible. In an emergency situation all of this information may not be immediately available however it should be shared as soon as possible.

Relevant information includes:

- Your name, telephone number, role and organisation
- Full name and address, telephone number of family, date of birth of the child, their siblings, parents etc
- Gender, ethnicity, first language, any special needs
- Names, dates of birth and relationship of household members and any significant others
- The names of other professionals involved with the child/family
- The nature of the concern and supporting evidence
- An opinion on whether the child may need urgent action to make them safe
- Your view of what appears to be the needs of the child and family Action to be taken following the referral.

You should ensure you fully record details of the person to whom you are making the referral.

Once a referral has been made it is important to:

- Ensure that you keep an accurate record of your concern made; accurately record the action agreed or that no further action is to be taken and the reasons for this decision
- You should ensure all written records are signed and dated, it is also good practice to record times where possible
- Follow up in writing using the Early Help template and send it to the duty team within **two working days** of the telephone referral
- Respond to invitations to attend any multi-agency meetings in respect of the referral – this should either be to confirm attendance or to provide information and is particularly relevant for future strategy discussions
- Keep yourself informed of the progress of the referral. If you have not received an acknowledgement of your referral within **three working days** it is your responsibility to re-contact the Referral and Assessment team to confirm the outcome from your referral

Making a referral

You have a concern



Consult with your Designated Person or Manager



Consult with the family if possible and appropriate



Refer to the relevant Referral and Assessment Team



Follow up in writing using Early Help template within two working days

Is this Significant Harm?

Whilst there is no absolute checklist for significant harm, much is dependent on the home environment, family circumstances and age of the child. Therefore considering the points below may go some way to supporting workers to better identify those children at risk of, or suffering abuse or neglect. These can be applied to either 'one-off' significant events or to an emerging pattern of behaviour.

- Describe in detail what your concerns are about the child – what is it that is worrying you?
- How long and how often has the child has been experiencing the concerning circumstances?
- What is the impact of the concerns on the child's development and emotional well-being? Is the child being treated differently within the family?
- Is there any indication that parents/carers of the child have deliberately been abusing the child or have the concerns arose as a consequence of parenting behaviour/attitudes
- Is there any indication of threat, force, sadism and bizarre/unusual elements being present in the concerns and to what extent
- What is the past history of the perpetrator/parents/carers – does this indicate a pattern of behaviour, if yes what is that
- Are there any particular risk or vulnerability factors associated with the child, e.g. disability, young age, substance misuse, self-harm, sexual exploitation, missing from education etc.?
- Are there any particular risk or vulnerability factors associated with the parent/perpetrator/carer e.g. disability, mental health, domestic abuse, housing, communication etc.?
- How well is the parent/carer able to meet and respond to the child's needs?
- What is your view of parents/carers co-operation and understanding of the issues; what have you done to work with the family?
- What is the child actually saying about their circumstances that give you cause for concern?
- What is the child's views of how safe they are, what's worrying them, what they would want to change and how
- Are there any circumstances/elements in the family or wider

child's network that may keep the child safe

- What are the parents/carers views and attitudes towards any concerns you have discussed with them?
- What is the likelihood of parental capacity for change or the likelihood for improvements in parenting and care of the child?

What do you need to do?

- If you are the designated person, you need to discuss these points with any workers who have concerns a child may be at risk of significant harm. This needs to be balanced and considered alongside the strengths and protective factors you have identified in the child's life. You may find it helpful to use the 'Significant Harm or Additional Needs' template – attached to this document.

- If you then decide a child protection referral should be made you need to do this in accordance with Bolton Safeguarding Children Board guidance to the relevant Referral and Assessment team. This should then be followed up in writing, using the Early Help Form to share as much information as possible about the child and their family.
- If you decide that the child is not a risk of significant harm but has needs you should use Early Help processes, outlined at Level 2.
 - Whatever your decision you need to ensure your record:
 - The circumstances of the case
 - What course of action was agreed and why
 - The outcome of any action taken
 - If no action taken, the reason for this

Significant Harm or Additional Needs

You can use this template to record your discussions and action

Worries

What is happening with the child/young person that is making you think the child is suffering or likely to suffer significant harm?

Strengths

What are the strengths and protective factors you have identified in the child's life?

Child/Young Person's Perspective

What is the child actually saying about their circumstances that give you cause for concern? What is the child's views of how safe they are, what's worrying them, what they would want to change and how?

Parent/Carers Perspective

What are the parents/carers views and attitudes towards any concerns you have discussed with them? What is the likelihood of and capacity for change and improvements in parenting and care of the child?

Decision and Action:

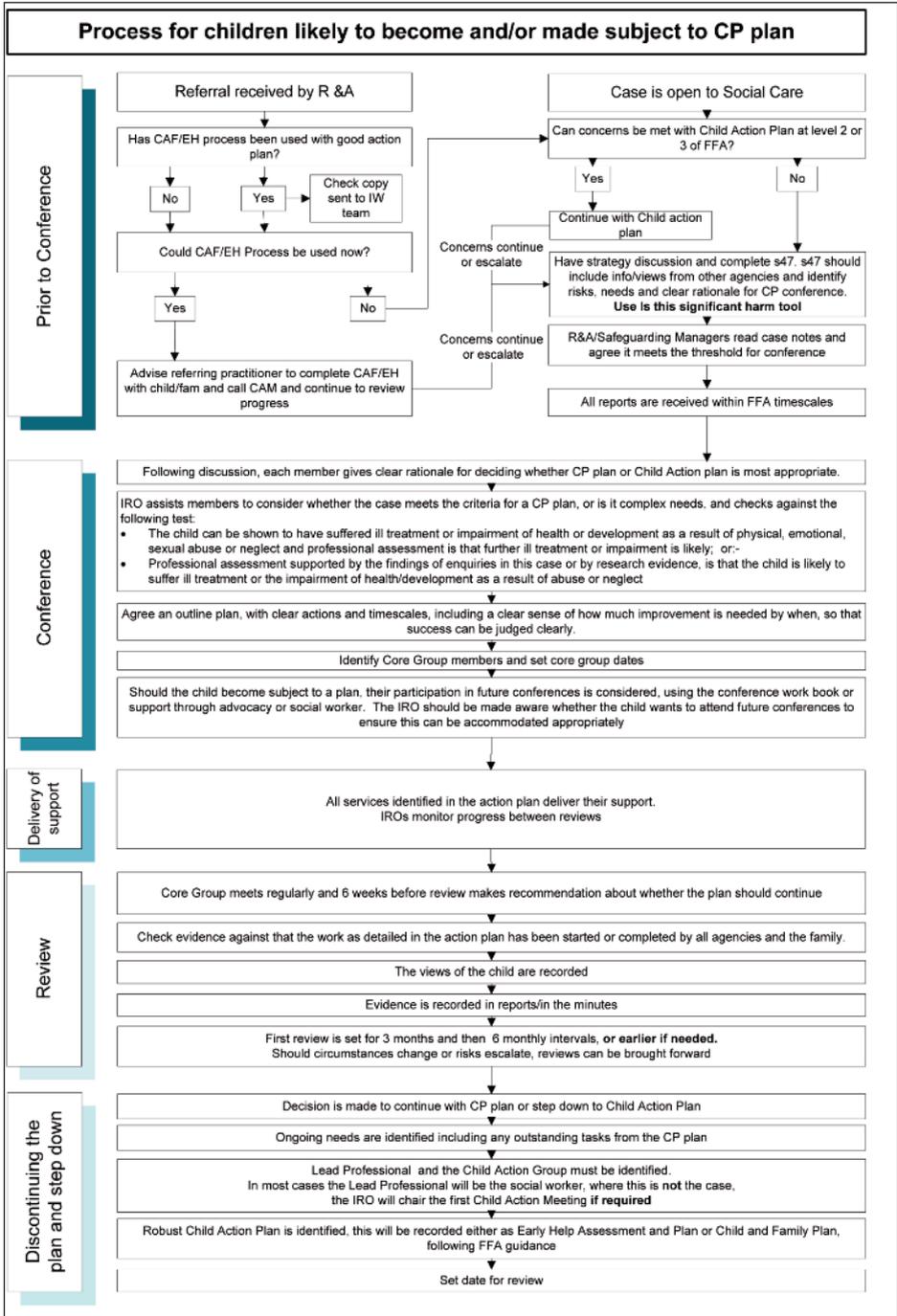
Prompts to consider when making a Child Protection Referral

