



improving services for children

## **A Guide for Managers: the key changes in Working Together to Safeguard Children 2010**

The full Working Together 2010 guidance came into force on 1<sup>st</sup> April 2010.

The length of the new document is recognised and the Department for Children, Schools and Families will produce:

- An easily navigable web-based version of this document, with hyperlinks;
- A short practitioner guide; and
- Identify what might be done to present the document more effectively and emphasise the statutory requirements to safeguard and promote the welfare of children and young people

The guidance reflects the changes and developments in legislation (Childcare Act 2006, the Borders, Citizenship and Immigration Act 2009 and the Apprenticeships, Skills, Children and Learning Act 2009), organisations (the Care Quality Commission the Independent Safeguarding Authority and the United Kingdom Border Agency), services (Early Years Foundation Stage, the Healthy Child Programme, Think Family, the Vetting and Barring Scheme) and guidance since the previous version produced in 2006.

It references *the Children's Plan (2007)*, *The Protection of Children in England: A Progress Report 12 (March 2009)* and the *Protection of Children in England: Action Plan (May 2009)* and a range of guidance including:

- Making Arrangements to Safeguard and Promote the Welfare of Children (HM Government, 2007)
- Children's Trusts: Statutory guidance on co-operation arrangements, including the Children's Trust Board and the Children and Young People's Plan.
- The Roles and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services
- revised Care Planning, Placement and Case Review Regulations (England) 2010 and accompanying statutory guidance Putting Care into Practice,
- Common Assessment Framework (CAF) guides for managers and practitioners,
- Arrangements to Safeguard and Promote Children's Welfare in the United Kingdom Border Agency

- Think child, think parent, think family: a guide to parental mental health and child welfare, 2009 SCIE Guide 30.
- Information Sharing: Guidance for practitioners and managers (2008) and the Embedding information sharing toolkit
- Building a safe, confident future: the final report of the Social Work Task Force
- Providing Effective Supervision (Skills for Care and CWDC 2007)
- Safeguarding Children and Young People: Roles and Competences for Health Care Staff (2006);
- Roles, Skills, Knowledge and competencies for Safeguarding Children in the Sports Sector (2007)

It notes that *Safeguarding Children and Safer Recruitment in Education (2007)* is due to be updated and reissued in 2010.

Terminology has been updated or improved. There are references to lead social worker instead of key worker for children with protection plans, to the private and third sector instead of the voluntary sector, and to children at risk of sexual exploitation instead of involved in prostitution.

## Chapter 1

### **Introduction: working together to safeguard and promote the welfare of children and families**

There is reference to the Children Act 2004 (which set out the Every Child Matters outcomes in statute), to Lord Laming's recent review and the Government's response, and the fact that this updated guidance addresses 23 of the Laming recommendations.

The need to safeguard and promote the welfare of young people at risk of community based violence (both perpetrators and victims) has been added.

There is a strong emphasis on Child focused practice:

- Agencies should prioritise age appropriate direct communication and positive and respectful relationships with children, ensuring the child's wishes and feelings underpin assessments, plans and any safeguarding activities
- Frontline professionals need to get to know children as individuals and routinely consider how their situation feels to them as recommended by Lord Laming and to avoid the failings highlighted in serious case reviews evaluated by Ofsted
- Children need to feel they are respected and understood as individual people and to have their wishes and feelings consistently taken into account.
- Sometimes children will seek out and ask for help and advice themselves.

Effective ongoing action to keep the child in focus includes:

- Developing a direct relationship with the child;
- Obtaining information from the child about his or her situation and needs;
- Eliciting the child's wishes and feelings – about their situation now as well as

- plans and hopes for the future;
- Providing children with honest and accurate information about the current
  - Situation, as seen by professionals, and future possible actions and interventions;
  - Involving the child in key decision-making;
  - Providing appropriate information to the child about his or her right to protection and assistance;
  - Inviting children to make recommendations about the services and assistance they need and/or are available to them;
  - Ensuring children have access to independent advice and support (for example,
  - Through advocates or children's rights officers) to be able to express their views and influence decision-making; and
  - The importance of eliciting and responding to the views and experiences of children is a defining feature of staff recruitment, professional supervision, performance management and the organisation's broader aims and development.

