

**Oldham improving practice for children, young people, and their family's framework.**

**Oldham Safeguarding Children Partnership.**

**Providing effective services for children, young people, and their families.**



## CONTENTS

Introduction.....	3
Primary Purpose.....	3
Principles.....	4
How we capture the child's lived experience in Oldham .....	5
Vision for children and young people .....	6
Information sharing .....	7
Key Practice Standards 1: Universal Plus .....	8
Key Practice Standards 2: Targeted Early Help .....	10
Key Practice Standards 3: Referral and Assessment .....	12
Key Practice Standards 4: child in Need .....	13
Key Practice Standards 5: Child Protection.....	14
Key Practice Standards 6: Children Looked After .....	17

## Introduction

The Oldham improving practice for young people and their family's framework has been developed by Oldham Safeguarding Children Partnership (OSCP) to outline how local partners and practitioners will work together to safeguard and promote the welfare of all children in our area. It sets out the expected standards of practice for all professionals working with children and families in Oldham, recognising that early help and safeguarding are everyone's responsibility.

The framework should be read in conjunction with the OSCP Multi Agency Practice Standards and Continuum of Need 24.

They reflect the requirements of Working Together 2023 and Greater Manchester Safeguarding policies and procedures.

OSCP will regularly review the framework and audit multi-agency practice to test compliance and the effectiveness to safeguard children and young people.

## Primary Purpose.

All agencies and services should promote a culture which encourages constructive dialogue, including professional challenge, within and between organisations; acknowledging the important role that challenge can play in safeguarding children

- Everyone who works with children and families demonstrates practice that is of a high standard, focusses on achieving positive outcomes and demonstrates a good understanding of the child's wishes and feelings and their daily reality or 'lived experience'.
- Local and national policies, procedures and statutory guidance are adhered to by all agencies.
- All agencies are clear about what is expected of their service and staff understand what a good standard of practice looks like and will respectfully challenge each other where this is not happening.
- Children, young people and their families know what to expect from all agencies who safeguard and promote the welfare of children.
- Multi-agency collaboration is evident within every assessment and all plans for children and young people who live in

Oldham.

## Principles

As set out in the Children's Social Care National Framework and Working Together 23, the following principles apply to Oldham Safeguarding Children Partnership:

- Children's welfare is paramount
- Children's wishes and feelings are sought, heard, and responded to
- Children's social care works in partnership with whole families
- Children are raised by their families, with their family networks or in family environments wherever possible
- Local authorities work with other agencies to effectively identify and meet the needs of children, young people, and families
- Local authorities consider the economic and social circumstances impacting children, young people, and families



We will ensure the principles support the statutory partners achieve their vision leading to improved outcomes to children:

*“For everyone to work together to ensure that all children and young people are safe and feel safe within their homes, schools and communities,”*

Vision:

1. Excellent practice is the norm across all practitioners in Oldham.
2. Partner agencies hold one another to account effectively.
3. There is early identification of new safeguarding issues.
4. Learning is promoted and embedded.
5. Information is shared effectively.
6. The public feel confident that children are protected.

## How we capture the child’s lived experience in Oldham

When undertaking an assessment of a child and their family it is crucial that it reflects as full a picture as possible of what life is like for the child and any adverse or protective factors or risk of harm.

We ensure that we capture the child’s development, their environment and the care they are provided by adults, not only in producing an assessment but also to inform how we plan to support the child and their family.

Whilst the majority of assessments will be undertaken by the Social Worker, the needs of the child should also be considered when undertaking any type of assessment with a child or family including Early Help assessments and Youth Justice Assessments.

All agencies in Oldham are committed to effective communication with children and families and using interpreters as required to assist this.

The OSCP have introduced ‘seven-minute briefings’ designed to be delivered as a short briefing regarding a particular subject. The briefings provide a mixture of new information such as learning from Serious Case Reviews or a reminder of basic information with challenge questions for teams to think about the application to practice within their teams. The briefings show how Oldham capture the lived experiences of children.