When making a Child Protection Referral the following information would be helpful:

- Full names and dates of birth of the:
 - Child
 - Parent/carers
 - Siblings
 - Other family members
 - Other significant adults
- Full addresses and telephone numbers – including mobile phone numbers
- Daytime address and contact telephone numbers for parents/carers – including mobile numbers
- Ethnic origin, religion, cultural background, preferred language of child and parents
- Reason for the referral, including description of any injuries observed, details of allegations made, discussions with the child, parents, carers or others, details of any witnesses; Including any relevant dates/times/places of alleged incidents
- Any action taken and people contacted since the concern arose
- Any immediate or impending danger to the child
- Any previous concerns and relevant background information, including Early Help info, Action Meetings, previous interventions and outcomes
- Any known risks posed by adults in the household
- Have you had previous concerns and have you made previous referrals? It is important to revisit previous concerns to get a wider picture. Child protection services are reliant on other agencies to help them build up a clearer picture of what has been happening. The relationship between each event may be more significant than each individual event
- If you have referred in the past, what was the outcome? Never let the fact that no action was taken last time affect the way you manage and respond to new concerns. If you have a concern always share it with either your designated person or Referral and Assessment Duty Social Worker

- Based on your knowledge of the child and family, you may well have an opinion about how the family are likely to react to the referral and any subsequent child protection enquiries, including any factors which may place the child or others at further risk (e.g. where there is domestic abuse)
- **Physical injury**
 - Where your concern is about physical injury make sure you note where on the body the injury is and describe shape and size if you have seen it. It may be useful to use a body map for recording the site of any injuries. If the injury looks like it has been caused in a particular way, say so; if the child or parent has provided any explanation or account of how the injury occurred you should share and record this.
- **Sexual abuse**
 - Are your concerns about the child's behaviour? If so give as much detail as possible. State exactly what the child has been doing. Don't just report 'sexualised behaviour', give clear descriptions of what you have seen or heard, dates and times, anyone else who has shared or observed the concerning behaviour, language or knowledge
- Has the child described a situation causing concern? If the child talks to you or to a member of your staff, record in as much detail as possible what was said, who was there and the child's emotional state throughout the discussion.
- **Emotional abuse**
 - Referrals about emotional abuse usually involve a number of concerns arising from both contacts with the child and contact with the parents. Emotional abuse can cause impairment in the child's development, and such children may have very low self-esteem and self-image. Detail the way the child functions at school, with peers and with parents. Emotional abuse is hard to evidence so detail a number of events that have led to your concerns.
- **Neglect**
 - If you are to refer a child because of possible neglect always check back to see if there have been any previous concerns. The Children Act talks about how the persistent neglect of very basic needs is likely to cause impairment in the child's development.

- Always think through whether the family can be supported more appropriately within the Early Help framework rather than within a child protection framework. Eg, poor hygiene needs to be seen in context for the child: is it a long term concern? Does it present a hazard or compromise the child's health needs? The parent might need some support with this, but it might not be the case that the child is being abused and in need of protection.
 - **Consent/Informing the parent**
 - Think through whether or not in this particular case you should ask the consent of the parent before making a referral. If you feel that asking consent would place the child at risk of significant harm do not ask parents for their consent. Where you decide not to ask consent record your reasons for not doing so. You should also confirm at the point of making your referral who will make contact with the parents.
 - Remember a social worker will disclose the source of referral; being open and honest with a parent about what action you are taking will go a long way to maintaining your working relationship with that parent
 - **Professional judgement**
 - Remember: value your professional judgement; **you** may be the only agency involved with the family at the time of referral. Do not come off the phone before you have shared your concerns.
- At the end of the referral you should record:
- The full name and designation of the person you have spoken to and if possible the time
 - Whether the referral has been accepted by the Social Work team; if it has not been accepted, what action you will take
 - What action will be taken by the Social Work team and when it will be taken
 - What information you should share with the child, parents or carers
- Remember** - Follow up your telephone referral in writing using Early Help template to share all relevant information within two working days.
- If you are not clear about what action is being taken it is your responsibility to re-contact the duty social worker.



Section B7

Child Protection enquiries

Immediate action may be necessary at any stage in involvement with a child or their parents. In all cases it is vital to take whatever action is needed to safeguard the child.

Emergency Action

If emergency action is required this should be secured by calling 999 and requesting police, ambulance or both.

Whenever a police officer has reasonable cause to believe that a child would be at risk of significant harm unless action is taken immediately they may:

- Remove the child from the situation and take them to a place of safety
- Take action to prevent the child's removal from a place of safety

Local Authority Childrens Services have the power to apply to court for Emergency Protection Orders. Local Authorities cannot remove children from their parents' care (unless this is with the parents' consent) without first referring the matter to a court.

In some cases, it may be sufficient to secure a child's safety by taking action

to remove an alleged perpetrator of abuse from the home via a written agreement or compulsion, i.e. an Exclusion Order. In cases where immediate action is considered, the safety of other children in the same household as the perpetrator, or elsewhere, must be immediately assessed.

The responsibility for taking immediate action rests with the Local Authority area where the child is found. This action may be planned emergency action following a strategy discussion between relevant agencies. Where it has not been possible to convene a strategy discussion, one should take place as soon as possible to review action taken and plan the next steps.

Following emergency action, consideration should always be given to the need for child protection (S.47). Should this be deemed inappropriate the reason for the decision should be recorded.