This may involve using interpreters and drawing on the expertise of early years workers or those working with disabled children.

The guidance highlights the need to consider any maltreatment alongside the child's own assessment of his or her safety and welfare, the family's strengths and supports, **as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.**

The definition of sexual abuse has been expanded; it 'involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children'.

## Chapter 2

### Roles and responsibilities

This has been updated to reflect changes to legislative powers and duties and the separation of commissioning and delivery functions. It emphasises the requirements for all organisations to comply with best practice in recruitment and employment, including Criminal Record Bureau checks, registration with Vetting and Barring Scheme and it refers to information sharing materials and ContactPoint. Staff can register under the new Vetting and Barring Scheme from 26 July 2010 and registration will be compulsory for new entrants to the workforce from November 2010.

There are new sections on responsibilities to safeguard children in specific settings; including; children excluded from school/receiving alternative provision; home educated children; maintained schools, independent schools/FE; early years; children detained in the secure estate

The need to understand, identify and mitigate the risks of new technology to keep children safe online is acknowledged.

There is a clear distinction between the responsibilities of PCT as commissioners and the responsibilities of NHS Trusts, NHS Foundation Trusts and PCT Provider Services, recognition of role of third sector and social enterprise providers and updated section on roles of difference health services and professionals with reference to the Healthy Child Programme, and Family Nurse Partnership.

The important part Early years services play an in the lives of large numbers of children is acknowledged. The Early Years Foundation Stage clearly identifies the requirement for all registered providers, except childminders, to have a designated practitioner for safeguarding children.

The United Kingdom Border Agency (UKBA) has a duty under section 55 of the Borders, Citizenship and Immigration Act 2009 to effectively safeguard and promote the welfare of children and to act to prevent the trafficking of children.

All organisations should have policies for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy, **effective complaints procedures** and procedures for using Contactpoint and sharing information and others that are in accordance with guidance **from the local authority** and locally agreed inter-agency procedures

**Local authorities** and partners should look closely at local opportunities to deliver more effective and efficient integrated and co-located frontline services.

Local authorities have responsibilities for ensuring appropriate arrangements to safeguard and promote the welfare of children are in place for all children residing within their area, including children excluded from school/receiving alternative provision; home educated children; children placed in custody.

Services provided have been expanded to also include services for adults and children affected by domestic violence, short breaks for disabled children and targeted parenting and family support.

Children and young people should be made aware of whom they can contact if they require advice and/or support: this includes children living away from home in educational, health or custodial settings.

Local authorities must ensure that high quality, experienced social workers undertake key management and supervisory roles in intake/duty teams and receive high quality, specialist training in these roles.

The contribution that **adult social services** can make to the safeguarding of children, including awareness, and disclosure, of risks of harm to children and opportunities for joint working are highlighted.

### **Housing**

From 1 April 2010, the Tenant Services Authority (TSA) will regulate the whole social housing sector using its new regulatory framework and agreed regulatory standards for social landlords which includes promoting social, environmental and economic wellbeing in those areas.

The responsibilities of housing authorities to those with priority needs and of Family Intervention Partnerships operated by housing authorities and Registered Social Landlords.

There will be joint DCSF and CLG guidance for Housing authorities and children's services about their duties under Part III of the Children Act 1989 and Part 7 of the Housing act 1996 to secure or provide accommodation for homeless 16 and 17 year old children.

**Sports organisations** can now seek advice on child protection issues from the Child Protection in Sport Unit (CPSU) and **third sector organisations** from the Safe Network.

In April 2008 local authorities were given responsibility for **Connexions** and the ability to decide how best information, advice and guidance services should be delivered. They should ensure that their Connexions service ensures support and planning for young people in custody and their resettlement back into the community;

### **Health services**

The role of CQC and Monitor and the Strategic Health Authority's membership of LSCBs are outlined.

PCTs are encouraged to bring together commissioning expertise on sexual violence services, including Sexual Assault Referral Services, and to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people.

All NHS trusts, NHS foundation trusts and PCT provider services should identify a named doctor and a named nurse – and a named midwife where they provide maternity services – for child protection and a named midwife where they provide maternity services – for child protection

Where the child or young person attending A and E is not registered with a GP, the appropriate contact in the PCT is to be notified for arranging registration.

