



Children's MARS Policy and Procedures

Assessing Need and Providing Help

September 2025

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Early help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising; for example, if it is provided as part of a support plan where a child has returned home to their family from care, or in families where there are emerging parental mental health issues or drug and alcohol misuse.

Effective early help relies upon local organisations and agencies working together to:

- identify children and families who would benefit from early help
- undertake an assessment of the need for early help
- undertake an assessment of the need including cultural competency and anti-racist practice for early help
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child

Local authorities, under section 10 of the Children Act 2004¹, have a responsibility to promote inter-agency co-operation to improve the welfare of all children.

The Children's MARS Early Help guidance, forms and link to the online reporting system can be found on the [Children's MARS website](#).

Identifying children and families who would benefit from early help

Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs. This requires all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

Multi-agency training will be important in supporting this collective understanding of local need.

¹ Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate.

Practitioners working in both universal services and specialist services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and provide children with the help they need. To be effective, practitioners need to continue to develop their knowledge and skills in this area and be aware of the new and emerging threats, including online abuse, grooming, sexual exploitation and radicalisation. To enable this, the three safeguarding partners should consider what training is needed locally and how they will monitor and evaluate the effectiveness of any training they commission.

The Children's MARS Board enables professionals to effectively, competently and consistently support children, young people and their families in the early help arena. It has processes in place that monitors and evaluates the effectiveness of frontline practice, training and outcomes for children and young people.

Practitioners should, in particular, be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs²
- has special educational needs (whether or not they have a statutory Education, Health and Care Plan)
- is a young carer
- is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- is frequently missing/goes missing from care or from home³
- is at risk of modern slavery, trafficking or exploitation
- is at risk of being radicalised or exploited
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- is misusing drugs or alcohol themselves
- has returned home to their family from care⁴
- is a privately fostered child⁵
- has a parent/carer in custody

In schools, it is important that staff are aware that mental health problems can, in some cases, be an indicator that a child has suffered or is at risk of suffering abuse, neglect or exploitation. Only appropriately trained professionals should attempt to make a diagnosis of a mental health problem, however school staff are well placed to observe children day-to-day and identify those whose behaviour suggests that they may be experiencing a mental health problem or be at risk of developing one. Where children have suffered abuse and neglect, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence

² [Part 3 of the Children and Families Act 2014](#) promotes the physical, mental health and emotional wellbeing of children and young people with special educational needs or disabilities

³ [Children who run away or go missing from care \(2014\)](#)

⁴ Children return home to their families from local authority care under a range of circumstances. These circumstances and the related local authority duties are set out in flow chart 6

⁵ Private fostering occurs when a child under the age of 16 (under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer.

and into adulthood. It is key that school staff are aware of how these children's experiences can impact on their mental health, behaviour and education.

One Family Approach - Helping Children and Families in North Lincolnshire Document

The **One Family Approach – Helping Children and Families in North Lincolnshire – refresh 2025/26** sets out how services support children, young people and families to participate, find help online and in their networks and communities, to be resilient, stay safe and independent. This includes a key role for the three statutory partners – Humberside Police, North Lincolnshire Health and Care Partnership and North Lincolnshire Council – and other relevant partners on how we safeguard children.

The document:

- sets out our local definitions of levels of need, in line with our organisational model
- sets out guidance to professionals about providing early help and making decisions about levels of need
- introduces our One Family Approach Practice Model which provides the framework for how the provision of help and protection should be undertaken across the partnership
- introduces our local approach to Risk Outside the Home for how the provision of help and protection should be taken to reduce the risks children face outside the family home
- sets out the principles which underpin multi agency practice in North Lincolnshire

Children, young people, families and communities are at the heart of what we do and we are proud to acknowledge and celebrate the positive outcomes achieved to date and the strength of partnership working. We are ambitious for the future and for our children and young people, and we have high expectations of ourselves as partners, working with children, families and communities, to improve outcomes (to be safe, well, prosperous and connected). We want to build on the collective strengths of our people and place to innovate and change through integration and system redesign. In North Lincolnshire, our One Family Approach aligned with Families First Partnership aims to create a system that works for all children, young people and families where we work together to provide and commission integrated services for children and young people.

Our ambition is for children to be in their family, in their school and in their community. As partners take a One Family Approach aligned with Families First Partnership across North Lincolnshire, we want children, young people and families to be able to build upon their strengths and their resilience to find or be enabled to find solutions when things are not going so well. They should be able to access available information, advice, guidance and be enabled to maximise their potential and enhance their life chances. We want all children and families to have a sense of belonging and equality of opportunity and through our integrated working, we will address inequalities and enable those more in need to achieve positive outcomes. Where there are significant concerns, we want children, young people and families to be able to access swift, creative and flexible help so they can remain independent. We will protect children and young people with an aim to build resilience and help them live within their family, attend their school and be a part of their community.

Effective assessment of the need for early help

Children and families may need support from a wide range of local organisations and agencies. Where a child and family would benefit from coordinated support from more than one organisation or agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should be evidence-based, be clear about the action to be taken and services to be provided and identify what help the child and family require to prevent needs escalating to a point where intervention would be needed through a statutory assessment under the Children Act 1989.

A lead practitioner should undertake the assessment, provide help to the child and family, act as an advocate on their behalf and co-ordinate the delivery of support services. A GP, family support worker, school nurse, teacher, health visitor and/or special educational needs coordinator could undertake the lead practitioner role. Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the child and their family.

For an early help assessment to be effective:

- it should be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as all the practitioners who are working with them. It should take account of the child's wishes and feelings wherever possible, their age, family circumstances and the wider community context in which they are living
- practitioners should be able to discuss concerns they may have about a child and family with a social worker in the local authority. Children's Services should set out the process for how this will happen. Professionals are able to discuss concerns they may have about a child and family with a worker in the local authority using the North Lincolnshire Children's Services Single Point of Contact for consultation via 01724 296500 during office hours.
- in cases where agreement to an early help assessment cannot be obtained, practitioners should consider how the needs of the child might be met. However, practitioners should still inform individuals that their data will be recorded and shared and the purpose explained to them. If at any time it is considered that the child may be a child in need, as defined in the Children Act 1989, or that the child has suffered significant harm or is likely to do so, a referral should be made

Provision of effective early help services

The provision of early help services should form part of a continuum of support to respond to the different levels of need of individual children and families.

Local areas should have a comprehensive range of effective, evidence-based services in place to address assessed needs early. The early help on offer should draw upon any local assessment of need, including the Joint Strategic Needs Assessment and the latest evidence of the effectiveness of early help programmes. In addition to high quality support in universal services, specific local early help services will typically include family and parenting programmes, assistance with health issues, including mental health, responses to emerging thematic concerns in extra-familial contexts, and help for emerging problems relating to domestic abuse, drug or alcohol misuse by an adult or a child. Services may also focus on improving family functioning

and building the family's own capability to solve problems. This should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made. Some of these services may be delivered to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

Accessing help and services

Where a child's need is relatively low level, individual services and universal services may be able to take swift action. Where there are more complex needs, help may be provided under section 17 of the Children Act 1989 (children in need). Where there are child protection concerns (reasonable cause to suspect a child is suffering or likely to suffer significant harm) Children's Services must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989.

It is important that there are clear criteria amongst all organisations and agencies working with children and families for taking action and providing help across this full continuum to ensure that services are commissioned effectively and that the right help is given to the child at the right time.

In making their local arrangements, the safeguarding partners should agree with their relevant agencies the levels for the different types of assessment and services to be commissioned and delivered. This should include services for children who have suffered or are likely to suffer abuse and neglect whether from within the family or from external threats. This should also include services for disabled children and be aligned with the short breaks services statement⁶. This should also include services for racially minoritised children, disabled children and be aligned with the short breaks services statement.

The safeguarding partners have published the One Family Approach – Helping Children and Families in North Lincolnshire document 2021-2024, which sets out the following:

- the process for the early help assessment and the type and level of early help services to be provided
- the criteria, including the level of need, for when a case should be referred to local authority children's social care for assessment and for statutory services under:
 - section 17 of the Children Act 1989 (children in need)
 - section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
 - section 31 of the Children Act 1989 (care and supervision orders)
 - section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes for cases relating to:
 - the abuse, neglect and exploitation of children
 - children managed within the youth secure estate
 - disabled children

⁶ Required under the [Breaks for Carers of Disabled Children Regulations 2011](#).

Referral

Anyone who has concerns about a child's welfare should make a referral to Children's Services via the Single Point of Contact and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Practitioners who make a referral should always follow up their concerns if they are not satisfied with the response.

Children's Services have the responsibility for clarifying the process for referrals. This includes specific arrangements for referrals in areas where there are secure youth establishments. Referral information for North Lincolnshire Children's Services is available in the **One Family Approach – Helping Children and Families in North Lincolnshire – refresh 2025/26**.

Children's Services are the principal point of contact for safeguarding concerns relating to children. North Lincolnshire Children's Services Single Point of Contact can be contacted on:

- 01724 296500 (9am to 5pm Monday to Thursday, 9am to 4.30pm Friday)
- 08081 689667 (free phone)
- 01724 296555 (answerphone – out of office hours and at weekends)

Where a child or young person is admitted to a mental health facility, practitioners should consider whether a referral to local authority children's social care is necessary.

When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents or carers to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into Children's Services. Where an early help assessment has already been undertaken, it should be used to support a referral to Children's Services; however, this is not a prerequisite for making a referral.

If practitioners have concerns that a child may be a potential victim of modern slavery or human trafficking then a referral should be made to the National Referral Mechanism⁷, as soon as possible.

In circumstances where a child is provided with accommodation under Sections 85 and 86 of the Children Act 1989 by health authorities, local education authorities, care homes or independent hospitals for a consecutive period of at least three months or with the intention of accommodating a child for such a period, the accommodating authority or establishment should notify the relevant local authority children's social care. See Appendix 1 for detailed guidance.

Feedback should be given by Children's Services to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold and offer suggestions for other sources of more suitable support. Practitioners should always follow up their concerns if they are not satisfied with the local authority children's social care response and should escalate their concerns if they remain dissatisfied.

⁷ [National Referral Mechanism](#).

Information sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews (SCRs⁸) have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children, whether this is when problems are first emerging, or where a child is already known to Children's Services (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Information sharing is also essential for the identification of patterns of behaviour when a child has gone missing, when multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care. It will be for local safeguarding partners to consider how they will build positive relationships with other local areas to ensure that relevant information is shared in a timely and proportionate way.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern.

The Data Protection Act 2018 and General Data Protection Regulations (GDPR) do not prevent the sharing of information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

To ensure effective safeguarding arrangements:

- all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangement should cover how information will be shared within their own organisation/agency and with others who may be involved in a child's life
- all practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- the GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be

⁸ [Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014](#)

'legal obligation' or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements¹⁴. In some circumstances, it may be appropriate to obtain consent to share data but it is important to note that the GDPR sets a high standard for consent which is specific, time limited and can be withdrawn (in which case the information would have to be deleted)

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the GDPR.

To share information effectively:

- all practitioners should be confident of the lawful bases and processing conditions under the Data Protection Act 2018 and the GDPR which allow them to store and share information including information which is considered sensitive, such as health data, known under the data protection legislation as 'special category personal data'
- where practitioners need to share special category personal data, for example, where information obtained is sensitive and needs more protection, they should always consider and identify the lawful basis for doing so under Article 6 of the GDPR, and in addition be able to meet one of the specific conditions for processing under Article 9. In effect, the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information, including without consent (where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk). However, practitioners should be mindful that a data protection impact assessment for any type of processing which is likely to be high risk must be completed, and therefore aware of the risks of processing special category data

Myth-busting guide to information sharing

Sharing information enables practitioners and agencies to identify and provide appropriate services that safeguard and promote the welfare of children. Below are common myths that may hinder effective information sharing.

Data protection legislation is a barrier to sharing information

No – the Data Protection Act 2018 and GDPR do not prohibit the collection and sharing of personal information, but rather provide a framework to ensure that personal information is shared appropriately. In particular, the Data Protection Act 2018 balances the rights of the information subject (the individual whom the information is about) and the possible need to share information about them.

Consent is always needed to share personal information

No – you **do not** need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. The GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under

GDPR has different requirements.¹⁵ It continues to be good practice to ensure transparency and to inform parent/ carers that you are sharing information for these purposes and seek to work cooperatively with them.

Personal information collected by one organisation/agency cannot be disclosed to another

No – this is not the case, unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners⁹.

The common law duty of confidence and the Human Rights Act 1998 prevent the sharing of personal information

No – this is not the case. In addition to the Data Protection Act 2018 and GDPR, practitioners need to balance the common law duty of confidence and the Human Rights Act 1998 against the effect on individuals or others of not sharing the information.

IT Systems are often a barrier to effective information sharing

No – IT systems, such as the Child Protection Information Sharing project (CP-IS), can be useful for information sharing. IT systems are most valuable when practitioners use the shared data to make more informed decisions about how to support and safeguard a child.

Statutory requirements for children in need

- under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare
- local authorities undertake assessments of the needs of individual children and must give due regard to a child's age and understanding when determining what, if any, services to provide. Every assessment must be informed by the views of the child as well as the family, and a child's wishes and feelings must be sought regarding the provision of services to be delivered. Where possible, children should be seen alone
- a child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under section 17 of the Children Act 1989 by a social worker
- some children in need may require accommodation because there is no one who has parental responsibility for them, because they are lost or abandoned, or because the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area

⁹ Practitioners looking to share information should consider which processing condition in the Data Protection Act 2018 is most appropriate for use in the particular circumstances of the case. This may be the safeguarding processing condition or another relevant provision.

- when assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action
- under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse and neglect. This includes female genital mutilation and other honour-based violence, and extra-familial threats including radicalisation and sexual or criminal exploitation
- there may be a need for immediate protection whilst an assessment or enquiries are carried out

Homelessness Duty

The Homelessness Reduction Act 2017 significantly reformed England's homelessness legislation by placing duties on local authorities to intervene at earlier stages to prevent homelessness in their areas.

It added section 213B into the Housing Act 1996, which is a duty on certain public authorities to refer to a housing authority service users they consider are or may be homeless or threatened with homelessness (i.e. it is likely they will become homeless within 56 days).

The duty to refer applies to all social services functions, including early help, leaving care and child protection; and is intended to increase early identification and intervention, which is critical for safeguarding against homelessness. Earlier intervention can help prevent children and young people becoming homeless, and the possibility of them being considered 'intentionally homeless' and so not owed a long-term housing duty.

Before making a referral, a public authority must:

- have consent to the referral from the individual
- allow the individual to identify the housing authority in England which they would like the notification to be made to and
- have consent from the individual that their contact details can be supplied so the housing authority can contact them regarding the referral

The referral to a housing authority must include the individual's name and contact details and the agreed reason for referral (e.g. that the individual is homeless or at risk of homelessness).