Process of Section 47 Child Protection Enquiries

Referral and initial information gathering

Following a referral where there are concerns that a child may be in need of protection, Referral and Assessment will contact other agencies to gather as much relevant information about the child or their parents as possible.

Whenever a referral constitutes a criminal offence, or may constitute a criminal offence against a child, social workers or their manager **should always discuss the case with the police at the earliest opportunity.**

In all cases Referral and Assessment records and any history in relation to previous concerns will be reviewed. Dependent on the circumstances of the child or their parents, it may also be appropriate to contact:

- **Probation**
- **Health**
 - Adult Substance Misuse Team
 - Adult Mental Health Services
 - Health Visitor
 - School Nurse
 - Child and Adolescent Mental Health Services (CAMHs)
 - Paediatricians
- **Local Authority Departments**
 - Housing
 - Children's Centres
- **Voluntary Organisations**
- **Education**
 - Nursery
 - Primary Schools
 - Secondary Schools
 - Special Schools
 - Free Schools
 - Academies
- **Independent and private sector organisations**

Within **one working day** Referral and Assessment will decide how best to proceed. This will be based on an assessment of the information provided to date.

The information gathering process is likely to indicate one of the following:

- The information from agencies does not evidence a need to take any further action to safeguard or promote the welfare of the child - No Further Action
- The information indicates that the child is unlikely to achieve or maintain, or have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services or the child's health or development is likely to be significantly impaired, or further impaired, without the provision of services - A Child and Family Assessment should be undertaken in accordance with Section 17 of the Children Act 1989

- The information indicates that the child is suffering or at risk of suffering significant harm and further enquires and a Child and Family Assessment are required in accordance with Section 47 Child of the Children Act 1989

The outcomes and reason for decision should always be shared with the referrer. If the referrer disagrees with the decision, they have the opportunity to refer to a designated safeguarding lead or senior nominated officer within their own agency for discussion and advice on how to proceed; reference can also be made to Resolving Professional Differences Processes.

The Child and Family Assessment should be completed within **45 working days** from the point of referral.

Section 47 Child Protection Enquiries

Whenever there is reason to suspect that a child is suffering or likely to suffer significant harm there should be a Strategy Discussion. The Strategy Discussion should involve the social worker, their manager, the police, health services and other relevant agencies. Information gathered during the Strategy Discussion should also inform the Child and Family Assessment.

The Strategy Discussion may take the form of a multi-agency meeting or conference call, and more than one discussion may be needed. It is the responsibility of the social worker with their manager to record the strategy discussion in detail; this should include a record of who contributed to the discussion, the available evidence on which decisions were made, the action proposed and the timescales agreed.

The Strategy Discussion should be used to:

- Share available information and determine if there is reasonable cause to suspect a child is suffering or likely to suffer significant harm
- Identify the nature and level of the risk faced by the child
- Consider the need for immediate action to safeguard the child and whether legal action is required; where legal action or police protection powers have already been used discuss next steps
- Agree what further information is needed about the child and family and how it should be obtained and recorded
- Agree who should be interviewed, by whom, for what purpose and when

- Consider any particular needs based on ethnicity, religious grounds, special needs, disability, gender issues and how these can best be addressed
- Consider the needs of any other children in contact with the alleged abuser and how these are to be addressed
- Consider the timing of parental/carer participation and what information will be shared with them. Exceptionally those undertaking investigations may need to speak to a suspected child victim without the knowledge of the parent/carer e.g. if the child would be threatened or coerced into silence, if there is a possibility of evidence being destroyed, if the child did not wish the parent to be included at that stage and is deemed to have capacity to take that decision

The strategy discussion will determine when joint enquiries by Police and Referral and Assessment are necessary. It is expected that all cases of child sexual abuse, where it is alleged that a person having care or control of the child has abused the child, will be undertaken jointly. In these circumstances consideration must be given to the appropriateness of a medical examination.

Additionally all serious cases of physical abuse, neglect and nonorganic faltering growth will usually be undertaken jointly. It may be necessary for other organisations to become involved in the enquiry in the best interest of the child.

Section 47 enquiries should be carried out in such a way as to minimise distress to the child and to ensure that parents are treated sensitively and with respect. The way in which an enquiry is approached initially will impact on both the process and outcomes.

The child or their parents should be given appropriate information which clearly outlines the reasons for the enquiry, the process and their rights. The primary purpose of a child protection enquiry is to quickly (within **one working day**) see the child and assess the likelihood of the risk of significant harm. This will involve:

- Seeking the views, wishes and feelings of the child who is the subject of concern, including establishing their understanding of the situation and their relationships within the family
- Seek the views of any other children in the household, work situation or community as appropriate

- Discussion and views of those who are personally or professionally involved with the child or family
- Observations of interactions between parents and the child

the child’s level of risk and their needs; this should be reflected within the Child and Family Assessment.

Possible Outcomes of Section 47 Enquiry

Section 47 enquiries could also include findings from:

- Medical or developmental checks
- Psychological assessments
- Mental health assessments
- Substance Misuse Service assessments

- Concerns not substantiated

In cases where abuse or neglect is not substantiated it may be that the child and parents would benefit from additional support or services to meet the child’s needs identified during the Section 47 enquiry.

If an allegation of abuse or neglect is received and the child’s whereabouts are unknown or the child cannot be traced on the day of the referral, a formal request should be made to the Police to trace the child.

The social worker, the child and parents will agree a plan for ensuring the child’s future needs are met. This plan should be developed using Bolton’s Action Meeting process and the child and their parents will consider the type of support they need; how the help will be provided and by whom.

If access to a child is refused by a parent there should be a discussion with Legal Services.

- Concerns substantiated **but** child assessed not to be at continuing risk of harm

Outcomes from enquiries should be considered at a Review Strategy Discussion and appropriate future action should be agreed based on the evidence gathered.

Where child abuse or neglect is substantiated but the child is assessed not to be at continuing risk of significant harm it should be agreed at the review strategy discussion whether an Initial Child Protection Conference is required. The decision should be recorded clearly stating the reasons and rationale for the course of action agreed.

All information gathered during the course of the Section 47 enquiry should inform the analysis and identification of

Where a conference is not required the child and family will receive written confirmation of the outcome of the Section 47 enquiry. The social worker, the child and parents will agree a plan for ensuring the child's future needs are met. This plan should be developed using Bolton's Action Meeting process and the child and their parents will consider the type of support they need; how the help will be provided and by whom.

- Concerns substantiated **and** Child assessed to be at continuing risk of significant harm

Where concerns are substantiated and the child is assessed to be at continuing risk of significant harm an Initial Child Protection Conference will be convened by the Social Work manager within **15 working days**. The decision should be recorded clearly stating the reasons and rationale for the course of action. It would be best practice for this decision to be taken at the final Review Strategy Discussion.