The Healthy Child Programme, 0-5 years and 5-19 years, provides a framework to ensure the promotion of the health and wellbeing of children and young people.

There are expanded sections for Health Visitors and School Nurses.

### **CAMHS**

From April 2010, there is a duty on hospital managers to ensure that the environment in the hospital is suitable for any child or young person under the age of 18 admitted to hospital for mental health treatment.

Managers of adult services must also consult with a CAMHS adviser who would need to be involved in decisions about accommodation, care and facilities for education in hospital.

Guidance about the development of Local Protocols between Drug and Alcohol Treatment Services and Local Safeguarding and Family Services is highlighted

### **Designated Professionals**

There is a new section detailing their responsibilities.

### **Schools and Further Education settings**

There is reference to the new Ofsted inspection framework, support and planning for young people in custody, and the requirements of 14-16 year olds

The section on the **Police** includes the role of National Police Training Agency for specialist Child Abuse Investigation Teams and reference to publication Investigating Child Abuse and Safeguarding Children (ACPO 2009) and Home Office Circular 017/2008 for guidance on use of police protection powers

**Probation areas/trusts** have expanded responsibilities, which clarify provision of

- A statutory victim contact scheme to the victims of violent and sexual offences;
- Unpaid work requirements to 16- and 17-year olds; and
- Support for victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes.

### ***The secure estate for children and young people***

It includes the responsibilities of Young Offenders Institutions, STCs, SCHs and the YJB to safeguard children and young people from themselves, adults and peers, to share information with the LSCB and to ensure that staff are trained and safer workforce practices in place.

The guidance also sets out the role of Youth Offending Team Management Boards

### **Faith Communities**

This new section sets out support arrangements, responsibilities for reporting allegations on safeguarding matters; requirements around arrangements for sexual and violent offenders; and reference to DCSF practice guidance.

## **Chapter 3**

### **Local Safeguarding Children Boards**

Key changes aim to strengthen transparency and accountability of LSCBs.

The Children's Trust Board and the LSCB should ensure that local arrangements and thresholds about the appropriate use of the Common Assessment Framework (CAF) and appropriate referrals of a possible child in need to children's social care services are in place.

LSCBs should ensure that robust quality assurance processes are in place to monitor compliance by relevant agencies within their area with requirements to support safe practices. These processes should include audits of vetting practice and sampling of compliance with checks with Criminal Records Bureau and, once it is introduced, Independent Safeguarding Authority registration

The board must raise awareness of private fostering, ensure relevant training practices are developed and followed up at multi-agency level; receive and responding to the findings of the local authority's annual private fostering report. It should also act on the findings of Ofsted inspections and research evidence on effective practice and report on private fostering in its own annual report.

There should be an additional protocol for handling complaints regarding requests to share information.

In terms of monitoring effectiveness, LSCBs should link with any local secure setting and observe and scrutinise restraint techniques, the policies and protocols around restraint, and incidences and injuries. Those LSCBs should report at least annually to the Youth Justice Board and share information with HMIP and Ofsted where appropriate. All restraint incidents in custodial settings which result in an injury to a young person should be notified to, and subsequent action monitored by, the LSCB.

#### **An annual report on the effectiveness of safeguarding in the local area**

There is now a statutory requirement (through the Apprenticeships, Skills, Children and Learning Act 2009) for LSCBs to publish an annual report including achievements and challenges that still remain.

The report should demonstrate how well the functions of the LSCB are being discharged, outline the learning, impact, and progress of individual Serious Case Reviews (SCRs), and provide robust challenge to the work of the Children's Trust Board in driving improvements in safeguarding

LSCBs must publish their first report, and Children's Trust Boards must produce a Children and Young People's Plan by, 1 April 2011. the LSCB annual report should be timed to contribute to the Plan and the LSCB is a formal consultee during the Plan's development.

The LSCB is not accountable for member organisations' operational work or have a power to direct other organisations. The LSCB and Children's Trust Board should be chaired by different people.

The independent LSCB chair should be selected with the agreement of representatives of the key services.