Link below:

<https://www.olscb.org/professionals/seven-minute>

## Vision for children and young people (Early Help Strategy)

Our children and young people are the future of Oldham. Our vision is to ensure that children and families are at the centre of everything we do and to develop their strengths and resilience ensuring all children have a stable life and reach their full potential.

To achieve this, we need them to:

- Be safe and supported.
- Be as healthy and happy as they can.
- Have opportunities and achieve their potential.
- Have a voice and be part of a community.
- Feel proud and be ready for life.

### Our vision has three objectives (Early Help Strategy)

#### 1. *Right help, right time, right place*

- Services close to home and reflecting the community.
- Providing support to families along a continuum of needs.
- High-quality support and services when it is needed.
- Help from professionals that families already have a good relationship with.

#### 2. *Celebrate our children and young people*

- Realise the fantastic potential of every child to build their own family and contribute to Oldham.

### 3. Better together Oldham

- A network of services and support wrapped around every child, young person and their family.

### Information sharing (*Working Together 23: p18*)

No single practitioner can have a full picture of a child's needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe.

National Rapid Reviews and Child Safeguarding Practice Reviews have highlighted that missed opportunities to record, understand the significance of, and share information in a timely manner can have severe consequences for children.

Practitioners will:

- 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.
- Share information about any adults with whom that child has contact, which may impact the child's safety or welfare.
- Share information where there is identification of patterns of behaviour when a child is at risk of going missing or has gone missing, including being missing from education.
- Follow NW moving across Local authority Boundaries Procedure when multiple local authorities involved in a child's care. Understanding the importance of sharing information when a child moves from one local authority into another.

[nw children in need moving across local authority boundaries procedure 2023-24.pdf](#)

- Share relevant information for the purpose of keeping children safe. They will not let fear stand in their way of safeguarding and promoting the welfare of children.

Organisations and agencies will have arrangements in place that:

- Are compliant with UK GDPR and Data Protection Act 2018.
- Set out the processes and principles for sharing information. This will be outline in their Section 11 Audit.
- Cover how information will be shared with their own organisation/agency and with others who may be involved in a child's life
- Ensure practitioners do not assume that someone else will pass on information that they think may be critical to keep a child safe.
- Outline that it is not necessary to seek consent to share information for the purpose of safeguarding and promoting the welfare of a child, providing there is a lawful basis to process any personal information required.
- Ensures practitioners have due regard to the relevant data protection principles.
- Ensures sensitive information such as health data, known under the data protection legislation as special category personal data is stored securely.
- Ensures practitioners are aware of the risks of processing special category data and be mindful that a data protection

## Key Practice Standards

### Key Practice Standards 1: Universal Plus

For those children who have unmet or more complex needs which require support from more than one agency this can be provided through an early help response involving two or more agencies. It is expected that the response would be overseen by a nominated Lead Professional with the aim of putting in place a plan of support around the child and family.

This support can cover a range of work and a number of services working together focusing on problem solving and supporting families informed by a partner led Early Help Assessment. This type of response is referred to as “earliest possible help” and focusses on working with families and building a network of support when difficulties emerge.

If during the Early Help Assessment process any safeguarding concerns are raised this must be escalated through the MASH for further discussion within 24 hours.