Workers and agencies involved with the child or their parents, and those who have contributed to the Section 47 enquiry, have the right to request an Initial Child Protection Conference is convened following the conclusion of Section 47 enquiries. This should be done when they have serious concerns that a child may not otherwise be adequately safeguarded and should be discussed at the final review strategy discussion. Any such request which is supported by a senior manager within their own agency should normally be agreed.

Where there is a difference of professional opinion about the need for an Initial Child Protection Conference this should be resolved using BSCB's Resolving Professional Differences Process.

Section B8

Child protection conferences and children subject of a Child Protection Plan

A Conference will be convened in all cases where there is reason to believe that a child is suffering or likely to suffer significant harm and there may be a need to co-ordinate a Child Protection Plan in respect of that child.

Initial Child protection Conferences

Purpose

The purpose of the conference is to bring together and analyse, in a multi-agency setting, the information which has been obtained from the Section 47 enquiry, the Child and Family Assessment and any other relevant assessments.

The Conference is required to consider the evidence presented, make judgments about the likelihood of significant harm having occurred, or the likelihood of significant harm occurring in the future.

The Conference will decide what future action is needed to safeguard the child, promote their welfare and improve outcomes.

Convening

A Child Protection Conference request will be convened by the social work manager following the outcome of Section 47 enquiries and decisions within **one working day** made at the final strategy discussion.

The conference will be chaired by an Independent Reviewing Officer, based at the Child Protection Unit.

Timing

The timing of an Initial Child Protection Conference depends on the urgency of the case and on the time required to obtain relevant information about the child and family.

Adequate preparation is required for the conference to ensure that decisions are informed by good assessment and are based on sound evidence. Equally, cases where children are at risk should not be allowed to drift.

Consequently all Initial Child Protection Case Conferences should take place within **15 working days** of the decision being made at the strategy discussion that is required.

Attendance

Those attending conference should be there because they have a significant contribution to make, arising from professional expertise or knowledge of the child, their parents or both. There should be sufficient information and expertise available through personal representation and written reports to enable the conference to make informed decisions about what action is necessary to safeguard and promote the welfare of the child. All those invited are expected to attend.

However when an individual is not able to attend they should ensure their apologies and reason for absence are noted with the conference chair. They should make every effort to ensure a deputy or manager can attend and ensure their details are given to the conference chair and a written report submitted.

When it is not possible to secure a deputy's attendance this should be shared with the conference chair and a written report should be submitted. Those unable to attend should ensure they:

- Include a recommendation in respect of whether the child is suffering or likely to suffer significant harm and the rationale for this
- Comment on whether there is a need for a child protection plan and their potential contribution to the plan
- Ensure they contact the conference chair or lead social worker to confirm the outcome of the conference, the recommendations and the date for the first core group

Quoracy

The Conference will be quorate when the social worker and representatives from at least **two** other agencies are in attendance.

Where the conference is not quorate, the chair of the conference will assess the level of risk to the child and will decide either to:

- Stand down the conference and re-convene at the earliest opportunity

or

- Continue with the conference, develop an interim plan and re-convene the conference at earliest opportunity

Exceptionally, where a child has had no relevant contact with 2 additional agencies, quoracy may be breached. All conference minutes should clearly identify whether or not the conference was quorate. Where quoracy is breached the reason for this should be clearly recorded in the minutes.

Involving the child and family members

Before a conference is held, the purpose of a conference, who will attend and the way it will operate should be explained fully to the child and to the parents by the social worker.

The child, subject to consideration about age and understanding, should be invited to attend and to bring an advocate, friend or supporter if they wish. This should be discussed with the Chair, when convening the conference.

Where a child does not wish to attend the conference or their attendance is not appropriate every effort should be made to ensure their wishes and feelings are made known. The child should be helped in advance to think about what they want to convey to the conference and about how best to get their views across on the day. This is the social workers responsibility.

Similarly, the involvement of parents should be planned so as to support

them to participate fully in the conference process. The only exclusions to the attendance of a parent at conferences would be when their attendance would preclude a full and proper consideration of the child's interests, examples of this could be:

- Where a police investigation is at an early stage or restrictions have been placed on individuals by the criminal justice system
- Where there are significant concerns about violence or intimidation
- Where attendance would be seriously detrimental for the parent's health
- Where the child objects to parental attendance

The decision to exclude a parent from a conference rests with the Chair of the Conference. If parents are excluded or unable or unwilling to attend a conference, they should still be enabled to share their views. The Chair should identify who will be responsible for this prior to the conference date.

The conference chair will always meet with the child and the parents attending the conference prior to it starting to ensure they understand the process and to understand their views.

Information for the conference

Children's Social Care should provide the conference with a written report. This should summarise and analyse the information obtained during the Section 47 enquiry and any subsequent assessment to date as well as information in existing records.

All other workers who are involved with the child, parents or carers should submit a written report using the interagency template. The current template can be downloaded here: <http://boltonsafeguardingchildren.org.uk/documents/2013/11/initial-child-protection-case-conference-multi-agency-report.doc>

All reports must be forwarded to the conference chair and the Child Protection Unit **one working day** before the conference and must have been shared by the authors with the parents and, where appropriate, the child prior to the conference. Reports should be returned securely.

As stated previously if an attendee is unable to attend the conference, they must submit a written report and discuss the contents with the conference chair. Where possible, they should arrange for a deputy to attend on their behalf who has been briefed on the circumstances.

All reports should distinguish between fact, observation, allegation and

professional opinion. All reports should not contain third party information unless express permission has been given for the information to be included and shared.

All written information received for conference will be shared with the parents and other conference attendees. In exceptional circumstances information can be withheld from parents. The reasons for this should be discussed with the conference chair and agreement reached about how to share the confidential information.

Actions and decisions for the conference

The conference must decide whether the child should be subject to a Child Protection Plan. This will be determined by considering if the child continues to be at risk of significant harm.

The test should be that either:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional assessment is that further ill-treatment or impairment are likely
- Professional judgment, 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

Bolton Safeguarding Children Board policy states that the names of children who are in the Looked After Children's (LAC) System, will not be identified as being in need of a Child Protection Plan unless there are exceptional circumstances. However it is expected that any outstanding risks or needs from the Child Protection Plan are transferred to the LAC care plan.

If the child is assessed to be at continuing risk

The conference chair should determine which category of abuse the child has suffered or is suffering. The category used (i.e. physical, emotional, sexual abuse or neglect) will indicate the presenting concerns at the time the child became the subject of a Child Protection Plan.

