

# Swindon Safeguarding Partnership

## MULTI-AGENCY STANDARDS FOR SAFEGUARDING CHILDREN



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# INTRODUCTION

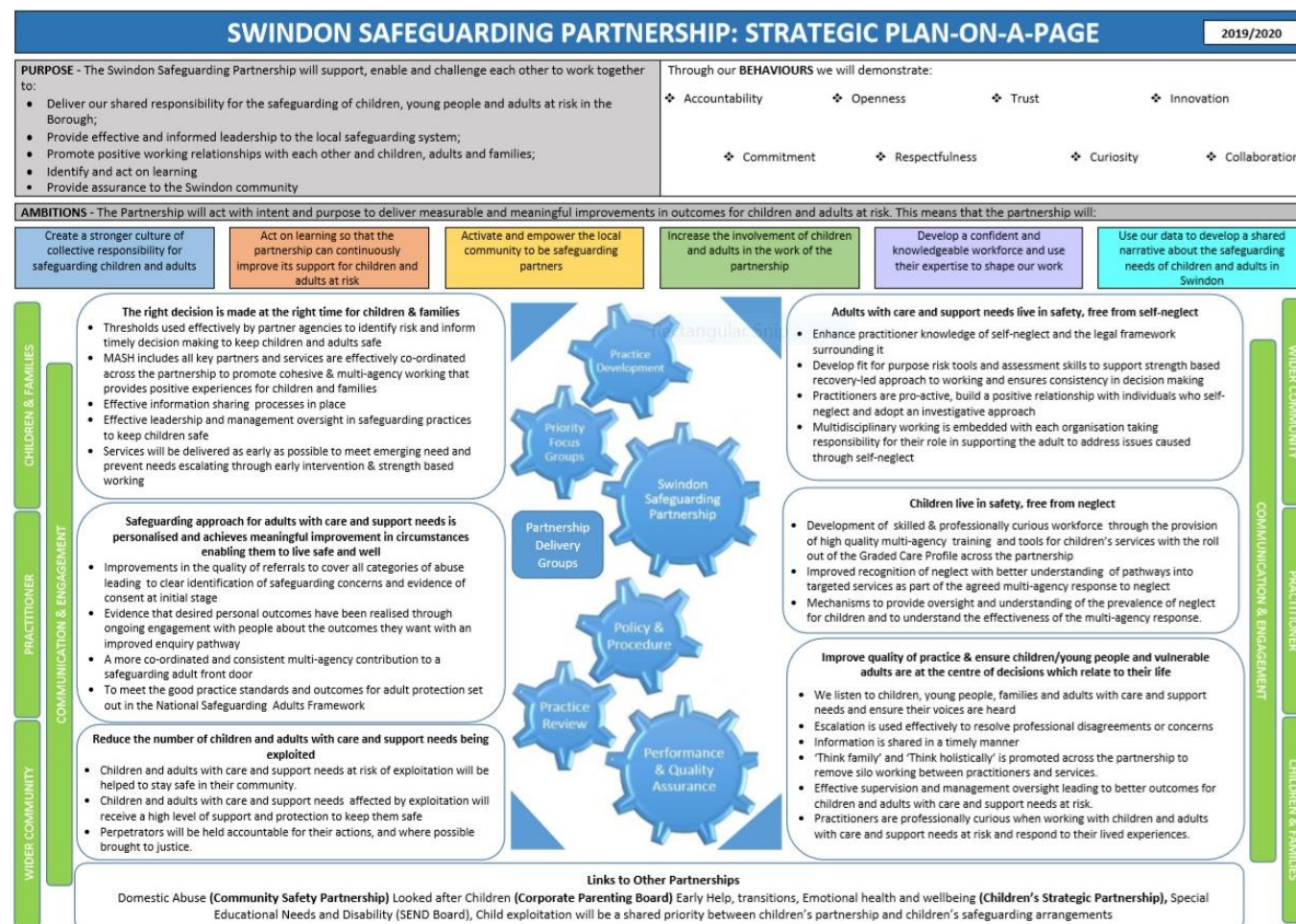
1. Swindon Safeguarding Partnership (SSP) recognises that no one agency or professional can effectively keep a child safe and that children are best protected when professionals are clear about what is required of them individually and how they need to work together. It can be a challenging and complex area of work which requires a shared commitment, effective communication and, above all, a focus on achieving the best outcomes for the child.