Agreed local protocols should enable the LSCB to challenge and scrutinise effectively the work of the Children's Trust Board and partners, to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice.

The Children's Trust Board and the LSCB should agree:

- A strategic approach to understanding needs, including a sophisticated analysis of data and effective engagement with children, young people and families;
- A clear approach to understanding the effectiveness of current services, and identifying priorities for change – including service improvement, reshaping or development ;
- Effective integrated arrangements for delivering priorities for change through the Children and Young People's Plan; and
- Effective approaches to understand the impact of specialist services on outcomes for children, young people and families, and using this understanding constructively to challenge lack of progress and drive further improvement.

There is flexibility for an LSCB to have an extended role in addition to its core functions but still related to its objectives. These additional activities should be discussed and agreed as part of the wider Children's Trust planning arrangements and in the preparation of the Children and Young People's Plan. In such cases, the LSCB as a body should be represented on the Children's Trust Board so that the Children's Trust Board can call the LSCB to account for the extent to which it has acted in accordance with the Children and Young People's Plan.

### **Role of Elected Members and Directors of Children's Services**

These are central and complementary roles.

Directors of Children's Services have responsibility for improving outcomes for all children and young people in their area including safeguarding.

Lead Members for Children's Services:

- Are politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people.
- Provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities

- Should also take steps to assure themselves that effective quality assurance systems for safeguarding are in place and functioning effectively.

The Lead Member should be a 'participating observer' of the LSCB, routinely attending meetings and receiving all its written reports. They should engage in discussions, ask questions and seek clarity, but not be part of the decision making process.

Directors of Children's Services will be held to account for the effective working of the LSCB by their Chief Executive and challenged where appropriate by their Lead Member.

### **Role of local authority Chief Executives and Council Leaders**

Chief Executives are responsible for satisfying themselves that the Directors of Children's Services are fulfilling their managerial responsibilities for safeguarding particularly by ensuring an effective working relationship between the Children's Trust Board and the LSCB ; that clear responsibility has been assigned within the local authority and among Children's Trust partners for improving services and outcomes; and that targets for improving safeguarding and progress against them are reported to the Local Strategic Partnership.

As part of the Children's Trust annual report, the Chief Executive and the Leader of the Council should make an assessment of the effectiveness of local governance and partnership arrangements for improving outcomes for children and supporting the best possible standards for safeguarding children.

### **Statutory membership**

The statutory membership of the LSCB should include the appointment of two representatives of the local community to each LSCB. The new role should:

- Support stronger public engagement in local child safety issues and contributing to an improved understanding of the LSCB's child protection work in the wider community;
- Challenge the LSCB on the accessibility by the public and children and young people of its plans and procedures; and
- Help to make links between the LSCB and community groups.

The local authority should clarify their role, length of appointment, the expected code of conduct of any lay member and any financial remuneration.

Adult health services and in particular adult mental health, adult drug and alcohol services and adult disability services should be represented on the LSCB.

Local authorities must ensure reasonable representation from: the governing body of a maintained school, the proprietor of a non-maintained special school, the proprietor of a city technology college, a city college for the technology of the arts or an Academy; and the governing body of any local further education institution and independent schools as appropriate.

School representatives need to speak for, and on behalf of, the body of schools they represent and establish effective communication with all schools.

Links to other agencies and groups expanded to include dental health services, Family Intervention Projects, and Multi Agency Risk Assessment Conferences (MARACs).

Further advice on how SHAs should engage with LSCBs is set out in Annex D of the *Local Safeguarding Children Boards: A Review of Progress* report

### Information sharing for the purpose of LSCB functions

The anticipated legislation is intended to give greater confidence to practitioners to share **appropriate** information with a LSCB about children who are the subject of reviews and related third parties.

All local areas should investigate the possibilities of integrating frontline delivery of services for effective active partnership working between children's social care services staff and the police, paediatric and relevant health services

### Monitoring and inspection

There are new references to relevant monitoring bodies such as Government Offices or SHAs alongside relevant inspectorates, and, government departments.