Further referral information may include:

- whether an individual is already homeless, and if not when they are likely to become homeless
- whether the individual is at risk of rough sleeping on the date the referral is made and if so whether this is imminent
- risk assessment information, considering risks to the individual and to others
- key medical information where relevant

Full guidance can be found in the [Homelessness Code of Guidance](#). Further guidance on how social care and housing authorities should work together to prevent 16-17 year olds from becoming homeless, and how the duty to refer should operate in this context, can be found in the 'Prevention of homelessness and provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation' guidance.

Assessment of disabled children and their carers

When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970¹⁰. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support. Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.

If a local authority considers that a parent/carer of a disabled child may have support needs, it must carry out an assessment under section 17ZD of the Children Act 1989. The local authority must also carry out such an assessment if a parent/carer requests one. Such an assessment must consider whether it is appropriate for the parent/carer to provide, or continue to provide, care for the disabled child, in light of the parent/carer's needs and wishes.

Assessment of young carers

If a local authority considers that a young carer may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers' (Needs Assessment) Regulations 2015¹¹ require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment. Young carers' assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

Assessment of children in secure youth establishments

Any assessment of children in secure youth establishments should take account of their specific needs. In all cases, the local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment. The host local authority should work with the governor, director, manager or principal of the secure youth

¹⁰ [Chronically Sick and Disabled Persons Act \(CSDPA\) 1970.](#)

¹¹ [The Young Carers' \(Need Assessment\) Regulations 2015.](#)

establishment and the child's home local authority, their relevant Youth Offending Team and, where appropriate, the Youth Custody Service¹² to ensure that the child has a single, comprehensive support plan.

Where a child becomes looked-after, as a result of being remanded to youth detention accommodation (YDA), the local authority must visit the child and assess the child's needs before taking a decision. This information must be used to prepare a Detention Placement Plan (DPP), which must set out how the YDA and other practitioners will meet the child's needs whilst the child remains remanded. The DPP must be reviewed in the same way as a care plan for any other looked-after child¹³.

Assessment of risk outside the home

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families.

These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; teenage relationship abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered¹⁴.

Assessments of children in such cases should consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to local authority children's social care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to the child.

Channel panels, established under the Counter-Terrorism and Security Act 2015, assess the extent to which identified individuals are vulnerable to being drawn into terrorism, and, where appropriate, arrange for support to be provided¹⁵. When assessing Channel referrals, local authorities and their partners should consider how best to align these with assessments undertaken under the Children Act 1989.

¹² As the placing authority.

¹³ Following the [Legal Aid Sentencing and Punishment of Offenders Act 2012](#) all children and young people remanded by a court in criminal proceedings will be looked-after.

¹⁴ Under the [Counter-Terrorism and Security Act 2015](#).

¹⁵ [Channel guidance](#)

The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected. Local authorities should ensure they support and promote fundamental British values, of democracy, the rule of law, individual liberty, and mutual respect and tolerance of those with different faiths and beliefs.

The Counter-Terrorism and Security Act 2015 contains a duty on specified authorities in England, Wales and Scotland to have due regard to the need to prevent people from being drawn into terrorism.

Purpose of assessment

Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family
- to analyse their needs and/or the nature and level of any risk and harm being suffered by the child
- to decide whether the child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47)
- to provide support to address those needs to improve the child's outcomes and welfare and where necessary to make them safe

Local protocols for assessment

Local authorities, with their partners, should develop and publish local protocols for assessment. A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion and agreement with the safeguarding partners and relevant agencies where appropriate.

The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

The local protocol should reflect where assessments for some children will require particular care. This is especially so for young carers, children with special educational needs (including to inform and be informed by Education, Health and Care Plans), unborn children where there are concerns, children in hospital, children in mental health inpatient settings, children with specific communication needs, asylum seeking children, children considered at risk of gang activity and association with organised crime groups, children at risk of female genital mutilation, children who are in the youth justice system, and children returning home.

Where a child has other assessments, it is important that these are co-ordinated so that the child does not become lost between the different organisational procedures. There should be clear procedures for how these organisations and agencies will communicate with the child and family, and the local protocol for assessment should clarify how organisations and agencies and practitioners undertaking assessments and providing services can make contributions.

The local protocol for assessment should set out the process for challenge by children and

families by publishing the complaints procedures¹⁶.

The North Lincolnshire Protocol for the assessment is available on the [policies and procedures page of the Children's MARS website](#).

The principles and parameters of a good assessment

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate.

Any provision identified as being necessary through the assessment process should, if the local authority decides to provide such services, be provided without delay. A good assessment will monitor and record the impact of any services delivered to the child and family and review the help being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child¹⁷.

Good assessments support practitioners to understand whether a child has needs relating to their care or a disability and/or is suffering or likely to suffer significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process¹⁸.

The local authority should act decisively to protect the child from abuse and neglect including initiating care proceedings where existing interventions are insufficient¹⁹. Where an assessment in these circumstances identifies concerns but care proceedings are not initiated, the assessment should provide a valuable platform for ongoing engagement with the child and their family.

Where a child becomes looked-after, the assessment will be the baseline for work with the family. Any needs that have been identified should be addressed before decisions are made about the child's return home. Assessment by a social worker is required before a looked after child under a care order returns home²⁰. This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. Following an assessment, appropriate support should be provided for children returning home, including where that return home is unplanned, to ensure that children continue to be adequately safeguarded.

In order to carry out good assessments, social workers should have the relevant knowledge and skills set out in the Knowledge and Skills Statements for child and family social work²¹.

¹⁶ Including as specified under [Section 26\(3\) of the Children Act 1989](#) and the [Children Act 1989 Representations Procedure \(England\) Regulations 2006](#).

¹⁷ An assessment of the support needs of parent carers, or non-parent carers, of disabled children may be required.

¹⁸ [Recognised, valued and supported: Next steps for the Carers Strategy \(2010\)](#).

¹⁹ Further information about processes relating to care and court proceedings (including pre-proceedings) can be found in the statutory guidance document for local authorities, [Court Orders and Pre- Proceedings](#) (DfE, 2014)

²⁰ [Under the Care Planning, Placement and Case Review \(England\) Regulations 2010](#).

²¹ [Knowledge and skills statements for child and family social work](#)

Social workers should have time to complete assessments and have access to high quality practice supervision. Principal social workers should support social workers, the local authority and partners to develop their assessment practice and decision-making skills, and the practice methodology that underpins this.

High quality assessments:

- are child centered. Where there is a conflict of interest, decisions should be made in the child's best interests: be rooted in child development: be age-appropriate; and be informed by evidence
- are focused on action and outcomes for children
- are holistic in approach, addressing the child's needs within their family and any risks the child faces from within the wider community
- ensure equality of opportunity
- involve children, ensuring that their voice is heard and provide appropriate support to enable this where the child has specific communication needs
- involve families
- identify risks to the safety and welfare of children
- build on strengths as well as identifying difficulties
- are integrated in approach
- are multi-agency and multi-disciplinary
- are a continuing process, not an event
- lead to action, including the provision of services
- review services provided on an ongoing basis
- are transparent and open to challenge

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. An example of such a model is set out in the diagram on the next page.

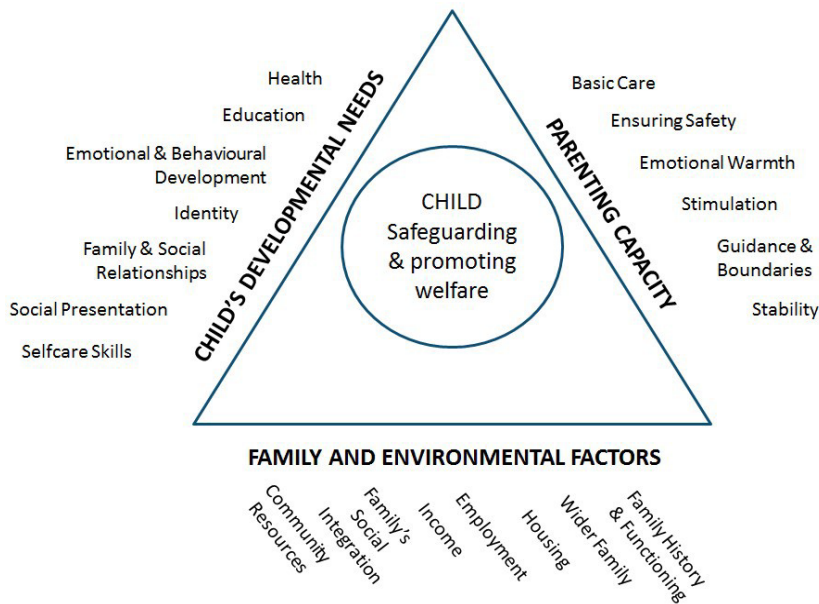
It investigates three domains:

- the child's developmental needs, including whether they are suffering or likely to suffer significant harm
- the capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to those needs^{22, 23}
- the impact and influence of wider family and any other adults living in the household as well as community and environmental circumstances

²² An assessment of the support needs of parent carers of disabled children may be required.

²³ See adults with parental responsibility for disabled children.

Assessment framework



Focusing on the needs and views of the child

Every assessment should reflect the unique characteristics of the child within their family and community context including their experiences of racism and discrimination. Each child whose referral has been accepted by children's social care should have their individual needs assessed, including an analysis of the parental capacity to meet those needs whether they arise from issues within the family or the wider community. Frequently, more than one child from the same family is referred and siblings within the family should always be considered. Family assessments that include all members of the family should always ensure that the needs of individual children are distinct considerations.

Where the child has links to a foreign country²⁴, a social worker may also need to work with colleagues abroad²⁵.

Every assessment, including young carer, parent carer and non-parent carer assessments, should draw together relevant information gathered from the child and their family and from relevant practitioners including teachers and school staff, early years workers, health practitioners, the police and adult social care. Where a child has been looked-after and has returned home, information from previous assessments and case records should also be reviewed.

²⁴ A child with links to a foreign country may be a foreign national child, a child with dual nationality or a British child of foreign parents/national origin. of foreign parents/national origin.

²⁵ Further guidance can be found in [Working with foreign authorities: child protection and care orders](#) (2014).

Developing a clear analysis

The social worker should analyse all the information gathered from the assessment, including from a young carer's, parent carer's or non-parent carer's assessment, to decide the nature and level of the child's needs and the level of risk, if any, they may be facing. The social worker should receive insight and challenge to their emerging hypothesis from their practice supervisors and other relevant practitioners who should challenge the social worker's assumptions as part of this process. An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other practitioners should be mindful of the requirement to understand the level of need and risk in, or faced by, a family from the child's perspective and plan accordingly, understanding both protective and risk factors the child is facing. The analysis should inform the action to be taken which will have maximum impact on the child's welfare and outcomes.

No system can fully eliminate risk. Understanding risk involves judgment and balance. To manage risks, social workers and other practitioners should make decisions with the best interests of the child in mind, informed by the evidence available and underpinned by knowledge of child development.

Critical reflection through supervision should strengthen the analysis in each assessment.

A desire to think the best of adults and to hope they can overcome their difficulties should not subvert the need to protect children from chaotic, abusive and neglectful homes. Social workers and practice supervisors should always reflect the latest research on the impact of abuse and neglect and relevant findings from serious case and practice reviews when analysing the level of need and risk faced by the child. This should be reflected in the case recording.

Assessment is a dynamic and continuous process that should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed. Social workers should build on this with help from other practitioners from the moment that a need is identified. A high quality assessment is one in which evidence is built and revised throughout the process and takes account of family history and the child's experience of cumulative abuse.

A social worker may arrive at a judgment early in the case but this may need to be revised as the case progresses and further information comes to light. It is a characteristic of skilled practice that social workers revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.

Decision points and review points involving the child and family and relevant practitioners should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.

Focusing on outcomes

Every assessment should be focused on outcomes, deciding which services and support to provide to deliver improved welfare for the child.

Where the outcome of the assessment is continued Children's Services involvement, the social worker should agree a plan of action with other practitioners and discuss this with the child and their family. The plan should set out what services are to be delivered, and what actions are to be undertaken, by whom and for what purpose.

Many services provided will be for parents or carers (and may include services identified in a parent carer's or non-parent carer's needs assessment)²⁶. The plan should reflect this and set clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions for them.

The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs and the level of risk faced by the child. This will be important for neglect cases where parents and carers can make small improvements. The test should be whether any improvements in adult behaviour are sufficient and sustained. Social workers should consider the need for further action and record their decisions. The review points should be agreed by the social worker with other practitioners and with the child and family to continue evaluating the impact of any change on the welfare of the child.

Effective practitioner supervision can play a critical role in ensuring a clear focus on a child's welfare. Supervision should support practitioners to reflect critically on the impact of their decisions on the child and their family. The social worker should review the plan for the child. They should ask whether the help given is leading to a significant positive change for the child and whether the pace of that change is appropriate for the child.

Practitioners working with children should always have access to colleagues to talk through their concerns and judgments affecting the welfare of the child. Assessment should remain an ongoing process, with the impact of services informing future decisions about action.

Known transition points for the child should be planned for in advance. This includes where children are likely to transition between child and adult services.

Timeliness

The timeliness of an assessment is a critical element of the quality of that assessment and the outcomes for the child. The speed with which an assessment is carried out after a child's case has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of any risk of harm they face. This will require judgments to be made by the social worker on each individual case. Adult assessments, for example, parent carer or non-parent carer assessments, should also be carried out in a timely manner, consistent with the needs of the child.

²⁶ Section 17ZD of the Children Act 1989 and section 1 of the [Carers \(Recognition and Services\) Act 1995](#).

Once the referral has been accepted by local authority children's social care, the lead practitioner role falls to a social worker. The social worker should clarify with the referrer, when known, the nature of the concerns and how and why they have arisen.

Within **one working day** of a referral being received, a local authority social worker should acknowledge receipt to the referrer and **make a decision** about next steps and the type of response required.

This will include determining whether:

- the child requires immediate protection and urgent action is required
- the child is in need and should be assessed under section 17 of the Children Act 1989
- there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, and whether enquires must be made and the child assessed under section 47 of the Children Act 1989
- any services are required by the child and family and what type of services
- further specialist assessments are required to help the local authority to decide what further action to take
- to see the child as soon as possible if the decision is taken that the referral requires further assessment

Where requested to do so by Children's Services, practitioners from other parts of the local authority such as housing and those in health organisations have a duty to co-operate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

The child and family must be informed of the action to be taken unless a decision is taken on the basis that this may jeopardise a police investigation or place the child at risk of significant harm.

For children who are in need of immediate protection, action must be taken by the social worker, or the police or the NSPCC²⁷ if removal is required, as soon as possible after the referral has been made to Children's Services (sections 44 and 46 of the Children Act 1989).

The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other practitioners, an assessment exceeds 45 working days, the social worker should record the reasons for exceeding the time limit.

Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases, the needs of the child will mean that a quick assessment will be required.

It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps. Local

²⁷ [National Society for the Prevention of Cruelty to Children.](#)

authorities should determine their local assessment processes through a local protocol.

Risk analysis framework

Any assessment and intervention by Children's Services due to ongoing concern or significant harm is underpinned by the North Lincolnshire Risk Analysis Framework (RAF).