These standards should be read in conjunction with the SSP thresholds document, [The Right Help at the Right Time](#). They outline the expectations of agencies and professionals who work with children who require a statutory child protection response. The standards reflect the requirements of Working Together 2018 and the [South West Child Protection Procedures](#) and Swindon Policies and Procedures for Safeguarding Children. They will continue to develop and change over time to ensure that they reflect statutory guidance and best practice.

The standards are an important part of the framework to deliver continuous improvement in safeguarding practice. They are intended for professionals working with children and families, but can also be used to help families understand how organisations work together to safeguard children in Swindon.

SSP will regularly review the standards and will audit practice to assure multi-agency compliance and the effectiveness of the standards and services to safeguard children.

## 2. Swindon Safeguarding Partnership (SSP) are committed to working together with a set of agreed behaviours.



3. SSP are also keen that all partners are aware of and confident in their use of the Escalation Policy and are expected to use it, with the agreed behaviours in the interests of the child.

To access the Escalation Policy [click here](#) or go to the Swindon Safeguarding Partnership website <https://safeguardingpartnership.swindon.gov.uk> and click on the procedures tab.

#### 4. Child-Centred Approach

The needs of children are at the centre of everything we do as safeguarding organisations, and as a partnership, and children's needs should remain the focus for all practitioners, irrespective of their professional background.

	Expected Standard
1.	The needs of the child are at the centre of all safeguarding processes
2.	Children should be seen alone and where possible sufficient time taken to develop their trust
3.	A 'Think Family' approach is necessary, but analysis should focus on the impact of the behaviour of the adults on the lived experiences of the child
4.	Consideration should be given to who is the best placed professional to work with the child in each situation
5.	The focus of all activity should be securing the best outcomes for the child, not the completion of processes

# STRATEGY DISCUSSIONS

A multi-agency Strategy Discussion is normally held following a referral or assessment which indicates that a child has suffered, or is likely to suffer, significant harm under the Children Act 1989. A meeting will take place in the majority of cases as this is the most effective way to have the discussion. The purpose of a Strategy Discussion (SD) is to decide whether there are grounds for a Section 47 Enquiry and determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm. NB a strategy discussion should not be used solely for the sharing of information, as professionals are encouraged to speak to each other and have a conversation to be clear on each professional's views and opinions to agree a derived plan of action for the child.

	Expected Standard	Criteria
1.	Strategy Discussions are held whenever there is reasonable cause to suspect that a child is suffering, or likely to suffer, serious harm	The need for a Strategy Discussion may be identified: <ul style="list-style-type: none"> <li>• At the point of referral</li> <li>• During an assessment</li> <li>• During the management of an open case</li> </ul>
2.	If required a Strategy Discussion takes the form of a meeting	A Strategy Discussion can take the form of a face-to-face meeting, or a phone/Skype/Skype retail call or a combination of all.
3.	Strategy Discussions must be attended by representatives from: Children's Social Care, a health professional, and Wiltshire Police, together with other attendees relevant to the child's needs and situation. For example, it may be necessary to have more than one health professional in attendance. If a child is of statutory school age education must also be invited,	<p>Children's Social Care will invite the agencies which hold relevant information about the child. This will usually include the practitioner or agency which made the referral. It is the responsibility of each agency to ensure the most appropriate professional attends. This could include out of hours (EDS) services. The child's GP should be invited in hours.</p> <p>The health professional(s) most able to provide the information necessary to make effective decisions will be identified and should attend. All Safeguarding Teams including DCT and MASH must refer to the Health Strategy Discussion Protocol in order to be able to identify the appropriate health care professionals.</p> <p>To access the Health Strategy Discussion Protocol <a href="#">click here</a> or go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the procedures tab.</p> <p>Where a child is in care, the Looked After Children's Nurse must be invited as good practice.</p> <p>For those children who are below statutory school age or 'off-roll/home educated' it is important to still include any Early Years service that the child is using or the safeguarding advisor for Education.</p>