It is the responsibility of the conference to:

- Appoint a Lead Statutory body and lead social worker
- Outline the Child Protection Plan identifying the concerns, actions, Lead Professional and Timescales

required to safeguard the child

- Identify as clearly as possible at this stage whether any further assessments are required, including any agency specific or specialist assessments
- Establish how children and parents should be involved in the process and what support, advice, advocacy will be available to them
- Ensure a contingency plan is in place if agreed actions are not completed and/or circumstances change
- Identify a core group of professionals and family members who will continually develop, implement, and review the Child Protection Plan
- Set a date for the first core group meeting and agree the frequency of future core groups
- Identify a deputy to chair the core group in exceptional circumstances, should the Lead Social Worker become unavailable
- Set the first review date, which will be held within three months of the Initial Conference

It is Bolton Safeguarding Children Board policy that children will remain

the subject of a Child Protection Plan at the first review, unless there are exceptional circumstances e.g. child becomes looked after or leaves the area.

The first review will be used to explore and consolidate the progress of the Child Protection Plan.

Where progress is positive and the risks are being addressed the next review conference can be brought forward.

If the child is assessed **not** to be at continuing risk

Where a child is deemed not to be at continuing risk the conference should consider:

- The child’s level of need in accordance with Bolton’s continuum
- The need for additional services to support the child or their parents, how these needs will be met and the lead professional
- How the needs will be reviewed including the impact of any action plans

Disagreement and dissent

Every effort should be made through discussion and explanation, to reach a consensus in the conference as to whether the child is at risk of significant harm.

Where a decision cannot be reached, the chair will ask each agency representative with different line management structures, to offer their view (those attending to support staff will be excluded from the voting process). The majority view will be taken and dissents recorded in the conference minutes.

Should the vote be split equally, the conference chair will have the casting vote. This should be clearly recorded in the conference minutes and supported by a clear rationale.

Record keeping

The decision of the conference, an outline of the Child Protection Plan (where appropriate), category of the abuse, the name of the Lead social worker and the core group members, should be circulated to all those invited to the conference within **one working day**.

Minutes of the Child Protection Conference, including decisions and recommendations, should be completed within **21 working days** and forwarded to those present at the conference, to those persons invited but unable to attend, and to others, as deemed appropriate by the conference.

Those attending the case conference should read the minutes thoroughly

and any amendments should be sent to the chair of the conference within **10 working days** of receiving the conference minutes. Any additional copies of the case conference minutes **must only** be provided by the Child Protection Unit and will be marked to authenticate them.

The contents of any report submitted to conference is not to be reproduced, copied or divulged in any way. Information contained in conference reports should not be discussed with or revealed to any person without first obtaining written permission from the source of the information.

Pre-birth conferences

Where a Child and Family Assessment gives rise to sufficient concerns about the future risk to an unborn child, a Child Protection Conference should be convened. This conference should have the same status as any other Initial Child Protection Conference.

The conference should be convened in time to share information and identify a Child Protection Plan where necessary. The timing of the conference should take into account the expected delivery date, and anticipated date of first review, to avoid the review taking place prior to the baby's birth.

If a decision is made that the unborn child should be the subject of a Child

Protection Plan the primary cause for concern should determine the category.

Action following the initial Child Protection Conference

The Role of the Lead Social Worker

Every child who is the subject of a Child Protection Plan should have a named lead social worker. The lead social worker is responsible for making sure that the outline Child Protection Plan is developed into a more detailed multi-agency SMART action plan. The lead social worker will coordinate the contributions of the child, their parents and other agencies to:

- Plan the action that needs to be taken
- Put the child protection plan into effect
- Review progress against the planned outcomes

The Core Group

The overall aim of the Core Group is:

- To ensure the child is safe and prevent him or her from suffering further harm
- Promote the child's health and development

- Provided it is in the best interests of the child, support the family and wider family members to safeguard and promote the welfare of the child

All Core Group members are jointly responsible for the formation, implementation and effectiveness of the plan.

The Core Group is responsible for:

- Developing and implementing the Child Protection Plan in accordance with the outline plan agreed at the Initial Child Protection Conference
- Deciding what steps need to be taken, by whom, to complete the Child and Family Assessment
- Evaluating the impact of the Child Protection Plan in safeguarding and promoting the welfare of the child

The Core Group should meet sufficiently regularly to facilitate working together, monitor actions and measure outcomes, and make any necessary alterations to the Child Protection Plan, as circumstances change

While the Core Group cannot guarantee the safety of the child, they should aim to work co-operatively towards reducing and managing the risk of significant harm. Each Core

Group member has an equal responsibility towards the safety and welfare of the child and can request an earlier case conference review if concerns continue, if the Child Protection Plan is not working or if better progress than expected is being made.

The date of the first Core Group Meeting will be arranged at the end of the Initial Child Protection Conference and must be held within **10 working days**. Subsequent meetings should be held at 4 - 6 weekly intervals. At each Core Group meeting members should be prepared to give a verbal report of their involvement with the child and their parents, including progress against the action plan. If they cannot attend they should send a written update in advance, clearly stating how their actions within the Child Protection Plan have progressed.

At each core group the child protection plan should be reviewed, the plan updated and shared with all core group members. It is the responsibility of each core group member to ensure they have a copy of the up to date plan.

A written record must be made of the core group meetings and circulated to all members. This is the responsibility of the lead social worker, or the deputy in their absence.

Core Group Members

The Core Group should be chaired by the lead social worker. Exceptionally, the deputy will chair the group in the absence of the social worker.

Members of the Core Group will include the lead social worker and those workers involved directly with the child or their parents. Parents and the child (where age appropriate) are members of the core group. Each member contributes to the whole process and has a duty to ensure information held by them on their work is shared.

Core Group members should provide a clear rationale for ending their involvement for children subject to Child Protection Plans. This could be at a normal transition point, eg, when a case transfers from midwife to health visitor, or if a programme of work or intervention is finished.

Child Protection Plan

An outline Child Protection Plan will be drawn up at the Initial Conference, which will form the basis for the detailed multi-agency SMART action plan developed at the first Core Group Meeting. The Child Protection plan should set out clear tasks that will reduce the risk of harm as identified in the conference, and against which progress can be evidenced.

The Child Protection Plan will identify the specific roles and responsibilities of

each Core Group member, and agree aims, objectives and outcomes for the child. The actions in the plan should be based on those identified by agencies via their reports to conference. It is the responsibility of the lead social worker to collate the plan and share this with core group members.

The Child Protection Plan should be explained and agreed with the child in a manner appropriate to their age and understanding. The plan should reflect as much as possible what the child believes will help to keep them safe. The lead social worker should be informed immediately of any significant change or incident in respect of the child or parent.

At each core group the Child Protection Plan should be reviewed, updated and shared with all core group members and their views sought. It is the responsibility of each core group member to ensure they have a copy of the up to date plan.

If at any time any member of the Core Group believes the Child Protection Plan is not keeping the child safe it is their responsibility to discuss with the lead social worker in the first instance. If this is not possible the team manager or the Chair of Conference should be contacted. Where it is necessary the review conference should be brought forward.

Urgently re-convened Child Protection Conferences

A child protection conference should be re-convened if there is a major change from the previously agreed direction of the case. This can be requested by any member of the core group, however it should be discussed initially with the lead social worker.