The risk analysis process acknowledges that it is never possible to remove all risk from a child's life and that the experience of assessing, understanding and mitigating risk within a consistent framework is essential in balancing the needs of a child or young person within the wider family and environmental factors that impact on a child/young person.

Managing and mitigating risk is essential in engaging with children and young people to understand what factors indicate usual adolescent development; recognising what risks exist in a child's life, what level of threat the risks present to the child's wellbeing, and how well these can be managed so that the level of threat is reduced and safely managed.

Within North Lincolnshire there is a well-embedded RAF which is utilised when working with babies, children and young people and provides a consistent model for the assessment, analysis and management of risk.

The RAF may be used to underpin early help plans where risk and protective factors should be considered. It is integral to individual plans for children and young people where there is statutory involvement due to child concern and child protection.

This includes cases that are:

- Child in Need, (including disabled children)
- Child Protection
- Children in Care
- Care Leavers
- Young Offenders
- Older Young People

The analysis of risk also takes place within the three domains of the national Assessment Framework: child's developmental needs, parental capacity to meet those needs, and family and environmental factors that support or hinder. It focuses on two key aspects; what factors are there in the child's life that present a risk to their wellbeing (risk factors), and what factors guard against risk (protective factors).

Having determined what risk and protective factors exist, the process is then to judge the balance of those factors, particularly whether there are sufficient protective factors in place to balance out the risk factors. The next stage is to judge what meaning the level of risk has for and the impact on the child / young person. This will be on a continuum from no significant risk to severe risk.

Finally, the worker must determine what needs to change in order to reduce risk and devise a plan to deliver that change.

The risk analysis is repeated at milestones such as reviews of the child's plan, and at times when significant change occurs in the child's circumstances, e.g. episodes of the child going missing, change in family circumstances, new and emerging evidence etc.

Risk Analysis Questions

1.1 Identified Risk Factors

Identify those factors relating to the child's development, parenting capacity and family and environmental factors that may increase the risk of future harm.

1.2 Identified Protective Factors

Identify those factors relating to the child's development, parenting capacity and family and environmental factors that may diminish the risk of future harm

2. Which of these factors are likely to be most significant for the child in terms of increasing or reducing risk and protective factors?

Assess the relative strength of the risk and protective factors in the child's world

3. What are the likely outcomes of this for the child?

Assess the likely outcomes of future harm for the child if the current level of risk continues – consider safety, health and development. Assess the acceptability of the estimated risk, given the likely outcomes identified.

4. What needs to change if the level of risk is to be reduced?

Specify those actions and resources needed to boost the strength and range of identified protective factors, or diminish risk factors. Specify what needs to change if the child is to be kept safe and experience healthy outcomes.

How should it be done?

1. The first part of the risk analysis requires the identification of risk and protective factors within the three dimensions of the National Assessment Framework – child's developmental needs, parenting capacity and family and environment. From each of the summaries of the three domains, those factors that can be defined as carrying either a risk or protective potential are identified.
2. Risk factors are defined as those factors in the child's world that are likely to increase the likelihood of harm occurring or recurring.
3. Protective factors are those factors in the child's world that may be seen as containing a protective component for the child – they are likely to counteract the impact of the identified risk factors and diminish the risk of harm occurring or recurring.
4. The second part of the risk analysis is addressed in the question "*Which of these factors are likely to be most significant for the child in terms of reducing or increasing the probability of future harm?*"
5. Here, we need to appraise the relative strength of the risk and protective factors that have been identified, and assign weight to them. In other words, we assess how powerful each of these factors is likely to be, including their strength relative to each other.
6. It may be that the list of risk factors is longer than the list of protective factors, or *vice versa*. But caution is needed because a longer list of protective factors may be deceptive.

When considering the strength of these factors, we may find that a smaller list of risk factors adds up to more in “real terms”. We always need to give consideration to the interaction of different factors and their cumulative effects on the child and family.

7. Other important information to weigh will be any clinical diagnoses of physical injury, sexual harm, neglect and failure to thrive and emotional harm, undertaken as part of the enquiry into possible significant harm.
8. The next question in the risk analysis *What are the likely outcomes of this for the child?* invites us to use the overview of risk and protective factors to estimate the level of risk that therefore appears to be present for the child. On the basis of all the information gathered and our assessment of it, we seek to estimate the probability of future harm.
9. There are some helpful questions to consider when seeking to assess the probability of future harm, adapted from Moore (1996) for the purposes of risk analysis in child protection:
10. Working on the basis that the best predictor of future behaviour is past behaviour, we should ask:
 - How often has this harm occurred to the child before?
 - Over what time period has it occurred?
 - In how wide a range of circumstances has it occurred?
 - Consider its unusualness and the specificity of internal and external factors which seem necessary for the harm to occur (by internal factors is meant thoughts, emotions, arousals. By external factors is meant situations and the actions of others)
 - If the harm has occurred before, can we identify what the situations had in common? What factors were present?
 - To what extent have these factors needed to be present for the harm to occur?
 - What reinforces the harmful behaviour? – which factors seem to increase the probability of harm occurring?
 - Is it likely that these factors will occur again in the child’s and family’s environment?
11. Using these questions we can attempt to formulate a model of the process that appears to have led to the harmful behaviour. We can use our responses to these questions to clarify what appear to be the predisposing influences, dis-inhibitors, drives and triggers – *Why this act? Why in this way? Why now?*
12. Having done so we should be better placed to make some judgement about the level of risk to the child and the probability of future harm.
13. We then need to assess the likely outcomes of this for this child. What are the likely consequences for them in terms of their safety, health and development, if the current level of risk continues?
14. Knowledge that the professionals involved with the family have of this particular child, more general knowledge of child development, child health and the possible impact of child abuse and neglect, and the use of research should be used to assess the likely outcomes for the child. This information is used to assess what future harm may mean for this particular child. Medical assessments of injuries or damage sustained by the child will be very important to this part of the analysis. We would need to take into account psychological or psychiatric assessments that may have been carried out, and the impact of any disability will have to be weighed. Issues of ethnicity and the impact of wider cultural and community factors will need to be considered.
15. The importance of reaching conclusions on the basis of a multidisciplinary assessment is to be emphasised, because it will be necessary to draw on a range of sources to

corroborate our judgements. At each stage of the risk analysis we need to ask what evidence we have to support them.

16. The last question brings us to the last part of the Risk Analysis. All of the information gathered and the analysis undertaken will enable us to describe *What needs to change if this level of risk is to be reduced?*
17. We return to the three domains of the Assessment Framework to highlight areas where change is needed. What needs to change in the parenting capacity and family environmental factors if the child is to be kept safe and experience healthy outcomes – i.e. their developmental needs are to be adequately met? The time-scales within which these changes need to occur and those responsible for the actions/next steps need to be identified including the parents, wider family and the child (if appropriate).

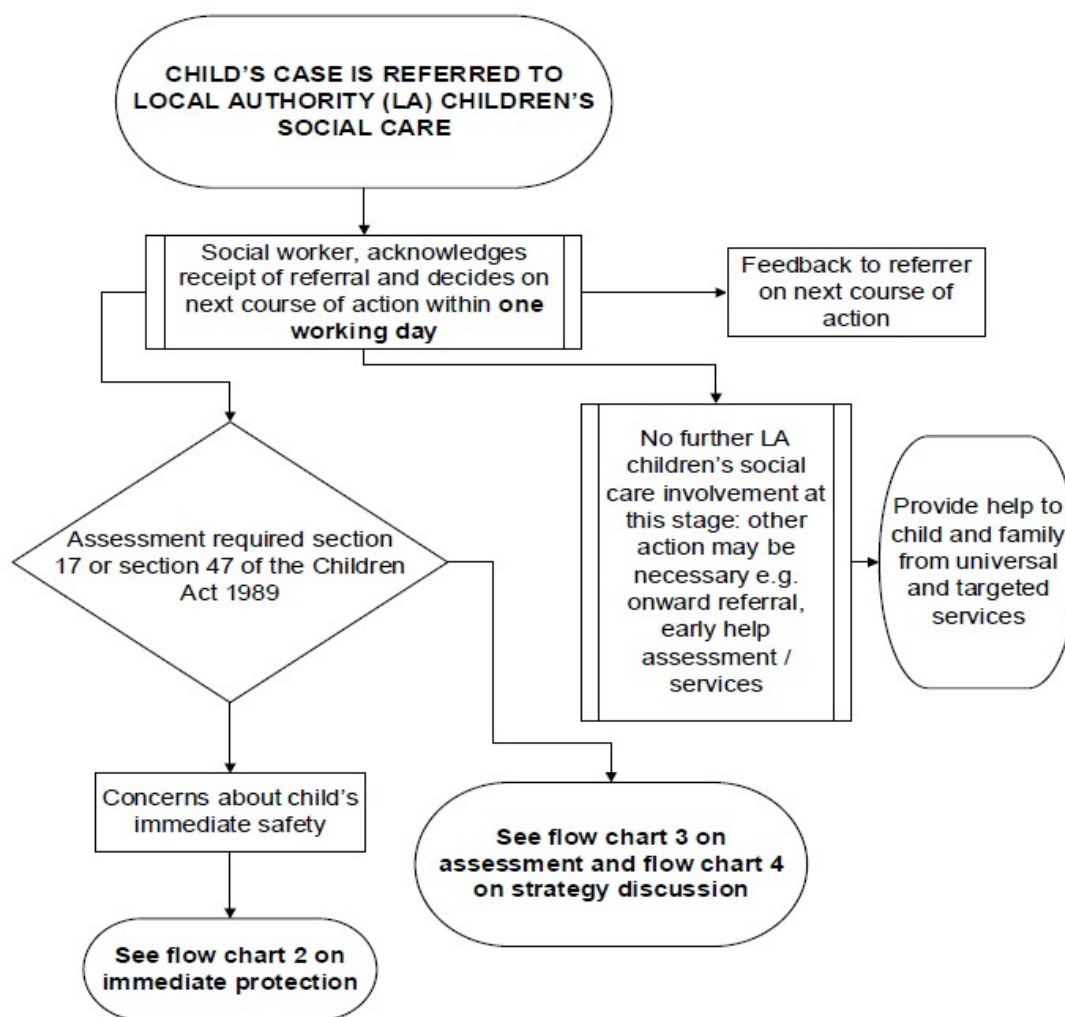
Processes for managing individual cases

The following descriptors and flow charts set out the steps that practitioners should take when working together to assess and provide services for children who may be in need, including those suffering harm.

The flow charts cover:

- the referral process into local authority children's social care
- immediate protection for children at risk of significant harm
- the process for determining next steps for a child who has been assessed as being 'in need'
- the processes for children where there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm (this includes immediate protection for children at serious risk of harm)

Flow chart 1: Action taken when a child is referred to Children's Services



Immediate Protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, local authority social workers, the police or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child**.

If it is necessary to remove a child from their home, a local authority must, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an **Emergency Protection Order (EPO)**. Police powers to remove a child in an emergency should be used only in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

An **EPO**, made by the court, gives authority to remove a child and places them under the protection of the applicant.

When considering whether emergency action is necessary, an agency should always consider the needs of other children in the same household or in the household of an alleged perpetrator.

The **local authority** in whose area a child is found in circumstances that require emergency action (the first authority) is responsible for taking emergency action.

If the child is looked-after by, or the subject of a child protection plan in another authority, the first authority must consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility (to be followed up in writing) is the first authority relieved of its responsibility to take emergency action.

Multi-agency working

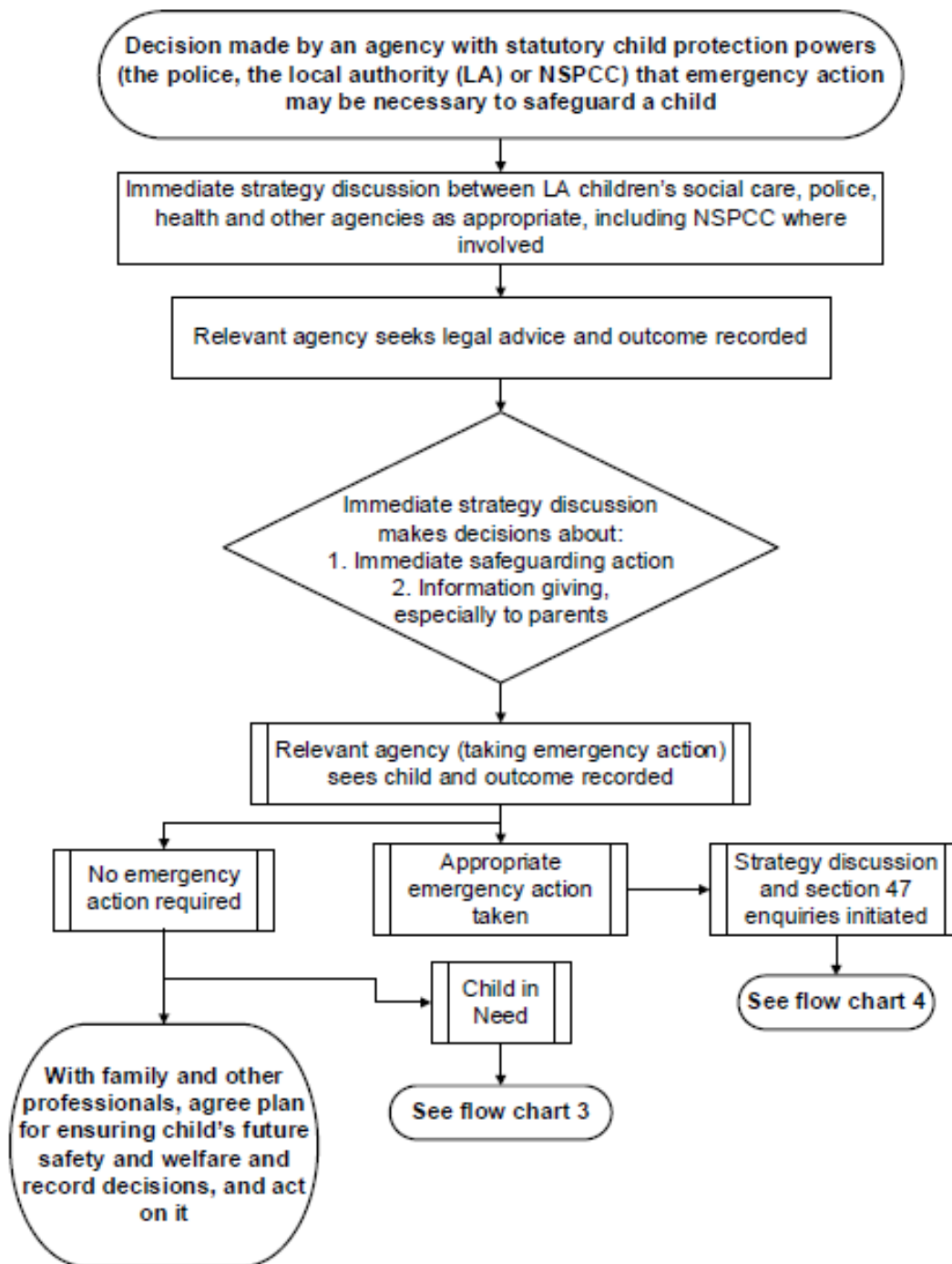
Planned emergency action will normally take place following an immediate strategy discussion.