## Chapter 4

### Training, development and supervision for inter-agency working

Children's Trust Boards are responsible for ensuring that:

- Local workforce strategies are developed.
- Training opportunities to meet priority needs identified by the LSCBs are available, and
- All staff who work or have contact with children are appropriately trained in child development, recognise potential signs of abuse and neglect and know how to respond if they have concerns about a child's welfare

The LSCB is responsible for developing local policies for safeguarding training. This includes training in relation to child death review processes and serious case reviews. LSCBs should ensure adequate resources (funding, providing venues, staff) and support to inter agency training. They should also review and evaluate the provision and availability of single and inter-agency training to ensure it reaches all relevant staff.

A revised guide to the groups for, and levels of, training different roles require is included

- Those who have **occasional contact, regular contact, intensive but irregular contact, and those who work predominantly** with children, young people and/or parents/carers;
- Those who have particular **specialist** child protection responsibilities;

- Professional advisers and **designated** leads for child protection;
- **Operational managers** of services for children, young people and/or parents/carers;
- **Senior managers** responsible for strategic management of services ; and
- All members of LSCBs and any employees to support them to fulfil their responsibilities effectively.

The chapter draws on learning from 'The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children': DCSF (2009)

A new section sets out the importance of effective supervision in promoting good standards of practice, and supervisors should be available to practitioners as an important source of advice and expertise.

There is greater detail about the suggested content of training; and expectations around planning, organisation, delivery, quality assurance and evaluation of training

There should be a mandatory induction for relevant staff. The Children's Workforce Development Council provides induction guidance and supporting materials. Induction should be completed within the first six months of employment and before individuals take part in interagency training. Regular refresher training should also be provided at least every three years.

The LSCB and Children's Trust Board may wish to make arrangements in their local area for the LSCB to manage the delivery of the inter-agency safeguarding training – research<sup>69</sup> indicates that where this currently happens the resulting training is highly effective.

There is advice against over-reliance on a single inter-agency training co-ordinator, which can make LSCB training programmes vulnerable.

Programmes should usually include the following:

- Recognising and responding to safeguarding and child protection concerns;
- Working together;
- Completing child in need assessments;
- Safeguarding disabled children;
- Safeguarding children when there are concerns about domestic violence, parental mental health; and substance misuse.

There is reference to national professional guidance and competence frameworks:

- *Safeguarding Children and Young People: Roles and competencies for Health Care Staff*
- Special training for child abuse investigation officers through the National Police Improvement Agency (NPIA)
- Child Exploitation and On-Line Protection Centre (CEOP) training

## Planning, organisation, delivery and evaluation

The LSCB should identify and periodically review local training needs, taking into account research, national developments, learning from local and national SCRs and child death reviews, followed by decisions about priorities.

All training to support inter- and multi-agency work should:

- Be delivered by trainers who have completed a training for trainers programme or professional equivalent;
- Be consistent with the values ***outlined in paragraphs 4.25 and 4.26***;
- Involve children, young people and their parents/carers in the design, delivery and/or evaluation; and
- Be regularly reviewed and evaluated to ensure that it meets the agreed learning outcomes and **has a positive impact in practice.**

## Effective support and supervision

All of those involved in this demanding work should have access to advice and support from, for example, peers, managers, named and designated professionals. Those providing supervision should be trained and have an up to date knowledge.

Supervision is defined as:

‘an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes.’

The key functions of supervision are:

- Management (ensuring competent and accountable performance/practice);
- Development (continuing professional development);
- Support (supportive/restorative function); and
- Engagement/mediation (engaging the individual with the organisation).

Arrangements should:

- Help to ensure that practice is soundly based and consistent with LSCB and organisational procedures;
- Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority; and
- Help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

Good quality, regular supervision can help to:

- Keep a focus on the child;
- Avoid drift;
- Maintain objectivity and challenge fixed views;
- Test and assess the evidence base for assessment and decisions; and
- Address the emotional impact of work.

Supervisors should also record key decisions within the child's case records.

Each supervision session should include agreeing the agenda, reviewing actions from previous supervision, listening, exploring and reflecting, agreeing actions and reviewing the supervision process itself.

A national standard for supervision will be developed for social workers, and existing best practice should be followed until it is available.