Practice	Expected Standard
Initiating Universal Plus support when needs of the child are not being met by universal services	<ul style="list-style-type: none"> <li>• Secure the consent of the family.</li> <li>• Identify a Lead Professional who already knows the family best.</li> <li>• Identify appropriate other agencies.</li> <li>• Support is available from the Early Help Partnership Officers in the targeted Early Help district teams.</li> </ul> They will: <ul style="list-style-type: none"> <li>• work with partners to support and help with the Team Around the Family process from start to finish, including appropriate escalation to MASH.</li> <li>• offer best practice advice, guidance and training on Early Help processes and offer partners information about the various services that can provide support and resources for children and families.</li> </ul>
Undertake an Early Help Assessment (include link) (Family Help Tool) ( <a href="#">Family Help Tool   Oldham Council</a> )	<ul style="list-style-type: none"> <li>• Ensure the needs of the child are central to the assessment, and children over four years of age are seen and spoken to as part of the process.</li> <li>• Complete the assessment in discussion with the family, recognising their strengths as well as needs and risks.</li> <li>• Consider the needs of the family, including parents/carers and siblings.</li> <li>• Good practice is to complete the assessment <b>within a maximum of 30 working days</b>. Once completed, a copy of the assessment should be sent to the Early Help Partnership Officer from the district in which the family resides.</li> <li>• If the Lead Professional requires any advice, guidance and support with the assessment process, they should contact the Early Help Partnership Officer</li> </ul>
Team Around the Family (TAF) Meetings Copies of a template TAF meeting record and action plan are at: <a href="#">Oldham Team Around the Family   Oldham Council</a>	<ul style="list-style-type: none"> <li>• Meetings should be organized and planned in advance to ensure the family, including children (where age appropriate) feel included and comfortable taking part. (Consider venue, facilities available for children, and the length of the meeting).</li> <li>• Partners should prioritise attendance wherever possible and send a representative from their service as a substitute if they are unable to attend.</li> <li>• Ensure language used in the meeting is clear and jargon free</li> <li>• Ensure those in attendance contribute to the meeting.</li> <li>• Focus on the strengths of the families and encourage them to meet their own needs.</li> <li>• The Lead Professional should delegate another professional in the meeting to make a clear and concise records.</li> <li>• The date of the next review meeting should be agreed with the family.</li> <li>• There is good practice guidance on Team Around the Family work at: <a href="#">Top tips for a strong Team Around the Family (TAF)  </a></li> </ul>

<p>Early Help Action Plan (the plan is integral to the Family Help Tool at <a href="#">Family Help Tool   Oldham Council</a>)</p>	<ul style="list-style-type: none"> <li>• The plan should be developed alongside the family with SMART actions agreed, with clear responsibility for actions and timescales for completion.</li> <li>• The family need to understand what is required, have ownership of the plan and must have a copy of the plan.</li> <li>• The roles of each practitioner involved in the plan should be clear.</li> <li>• The plan must map progress with clear links to the actions.</li> <li>• Reasons for non-progress / goal achievement should be noted clearly.</li> <li>• The family should be asked if there is anyone else, they wish to be involved with their plan.</li> <li>• The plan must be clear and concise</li> <li>• Needs and risks must be clearly identified to inform coordinated support and intervention.</li> <li>• It is good practice for the plan to be reviewed with the family every six weeks in order to make sure it is working or if anything needs to change. Support will continue until the family feels resilient enough to manage their issues on their own.</li> </ul>
<p>Closure of plans when needs are met</p>	<ul style="list-style-type: none"> <li>• When the actions of the plan have been completed and the family's needs have been met, the plan should be closed clearly noting what progress has made and copies given to all involved, ideally before they leave the meeting.</li> </ul>
<p>Escalation when outcomes for the child are not being met</p>	<ul style="list-style-type: none"> <li>• Early Help Partnership Officers can offer advice and guidance if professionals feel a plan is failing or the family are not making suitable progress.</li> <li>• Where this level of support has not facilitated positive change for the family then a referral to Targeted Early Help should be considered.</li> </ul>

## Key Practice Standards 2: Targeted Early Help

Where a Universal Plus response has not facilitated positive change for children and families or where children have multiple and complex unmet need a Targeted Early Help response is required. A referral should be made to MASH. A referral will not be accepted if a Family Help Tool [Family Help Tool | Oldham Council](#) has not been completed. Where there are neglect concerns a GCP2 will need to be completed prior to referral in all circumstances.

If the referral is accepted, a Targeted Early Help response will retain the multi-agency team but be led by the Local Authority or Positive Steps who will provide additional support as well as access to relevant specialist services connected with the assessed need of the child and family. When supporting a family, Targeted Early Help will use whole-family approach which reduces the impact of parental/adult vulnerabilities on children.