Social workers, the police or NSPCC should:

- initiate a strategy discussion to discuss planned emergency action. Where a single agency has to act immediately, a strategy discussion should take place as soon as possible after action has been taken
- see the child (this should be done by a practitioner from the agency taking the emergency action) to decide how best to protect them and whether to seek an EPO
- wherever possible, obtain legal advice before initiating legal action, in particular when an EPO is being sought

Related information: For further guidance on EPOs see Chapter 4 of *the statutory guidance document for local authorities*, [Court orders and pre-proceedings](#) (DfE, April 2014).

Flow chart 2: Immediate protection



Assessment of a child under the Children Act 1989

Following acceptance of a referral by the local authority children's social care, a social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services. Assessments should be carried out in a timely manner reflecting the needs of the individual child, as set out in this chapter.

Where Children's Services decide to provide services, a multi-agency child in need plan should

be developed which sets out which organisations and agencies will provide which services to the child and family. The plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses.

Within North Lincolnshire, child in need plans will be reviewed as a minimum within 3 months. In preparation for the child in need review meeting, members should provide a written update including:

- an update on any actions they are responsible for within the child's plan
- an update in respect of each child/adult involved with your service/agency
- a professional Analysis
- next steps/recommendations for the plan

Where a child in need has moved permanently to another local authority area, the original authority should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re-assessment of the child's needs, as set out in this chapter. Support should continue to be provided by the original local authority in the intervening period. The receiving authority should work with the original authority to ensure that any changes to the services and support provided are managed carefully.

Where a child in need is approaching 18 years of age, this transition point should be planned for in advance. This includes where children are likely to transition between child and adult services.

Where information gathered during an assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether it must initiate enquiries under section 47 of the Children Act 1989.

Purpose

Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision-making.

Assessment of a child under the Children Act 1989

Social workers should:

- lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs and within 45 working days from the point of referral into local authority children's social care
- see the child within a timescale that is appropriate to the nature of the concerns expressed at referral, according to an agreed plan
- conduct interviews with the child and family members, separately and together as appropriate. Initial discussions with the child should be conducted in a way that

minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions

- record the assessment findings and decisions and next steps following the assessment
- inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a child in need, of the plan for providing support
- inform the referrer of what action has been or will be taken

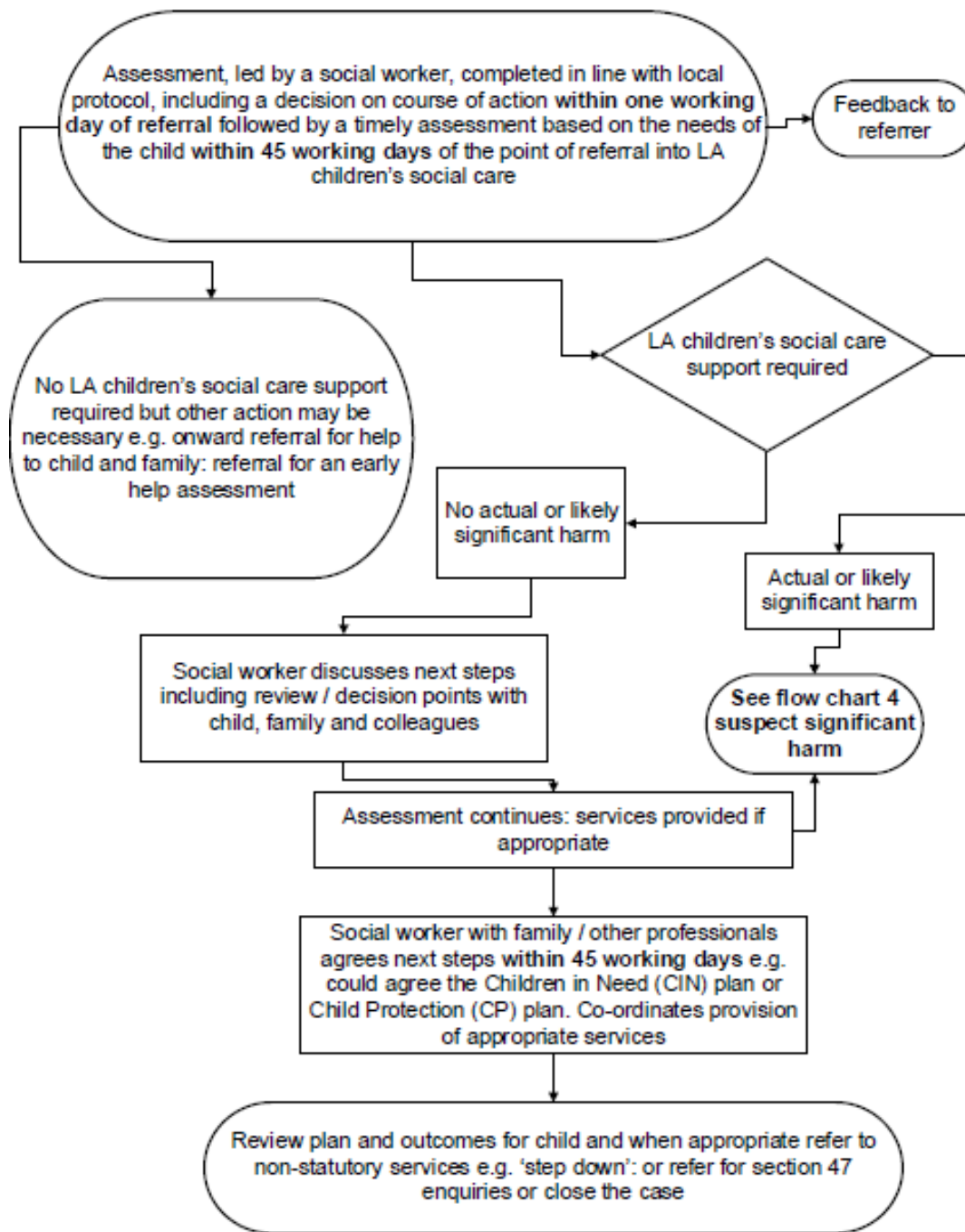
The police should:

- assist other organisations and agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed. If a crime has been committed, the police should be informed by the Children's Services

All involved practitioners should:

- be involved in the assessment and provide further information about the child and family
- agree further action including what services would help the child and family and inform Children's Services if any immediate action is required
- seek advice and guidance as required and in line with local practice guidance

Flow chart 3: Action taken for an assessment of a child under the Children Act 1989



Strategy discussion

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked-after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including

during the assessment process and when new information is received on an already open case.

Purpose:

Local authority children's social care should convene a strategy discussion to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm.

Strategy discussion attendees:

A local authority social worker, health practitioners and a police representative should, as a minimum, be involved in the strategy discussion. Other relevant practitioners will depend on the nature of the individual case but may include:

- the practitioner or agency which made the referral
- the child's school or nursery
- any health or care services the child or family members are receiving

All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies.

Strategy discussion

Strategy discussion tasks:

The discussion should be used to:

- share available information
- agree the conduct and timing of any criminal investigation
- decide whether enquiries under section 47 of the Children Act 1989 must be undertaken

Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:

- what further information is needed if an assessment is already underway and how it will be obtained and recorded
- what immediate and short-term action is required to support the child, and who will do what by when
- whether legal action is required

The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, consistent with the local protocol and no longer than **45 working days** from the point of referral into local authority children's social care.

The principles and parameters for the assessment of children in need at chapter 1 paragraph 40 should be followed for assessments undertaken under section 47 of the Children Act 1989.

Social workers should:

Convene the strategy discussion and make sure it:

- considers the child's welfare and safety, and identifies the level of risk faced by the child

- decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm)
- agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection
- records agreed decisions in accordance with local recording procedures
- follows up actions to make sure what was agreed gets done

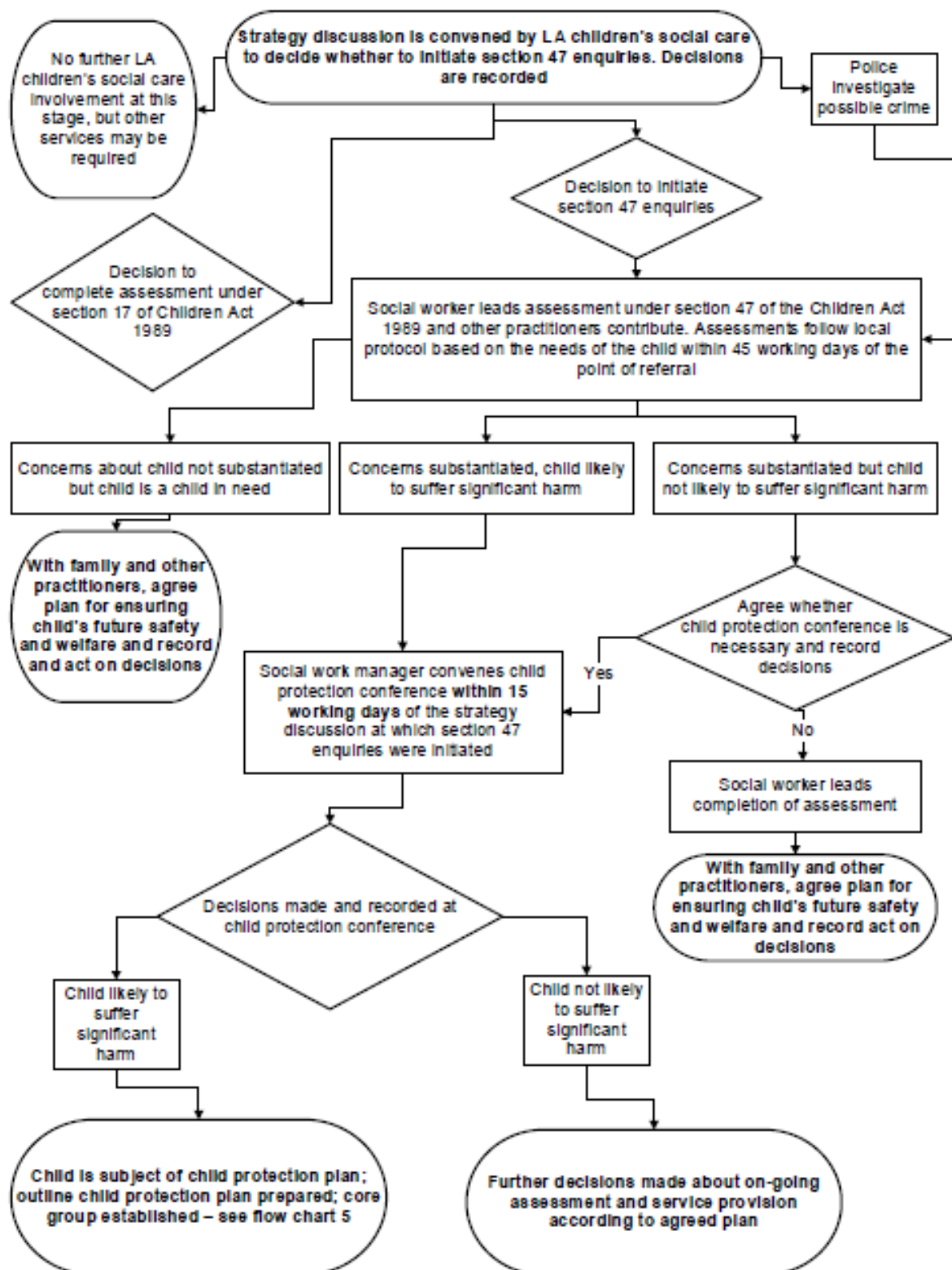
Health practitioners should:

- advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence and substance misuse to assist strategy and decision making
- secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions
- undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired

The police should:

- discuss the basis for any criminal investigation and any relevant processes that other organisations and agencies might need to know about, including the timing and methods of evidence gathering
- lead the criminal investigation (local authority children's social care have the lead for the section 47 enquires and assessment of the child's welfare) where joint enquiries take place

Flow chart 4: Action following a strategy discussion



Initiating section 47 enquiries

A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the guidance set out in this chapter and following the principles and parameters of a good assessment.

Local authority social workers should lead assessments under section 47 of the Children Act 1989. The police, health practitioners, teachers and school staff and other relevant practitioners should help the local authority in undertaking its enquiries.

Purpose:

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to be suffering significant harm.

Social workers should:

- lead the assessment in accordance with this guidance
- carry out enquiries in a way that minimises distress for the child and family
- see the child who is the subject of concern to ascertain their wishes and feelings; assess their understanding of their situation; assess their relationships and circumstances more broadly
- interview parents/carers and determine the wider social and environmental factors that might impact on them and their child
- systematically gather information about the child's and family's history
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant practitioners.
- determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help
- follow the guidance set out in 'Achieving Best Evidence in Criminal Proceedings: Guidance on interviewing victims and witnesses, and guidance on using special measures', where a decision has been made to

The police should:

- help other organisations and agencies understand the reasons for concerns about the child's safety and welfare
- decide whether or not police investigations reveal grounds for instigating criminal proceedings
- make available to other practitioners any evidence gathered to inform discussions about the child's welfare
- follow the guidance set out in 'Achieving Best Evidence in Criminal Proceedings: Guidance' on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations

Health practitioners should:

- provide any of a range of specialist assessments. For example, paediatric or forensic medical assessments, physiotherapists, occupational therapists, speech and language therapists and/or child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner (probably a consultant paediatrician, or possibly the child's GP) may need to request and co-ordinate these assessments
- ensure appropriate treatment and follow up health concerns, such as administration of missing vaccines

All involved practitioners should:

- contribute to the assessment as required, providing information about the child and family
- consider whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent/carers
- seek advice and guidance as required and in line with local practice guidance

Outcome of section 47 enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If local authority children's social care decides not to proceed with a child protection conference then other practitioners involved with the child and family have the right to request that local authority children's social care convene a conference if they have serious concerns that a child's welfare may not be adequately safeguarded. As a last resort, the safeguarding partners should have in place a quick and straightforward means of resolving differences of opinion. (See Children's MARS policy and procedure for Escalation and Resolution)

Where concerns of significant harm are not substantiated:

Social workers should:

- discuss the case with the child, parents and other practitioners
- determine whether support from any services may be helpful and help secure it
- consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this

All involved practitioners should:

- participate in further discussions as necessary
- contribute to the development of any plan as appropriate
- provide services as specified in the plan for the child
- review the impact of services delivered as agreed in the plan
- seek advice and guidance as required and in line with local practice guidance

Where concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer significant harm:

Social workers should:

- convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held
- consider whether any practitioners with specialist knowledge should be invited to participate

- ensure that the child and their parents understand the purpose of the conference and who will attend
- help prepare the child if they are attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter

All involved practitioners should:

- contribute to the information their agency provides ahead of the conference, setting out the nature of the organisation's or agency's involvement with the child and family
- consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when
- attend the conference and take part in decision making when invited
- seek advice and guidance as required and in line with local practice guidance

Convening a Child Protection Conference

This guidance should be read in conjunction with North Lincolnshire Child Protection Conference Quality Standards which are available on the Children's MARS website.