## Workload

The Social Work Task Force has developed an initial framework in its final report, Building a safe, confident future, to help employers and practitioners to assess the 'health' of their organisation on a range of issues affecting workload

## Chapter 5

### Managing individual cases where there are concerns about a child's safety and welfare

Key changes emphasise:

- The importance of being child focused throughout assessments, interventions and reviews
- Understanding the daily life experience of the child, seeing the child alone where appropriate and using information about the family's history and functioning to inform decision making.
- The importance of analysing the inter-relationships between strengths and protective factors and vulnerabilities and risk factors when deciding whether a child is suffering or likely to suffer significant harm, and of the accurate recording of actions.

Children living in custodial settings should be assessed as potential children in need under section 17 of the Children Act 1989 and all children subject to a court ordered secure remand (COSR) automatically acquire the status of a looked after child.

Practitioners using the **Common Assessment Framework** should be particularly concerned regarding children whose parents or caregivers are experiencing difficulties in meeting their needs as a result of domestic violence, substance misuse, mental illness and/or learning disability

Undertaking a CAF is not a prerequisite for making a referral. Any completed common assessment should be used to support a referral to children's social care.

The guidance in respect of allegations of harm arising from underage sexual activity includes situations where girls aged under 16 years present at a termination of pregnancy clinic.

All cases involving should be fully documented including detailed reasons where a decision is taken not to share information around underage sexual activity under 13s. These decisions should be exceptional and only made with the documented approval of a senior manager.

In circumstances where it is suspected that the child may have been conceived as the result of an incestuous relationship or interfamilial abuse consideration should be given to the use of DNA testing and the role of genetics and geneticists.

### **Referrals and assessments**

Local authority children's social care should specifically ask the referrer about their involvement with the child/family and if they hold any information about domestic violence, mental illness, substance misuse and/or learning disability experienced in the family/household to in order to inform its decision making.

A referrer should be able to discuss their concerns with a qualified social worker.

The timescale for the completion of an initial assessment has been extended from seven to ten working days with effect from 1 April 2010.

Initial and core assessments are deemed to be completed once the assessment has been discussed with the child and family (or caregivers) and the team manager has viewed and authorised the assessment.

For further guidance on EPOs and CAOs, references have been added for Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders.

### **Recording**

The local authority record and any conference reports should include whether the child was seen by the lead social worker during each visit, anyone else seen, and also the reasons for deciding (or not) to see the child alone.

Local authority children's social care should ensure that the social work practitioners who are responding to referrals are supported by experienced and competent first line managers in making sound evidence based decisions about what to do next.

### **Strategy meetings**

Where the parents or adults in the household are experiencing problems such as domestic violence, substance misuse or mental illness it will also be important to consider involving the relevant adult services professional(s) in strategy meetings.

The local authority children's social care record for the child should set out clearly the dates on which the child was seen by the lead social worker during the course of the enquiries, if they were seen alone, and if not, who was present and for what reasons

### **Purpose of Initial Child protection conference**

This section has additional detail making it explicit that the meeting has:

- To consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history, and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in future, and decide whether the child is continuing to, or is likely to, suffer significant harm
- To decide what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these.

All initial child protection conferences should now take place within 15 working days of the strategy discussion at which the section 47 enquiries were initiated if more than one has been held.

### **Attendance**

Professionals from the youth justice system and for adult services, those from mental health, substance misuse, domestic violence and learning disability have been added.

Professionals and agencies should make every effort to attend, but if unable to, they should submit a written report and, wherever possible, a well briefed agency representative should attend to speak to it.

### **Information for conference**

This should now also include:

- Information on the family history and both the current and past family functioning;
- An analysis of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs.
- The local authority's recommendation to the conference.

It should also include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to meet the child's needs.

The primary purposes of this plan are to prevent the child suffering harm or a recurrence of harm in the future and to promote the child's welfare.

## Decisions

The information presented to the child protection conference should inform the decision making process about legal action but it is for the local authority to consider whether it should initiate care proceedings.

In some situations the child may become accommodated and acquire looked after child status. Where a child who is the subject of a child protection plan becomes looked after by the local authority, the child protection plan should form part of the looked after child's overarching care plan

## Role of the lead social worker

They should see the child, alone when appropriate, in accordance with the plan. She or he should develop a therapeutic relationship with the child, regularly ascertain the child's wishes and feelings and keep the child up to date with the child protection plan and any developments or changes.