Where support and progress are sustained, return to partner led Universal Plus can take place through a planned approach.

If during the Early Help Assessment process any safeguarding concerns are raised this must be escalated through the MASH for further discussion within 24 hours.

Practice	Expected Standard
Multi- Agency Meetings	<ul style="list-style-type: none"> <li>• •The Family Worker will lead on the Team Around the Family (TAF) meetings, every six weeks.</li> <li>• •Family and professionals who have attended the meeting, will receive a copy of the plan within 10 days.</li> <li>• •If a practitioner misses more than two meetings, the worker must inform their Team Manager.</li> <li>• •The worker must also attend Core Group meetings if they are jointly working on a case with Children Social Care.</li> <li>• •TAF minutes and actions should be recorded and distributed within 10 working days of the meeting taking place.</li> </ul>
Referring to Targeted Early Help  <a href="#">MASH</a>  <a href="#">Continuum of Need</a>	<ul style="list-style-type: none"> <li>• Targeted Early Help can only be accessed by calling the Duty and Advice Team in the MASH.</li> <li>• Contact will be made with the MASH in line with the Oldham Continuum of Need where a Universal Plus response has not facilitated positive change and/or where children have multiple and complex unmet needs.</li> <li>• For cases that are not open to children’s Social Care (CSC), if at any stage safeguarding concerns are raised, professionals must inform their Team manager and escalate through the Duty and Advice within the same working day.</li> <li>• For cases open to CSC, if any safeguarding concerns are raised at any time, the workers must inform their Team Manager, and pass the concerns to the social worker <b>within the same day</b>.</li> </ul>
Allocation process where threshold is met for Targeted Early Help	<ul style="list-style-type: none"> <li>• Referrals to be allocated to Family Connect/ Positive steps teams within <b>3 working days of receipt</b> including any Step-down cases from Children’s Social Care.</li> </ul>
Initial Contact.	<ul style="list-style-type: none"> <li>• Once a case is allocated to a Family Worker, the family will be contacted <b>within 3 working days</b> to arrange the initial visit / assessment. Referrers will be contacted to notify them of the allocation and to seek any further relevant information <b>within five working days</b>.</li> <li>• At the first visit, families will be provided with the Compliments and Complaints procedure, and expectations about the duration of work, timescales and commitment from the family explained.</li> <li>• Where contact has been unable to be made, contact family i.e., no response / incorrect numbers, the worker will continue to try to contact with additional attempts. If after three attempts the worker is still unable to contact the family, a letter will be sent, and the referrer notified.</li> <li>• For families open to social care, a joint visit will be arranged with the Social Worker.</li> <li>• The Home Safety Checklist will be completed and updated on the third visit. If the Home Safety Checklist raises concerns, the worker must discuss as a priority with their manager who will make a decision that either the home Safety</li> </ul>

	<p>Checklist should be reviewed following an identified number of further visits or that a Graded Care Profile 2 should be commenced.</p> <ul style="list-style-type: none"> <li>• Where there are concerns about the family's engagement with targeted early help, the worker and manager should follow the early help drift procedure.</li> <li>•</li> </ul>
Visiting and Recording	<ul style="list-style-type: none"> <li>• For Family Connect teams, the child / family should receive the initial visit <b>within 5 working days</b>, and subsequent visits should be at intervals of <b>no longer than 8 working days</b>.</li> <li>• For Positive Steps teams, the child / family should receive the <b>initial contact within 5 working days</b>, there should be a visit or telephone contact at intervals of <b>no longer than 10 working days</b>, and the child / family should be visited at intervals of <b>no longer than 20 working days</b>.</li> <li>• For Family Connect teams face to face visits should always be carried out, unless there is a good reason which has explained by case note and raised with the team manager in supervision.</li> <li>• If the child/family repeatedly cancels visits, the Worker must inform their Team Manager (and Social Worker if applicable) as a priority.</li> <li>• Visits or telephone contacts should be recorded on Mosaic <b>within 5 working days</b> of the visit taking place.</li> <li>• Recording should be factual, concise and clear.</li> <li>• A case note should be recorded of visits on the same day, to identify that this took place, whether children were seen and record any significant concerns.</li> <li>• Evidence of decision making and / or case discussion will be recorded as management oversight.</li> </ul>
Escalation	<ul style="list-style-type: none"> <li>• For cases that are not open to Children's Social Care (CSC), if at any stage safeguarding concerns are raised, workers must inform their Team Manager, and escalate through the MASH <b>within the same working day</b>.</li> <li>• For cases open to CSC, if any safeguarding concerns are raised at any time, workers must inform their Team Manager, and pass the concerns to the social worker <b>within the same day</b>.</li> </ul>