Child Protection Review Conferences

Purpose

The purpose of the review conference is to:

- Evaluate progress in relation to the planned outcomes
- Analyse and review the level of risk and determine if the child is continuing to suffer or is likely to suffer significant harm
- Consider whether the current Child Protection Plan is appropriate or should be updated to reflect new circumstances

Timescale

The first child protection review conference must be held within **three** months of the Initial Child Protection Conference, and further reviews must be held at intervals of not more than **six months** for as long as the child

remains the subject of a Child Protection Plan.

The date of the first review conference will be fixed at the end of the Initial Conference and subsequently at the completion of each review.

Convening

The review will be convened and chaired where possible by the same conference chair.

Attendance

Attendees should include those most involved with the child or their parents, those who have relevant information to share and those who may be able to offer additional support.

Reports

At the Core Group meeting prior to each review conference a collective report should be developed, this should be co-ordinated by the lead social worker. The report should provide an overview of the work undertaken by all core group members, including the family. It should also evaluate the impact on the child's welfare and safety as a consequence and clearly evidence whether the risk of significant harm remains. The views of all members of the core group as to whether there is a continuing need for a child protection plan should be recorded by the lead social worker.

The report should be shared with the child and family prior to the review conference and their views sought. It should be submitted to the conference chair within **one working day** before the review.

Discontinuing the Child Protection Plan

A child should no longer be the subject of a Child Protection Plan in the following circumstances:

- It is assessed and evidenced that the child is no longer at continuing risk of significant harm which requires safeguarding by means of a Child Protection Plan e.g.:
- The risk of harm has been reduced by action taken through the Child Protection Plan
- The child and family's circumstances have changed
- Re-assessment of the child and family indicates that a child protection plan is not necessary
- The child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within **15 working days** of being notified of the permanent move, only after this event may Bolton discontinue the Child Protection Plan
- The child has reached 18 years of age (to end the child protection plan, the local authority should have a review around the child's birthday and this should be planned in advance)
- The child has died
- The child has permanently left the UK
- The child gets married

Only a Child Protection Review Conference can decide that a Child Protection Plan is no longer necessary in the above circumstances.

In these circumstances a Review Conference is not necessary to discontinue the Child Protection Plan, however, notification should be sent, as a minimum, to all those agencies who attended the Initial Child Protection Conference or who were party to the Core Group.

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 support. Review conference members should discuss with the parents and the child, what services might be needed, based upon re-assessment. Consideration must be given to the need for an Action Meeting.

Deferment

In the majority of case conferences a decision about whether a Child Protection Plan is required should always be reached. Deferring a decision should only be considered when critical information is not available.

The conference should reconvene within **three** months with the lead social worker and Chair responsible for securing the critical information.

Managing and providing information about a child subject of a Child Protection Plan

Access to information about a child subject of a Child Protection Plan is via the Child Protection Unit during office hours and through the Emergency Duty Team out of hours, **01204 337777**.

This information is only available to legitimate enquirers and all enquiries will be subject to a 'call back' procedure to ensure the authenticity of

the caller. Information about a child subject to a Child Protection Plan must be treated confidentially.

If the child is the subject of a Child Protection Plan when an enquiry is made, the enquirer will be advised to contact the lead social worker and relevant details provided.

If an enquiry is made, but the child is not the subject of a Child Protection Plan, this should be recorded by the Child Protection Unit together with the advice given to the enquirer.

In the event of there being a second enquiry about a child not subject of a Child Protection Plan, the enquirer will be informed and requested to discuss their concerns with the appropriate social work team. Additionally, the Quality Assurance Team Manager will be notified and will discuss future action with the district social work team.

Members of the public do not have access to information about a child subject to a Child Protection Plan and this should never be disclosed.

Child subject of a Child Protection Plan who moves

Within Bolton

It is essential that all those involved with a child subject to a Child Protection Plan are kept informed of

the child's current address. Should a child move address the lead social worker should be informed immediately and they should immediately contact the Child Protection Unit who will undertake to notify all those who attended the initial conference.

Into Bolton

If a worker from any agency becomes aware that a child known to be subject of a Child Protection Plan in another local authority has moved into Bolton, they should immediately inform the Quality Assurance Team Manager.

Child subject of a Child Protection Plan who goes missing

Whether a child or parents are considered 'missing' rather than 'temporarily out of touch' will depend on the known facts about the family and the seriousness of the situation.

The reason for trying to locate such children is that disappearance may increase the risk of further abuse. If anyone becomes concerned that a child has gone missing, this should be immediately reported to the lead social worker who will then report their concerns to their line manager and the Quality Assurance Team Manager. The lead social worker should then make enquires with core group members to attempt to locate the child and family,

as well as establish when the child was last seen. The outcome of these enquires will determine the next steps which could include:

- Reporting the child missing to police
- Requesting agencies invoke any processes for tracing missing families on a regional or national basis

Where it is recognised the child is missing, a conference will be convened within **five working days** from first notification to ensure effective co-ordination of information and action.

Resistance to allowing the child to be seen

In situations where workers can gain access to the house, and to the parents, but where there is resistance to allowing access to the child, this must arouse immediate concern. Such resistance may not always be obvious (e.g. child is always asleep upstairs, or always at a relative's house).

It is vital that workers see the child who is the subject of a Child Protection Plan and treat with concern unreasonable resistance to seeing or speaking to the child. When there is resistance to seeing the child, workers must immediately contact the lead social worker.

If there continues to be unreasonable resistance to seeing the child, the lead social worker and their manager must consider emergency action to ensure the child's safety and well-being.

Complaints about a Child Protection Conference

Where there is evidence a child or their parent may wish to complain or raise concerns about one or more of the following:

- That the criteria for the decision that the child should have a Child Protection Plan were not met
- That the criteria for the decision that the child should continue to have a Child Protection Plan were not met
- That the criteria for the decision that the Child Protection Plan should be discontinued were not met
- That the information on which the conference decision was based proved subsequently to be incorrect

If any concerns cannot be resolved immediately following the conference, the Chair will ask the child or parent to set out their complaint in writing within **three working days** of the conference. Assistance will be provided by a professional, where appropriate, to help with the written complaint.

The Conference Chair will then arrange to discuss the complaint with the parent/child in a meeting within **five working days** of receipt of the written complaint.

A record will be made of the meeting, including reasons for the Conference Chair's decision-making. The Conference Chair will then ensure that this is sent to the complainant. A copy will also be sent to the Head of Service, Child Protection and Leaving Care and Bolton Safeguarding Children Board.

Outcomes for the meeting

- Conference discussion up held as evidence presented does not support complaint.
- Evidence presented indicates Initial Child Protection Conference should be reconvened to hear and consider the new evidence.

If the issues cannot be resolved after discussion with the Conference Chair, then the complainant will be advised by the Conference Chair to write to the Bolton Safeguarding Children Board within **three working days** of receiving the written record.

Complaints made outside the **three working days** time limit may, in exceptional circumstances and at the discretion of the Safeguarding Children Board Manager, be accepted.