The lead social worker should ensure that there is a record of the decisions taken and actions agreed at core group meetings, as well as of the written views of those who were not able to attend.

There is a requirement that the child is seen at least six weekly, both alone and with other family members of care givers present

## Completion of the core assessment

Decisions based on the analysis in the completed core assessment should consider what the child's future will be like if his or her met needs continue to be met, and if his or her unmet needs continue to be unmet. The key questions are:

- What is likely to happen if nothing changes in the child's current situation?
- What are the likely consequences for the child?

The answers should be used to decide what interventions are required when developing the child protection plan and, in particular, in considering what actions are necessary to prevent the child from suffering harm or to prevent a recurrence of the abuse or neglect suffered.

## CP Plan

This should include realistic strategies and specific actions to bring about the changes necessary to achieve the planned outcomes;

If the parents are not willing to co-operate in the implementation of the plan the local authority should consider what action, including the initiation of family proceedings, it should take to safeguard the child's welfare.

## Intervention

A list of questions which need to be considered have been added:

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

Recent research evidence on effective interventions in safeguarding children has been published by DCSF and DH94.

[www.dcsf.gov.uk/cgi-bin/rsgateway/search.pl?cat=3&subcat=3\\_1&q1=Search](http://www.dcsf.gov.uk/cgi-bin/rsgateway/search.pl?cat=3&subcat=3_1&q1=Search)

If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings (Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders).

Each member of the core group has a responsibility to produce an individual agency report on the child and family for the child protection review.

To end the child protection plan for a child approaching their 18th birthday, the local authority should plan in advance a review around that time.

## Children Looked After

The planning and reviewing processes for looked after children who are also the subject of a child protection plan should be integrated into one process during the coming year as outlined in recent relevant regulations and statutory guidance.

Where a child who is the subject of a child protection plan becomes looked after it will not usually be necessary to maintain the child protection plan. There are however a relatively few cases where safeguarding issues will remain and a looked after child should also have a child protection plan. For example, where a local authority obtains an interim care order in family proceedings but the child or young person, subject of a child protection plan, remains at home, pending the outcome of the final hearing or where a young person's behaviour is likely to result in significant harm to themselves or others.

The systems and processes for reviewing child protection plans and plans for looked after children should be carefully evaluated by the local authority and consideration

given to how best to ensure the child protection aspects of the care plan are reviewed as part of the overall reviewing process leading to the development of a single plan. Given that a review is a process and not a single meeting, both reviewing systems should be aligned in an unbureaucratic way to enable the full range of the child's or young person's needs to be considered in the looked after child's care planning and reviewing processes.

An IRO will have to consider the child's safety in the context of care planning to carry out their statutory function. Consideration should be given to the IRO chairing the child protection conference where a looked after child remains the subject of a child protection plan. Where this is not possible it will be expected that the IRO will attend the child protection review conference.

Significant changes to the care plan should only be made following the looked after child's review.

## **Chapter 6**

### **Supplementary guidance on safeguarding and promoting the welfare of children**

This has been updated to reflect learning from practice and new or updated guidance since 2006 namely:

- Safeguarding Children for Abuse Linked to a Belief in Spirit Possession: DCSF (2007)
- Safeguarding Children who may have been trafficked: DCSF and Home Office (2007)
- Safeguarding Children in whom Illness is Fabricated or Induced: HM Government (2008);
- Safeguarding Disabled Children – Practice Guidance: DCSF (2009)
- The Right to Choose: Multi-agency statutory guidance for dealing with Forced Marriage: HM Government (2009) Multi-agency practice guidelines: handling cases of forced marriage HM Government (2009)
- Safeguarding Children and Young People from Sexual Exploitation: HM Government (2009)
- Safeguarding Children and Young People who may be affected by Gang Activity: HM Government (2010).