### Key Practice Standards 3: Referral and Assessment

Some children may be in need of a social work intervention because there is actual or likely risk of significant harm to a child if support is not provided and Children's Social Care will need to undertake a S17 Children in Need assessment or S47 enquiries, as outlined within Working Together 2023. Where an agency identifies such a case the child should be referred to MASH.

Children's Social Care would be the lead agency in these circumstances. The information provided on the risks posed to the child will be fully considered within the MASH as to whether the threshold for intervention is met, including the need for a strategy discussion due to the risk of harm. This approach will seek to build upon the multi-agency information but be led by the social worker in ensuring a robust response. This may include a strategy discussion, S47 enquiry, assessment and plan connected with the assessed need and/or risk.

Where assessment considers threshold for continued Children's Social Care intervention is not met, information, advice and guidance

and/or step down to other services will be considered in line with the assessed risk and needs of the family.

Practice	Expected Standard
Contact with Oldham Duty and Advice Service	<p>All contacts to Oldham Children’s Social Care will be received via three distinct ways:</p> <ul style="list-style-type: none"> <li>• By telephone – this is the recommended option for all professionals.</li> <li>• By secure email – this is an agreed arrangement between children services duty and advice and Police.</li> <li>• By the online referral form – for out of hours acute health services only.</li> <li>• The Duty and Advice manager will have direct oversight of all contact emails. The duty and advice manager will grade each contact (Red, Amber, Green) in line with Oldham’s continuum of need.</li> <li>• It is acknowledged that not all professionals are in a position to engage in an Early Help assessment with a family, especially if they are not key working services, for example NWS, Accident and Emergency Department, Probation etc.</li> <li>• It is good practice for any professional, making contact with Duty and Advice, to seek and discuss concerns with a child/young person’s parent or guardian in the first instance. However, such agreement should not be sought if, by doing so, this would put a child at increased risk of harm or interfere with criminal enquiries.</li> <li>• A parent’s lack of agreement to the making of a referral to Duty and Advice should not prevent a professional contacting the MASH.</li> <li>• Where a decision has been made to contact the MASH without the consent or knowledge of the parent, the referrer should confirm why this is the case so that the Duty and Advice manager can advise accordingly.</li> </ul>

## Key Practice Standards 4: Child in Need (CIN)

Following acceptance of a referral by Children’s Social Care the social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Where Children’s Social Care decides 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.

Practice	Expected Standard
CIN Plan and Meetings	<ul style="list-style-type: none"> <li>• Child in Need Planning Meetings will first be convened when it becomes apparent during the course of an assessment that a child is likely to be defined as ‘in need’ under section 17 of the Children Act 1989.</li> <li>• The first planning meeting will be held within 10 working days of a referral being received, a child in Need Plan will be developed in a Child in need Planning Meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Child in Need plan must identify the Lead Professional, any resources or services that will be needed to achieve the planned outcomes within the agreed timescales.</li> <li>• The Child in Need (CIN) multi-agency team will devise a CIN plan setting out clear intended outcomes for the child in each element of the plan which will be reviewed regularly. This plan should include clear shared responsibility.</li> <li>• All partner agencies should contribute relevant information to the initial CIN meeting.</li> </ul>
CIN Review and Progress	<ul style="list-style-type: none"> <li>• Partner agencies directly involved with the child must be involved throughout the CIN process.</li> <li>• Lack of attendance without apologies should prompt a discussion with the practitioner and subsequent lack of attendance prompt an escalation and resolution discussion.</li> <li>• Minutes of the child in need meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the core group and loaded on the electronic social care record and shared <b>within 10 working days</b>.</li> <li>• All partner agencies should contribute a summary update report <b>2 working days before the review CIN</b> meeting, the contents of which should have been shared with the family. <b>This is expected whether they attend or not.</b></li> </ul>