Section B9

Managing allegations of abuse against those who work with children in Bolton

Introduction

The vast majority of adults who work with children act professionally and aim to provide a safe and supportive environment that secures the wellbeing and very best outcomes for children and young people in their care; however children can be subjected to abuse by those who work with them in any and every setting.

Bolton Safeguarding Children Board believes that the welfare of the child is paramount and that allegations against professionals should be investigated with the same thoroughness as allegations against parents and carers.

This information is intended as a brief snapshot. All employers should be familiar with and refer to the BSCB guidance and legislation which can be accessed from the website. These procedures need to be applied using common sense and reasoned judgement

The role of the LADO

The purpose of the Local Authority Designated Officer (LADO) is to manage the allegations against adults in the childrens workforce this also includes volunteers, and foster carers; as well as historic allegations, which are treated in the same way as current allegations.

The LADO role is to be objective and independent of organisations and sits within the Local Safeguarding Children Board (LSCB) procedures.

It is important to remember that guidance and legislation relating to managing allegations is directed at the employer. It is the employer's duty to adhere to the guidance and to seek the advice of the LADO. Where there is no obvious employer the allegations should be brought to the attention of the LADO.

What is an allegation?

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

The LADO should be informed within one working day of all allegations that come to an employer's attention, which appear to meet the criteria.

Some allegations are so serious as to require immediate referral to social care and to police for investigation.

Initial considerations with the LADO

The LADO should first establish, in discussion with the employer, that the allegation is within the scope of these procedures and may have some foundation. The LADO will discuss the matter with the employer (case manager acting on behalf of the employer) and, where necessary, obtain further details of the allegation and the circumstances in which it was made.

Once all relevant information is gathered the employer and LADO will

consider whether the allegation is, on the balance of probability, false, malicious or unfounded and would therefore require only a single agency response i.e. no other agencies need become involved or whether a Professional Strategy Meeting is required. Recommendations may be made to the employer at this stage regarding their next steps.

The case manager should not investigate the matter by interviewing the subject of the allegation, any child or potential witnesses without advice.

The Professional Strategy meeting

A professional strategy meeting will be arranged by the LADO and professionals will be invited who can provide information, in respect of the subject of the allegation or the alleged victim, or may be able to action any recommendations, this would normally include Police, Social Care, employer or senior manager.

The information discussed at that meeting is of a highly confidential nature and any reports should not be copied without the prior consent of the author of any report or the chair (LADO). Any information discussed verbally should not be passed onto anybody outside the meeting without first obtaining the permission of the person who provided that information, or the chair.

Consideration of Suspension

A person should not be suspended automatically. The case manager for the employer must consider carefully whether the circumstances warrant suspension from contact with children or until the allegation is resolved, and may wish to seek advice from their personnel adviser and the LADO. The employer should also consider whether the result that would be achieved by immediate suspension could be obtained by alternative arrangements, however the decision to suspend lies purely with the employer.

The Professional Strategy Group will be asked to consider and give a rationale to categorise the allegation as:

- Substantiated
- False
- Malicious
- Unfounded
- Unsubstantiated

It is not the role of the LADO to make decisions but is the PSG as a whole who make recommendations relating to the case. The group will consider all information on the balance of probability.

Referral to professional/regulatory body or DBS

The duty to refer to the Disclosure and Barring Service (DBS) lies purely with the employer. If an organisation removes an individual (paid worker or unpaid volunteer) from work, or would

have done had the person not left first, because the person poses a risk of harm to children, the organisation must make a referral to DBS. It is an offence to fail to make a referral without good reason.

Challenging Practice

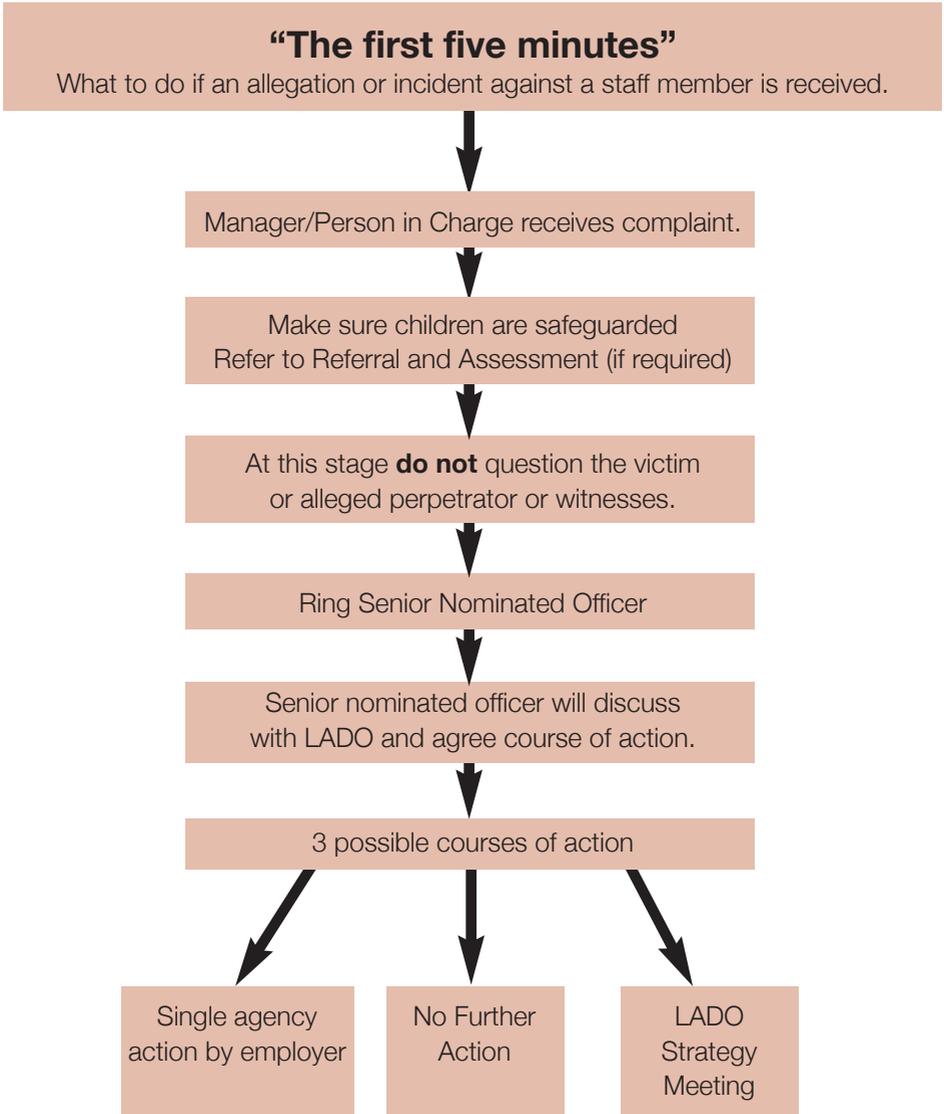
The managing allegations process and the role of the LADO is statutory within Working Together 2013 and sits within the BSCB framework. Information under these procedures is gathered on behalf of and retained by the BSCB, information is given voluntarily and is retained by the agencies and professionals providing it.