		<p>In cases of harmful sexual behaviour (peer on peer abuse), a representative from AIMs Service will be invited to facilitate AIM assessments and interventions required. The invitation should be made via the Early Help Hub.</p> <p>While every effort will be made to identify and facilitate the attendance of all relevant professionals this should not be allowed to unnecessarily delay the strategy discussion.</p> <p>When it is necessary to convene a strategy discussion outside of office hours it is accepted that attendance may be more limited.</p>
4.	Strategy discussions out of hours should include as many relevant professionals as possible.	EDS strategy discussion invites must include the police and the out of hours GP. Where a child has been seen by acute health services, the on-call paediatrician should also be invited.
5.	Strategy Discussions are timely.	<p>Strategy Discussions should be convened within 24 hours (in urgent cases this may be within four hours) whenever there is cause to suspect that a child is suffering, or likely to suffer, immediate harm.</p> <p>It is therefore likely that they will need to be held on the same day that the issue is identified. Processes should be expedited where it is necessary to prevent further harm to the child.</p> <p>Where a Child Protection medical examination is likely to be required, the Social Worker should alert the acute health service.</p>
6.	Strategy Discussions will have an agenda	<p>The discussion should be used to:</p> <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</li> </ul> <p>When there are grounds to initiate a Section 47 enquiry, decisions should be made as to:</p> <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> <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 jeopardise a police investigation or place the child at risk of significant harm)</li> <li>• 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>
7.	Professional roles and responsibilities should be clear.	<p>Social Workers (with their manager's agreement) must convene the strategy discussion and make sure it:</p> <ul style="list-style-type: none"> <li>• Considers the child's welfare and safety, and identifies the level of risk faced by the child.</li> <li>• Makes a plan for the child to be seen and spoken to.</li> <li>• Develops a family plan to immediately safeguard the child(ren).</li> <li>• Records agreed decisions in accordance with local recording procedures.</li> <li>• Follows up actions to make sure that what was agreed is</li> </ul>



		<p>done.</p> <p>The police will:</p> <ul style="list-style-type: none"> <li>• Discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and</li> <li>• Lead the criminal investigation (local authority children's social care have the lead for the section 47 enquiries and assessment of the child's welfare) where joint enquiries take place.</li> </ul> <p>Health Practitioners will:</p> <ul style="list-style-type: none"> <li>• Advise where possible 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.</li> <li>• Secure additional expert advice and support from named and/or designated professionals within health providers for more complex cases or when the health professional attending has not been able to advise on the point above.</li> </ul> <p>Other professionals participating in the strategy discussion will depend on the nature of the individual case but may include:</p> <ul style="list-style-type: none"> <li>• the practitioner or agency which made the referral.</li> <li>• the child's school or nursery.</li> <li>• any health or care services the child or family members are receiving.</li> </ul> <p>All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies. The purpose of their attendance is to share information and contribute to the discussion, assessment and plan of action. (Working Together 2018).</p>
8.	Strategy Discussions will formulate a clear action plan	<ul style="list-style-type: none"> <li>• Actions will include timescales, agency and individual responsibilities, including the timing of police investigations and relevant methods of evidence gathering.</li> <li>• Decide whether enquires under section 47 of the Children Act 1989 must be undertaken.</li> <li>• The mechanism and date for reviewing the completion of agreed actions</li> <li>• Identify professionals to contribute to the assessment within 7 days</li> <li>• Identify professionals to collect information about the lived experience of the child or young person and their family.</li> </ul>
9.	Strategy Discussions will have defined outcomes. Its ultimate outcome is to ensure that the child is protected from harm.	<p>The possible outcomes from the Strategy Discussion can be to:</p> <ul style="list-style-type: none"> <li>• Undertake joint Section 47 enquiries with Police</li> <li>• Undertake a police investigation - single agency</li> <li>• Undertake an appropriate assessment - single or multi agency e.g. Section 47/Section 17/Early Help Assessment/health assessment.</li> </ul>
10.	Strategy Discussions will be recorded	<p>Children's Social Care will produce and distribute minutes which clearly record the decisions reached and actions agreed. A decision as to what information should be shared with the parents and by whom will be made.</p> <p>The actions from the strategy discussion will be disseminated within 1 working day of the meeting and the minutes of the strategy discussion will be circulated within 5 working day of the meeting via secure email to all invitees.</p>