## Key Practice Standards 5: Child Protection

Wherever 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 Children’s Social Care, Police, Health and other bodies such as the referring agency. The purpose of the strategy discussion is to determine the child’s welfare and plan rapid future action where required.

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. This can be a joint investigation with the Police or single agency led by Children’s Social Care. Following Section 47 enquiries a decision will be made regarding whether an initial child protection conference is required. An Initial Child Protection Conference brings together family members 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 Children’s Social Care decides not to proceed with a child protection conference, then other practitioners involved with the child have the right to escalate their professional concerns as per the Oldham Safeguarding Children Partnership Escalation pathway.

Practice	Expected Standard
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<p>Immediate Protection</p>	<ul style="list-style-type: none"> <li>• Should an immediate safeguarding need be identified that requires a child needing immediate protection, a strategy discussion should be arranged within <b>1 hour of referring incident</b>. This can be an initial strategy to respond to immediate protection and may then be reviewed in a review strategy discussion.</li> <li>• During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> <li>• Planned emergency action will normally take place <b>immediately</b> after a strategy discussion between the Police, Local Authority Social Care and other agencies as appropriate.</li> <li>• All children in the household and the alleged perpetrators household will be considered. This action will often be undertaken by the Emergency Duty Team out of hours and at weekends.</li> </ul>
<p>Strategy Discussions/Meetings</p>	<ul style="list-style-type: none"> <li>• Strategy discussions or Meetings must be held whenever there is reasonable cause to suspect a child is at risk of, or experiencing significant harm. Strategy Discussions will have an agenda and the discussion should be used to: <ul style="list-style-type: none"> <li>○ Share available information about what led to the concern.</li> <li>○ Agree the conduct and timing of any criminal investigation.</li> <li>○ Consider a referral to LADO if appropriate (however you do not need a strategy discussion to refer to LADO)</li> <li>○ Decide whether a Section 47 enquiry should be undertaken or progress to review strategy if further exploration or assessment needed to confirm threshold is met.</li> </ul> </li> <li>• Partner agencies <b>must</b> be involved (pediatrician, school, midwifery, 0-19 health service provider, GP, other relevant health professionals, complex safeguarding team, nursery, community or voluntary service – all as appropriate) in the strategy discussion in addition to children’s social care and the police. Key chronologies from partner agencies may be requested.</li> <li>• If partners <b>do not</b> take part in the meeting, a clear rationale must be provided.</li> <li>• The Named Pediatrician and GP should always be sent strategy meeting minutes when a medical has taken place. Midwifery should always receive minutes for unborn babies.</li> <li>• In complex situations a series of meetings may be appropriate.</li> <li>• Strategy discussion minutes should be shared with all involved <b>within 5 working days</b>, however all agencies involved are responsible for noting and progressing their actions immediately.</li> </ul>
<p>Sexual Assault Referral Centre (St Mary’s SARC)</p>	<p>The SARC should be invited to be involved in <b>all</b> strategy discussions and meetings in respect of allegations of sexual assault/abuse.</p>
<p>Outcomes of Section 47 enquiries</p>	<ul style="list-style-type: none"> <li>• Outcomes of a section 47 enquiry should be noted by all involved agencies on the case file relating to the family.</li> <li>• When there are grounds to initiate a Section 47 enquiry, decisions should be made as to: <ul style="list-style-type: none"> <li>○ What further information is needed and how it will be obtained</li> <li>○ What immediate short-term action is required to protect the child</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Whether legal action is required</li> <li>○ Decide what information should be shared with the child and family (on the basis that information will be shared unless this may jeopardize a police investigation or place the child at risk of significant harm) Agree what further action is required - who will do what, and by when?</li> <li>○ What should happen if the child is the subject of police powers of protection</li> </ul>
Initial Child Protection Conference (ICPC)	<ul style="list-style-type: none"> <li>● The initial child protection conference must be convened <b>within 15 working days</b> of the strategy discussion which agreed to initiate the section 47 enquiry.</li> <li>● All agencies will be given a <b>minimum of 5 working</b> days-notice to attend conference.</li> <li>● During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> <li>● Written reports will be provided by all attending agencies and shared 2 days in advance of the conference to support preparatory work.</li> <li>● If the conference decides the need for a child protection plan the chair will request every partner agency recommend the category.</li> <li>● The decisions of the conference, category of plan and lead social worker and core group membership to be circulated within 1 working day of the conference.</li> <li>● The conference should establish how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them.</li> <li>● Early Year Providers, Schools and Colleges should ensure appropriate representatives attend during both term-time and holiday periods.</li> <li>● If an agency does not agree with a decision or recommendation made at a conference, the dissent will be recorded in the minutes of the conference. If a professional concludes that a conference decision places a child at risk, (s)he must seek advice from her/his Designated Professional or Named Professional or manager.</li> <li>● Where the issue is not resolved, the agency may consider taking action under the Protocol for escalation and Resolution Conversations.</li> </ul>
Core Group Meetings	<ul style="list-style-type: none"> <li>● The core group will devise a clear child protection plan setting out clear intended outcomes for the child in each element of the plan which will be reviewed regularly by the core group evidencing the impact of the plan in meeting the agreed outcomes.</li> <li>● The core group should amend the plan as and when required to ensure that outcomes are achieved.</li> <li>● Minutes of the core group meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the core group and loaded on the electronic social care record <b>within 5 working days</b>.</li> <li>● All partner agencies should contribute a summary update report <b>2 working days</b> before the review Core Group</li> </ul>