There are new sections in respect of:

- Children affected by gang activity
- The increased vulnerability of disabled children and safeguards which should be in place in light of practice guidance issued in 2009
- Child abuse linked to belief in 'spirit possession' in light of practice guidance issued in 2007
- Child victims of trafficking setting out risks of sexual exploitation and multi-agency responses which should be in place

## **Chapter 7**

### **Child death review processes**

The key changes to Chapter 7 include revised definitions of preventable child deaths and unexpected deaths, and clarity on the roles of coroners and registrars (including their duty and powers to share information, and on how to respond appropriately to the deaths of children with life limiting illnesses.

An additional section has been included about parents and family members which clarifies the level of involvement they should have and the type of support they will need.

The guidance clarifies that Child Death Overview Panel processes don't apply to stillbirths or legal planned terminations.

There is greater detail regarding the Panel's role and functions in terms of notification, monitoring response, information sharing, panels meetings, case discussion and classification and data collection

There is a new section on preventing child deaths defined as those where modifiable factors may have contributed to the death

A revised section outlines requirements for rapid response arrangements with significantly more detail about expectations at all stages

## **Chapter 8**

### **Serious Case Reviews**

This section was published in December 2009. It adds the need for boards to consider reviews for deaths by suspected suicide and undertake them when a child dies in custody, either in police custody, on remand or following sentencing, in a YOI, a STC, or a secure children's home or where the child was detained under the Mental Health Act 2005.

It made clear that the prime purpose of a SCR is to learn lessons both at an individual and inter-agency/LSCB level. The time scale for completing a SCR has been extended from four to six months; the Chair of the SCR Panel should be independent.

Further changes have now been incorporated, including a template for SCR executive summaries and a flow chart providing an overview of the SCR process.

LSCBs will need to include in their annual reports progress updates on the actions that have been taken in response to current and recent SCRs.

## **Chapter 9**

### **Lessons from research**

Sections on domestic violence, parental mental ill health, parental problem drug and alcohol use have been significantly developed and a section added on parental learning disability in light of the learning about the impact of these issues on children and young people and understanding of agencies' responsibilities to support parents and safeguard children from these risks.

## **Chapter 10**

### **Implementing the principles on working with children and their families**

There are new sections on:

- Children in families at risk having very poor outcomes and the need to intervene early where there are risk factors
- Think Family practice, the effectiveness of parenting and family interventions, working with fathers and the role of family intervention projects

## **Chapter 11**

### **Safeguarding and promoting the welfare of children who may be particularly vulnerable**

There are new sections in respect of:

- Children in contact with the youth justice system clarifying the role of the YOTs
- Violent extremism
- Children who go missing from education
- Children with families whose whereabouts are unknown

It also contains more detail on responsibilities to children in custody and the importance of good planning, a revised section on abuse by children and young people setting out requirements to meet the child's needs as well as manage the risks they present, and more detailed section on the impact of bullying and the responsibilities of agencies through the LSCB and the Children's Trust Board.

## **Chapter 12**

### **Managing individuals who pose a risk of harm to children**

This has been updated in line with changes to the MAPPA process and guidance issued in 2009.

It includes a new section on Multi-agency risk assessment conferences (MARACs) There is a section on the Vetting and Barring Scheme replacing the previous guidance on the now defunct POCA and List 99.

## Appendices

These have been updated as necessary and a new appendix added.

### Appendix 1 – Statutory Framework

*The Table of Bodies covered by key duties (in addition to local authorities) has been amended to reflect the Children Act 2004 and include:*

- The Secretary of State re functions in sections 2-3 of the Offender Management Act 2007 and in section 2 of the Employment and Training Act 1973
- The provider of probation services required under s3(2) OMA 2007 and
- Any such other persons as the authority considers appropriate

### Appendix 2 – Framework for the Assessment of Children in Need

Appendix 3 – Using *standardised assessment tools* to evidence assessment and decision making

### Appendix 4 – MOD Child Protection Contacts

Appendix 5 – Procedures for managing allegations against people who work with children This now reflects the creation of the Independent Safeguarding Authority and the importance of learning lessons from any issues arising from any decision to suspend a member of staff, the duration of the suspension and whether or not suspension was justified.

Appendix 6 – this is a **new** appendix outlining Faith Community Contacts and Resources

Appendix 7 – A considerably expanded guide to acronyms in the document

References and internet links have also been updated.

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