		Each professional will take responsibility for their actions as agreed in the Strategy Discussion.
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# SECTION 47 ENQUIRIES

A Section 47 Enquiry is initiated to determine whether a child is suffering, or likely to suffer, significant harm and what type of action is required to safeguard the child. It is carried out by undertaking or continuing with an existing assessment.

	Expected Standard	Criteria
1.	Children's Social Care will undertake Section 47 Enquiries when a strategy discussion agrees this.	<p>This duty applies in the following circumstances:</p> <ul style="list-style-type: none"> <li>Where there is information to indicate that a child has suffered or is likely to suffer significant harm following a Strategy Discussion</li> <li>Where a child has been made subject to Police Protection (<a href="#">reference South West Child Protection Procedures</a>)</li> <li>Where an Emergency Protection Order (EPO) application has been made (<a href="#">reference South West Child Protection Procedures</a>)</li> <li>ALL other agencies have a duty to co-operate with s.47 enquiries</li> </ul>
2.	Section 47 Enquiries will be led by a Social Worker, and be supported by police, health, Education and other relevant professionals.	<p>Local authority Social Workers have a statutory duty to lead Section 47 Enquiries with the support of police, health professionals, teachers and other relevant professionals.</p> <p>In cases of peer on peer abuse the victim and perpetrator should be allocated different Social Workers.</p>
3.	Professionals will conduct Section 47 Enquiries within 5 working days of the strategy discussion and in accordance with expectations for their discipline	<p>The Social Worker will see the child to ascertain their wishes and feelings, interview the parents and/ or carers, systematically gather information about the child and family and analyse this to determine the child's needs and level of risk that they face.</p> <p>Other agencies will provide information on request that is relevant to their discipline e.g. information about criminal proceedings, or specialist health assessments. Police actions will be in accordance with <a href="#">Achieving Best Evidence in Criminal Proceedings</a> guidelines.</p>
4.	The subject child will be seen alone by the Social Worker, and all other children in the household will be directly communicated with as part of the enquiry.	<p>Consideration should be given as to how best to engage the child and develop their confidence in the available time. It may be necessary to speak to a child victim without the knowledge of the parent or carer. However, this is dependent on age and cognitive ability.</p> <p>When speaking to the child their learning and communication needs should be taken into account fully. This may mean seeking the assessment from specialists or adopting the established techniques familiar to the child before proceeding any further in the communication with the child.</p>
5.	Section 47 Enquiries will reach clear conclusions as to whether a child is suffering, or likely to suffer, significant harm and whether the threshold	<p>Where concerns are substantiated and the threshold of significant harm is met an Initial Child Protection Conference should be convened.</p> <p>At day 5 of the section 47 where the likelihood of an ICPC being the outcome the social worker with management signoff should forward</p>

	of significant harm is met.	<p>the invitation list for the ICPC to the SQA team inbox.</p> <p>The timing of this conference should be responsive to the needs of the child and be within 15 working days of the strategy discussion that initiated the Section 47 Enquiry.</p> <p>Where concerns are not substantiated the Social Worker should discuss the case with the child, their parents and other professionals and determine whether other support would be useful and if the child's health and development should be monitored and/or reviewed, and if so how often, and by whom.</p> <p>This may mean the child may receive services under section 17 Child in Need, or under the local early help provision or no further action agreed.</p>
6.	Professionals are able to escalate concerns, including requesting that a Child Protection Conference is convened	<p>Professionals should initially discuss concerns with their line manager or agency safeguarding lead, before using the <a href="#">Swindon Safeguarding Partnership Escalation Policy</a> for professional disagreements process.</p> <p>Alternatively go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the procedures tab.</p>
7.	The outcome of the S47 enquiry will be shared with relevant professionals, including invitees to the Strategy Discussion	<p>The outcome of the section 47 will be shared by day 5 when the Social Worker will notify all relevant professionals including invitees of the Strategy discussion via secure email.</p>

# CHILD PROTECTION CONFERENCES

Child Protection Conferences are convened when a child is considered to be at risk of significant harm. Conferences bring together family members (including the child, where appropriate), supporters/ advocates and those professionals involved with the child and family to plan and review how best to reduce the risk to the child.