	<p>meeting, the contents of which should have been shared with the family. This is expected whether they attend or not.</p> <ul style="list-style-type: none"> <li>• During school holiday periods contact with schools/colleges should be made via email to ensure the request is received and actioned.</li> <li>• If an agreed action from the conference cannot be implemented by a core group member, they must contact the child protection conference chair to explain why this is the case.</li> <li>• The core group will meet <b>no less than 10 working days prior to all review conferences.</b></li> <li>• Where the core group is recommending the end of a child protection plan, this must have oversight of the relevant social care team manager.</li> </ul>
<p>Review Conferences</p> <p>The review conference will consider:</p> <p>(1) evidence of significant harm</p> <p>(2) ensure the child continues to be safeguarded.</p>	<ul style="list-style-type: none"> <li>• The first review conference will be held within 3 months of the initial conference.</li> <li>• Further review conferences will be held at intervals of not more than 6 months.</li> <li>• A review conference will be re-convened early if significant changes to the child's circumstances occur.</li> <li>• The social worker will prepare a report on behalf of the core group for the review conference. The report must focus on progress made and where positive outcomes achieved, include the child's voice, and the impact of parenting capacity and environment etc on the child's development in reaching a judgement regarding whether the child has or is likely to suffer significant harm.</li> <li>• Early Year Providers, Schools and Colleges should ensure appropriate representatives attend during both term-time and holiday periods</li> </ul>

## Key Practice Standards 6: Children Looked After

*Note – all multi-agency partners hold corporate parenting responsibilities for children in our care, we need to ensure we work together to support them to thrive and have every opportunity to be safe, achieve well and are supported into adulthood.*

A child should only come into Local Authority care where proportionality and careful risk analysis directs there is no alternative safety plan. The decision should be evidence based, not reactionary in nature, and ensure all possible alternatives are considered.