Any issues regarding the process of Managing Allegations should first be discussed with the LADO. Should an issue remain unresolved then the matter should be referred to Head of Service, Child Protection and Leaving Care, who should consider all information and advise next steps.

At the conclusion of a case the LADO should review the circumstances with the case manager. This is to determine whether there are any improvements to be made to procedures or practice to help prevent similar events or allegations in the future.

Full guidance about the LADO process and supporting resources can be found here <http://boltonsafeguardingchildren.org.uk/documents/2013/10/managing-allegations-procedure.pdf>

Managing allegations against those working with children



Section B10

Case Reviews

Every unexpected death of a child is a tragedy for their family, and investigations should keep an appropriate balance between forensic and medical requirements and the family's need for support.

Introduction

When a child dies unexpectedly several investigative processes may be instigated. Bolton Safeguarding Children Board is responsible for managing two of these:

- Child Death Reviews
- Serious Case Reviews

Both processes are used to:

- Understand fully the reasons for the child's death
- Address the needs of other children in the household
- Address the needs of all family members
- Consider lessons to be learned to inform future planning to safeguard all children in the area

General principles

The following principles should be applied when investigating child deaths:

- All child deaths should be responded to equitably, regardless of disability, medical condition, gender, ethnicity etc.
- Families should be treated with respect at all times
- Workers should approach investigations with an open mind and those conducting reviews should not have had direct contact with the child or family
- Investigations should be conducted in a timely manner
- Information should be shared appropriately and securely during the course of a review
- Findings and recommendations from reviews should be published in an appropriate format

Definition

An unexpected death is defined as the death of a child that was not anticipated as a significant possibility **24 hours before**, or where there was an unexpected collapse leading to or precipitating the events that led to the death.

This definition is applied to all child deaths from birth (excluding those babies who are stillborn) up to the age of 18 years.

Child death review process

The Child Death Review process consists of two elements:

- A rapid response by a group of key professionals who enquire into and evaluate each unexpected death of a child
- An overview of all child deaths (under 18 years) in the area undertaken by a multi-agency panel

If it is thought, at any time, that the criteria for a Serious Case Review (SCR) might apply, Bolton Safeguarding Children Board should be contacted and the Serious Case Review procedures initiated.

Rapid Response Process

A multi-agency team will be convened in response to each child death and will

be co-ordinated by a local designated paediatrician responsible for unexpected deaths in childhood.

Workers who come together as a team will carry out their normal functions, i.e. as a paediatrician, GP, nurse, health visitor, midwife, mental health professional, social worker, probation or police officer, in response to the unexpected death.

The joint responsibilities of these workers include:

- Responding quickly to the unexpected death of a child
- Making immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with the Coroner
- Undertaking the types of enquiries/investigations that relate to the current responsibilities of their respective organisations when a child dies unexpectedly, including liaison with those who have ongoing responsibilities for other family members:
- Collecting information in a standard manner
- Providing bereavement support to the family and keeping them up to date with information about the child's death

Child Death Overview

Panel Process

Bolton Child Death Overview Panel is responsible for reviewing all deaths of children who normally live in the area. The Panel has a fixed core membership, with flexibility to co-opt other relevant representation as and when appropriate. The review is based on available information from those who were involved in the care of the child, both before and immediately after the death, and other sources including, the Coroner.

The Panel is responsible for:

- Meeting at regular intervals to enable each child's case to be discussed in a timely manner
- Reviewing the appropriateness of the professionals' responses to each unexpected death of a child, their involvement before the death, and relevant environmental, social, health and cultural aspects of each death, to ensure a thorough consideration of how such deaths might be prevented in the future
- Identifying any patterns or trends in the local data and reports these to Bolton Safeguarding Children Board
- Disseminating any lessons learned from the review of all child death and identifying any modifiable factors
- Ensuring that relevant findings inform local strategic planning
- Acting on any recommendations to improve policy, practice and multi-agency working to safeguard and promote the welfare of children
- Reporting findings and outcomes of local reviews to relevant government departments

Bolton Safeguarding Children Board takes responsibility for:

Serious case review process

Criteria

A Serious Case Review will always be held where:

- a child dies (including death by suicide) and abuse or neglect is known or suspected to be a factor in the child's death

or

- a child has been seriously harmed and abuse or neglect is known or suspected to be a factor and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child

or

- a child dies in custody, in police custody, on remand or following sentence, in a young offenders institution, in a secure training centre or secure children’s home or where the child was detained under the Mental Health Act 2005

Purpose

The purpose of a Serious Case Review is to:

- Establish whether there are lessons to be learnt from the case about the way in which local workers and organisations work together to safeguard and promote the welfare of children
- Identify clearly what those lessons are, how they will be acted on, and what is expected to change as a result
- Improve multi-agency working and better safeguard and promote the welfare of children

Process

Referral

When workers or organisations suspect or become aware that abuse or neglect is a factor in a child’s death or serious injury they should immediately:

- Inform the Nominated Safeguarding Officer within their organisation
- Consider whether there are other children at risk of harm who require safeguarding (e.g. siblings, or other children in an institution where abuse is alleged) and take the appropriate action to safeguard these children

All cases notified to Bolton Safeguarding Children Board will be reviewed using the processes outline in the Learning and Improvement Framework to determine further action. Appropriate feedback will be provided to referrers.

Where a Serious Case Review is commissioned a systems methodology will be used to undertake the review.

Outcomes

The findings and recommendations from the Serious Case Review will be shared with Bolton Safeguarding Children Board. On receiving a report the Board will:

- Ensure that contributing organisations and individuals are satisfied that their information is fully and fairly represented in the overview report
- Translate the learning and challenges from the Serious Case Review into action to improve local practice

- Monitor and review the impact of action plans on practice
- Clarify to whom the report, or any part of it, should be made available
- Make arrangements to appropriately feedback and debrief staff, family members and the media in preparation for SCR report publication
- Provide a copy of the Serious Case Review report and action plan to OFSTED, Department for Education and the National SCR Panel

Serious Case Reviews are of little value unless lessons are learned from them; as much effort should be spent on acting on recommendations as on conducting the review.

Section B11

Multi-agency training and staff care scheme

Working with children and their families can be demanding both in terms of the skills and knowledge required and the support needed to work effectively.

Bolton Safeguarding Children Board aims to support managers, workers and volunteers in Bolton by providing:

- Multi-agency Safeguarding Training for those working directly or indirectly with children, their parents or carers
- Work Related staff care support for those working with children or their parents
- Research and learning resources

For further information on any of these services please contact the multi-agency Training Co-ordinator on **01204 337861**.