The social work practice supervisor will contact the Independent Reviewing Service for a consultation when a child protection conference needs to be convened. This will be within 24 hours of the strategy meeting being held. It is an expectation that a family solutions approach is undertaken prior to an initial child protection conference. The process of convening a conference will be through the social work services electronic recording system and by directly discussing the case with a conference chair or service manager within the Independent Reviewing Service. The conference chair will record the consultation on the electronic recording system for the relevant child's case file record. The Independent Reviewing Service administration will send out all invitations and distribute all child protection plans and records of the meeting.

Attendance at Child Protection Conferences

Those attending conferences should be there because they have significant contribution to make, arising from professional expertise, knowledge of the child or family or both. There should be sufficient information and expertise available through representation and reports to enable the conference to make an informed decision about what action is necessary to manage risks to the child informed by the evidence and underpinned by child development knowledge. Professionals and agencies who are invited to attend should make every effort to do so, but if unable to, they should submit a written report and, wherever possible, a well-briefed agency representative should attend to speak to the conference.

Those who have a relevant contribution to make may include:

- the child, and/or his or her representative (advocate, friend or supporter)
- parent/Carers and/or a representative (advocate, friend or supporter)
- wider family members or significant other adults
- Children's Services staff who have led and been involved in an assessment of the child and family

- foster carers
- residential care staff
- professionals involved with the child (For example health visitors, midwife, school nurse, children's guardian, paediatrician, school staff, early years staff, the GP, staff in the youth justice system, drug education services, child and adolescent mental health services, voluntary agencies)
- professionals involved with the parents or other family members (for example child and family support services, adult services (in particular those from mental health, substance misuse, domestic violence and learning disability), probation, the GP, voluntary agencies)
- professionals with expertise in the particular harm suffered by the child or in the child's particular condition, for example, a disability or long term illness
- those involved in investigations (for example, the police)
- local council legal services (child care)
- NSPCC or other involved voluntary organisations
- a representative of the armed services in cases where there is a service connection.

Involving the child and family members

Before a conference is held, the purpose of a conference, who will attend and the way in which it will operate, should always be explained to a child if they are of sufficient age and understanding, and to the parents, and involved family members. Where the child/family members do not speak English well enough to understand the discussions and express their views, an interpreter should be used.

The parents (including absent parents) should normally be invited to attend the conference and helped to participate fully. The social worker should give parents information about local advice and advocacy agencies and explain that they may bring an advocate, friend or supporter. Parents may choose to bring a solicitor or legal representative who should be an observer rather than a participant. However, the conference chair will determine their level of participation if they have important information to enable the conference to make informed decisions about managing risks to the child. The social worker will also ascertain the views of the parent and support them to attend the conference.

The child, subject of consideration about age and understanding, should be invited to attend and to bring an advocate, friend or supporter if s/he wishes. When a child is invited to a conference they will be provided with written information for them to access the North Lincolnshire Young People's Advocate. The social worker will also ascertain the views of the child including their experiences of racism and discrimination and support them to access the advocate and attend the conference if they wish to. Where the child's attendance is neither desired by him/her nor appropriate, the social worker should ascertain what his/her wishes and feelings are and make these known to the conference. The child will be offered the opportunity where appropriate to provide their wishes and feelings in person to the conference chair or via written form/social media.

Where the child or family members are disabled, consideration will be given to any additional requirements including mobility needs to be made to ensure that they are not excluded from the conference process. Where a child or parent has communication impairments or learning

disabilities, attention should be paid to communication needs, and to ascertain their perception of events and their wishes and feelings. A specialist who is able to communicate with the child or family members using the required methods should support the child or family member at the conference process.

The involvement of family members should be planned carefully. It may not always be possible to involve all family members at all times in the conference, for example, if one parent is the alleged abuser or if there is a high level of conflict between family members. Adults and any children who wish to make representations to the conference may not wish to speak in front of one another. Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. The conference is primarily about the child and whilst the presence of the family is the preferred option, those professionals attending must be able to share information in a safe and non-threatening environment. Professionals may themselves have concerns about violence or intimidation, which should be communicated in advance to the conference chair.

A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else, might be one reason for exclusion. The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion although in these circumstances the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance. If criminal proceedings have been instigated the view of the Crown Prosecution Service (CPS) should be taken into account. The decision to exclude a parent or caregiver from the child protection conference rests with the chair of the conference, acting within these procedures. If the parents are excluded, or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means. The social worker should ascertain the parents' views in these circumstances and make these known to the conference. In addition, other professionals involved with the parents may be able to ascertain and provide their views.

In relation to absent parents, key factors in deciding whether they are involved are:

- whether the parent has parental responsibility
- consent and views of the person/people with parental responsibility
- the child's views about the absent parent
- significant concerns arising from enquiries and assessments

Information for the conference

Children's Services should provide the conference with a written report that summarises and analyses the information obtained in the course of the Children's Services assessment undertaken under section 47 of the Children Act 1989, and information in existing records relating to the child and family. Where decisions are being made about more than one child in a family there should be a written report prepared on each child. The report should include information on the dates the child was seen by the social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons.

The child protection conference report should include or make reference to:

- a chronology covering Children's Services and other agencies involvement with the child and family (to include for example significant events in the child and family's history, current and any pre-existing assessments/plans including early help, child in need, child protection, looked after, previous court orders and judgements, any letters before proceedings and key decision making points)
- genogram
- summary of precipitating events and background information that has led to the child's case proceeding to a child protection conference
- Children's Services involvement with the child and family cross referencing this with the chronology
- assessment of the child's needs, parenting capacity and wider family/environmental factors across the three domains of the assessment framework with emphasis on contextual safeguarding and family networks
- risk analysis using the North Lincolnshire framework
- wishes feelings and views of the child, including their experiences of racism and discrimination, views of the parents and other relevant family members/friends
- analysis of why there is a gap between the children's needs and parenting capacity including a summary of harm and likelihood of harm based on the evidence, underpinned by knowledge of child development and latest research on the impact of neglect and abuse
- a statement on what needs to change in what timescale and the motivation, capacity and confidence of the parent and family to improve the safety and welfare of the child, including the child's perspective
- a summary of conclusions that are outcome focused based on the risks/needs and the services/actions that are in place or recommended to ensure the child's safety and welfare including a timescale and accountability
- the local authority's recommendation to the conference

The conference report completed by the social worker should be completed and authorised by their practice supervisor in a timely manner. This will then be available for the conference chair within the Independent Reviewing Service to read in the child's file on the electronic recording system.

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

Other professionals invited to the conference should provide a report to include details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, capacity of the parents to meet the needs of their child within their family and environmental context. This information should include careful consideration of the impact that the current and past family functioning and family history are having on the parents' capacities to meet the child's needs. The report should include an analysis of the child's needs including a risk analysis and be based on evidence and latest research on the impact of neglect and abuse. It should conclude with recommendations to the conference. The

report should be signed off by a manager within the professional's agency. A template report for child protection conferences can be found on the Children's MARS website.

Other professionals should provide the child and parents with a copy of their report (where appropriate) in advance of the conference. The report should be discussed with the child and their family before the conference taking into account their preferred language. The report should be sent to the Independent Reviewing Service in a timely manner in line with quality standards.

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

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

Initial child protection conferences

Following section 47 enquiries, an initial child protection conference brings together family members (and the child where appropriate), with the supporters, advocates and practitioners most involved with the child and family, to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

Purpose:

To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how organisations and agencies work together to safeguard the child in future. Conference tasks include:

- appointing a lead statutory body (either local authority children's social care or NSPCC) and a lead social worker, who should be a qualified, experienced social worker and an employee of the lead statutory body
- identifying membership of the core group of practitioners and family members who will develop and implement the child protection plan
- establishing timescales for meetings of the core group, production of a child protection plan and for child protection review meetings
- agreeing an outline child protection plan, with clear actions and timescales, including a clear sense of how much improvement is needed, by when, so that success can be judged clearly

The Conference Chair:

- is accountable to the Director of Children's Services. Where possible the same person should chair subsequent child protection reviews
- should be a practitioner, independent of operational and/or line management responsibilities for the case
- should meet the child and parents in advance to ensure they understand the purpose and the process

Social workers should:

- convene, attend and present information about the reason for the conference, their understanding of the child's needs, parental capacity and family and environmental context and evidence of how the child has been abused or neglected and its impact on their health and development
- analyse the information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the conference
- share the conference information with the child and family beforehand (where appropriate)
- prepare a report for the conference on the child and family which sets out and analyses what is known about the child and family and the local authority's recommendation
- record conference decisions and recommendations and ensure action follows

All involved practitioners should:

- work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed

Safeguarding partners should:

- monitor the effectiveness of these arrangements

The conference chair

In North Lincolnshire, child protection conferences are chaired by social workers based with the Independent Reviewing Service who are independent of operational and/or line management responsibility of the child's case.

Where possible, the same social worker from the Independent Reviewing Service should chair subsequent child protection reviews in respect of a specific child.

The responsibilities of the chair include:

- meeting the child, parents and family members/other significant adults in advance, to ensure that they understand the purpose of the conference and the process
- setting out the purpose of the conference to all present and covering the agenda (See
- enabling all those present, and absent contributors, to make their full contribution to discussion and decision-making
- ensuring that the conference takes the decisions required of it in an informed, systematic and explicit way and
- formulating a child protection plan which is outcome focused

In addition, the Children Act 1989 Guidance and Regulations, Volume 2, Care Planning, Placement and Case Review, sets out the expectations of the independent reviewing officer in relation to chairing or attending the child protection review conference as part of the overarching review of the child in care's case, ensuring that the child protection plan is also

taken into account in the review of the care plan. In North Lincolnshire the independent reviewing officer may attend or chair the child protection conference.

The conference meeting

In North Lincolnshire, professionals will be able to read the social workers and certain other professionals other reports before the conference. This should enable the conference to focus on key points of analysis from agencies reports and maximise the time spent in conference to consider the risks and protective factors, the changes required, the demonstrable impact on the child due to a plan being progressed and to collaborate with the child, family and professionals in creating or further developing an outcome based child protection plan.

Third party information is information that may affect the outcome of a criminal prosecution or is about another person and cannot be discussed openly without their permission. Third party information should be put in writing to the Chair prior to conference and not be shared with parents / carers.

Within the conference the risk analysis and outcome based child protection plan will be written and projected onto a whiteboard. The whiteboard may not be used where special measures dictate literacy and learning needs for children & families.

Responsibility of the conference

The conference should consider the following questions, which are part of the decision-making process, when determining whether the child should be the subject of a child protection plan: Has the child suffered significant harm? Is the child suspected of or likely to be suffering significant harm?

The test for likelihood of suffering harm in the future should be that either:

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

If the child protection conference decides that the child is likely to suffer significant harm in the future, the child will therefore require multi agency help and intervention to be delivered through a child protection plan. 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.

A decision may be made that a child does not require a child protection plan but he or she may require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Subject of the family's views and consent, it may be appropriate to continue and to complete the Children's Services assessment to help determine what support might best help promote the child's welfare. Where the child's needs are complex, multi-agency working will continue to be important. Where appropriate, a child in

need plan should be drawn up and a child in need meeting should be held within 20 working days of the conference. The Child in Need Plan should be reviewed within every 3 month period as a minimum requirement.

Where a child who is the subject of a child protection plan becomes looked after, the child protection plan should form part of the looked after child's overarching care plan, (see Children Looked After by the Council).

The decision-making process for the need for a child protection plan or not and the discontinuation of a child protection plan is based upon the views of the agencies present at the child protection conference. Where there are professional differences in view, these should be resolved by the conference chair in the first instance through discussion in the conference. Following the conference, if the conference chair has a significant concern about professional differences in view, they should refer the child's case to the service manager within the Independent Reviewing Service. Likewise, if any other professional in attendance at the conference has a significant concern about professionals' differences in view or the decision-making process, then they should notify their line manager of their concern.

The service manager within the Independent Reviewing Service will discuss the concern raised with relevant agency managers as a means of resolution.

A professional consultation meeting will be convened and chaired by the service manager within the Independent Reviewing Service, as necessary.

The same decision-making procedure, outlined in this section, should be used a review child protection conference to reach a judgement on continuing to have a child protection plan or to discontinue an existing plan.

The child protection plan
Actions and responsibilities following the initial child protection conference
Purpose: The aim of the child protection plan is to: <ul style="list-style-type: none">• ensure the child is safe from harm and prevent them from suffering further harm• promote the child's health and development• support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child
Local authority children's social care should: <ul style="list-style-type: none">• designate a social worker to be the lead practitioner as they carry statutory responsibility for the child's welfare• consider the evidence and decide what legal action to take if any, where a child has suffered or is likely to suffer significant harm• define the local protocol for timeliness of circulating plans after the child protection conference

Social workers should:

- be the lead practitioner for inter-agency work with the child and family, co-ordinating the contribution of family members and practitioners into putting the child protection plan into effect
- develop the outline child protection plan into a more detailed interagency plan and circulate to relevant practitioners (and family where appropriate)
- ensure the child protection plan is aligned and integrated with any associated offender risk management plan
- undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare
- complete the child's and family's in-depth assessment, securing contributions from core group members and others as necessary
- explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child
- consider the need to inform the relevant Embassy if the child has links to a foreign country
- co-ordinate reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within three months of the initial conference and further reviews at intervals of no more than six months for as long as the child remains subject of a child protection plan
- record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend and follow up those actions to ensure they take place. The child protection plan should be updated as necessary
- lead core group activity

The core group should:

- meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan
- further develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met
- decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare
- implement the child protection plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and refining the plan as needed

The child protection plan

The child protection plan should be based on the findings from the assessment, following the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors, and drawing on knowledge about effective interventions. Where the child is also the subject of a care plan, the child protection plan should be part of the looked after child's care plan, see [Children Looked After by the Council](#).

The Outline Child Protection Plan should set out the following:

- the risk factors (difficulties and vulnerabilities) which need addressing and the protective factors (strengths and resilience) which need to be built upon
- the identified needs of the child where their health and/or development requires promoting
- outcomes to be achieved which are specific, measurable and child focused
- the next steps to bring about the changes that are needed which may be actions required, services to be provided, methods or solutions to be used which are measurable and reviewable. These next steps will communicate the proposed actions, services, methods and solutions to address the risks/needs and meet the outcomes
- a timescale for when the next steps will be achieved or reviewed
- the accountable person or people who is/are responsible for the next steps to be completed and/or reviewed

As well the plan will outline:

- what will happen if the plan is not followed
- outline how often the child will be seen by the social worker and the nature of this contact
- the name of the lead social worker
- the members of the core group
- the date of the next core group meeting within 10 working days or the next child in need meeting within 20 working days of the conference
- clearly identify and set out roles and responsibilities of family members and professionals including those with routine contact with the child (for example, health visitors, GPs and teachers) and the nature and frequency of contact by these professionals with the child and family members

The child protection plan should take into account the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. Both the conference chair and the social worker should make every effort to ensure that the child (subject of age and understanding) and parents have a clear understanding of the risks, needs, outcomes, next steps, timescale and accountabilities that are outlined in the plan. Where the child and family are willing to work in partnership and collaboratively with those involved their own ideas should be used or aligned to achieve the 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. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

The plan should be constructed with the child and family, using an interpreter if their level of English means that they are not able to participate fully in the discussions. They should receive a written copy of the plan in their own language.