Practice	Expected Standard
Children Entering Care	<ul style="list-style-type: none"> <li>• Health Assessments should take place prior to the first statutory Looked After Child Review, for the initial Health Assessment (IHA) following a child becoming Looked After by the Local Authority. Notification and referral for the IHA must be <b>completed within 5 working days.</b></li> </ul>

	<ul style="list-style-type: none"> <li>• On completion of the health assessment, the Children in Care Nurse will send the health plan to the social worker for the child's file and to the IRO, both <b>within 5 working days</b>.</li> <li>• Initial Personal Education Plan (PEP) Meeting should be <b>requested within 10 days</b> of the child coming into care. PEP's will be termly thereafter.</li> </ul>
Care planning	<ul style="list-style-type: none"> <li>• Membership should include the Lead Social Worker, the child if appropriate, family members, carers and professionals who have direct contact with the family.</li> <li>• Following a decision that the child enters local authority care, there should be a care planning meeting held <b>within 5 working days</b> including the following multi-agency professionals being invited: key involved health professionals, School/Early years provider, fostering service, CAMHS, Parent/Carer-where appropriate. This will seek to draft the care plan which should be loaded onto the child's electronic social care record <b>within 5 working days</b> of the meeting and shared with professionals and parents.</li> <li>• Initial health assessment should be requested <b>within 48 hours</b> of the child coming into care.</li> <li>• Minutes of the care planning meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the team around the child group and loaded on the electronic social care record <b>within 5 working days</b>.</li> <li>• Any concerns about attendance must be raised with the team around the child group member first by the relevant team manager. If concerns persist, the matter will be raised with the safeguarding lead for that agency.</li> <li>• All partner agencies should contribute a summary update report <b>2 working days before</b> the review team around the child group meeting, the contents of which should have been shared with the family. This is expected whether they attend or not.</li> <li>• Care planning meetings should be multi-agency and take place at a minimum frequency before each looked after child review.</li> </ul>
Statutory Review Process. Looked after Reviews	<ul style="list-style-type: none"> <li>• Initial Looked After Review meeting should be conducted <b>within 20 working days</b> of the date on which the child becomes looked after.</li> <li>• Second review should be conducted <b>within three months</b> of an initial Looked After Review.</li> <li>• Subsequent reviews should be conducted <b>not more than six months after</b> the previous review.</li> </ul>

Health assessments	<p>It is the responsibility of the local authority to ensure that health assessments are carried out and the duty of the ICB to comply with requests for such assessments and ensure the report is available within required timescales.</p> <p>Health assessments should take place:</p> <ul style="list-style-type: none"> <li>• Initial looked after child health assessment should be completed prior to the first statutory looked after child review</li> <li>• Request for IHA should include the following documentation, inclusion of health referral and consent to be shared with the CLA health team to ensure the appointment can be made.</li> <li>• SW should attend the IHA with the child and carer</li> <li>• Review health assessment at least <b>every 6 months</b> for children aged 5 years and under</li> <li>• Review health assessment at least <b>every 12 months</b> for children aged 5 years or over</li> <li>• On completion of the health assessment the CLA health nurse to send the health plan to the social worker for the child's file and to the independent reviewing officer within <b>5 working days</b>. A copy of the assessment is also shared with the GP.</li> </ul>
Temporary approval of a connected person	<ul style="list-style-type: none"> <li>• An authority may approve a connected person as a local authority foster carer for a period <b>not exceeding 16 weeks</b>. It can be extended for a further 8 weeks as an exception requirement.</li> </ul>
If a child in care is placed in custody	<ul style="list-style-type: none"> <li>• IRO to be informed immediately and given details of where they are placed and the relevant order.</li> <li>• Social worker to visit <b>within 1 week</b> of the child being sentenced and detained. Subsequent visits must be at a minimum frequency of <b>every 6 weeks</b>.</li> <li>• A statutory review should be held within the last month of the sentence to ensure that an effective plan is made for the child's release from custody and appropriate accommodation and support identified, including health and educational needs.</li> </ul>

Where a professional believes that the expected outcomes outlined in this framework are not being met they should follow the Safeguarding Children Partnership's [Protocol for Escalation and Resolution Conversations](#).