The role of the lead worker

The social worker is responsible for making sure that the outline child protection plan is developed into a more detailed multi agency plan. The social worker should co-ordinate the

contribution of family members and other agencies to planning the actions that need to be taken. The social worker is responsible for putting the child protection plan into effect and reviewing progress against the planned outcomes set out in the plan.

The social worker should see the child, alone when appropriate, in accordance with the plan. In North Lincolnshire the social worker should see the child at a minimum of once every 2 weeks or more often if necessary and should develop a 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 social worker should record in the child's Social Work Service record when the child was seen, whether they were seen alone and who else, if anyone, was present at the time of each visit.

The social worker is responsible for notifying the core group members, other relevant agencies and the Independent Reviewing Service of any change of circumstances such as to the household and any temporary or permanent change of address or placement, as soon as possible.

The social worker should keep their supervisor informed of any difficulties in implementing the child protection plan, seeing the child within every two-week period or visiting the family. In every circumstance where no access has been possible or the child has not been seen, the social worker should contact the family and arrange to make a further visit within one day to see the child. If following the second attempt no access has been possible or the child has not been seen, then the social worker should inform their supervisor for consideration of the immediate actions to be taken to locate and see the child.

The core group

The core group is responsible for developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial child protection conference. Membership should include the lead social worker, who chairs the core group, the child if appropriate, family members and professionals or foster carers who will have direct contact with the family. Although the social worker has lead responsibility for the formulation and implementation of the child protection plan, all members of the core group are jointly responsible for carrying out these tasks, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan. Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan.

Core groups are an important forum for working with parents, wider family members and children of sufficient age and understanding. It can often be difficult for parents to accept the need for a child protection plan within the confines of a formal conference. Their co-operation may be gained later when details of the plan are worked out in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child's best interests should always take precedence over the interests of other family members.

In North Lincolnshire, the first meeting of the core group should take place within 10 working

days of the initial child protection conference. Thereafter, the core group should meet usually on a 6 weekly basis to facilitate working together, monitor actions and outcomes against the child protection plan, and make any necessary alterations as circumstances change.

In preparation for the core group, members should provide a written update including:

- an update on any actions they are responsible for within the child's plan
- an update in respect of each child/adult involved with your service/agency
- a professional Analysis
- next steps/recommendations for the plan

The social worker should ensure that there is a record of the decisions taken and actions agreed at core group meetings, as well as the views of those present and the views of those who were not able to attend. The child protection plan should be updated as necessary. This should be circulated to all core group members within 10 working days of the core group meeting.

Intervention

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

The following questions need to be considered:

- What are the options for interventions, which might help support strengths and/ or help, meet the child's identified unmet needs as well as addressing the known vulnerabilities and risk factors?
- What resources are available?
- With which agency or professional and with which approach is the family most likely to co-operate?
- 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?

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

- the developmental needs of the child;
- the child's understanding of what has happened to him or her;

- the abusing caregiver/child relationship and parental capacity to respond to the child's needs;
- the relationship between the adult caregivers both as adults and parents;
- family relationships; and
- possible changes to the family's social and environmental circumstances.

Intervention may have a number of inter-related components:

- action to make a child safe from harm and prevent recurrence from harm;
- action to help promote a child's health and development, i.e. welfare;
- action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare;
- therapy for an abused or neglected child; and
- support or therapy for a perpetrator of abuse or neglect to prevent future harm to the child and where necessary to other children.

The development of secure parent–child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another, re-uniting a child with his or her birth family or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the maltreatment, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.

A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within his or her family context and within timescales that are appropriate for the child. These timescales may not be compatible with those for the caregiver(s) who is/are in receipt of therapeutic help. The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view. Where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context. Key to these considerations is what is in the child's best interests, informed by the child's wishes and feelings and by the parents' capacity to make the required changes.

Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living, whether remaining with or being reunited with their families or alternatively being placed in new families; this relates particularly to their behavioural and emotional development. Therapeutic work with the child should continue, irrespective of where the child is placed, as long as is required in order for their needs to be met.

The local protocol for timeliness of circulating child protection plans and conference records

The Child Protection Outline Plan will be completed and sent out within 1 working day of the conference. The conference record will be completed and sent out within 20 working days of the conference. Both the plan and record will be sent to all those who attended or were invited

to attend, including family members, except for any part of the conference from which they were excluded. Both the plan and the record is confidential. It should not be passed by professionals to third parties without the consent of either the conference chair or the lead social worker. However, in cases of criminal proceedings, the police may reveal the existence of the notes to the Crime Prosecution Service in accordance with the [Criminal Procedure and Investigation Act 1996](#). The record of the decisions of the child protection conference should be retained by the recipient agencies and professionals in accordance with their record retention policies.

Child protection review conference
The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.
<p>Purpose:</p> <ul style="list-style-type: none"> • To review whether the child is continuing to suffer or is likely to suffer significant harm and review developmental progress against child protection plan outcomes. • To consider whether the child protection plan should continue or should be changed
<p>Social workers should:</p> <ul style="list-style-type: none"> • attend and lead the organisation of the conference • determine when the review conference should be held within three months of the initial conference, and thereafter at maximum intervals of six months • provide information to enable informed decisions about what action is necessary to safeguard and promote the welfare of the child who is the subject of the child protection plan, and about the effectiveness and impact of action taken so far • share the conference information with the child and family beforehand, where appropriate • record conference outcomes • decide whether to initiate family court proceedings (all the children in the household should be considered, even if concerns are only expressed about one child) if the child is considered to be suffering significant harm
<p>All involved practitioners should:</p> <ul style="list-style-type: none"> • attend, when invited, and provide details of their involvement with the child and family • produce reports for the child protection review. This information will provide an overview of work undertaken by family members and practitioners and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan.

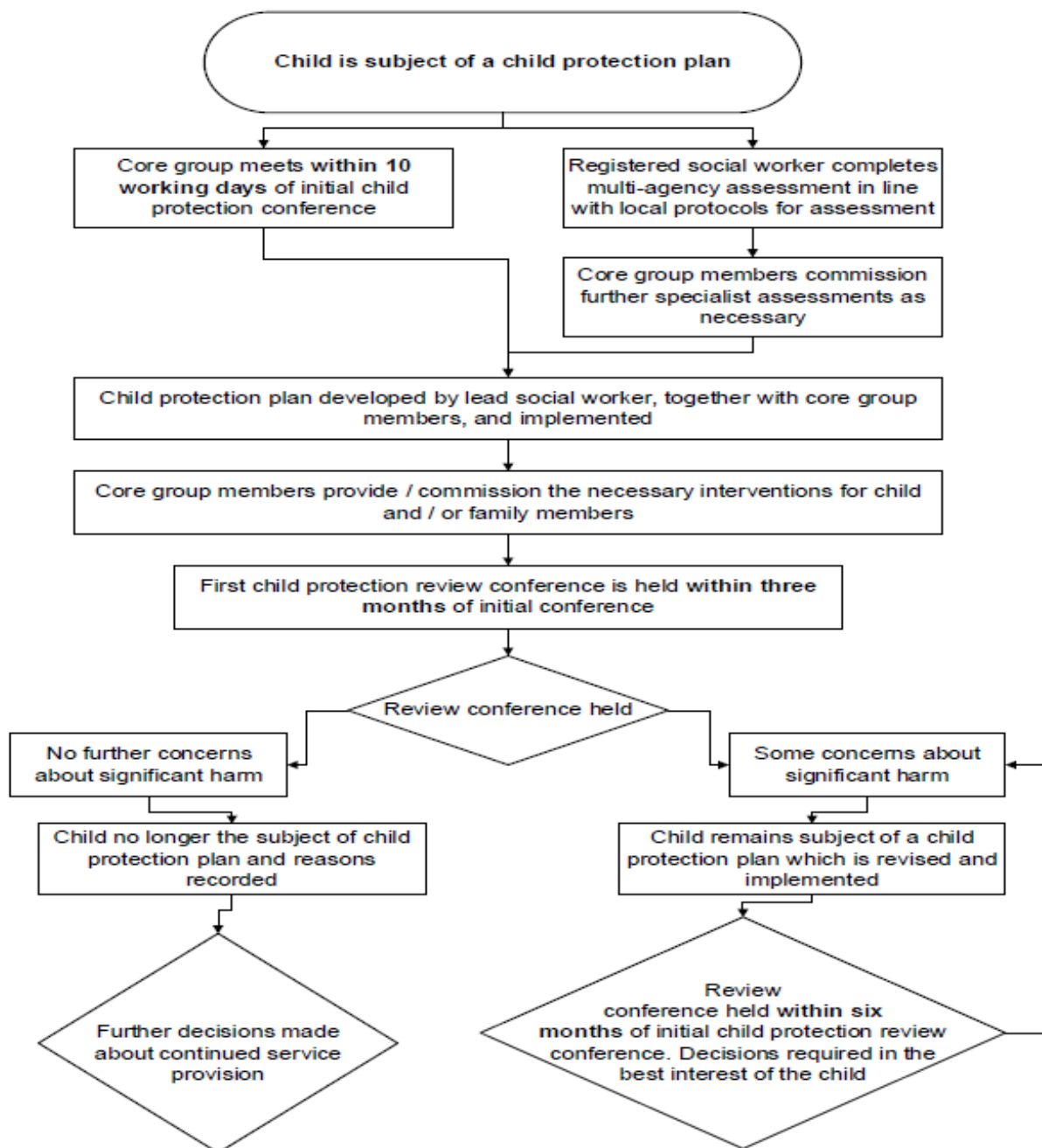
Enhanced Risk Analysis Meetings

Following the second review Child Protection Conference, within North Lincolnshire, the

Independent Reviewing Service will undertake an enhanced risk analysis meeting (ERAM) in relation to the child who is subject of a Child Protection Plan in conjunction with Children's Services and other agencies as appropriate. The meeting should reflect on the risk analysis and impact on the child to determine whether other methods of intervention may enable further progress or to determine whether another course of action should be taken in relation to the child's case.

ERAMS are held to prevent drift and delay for children who have been subject to Child Protection Plans for 9 months plus. An ERAM is a multi-agency meeting held to reflect upon progress and look at what is working well and what needs to change.

Flow chart 5: What happens after the child protection conference, including the review?



Discontinuing the Child Protection Plan

A child should no longer be the subject of a child protection plan if:

- it is judged that the child is no longer continuing to or is likely to suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan
- 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 move. Only after this event may the original local authority discontinue its 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), has died or has permanently left the United Kingdom

Social workers should:

- notify, as a minimum, all agency representatives who were invited to attend the initial child protection conference that led to the plan
- consider whether support services are still required and discuss with the child and family what might be needed, based on a re-assessment of the child's needs

The Independent Reviewing Service will notify all agency representatives who were invited to attend the initial child protection conference and those involved with the child at the point that the child protection plan is discontinued. In all cases there will be consideration of whether a child in need plan is required and one will be drawn up if necessary at the conference.

Children Looked After by the Council

In most cases where a child who is subject of a child protection plan becomes looked after it will no longer be necessary to maintain the child protection plan. There are however relatively few cases where safeguarding issues will remain and a looked after child should also have a child protection plan. These cases are likely to be where a council obtains an interim care order in family proceedings but the child or young person who is the 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.

Where a looked after child remains the subject of a child protection plan it is expected that there will be a single planning and reviewing process led by the IRO, which meets the requirements of both these procedures and the Care Planning, Placement and Case Review (England) Regulations, and the accompanying statutory guidance, *Putting Care into Practice* also referred to as the Children Act 1989 Guidance and Regulations, Volume 2, Care Planning, Placement and Case Review.

The systems and processes for reviewing child protection plans and plans for looked after children should be carefully evaluated by the council 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.

It is recognised that there are different requirements for independence of the IRO (independent Reviewing Officer) function compared to the chair of the child protection conference. In addition, it is important to note that the child protection conference is required to be a multi-agency forum while children for the most part want a few external people as possible at a review meeting where they are present. However, it will not be possible for the IRO to carry out his /her statutory function without considering the child's safety in the context of the care planning process. In this context 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. The conference chair may chair the conference with the IRO attending.

This means that the timing of the review of the child protection aspects of the care plan should be the same as the review under the Care Planning, Placement and Case Review (England) Regulations 2010, to ensure that up to date information in relation to the child's welfare and safety is considered within the Looked After Children's review meeting and informs the overall care planning process. The Looked After Child's review when reviewing the child protection aspects of the plan should also consider whether the criteria continue to be met for the child to remain the subject of a child protection plan. Significant changes to the care plan should only be made following the looked after child's review.

Disabled children

Where a disabled child is the subject of a child protection plan and they are receiving short breaks, there should be reference to the Short Breaks Statutory Guidance on how to safeguard and promote the welfare of disabled children using short breaks (2010). The short break care plan should be reviewed as stipulated as outlined the child protection plan, the first review for children in short breaks should take place within 3 months of the start of their placement. Subsequent reviews should be at intervals no less than 6 months. In addition due regard must be made to the supplementary guidance Safeguarding Disabled Children (2009), in respect of safeguarding a disabled child within a child protection context.

Pre-birth child protection conferences and reviews

Where a Children's Services assessment under section 47 of the Children Act 1989 gives rise to concerns that an unborn child may be likely to suffer significant harm Children's Services should hold a strategy discussion and may decide to convene an initial child protection conference prior to the child's birth. Such a conference should have the same status, and proceed in the same way, as other initial child protection conferences, including decisions about a child protection plan. The involvement of midwifery services is vital in such cases in both initial and review child protection conferences.

It is good practice to hold a pre-birth child protection conference a number of weeks before the expected date of delivery. This should enable any child protection plan to be put in place before the child is born. It is acknowledged that in some cases this will not be possible, for

example in a concealed pregnancy.

When the child is born midwifery services should inform the social worker and the Independent Reviewing Service. The Extended Hours Team within Children's Services should be informed if out of office hours.

Interface between child protection conferences and Multi-Agency Risk Assessment Conferences (MARAC)

Where concerns that a child/ young person aged 16 to 18 years is a victim of domestic abuse there should be enquiries under section 17 or section 47 of the Children Act 1989 to determine whether there is a likelihood or risk of significant harm. In cases where it is decided that there is a continuing risk of significant harm consideration should be given to a child protection conference. In addition, a DASH risk assessment should be completed and where the outcome is that the risk to the young person is high a MARAC referral should be made. A DASH risk assessment should be undertaken by the social worker to determine the level of risk the young person may be at as a result of domestic abuse. This risk assessment will be part of the wider North Lincolnshire Risk Analysis Framework.

Where a child within a family is judged to be suffering or likely to suffer significant harm from domestic abuse, through section 17 or section 47 enquiries and the victim in the household has been assessed as at high risk through a recognised domestic abuse risk indicator checklist (Domestic Abuse Stalking and Harassment, Honour-Based Violence – DASH) both a child protection conference should be considered and a MARAC referral completed for the victim.

The involvement of an Independent Domestic Violence Adviser (IDVA) from The Blue Door specialist domestic abuse support services is vital in such cases in both initial and review child protection conferences. Both the child's social worker and the IDVA will provide a link between the MARAC / The Blue Door services and child protection conference. The child protection conference will make decisions about the child's future safety, health and development and the MARAC will consider the safeguarding of the victim specifically in relation to the domestic abuse. Agencies in attendance at the MARAC are expected to complete agreed actions and cases are not usually reviewed at the MARAC unless there is a repeat domestic abuse incident or a related crime that would mean that the case is heard as an archive repeat case. Where a child is made subject of a child protection plan the review conference procedures will be followed.

Complaints about a child protection conference

Parents/caregivers and, on occasion children, may have concerns about which they may wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection conferences:

- the process of the conference;
- the outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan; and/or

- a decision for the child to become, or not to become, the subject of a child protection plan or not to cease the child being the subject of a child protection plan.

Complaints about individual agencies, their performance and provision (or non- provision) of services should be responded to in accordance with the relevant agency's complaints handling process. For example, Children's Services are required (by section 26 of the Children Act 1989) to establish complaints procedures to deal with complaints arising in respect of Part III of the Act.

Complaints about aspects of the functioning of conferences described above should be addressed to the conference chair and the service manager of the Independent Reviewing Service. Such complaints should be passed on to Children's Services, which, since they relate to Part V of the Children Act 1989, should be responded to in accordance with the local authority social services complaints regulations 2006. The directions are based on section 7B of the local authority social services act 1970 inserted by section 50 of the NHS and community care act 1990.

In addition, representations and complaints may be received by individual agencies in respect of services provided (or not provided) as a consequence of assessments and conferences, including those set out in child protection plans. Such concerns should be responded to by the relevant agency in accordance with its own processes for responding to such matters.

Administrative arrangements and record keeping of child protection conferences

Those attending should be notified of conferences as far in advance as possible. The conference should be held at a date and time convenient to as many people as possible. All child protection conferences, both initial and review will have a dedicated administrative person from the Independent Reviewing Service to take notes and produce a record of the meeting. The Child Protection Outline Plan and record of the conference are crucial working documents for all relevant professionals, the child and family.

Recording that a child is subject of a child protection plan

The Independent Reviewing Service will record in the child's case record on the electronic recording system when the child is the subject of a child protection plan, including where the child is also looked after by the council. They will be able to produce a list of all children living in North Lincolnshire (including those who have been placed within North Lincolnshire by another local authority), who are suffering or likely to suffer significant harm in the future and for whom there is a child protection plan. In North Lincolnshire, the service manager within the Independent Reviewing Service is responsible for the list of children who are subject of a child protection plan.

A key purpose of recording that a child is the subject of a child protection plan is to enable agencies and professionals, when appropriate, to be aware that these children are the subject of a child protection plan. Agencies and professionals can obtain relevant information about

any child who is subject of a child protection plan from the Independent Reviewing Service or the Single Access Point within Children's Services. The Extended Hours Team can provide this information out of office hours.

Children should be recorded as having been, or being likely to be abused or neglected under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair of the child protection conference. These categories help indicate the nature of the current concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally and for its use in planning the provision of services. The categories selected should reflect all the information obtained in the course of the Children's Services assessment under section 47 of the Children Act 1989 and subsequent analysis, and should not just relate to one or more abusive incidents. The initial category may change as new information becomes available during the time that the child is the subject of a child protection plan.

Managing and providing information about a child

The Independent Reviewing Service has responsibility for:

- maintaining Children's Services records on children who are subject of a child protection plan are kept up to date in relation to the plan;
- ensuring enquiries made to the Independent Reviewing Service about children about whom there are concerns or who have child protection plans are recorded and considered. Where relevant the service will liaise with the lead worker involved with the child.
- managing other notifications of movements of children who have a child protection plan into or out of the council area, see Movement of Children who are subject of a Child Protection Plan.
- managing notifications of people who may pose a risk of significant harm to children who are either identified within the local authority area or have moved into the local authority area (from prisons and via the Multi Agency Public Protection Arrangements); and
- managing requests for checks to be made to ensure unsuitable people are prevented from working with children (from Ofsted)

Recording in individual case records

The council should retain their records in relation to a child who is subject of a child protection plan in accordance with the agency retention procedure.

All agencies should retain child protection initial conference and review reports as part of the child's record, where practicable and follow their own retention procedure.

Movement of children who are subject of a child protection plan

Whilst a child is subject of a child protection plan in this council, s/he may move:

- from one address to another, either with their family or to another family member/friend, within North Lincolnshire

- due to becoming looked after by North Lincolnshire and being placed within this area or in an external placement
- out of North Lincolnshire, either with their family, to another family member/friend, or for example, into a residential school or specialist health placement
- out of North Lincolnshire and leave the UK.

The move may be planned or not, temporary or permanent. It could be for a holiday period as a one off or a series of short-term arrangements or for longer.

Anyone who becomes aware of any of these changes to a child's circumstances, due to a planned or actual move, must immediately notify the child's social worker/their manager (if they are not already aware) within Children's Services and the conference chair/their manager within the Independent Reviewing Service.

The social worker and conference chair must liaise to evaluate the impact of the change of circumstances on the child. Information must be shared immediately by the social worker with the receiving local authority if the child has moved either temporarily or permanently into another council area.

The move may be planned and therefore relevant information will have been shared in advance of the move with the professionals and agencies involved in North Lincolnshire, including with the receiving council. However, if the child moves in an unplanned manner, this may be an attempt by the child's family/carers to avoid the involvement of professionals and agencies. In these circumstances, all efforts must be made to determine where the child is living and that information to safeguard the child is held by the receiving council.

Whilst a child is subject of a child protection plan in another council, s/he may move into North Lincolnshire:

- either with their family or to another family member/friend
- due to being placed in North Lincolnshire as a looked after child in an independent fostering agency placement or within an independent children's home or residential school.

The move into North Lincolnshire may be planned or not, temporary or permanent. It could be for a holiday period as a one off or a series of short-term arrangements or for longer.

At the point of notification information must be shared by the original council with North Lincolnshire's Children's Services Single Point of Contact and/or the Independent Reviewing Service.

Anyone who becomes aware that a child who is subject of a child protection plan, held by another council, has moved into, or intends to move into North Lincolnshire either on a temporary or permanent basis, will notify Children's Services Single Point of Contact and/or the Independent Reviewing Service and share relevant information.

Actions to be taken when a child moves within North Lincolnshire

Anyone who becomes aware that a child who is subject of a Child Protection Plan moves within North Lincolnshire will make the child's social worker aware of this change. The social worker will update the child's electronic case file record, and notify the conference chair.

If a child becomes looked-after, the social worker will notify the conference chair.

Actions to be taken when a child moves out of North Lincolnshire to another area

Anyone who becomes aware that a child who is subject of a child protection plan is planning to move or has moved out of North Lincolnshire will make the child's social worker/their manager within Children's Services and/or the conference chair/their manager within the Independent Reviewing Service aware of this change, at the time that such information becomes available to them.

Permanent Move

The social worker/their manager will:

- immediately make a referral to Children's Services in the receiving local council to inform them that the child is moving or has moved permanently into their area, including the new address where the child will be or is now living and with whom
- provide the child's relevant personal details and send a copy of the most recent child protection plan held within the last core group meeting record
- provide relevant information so that the receiving local council can undertake any enquiries and an assessment of the child as necessary to ensure that any action to safeguard or promote the welfare of the child is taken, including any immediate protection where there is risk to the life of a child or a likelihood of serious immediate harm
- inform the conference chair/service manager in the Independent Reviewing Service of the changes
- inform the core group members of the changes
- update the child's electronic case file record to reflect the details of the move, the new address and add any new relationships as necessary
- complete an initial visit to see the child at their new address and further child protection visits in the receiving local authority or confirm that such visits will be undertaken by the receiving council, including the frequency of visits and over what time period(s)
- monitor all arrangements for the child including those agreed with the receiving council
- provide the names and details of conference attendees, a report for conference and attend an initial child protection conference in the receiving local authority which should be held within 15 working days of the notification being made
- notify the North Lincolnshire conference chair/their manager of the date and outcome of the above initial child protection conference.

The conference chair/their service manager in agreement with the social worker/their manager

agree who is best placed to:

- immediately inform the social worker/their manager in Children's Services of the changes
- immediately inform the team in the receiving council who are responsible for child protection conferences of the current details of the child protection plan so that they can make the child subject of a temporary child protection plan and provide copies of the minutes of the initial and most recent review Child Protection Conference and any other relevant documentation
- clarify that this is a permanent move into the receiving council and update the receiving council
- inform the North Lincolnshire named nurse/midwife of the changes to enable the receiving health agencies to be informed

The conference chair/their service manager will:

- ensure that the child remains subject of a child protection plan in North Lincolnshire until a transfer conference is held.
- ensure that a child's name is removed from being subject of a child protection plan in North Lincolnshire when the receiving council has held an initial child protection conference (within 15 working days of notification). The date that the child is no longer subject of child protection plan in North Lincolnshire will be the date of the initial child protection conference in the receiving council irrespective of whether the child is made the subject of a child protection plan or not.

Temporary Move

The social worker/their manager will:

- immediately contact the Children's Services in the receiving council to inform them that the child is moving or has moved temporarily into their area, including the new address where the child will be or is living, with whom and the expected length or frequency of their stay, if a series of short-term arrangements
- provide the child's relevant personal details and send a copy of the most recent child protection plan held within the last core group meeting record, as necessary
- provide relevant information so that the receiving council can undertake any enquiries and an assessment of the child as necessary to ensure that any action to safeguard or promote the welfare of the child is taken, including any immediate protection where there is risk to the life of a child or a likelihood of serious immediate harm
- inform the conference chair/service manager in the Independent Reviewing Service of the changes
- inform the core group members of the changes
- update the child's electronic case file record to reflect the details of the temporary move, the new temporary address and add any new relationships as necessary
- complete an initial visit to see the child at their new address and further child protection visits in the receiving council or confirm that such visits will be undertaken by the receiving council, including the frequency of visits and over what time period(s)
- monitor all arrangements for the child including those agreed with the receiving council for a child including a one off or a series of short term arrangements
- notify the receiving council, the Independent Reviewing Service and core group members of the ending of a temporary move and any change to it being a permanent move

The conference chair/their service manager will:

- immediately inform the social worker/their manager in Children's Services of the changes
- immediately inform the team in the receiving council who are responsible for child protection conferences of the current details of the child protection plan so that they can make the child subject of a temporary child protection plan and provide copies of the minutes of the initial and most recent review Child Protection Conference and any other relevant documentation, as necessary.
- clarify that this is a temporary move into the receiving council and confirm the new address where the child will be or is living, with whom and the expected length or frequency of their stay, if a series of short-term arrangements
- update the receiving council of any temporary arrangements that end or become permanent
- due to the temporary nature of the move and if necessary, inform the North Lincolnshire named nurse/midwife of the changes to enable the receiving health agencies to be informed, as necessary
- ensure that the child remains subject of a child protection plan in North Lincolnshire

Actions to be taken when a child leaves the UK subject to a Child Protection Plan

A child should no longer be the subject of a child protection plan if the child has permanently left the UK. However, where it is likely that the child will suffer significant harm in the future, North Lincolnshire Children's Services have a responsibility to consider the evidence and to decide what, if any legal or other action to take. This includes temporary moves or holidays abroad. The move may be planned or not, temporary or permanent.

Anyone who becomes aware of any of these changes to a child's circumstances, due to a planned or actual move, must immediately notify the child's social worker/their manager (if they are not already aware) within Children's Services and/or the conference chair/their manager within the Independent Reviewing Service.

The social worker/their manager and conference chair/their manager must liaise to evaluate the impact of the planned or actual change of circumstances on the child.

The move may be planned for a temporary period or a holiday and therefore relevant information will be shared in advance of the move with the professionals and agencies involved in the core group. The service managers in Children's Services and the Independent Reviewing Service will be notified immediately and recommend any legal or other action, as necessary. In such cases, a review child protection conference will be convened as soon as possible to evaluate the planned temporary move or holiday, the impact of the change of circumstances on the child, the likelihood of the child suffering harm in the future and to ensure that relevant agencies are consulted and involved. The recommendations and decisions will be notified to the Heads of both Children's Services and Independent Reviewing Services and to those invited to attend the review child protection conference.

If it is not possible or necessary to convene a child protection conference prior to the planned temporary move or holiday, the service managers in Children's Services and the Independent Reviewing Service will make a joint evaluation and decision for the approval or not and recommend any legal or other action, as necessary. The decision will be based on the likelihood of the child suffering harm in the future. The recommendations and decisions will be notified to Principal Child and Family Social Worker as well as the core group members.

Where there are suspicions by any professional or agency that a child is being prepared for Female Genital Mutilation (FGM) to take place abroad and there are preparations for the child to take a holiday, there will be an immediate notification of such to the child's social worker/their manager and/or the conference chair/their manager. The service managers in Children's Services and the Independent Reviewing Service will be notified immediately and recommend any legal or other action, as necessary. Where a child appears to be in immediate danger of mutilation, consideration should be given to getting a prohibited steps order. FGM is reportedly practiced in 28 African countries in parts of the Middle and Far East but is increasingly found in Western Europe and other developed countries, primarily amongst immigrant and refugee communities. See also the **Children's MARS guidance for identifying and responding to concerns around Female Genital Mutilation and the Honour Based Abuse and Forced Marriage protocol.**

Where there are suspicions by any professional or agency that a child/young person (female or male) is in danger of a forced marriage to take place abroad, including during a holiday, there will be an immediate notification of such to the child's social worker/their manager and/or the conference chair/their manager. **Do not** inform the child/young person's family, friends or members of the community that the child/young person (or anyone else) has sought help, as this is likely to increase the risk to them significantly. Forced marriage is closely linked to honour-based violence and honour killings. The service managers in children's social work services and the Independent Reviewing Service will be notified immediately and recommend any legal or other action, as necessary. Where a child/young person is threatened with forced marriage or forced to marry against their will, the council is able to seek a Forced Marriage Protection Order. The majority of forced marriage cases to date in the UK involve South Asian families but there have been cases involving families from across Europe, East Asia, the Middle East and Africa.

The child's move may be planned and permanent and therefore relevant information will be shared in advance of the move with the professionals and agencies involved in the core group. The service managers in Children's Services and the Independent Reviewing Service will be notified immediately and recommend any legal or other action, as necessary. In such cases, a review child protection conference will be convened as soon as possible to evaluate the planned permanent move, the impact of the change of circumstances on the child, the likelihood of the child suffering harm in the future and to ensure that relevant agencies are consulted and involved. Any concerns relating to the likelihood of the child suffering harm in the future, FGM or Forced Marriage as outlined above will be notified to the relevant service managers. The recommendations and decisions from the child protection conference will be notified to the Principal Child and Family Social Worker Safeguarding, and to those invited to attend the review child protection conference.

However, if the child moves in an unplanned manner, this may be an attempt by the child's

family/carers to avoid the involvement of professionals and agencies. In these circumstances, all efforts must be made to determine where the child is living. The service managers, Principal Child and Family Social Worker and the head of Social Work practice will be notified immediately and recommend any legal or other action, as necessary.

In complex situations, such as a child moving in an unplanned manner, service managers, the Principal Child and Family Social Worker and the Head of Social Work Practice will determine when there has been sufficient action in order to safeguard a child who has left the UK and hence when the child protection plan can be discontinued.

The Foreign and Commonwealth Office on 020 7008 1500 will be able to advise in cases where there are issues relating to FGM, Forced Marriage or where a child or adult is considered a missing person abroad.

Actions to be taken when a child moves into North Lincolnshire

At the point of notification information must be shared by the original council with North Lincolnshire's Children's Services Single Access Point and/or the Independent Reviewing Service.

Anyone who becomes aware that a child who is subject of a child protection plan, held by another council, has moved into, or intends to move into North Lincolnshire, either on a temporary or permanent basis, will immediately notify Children's Services Single Point of Contact and/or the Independent Reviewing Service and share relevant information.

Permanent Move

At the point of notification, the Integrated Multi-Agency Partnership (IMAP) will:

- record all personal details of the child on the electronic recording system, either by re-opening an existing record or creating a new record
- complete a referral to include the date that the child has moved or will move to North Lincolnshire, where and who with the child will be or is living, the date that the social worker in the original council last saw the child, whether they have visited the child in North Lincolnshire, the date of the initial child protection conference and last review child protection conference, current category of abuse, and document the current concerns and risk/protective factors in relation to the child whilst living in the original council and in North Lincolnshire
- inform the Independent Reviewing Service of the details of the child who has moved into North Lincolnshire and request an initial Child Protection Conference be convened by the Independent Reviewing Service and attend the conference which will be held within 15 working days of notification
- hold a strategy discussion with the police and any other relevant agencies, make any S47 enquiries as necessary and commence a Children's Services assessment to determine whether the child is suffering, or is likely to suffer significant harm in North Lincolnshire and work with the child and family to prepare them for the initial Child Protection Conference

- agree any responsibility by North Lincolnshire for visiting the child or the provision of services which will be outlined within the referral. The responsibility for visiting the child as part of the Child Protection Plan remains with the original council; however, North Lincolnshire will visit the child as part of the assessment.
- ensure that the child has an allocated social worker

At the point of notification the Independent Reviewing Service will:

- inform the Integrated Multi-Agency Partnership (IMAP) of the details of the child who has or is to move into North Lincolnshire and liaise thereafter as necessary with IMAP and the allocated social worker
- make arrangements to hold an initial Child Protection Conference within North Lincolnshire within 15 working days of the day of notification
- request and invite the relevant professionals and agencies from the original council to attend the above initial child protection conference to ensure that all information is shared and discussed
- circulate to all those who were invited to attend, including those who actually attended the above initial child protection conference, the main decisions and recommendations within 1 working day. This will be circulated to the original local authority team responsible for child protection conferences whether a representative(s) attended or not
- make the child subject of a permanent child protection plan within North Lincolnshire or discontinue the temporary child protection plan, on the day of and dependent to the outcome of the initial child protection conference as above
- circulate the Child Protection Conference minutes within 20 working days of the conference to all those who were invited to attend or actually attended the conference

A child who moves into North Lincolnshire who is subject of a child protection plan held by another council, will become subject of a temporary child protection plan in North Lincolnshire until either:

- A) The temporary move into North Lincolnshire has ended or
- B) The temporary move into North Lincolnshire has been notified as permanent by the original council, an initial child protection conference has been held within North Lincolnshire (within working 15 days of notification) and a decision has been made as to whether the child will remain subject of a child protection plan or it is judged that the child is not likely to suffer significant harm in the future and therefore no child protection plan is necessary. The temporary child protection plan will be updated to reflect that the child remains subject of a child protection plan or that the plan has been ended, respectively.

Temporary Move

At the point of notification, Children's Services Single Point of Contact will:

- record all personal details of the child on the IT system , either by re-opening an existing record or creating a new record
- complete a contact or referral to include the date that the child has moved or will move temporarily into North Lincolnshire, where and who with the child will be staying, the date that the social worker in the original local authority last saw the child, whether they have visited the child in North Lincolnshire, the date of the initial child protection conference

and category of abuse, and document the past and current concerns and risks/protective factors in relation to the child

- inform the Independent Reviewing Service of the details of the child who has moved into North Lincolnshire and liaise thereafter as necessary
- agree any responsibility by North Lincolnshire for visiting the child or the provision of services which will be outlined within the contact or referral and it will be expected that the original council notify North Lincolnshire when this temporary arrangement has come to an end or become permanent. The responsibility for visiting the child as part of the Child Protection Plan remains with the original council, however, North Lincolnshire may agree to visit the child on their behalf.

All children who move into North Lincolnshire and are subject of a child protection plan held by another council will become subject of a temporary child protection plan in North Lincolnshire.

This temporary child protection plan will be changed when there has been notification that the child has moved permanently into North Lincolnshire by the original council, an initial child protection conference has been held within North Lincolnshire (within working 15 days of notification) and a decision has been made as to whether the child will remain subject of a child protection plan or it is judged that the child is not likely to suffer significant harm in the future and therefore no child protection plan is necessary in North Lincolnshire. The temporary child protection plan will be updated to reflect that the child remains subject of a child protection plan or that the plan has been ended, respectively.

Children returning home

Where the decision to return a child to the care of their family is planned, Children's Services should undertake an assessment while the child is looked-after – as part of the care planning process (under regulation 39 of the Care Planning Regulations 2010).

This assessment should consider what services and support the child (and their family) might need. The outcome of this assessment should be included in the child's care plan. The decision to cease to look after a child will, in most cases, require approval under regulation 39 of the Care Planning Regulations 2010.

Where a child who is accommodated under section 20 returns home in an unplanned way, for example, the decision is not made as part of the care planning process but the parent removes the child or the child decides to leave, the local authority must consider whether there are any immediate concerns about the safety and wellbeing of the child. If there are concerns about a child's safety the local authority should take appropriate action, including that the local authority must make enquiries under section 47 of the Children Act 1989 if there is concern that the child is suffering or likely to suffer significant harm.

There should be a clear plan for all children who return home that reflects current and previous assessments, focuses on outcomes and includes details of services and support required. Action to be taken following reunification:

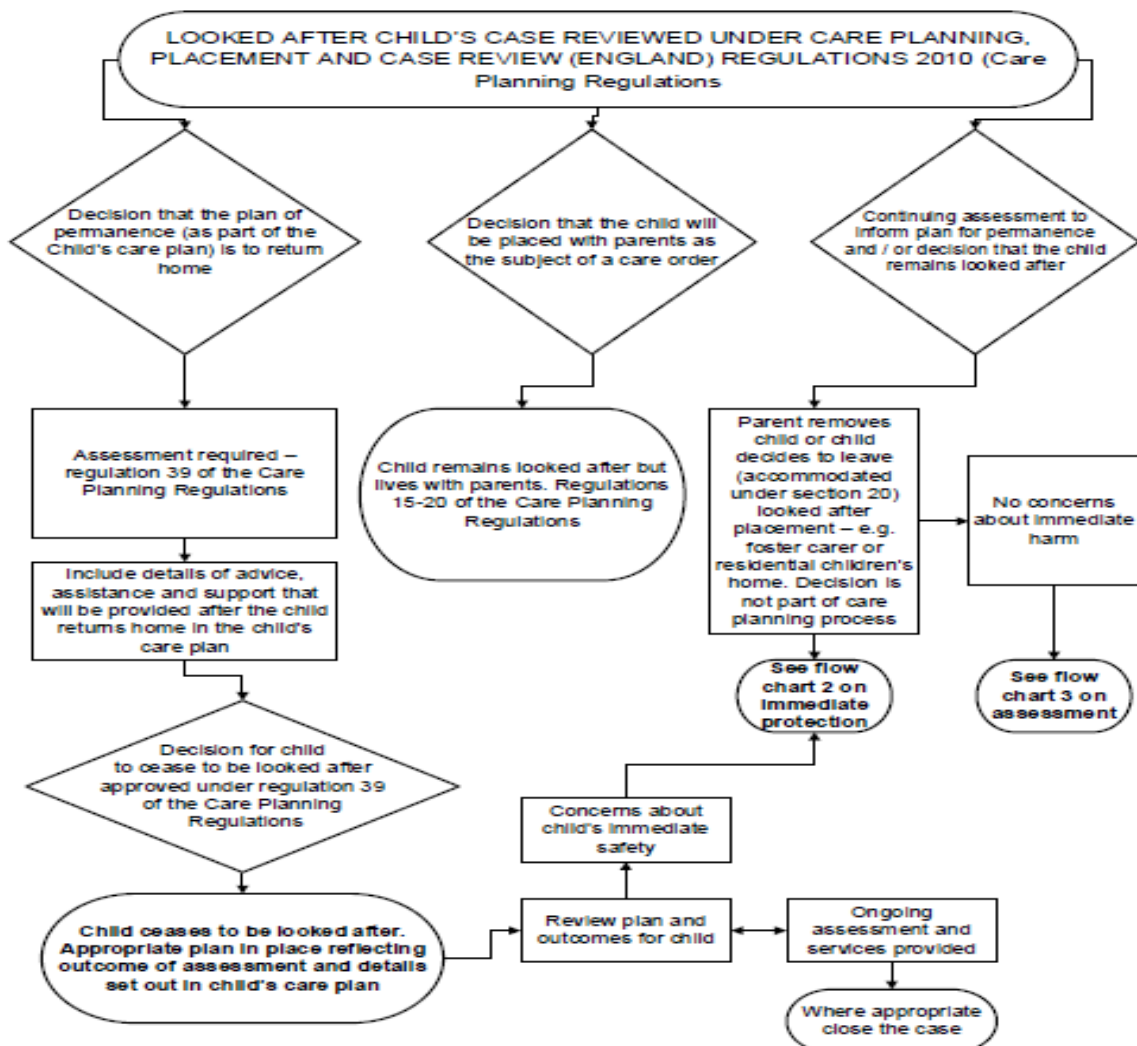
- practitioners should make the timeline and decision making process for providing ongoing

services and support clear to the child and family

- when reviewing outcomes, children should, wherever possible, be seen alone. Practitioners have a duty to ascertain their wishes and feelings regarding the provision of services being delivered

the impact of services and support should be monitored and recorded, and where a child is remanded to local authority or youth detention accommodation, consideration must be given to what on-going support and accommodation the child may need after their period of remand²⁸. This should be included in either their care plan or, if remanded to youth detention accommodation, detention placement plan.

Flow chart 6: Children returning home from care to their families



²⁸ [The Children Act 1989 Guidance and Regulations Volume 2: Care, planning, placement and case review](#) paragraph 8.20.

Appendix 1: Sections 85 and 86 under the Children Act 1989

Notifications

Sections 85 and 86 of the Children Act 1989 were introduced to ensure that children who are accommodated by health authorities, local education authorities, care homes or independent hospitals for a consecutive period of at least three months or with the intention of accommodating children for such a period are notified to Children's Services.

Such children are potentially vulnerable by virtue of them being accommodated outside of the family.

Section 85 requires that:

Where a child is provided with accommodation by health authorities and local education authorities (accommodating authority):

- For a consecutive period of at least 3 months, or
- With the intention on the part of that authority of accommodating for such a period the accommodating authority should notify the responsible authority (Children's Services).

The accommodating authority shall also notify the responsible authority when they cease to accommodate a child.

In this section the responsible authority means:

- a. The local authority appearing to the accommodating authority to be authority within whose area the child was ordinarily resident immediately before being accommodated, or
- b. Where it appears the accommodating authority that the child was not ordinarily resident within the authority of any local authority, the local authority within whose area the accommodation is situated.

Where a local authority has been notified under this section, they shall:

- a. Take steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted whilst he is accommodated by the accommodating authority, and
- b. Consider the extent to which (if at all) they should exercise any other functions under this Act with respect to the child.

Section 86 requires that:

Where a child is provided with accommodation in any care home or independent hospital:

- For a consecutive period of at least 3 months, or
- With the intention on the part of the person taking the decision to accommodate him of accommodating him for such a period the person responsible carrying on the home shall notify the local authority within whose area the home is carried on. The person carrying on the home shall also notify the authority when he ceases to accommodate the child in the home.

Where a local authority has been notified under this section they shall:

- a. Take steps that are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated in the

- home, and
- b. Consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to that child.

Notification of accommodation shall take place before placement where possible, or as soon as the period of accommodation can be determined.

Notification of a child leaving the accommodation should be issued in advance, where possible.

Notifications to North Lincolnshire Children's Services should be made to the Single Point of Contact

All notifications should include as a minimum include:

- Child's name, date of birth and address immediately prior to admission or accommodation
- Date of admission or accommodation
- Names and contact information for the child's parents or anyone else who has parental responsibility in respect of the child
- Name and contact details of the person making the notification
- Name, address and contact person of the agency providing accommodation.

Response to Notifications under Sections 85 and 86 of the Children Act 1989

Sections 85 and 86 of the Children Act 1989 were introduced to ensure that children who are accommodated by health authorities, local education authorities, care homes or independent hospitals for a consecutive period of at least three months or with the intention of accommodating children for such a period are notified to Children's Services.

On receipt of the notification the Integrated Multi-Agency Partnership (IMAP) Social Worker will ensure:

- That Liquidlogic is checked to establish if the child is known to the service.
- That a referral is processed to consider the notification details and identify how the local authority should undertake its duties in relation to Section 85 and 86 of the Children Act in each case. Where appropriate the decision maker will ensure that a Children's Services Assessment is undertaken.

If the decision is taken to undertake a Children's Services Assessment, the child should be visited as part of the assessment in order to gain their wishes and feelings and their views about the care that they are receiving and the views about the circumstances which have led to their accommodation. The assessment must consider whether the child's welfare is being adequately safeguarded and promoted while the child is being accommodated. The assessment must also explore the child's wider circumstances considering how the particular placement is meeting the child's needs in line with the dimensions of the assessment framework with emphasis on contextual safeguarding and family networks for children in need and their families. Consideration must also be given to the level of contact between the child and their parent(s) and sibling(s). Those with parental responsibility should be taking an active role in any planning for the child while they are accommodated in these arrangements.

On completion of the Children's Services Assessment, the assessing social worker along with the Practice Supervisor will determine if the child is a child in need as defined in section 17 of the Children Act 1989 and what, if any services and support should be provided to the child and/or their family in order to meet any assessed needs. Should any safeguarding or child protection concerns become apparent during the assessment process or during any further period of intervention, the Children's MARS procedures will be followed.