	Expected Standard	Criteria
1.	Initial Child Protection Conferences (ICPC) will be held whenever a child is judged to suffer, or be likely to suffer, significant harm (informed by the outcome of a Section 47)	<p>When one or more of the following circumstances apply:</p> <ul style="list-style-type: none"> <li>• Harm is caused by a person with whom the child lives or has significant contact</li> <li>• Harm is due to failure to protect on the part of the parent/ carer</li> <li>• Risks of significant harm to an unborn child</li> <li>• Where a person posing a risk of significant harm to children has joined or plans to join the family</li> <li>• Where an application for a court order has been refused, but agencies consider that the risk of harm remains</li> <li>• Where a child already subject to a child protection plan moves into the local authority</li> <li>• Where a child protection plan was not made or ended due to an agreed plan to protect the child, but circumstances have significantly changed</li> <li>• A child has died as a consequence of parenting/care received and there are other children in the household/family</li> <li>• The child should not already be in the care of the local authority.</li> </ul>
2.	Conferences are convened within 15 days of the Strategy Discussion	<p>ICPC takes place within 15 working days of:</p> <ul style="list-style-type: none"> <li>• The Strategy Discussion meeting</li> <li>• Notification from another authority that a child has moved to Swindon (transfer in).</li> </ul> <p>To access the Transfer procedures for the local authority click <a href="#">here</a>. For the online South West Regional Child Protection Procedures click <a href="#">here</a>.</p> <p>The first review conference takes place within three months of the ICPC. Subsequent reviews are held at intervals of not more than six months (unless a pre-birth conference) or where there is a newborn for the family where other children are on a plan.</p> <p>Where an unborn child is made the subject of a protection plan, the Review Child Protection Conference (RCPC) will take place within four weeks of their birth.</p> <p>To access the unborn baby protocol click <a href="#">here</a>. Alternatively go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the</p>

		procedures tab.
3.	Membership of the Child Protection Conference is appropriate to the child	<p>Conferences are requested by a Social Worker following management approval of the Section 47 outcome.</p> <p>Invitees should have sufficient professional expertise and/or knowledge of the child/family to contribute effectively to the discussion and be part of the decision making</p> <p>By day 5 of the Section 47 enquiries a conversation takes place with the Swindon Borough Council Quality Assurance Team Manager to confirm the request for ICPC.</p> <p>On day 5 of the Section 47 at the latest the Social Worker completes the invite list for the ICPC, including the GP of all of the household members and any parent that does not live with the child but has significant contact with them.</p> <p>Invitations to attend will be extended to all professionals thought necessary for effective decision making and planning.</p> <p>All relevant health professionals involved with any member of the household will be invited where they can provide safeguarding information.</p> <p>Invites will go to professionals and the family at least 8 working days in advance of the ICPC.</p> <p>Full details of those persons who are involved with the child both inside the household and who have significant contact with the child and where police checks are required should be provided on the invite list.</p> <p>The timing of the conference should maximize attendance from the family and professionals.</p> <p>All professionals will confirm their attendance to the Swindon Borough Council Quality Assurance Team admin prior to the conference.</p> <p>They will provide a written report (as per report standards below) irrespective of whether they will be attending or not. If a professional is unable to attend they should have an appropriate representative attend on their behalf, such as a manager /supervisor/safeguarding lead or alternative professional.</p> <p>SQA admin will email all the reports for the ICPC to professionals at least one working day before the conference being held. Professionals must have read all the reports in advance of the conference and arrive ready to participate.</p> <p>A professional observer must have agreement of the Quality Assurance Team Manager, CP Chair and the child/parent or carer to attend the Conference.</p>
4.	Conference will be quorate.	<p>As a minimum the conference should be attended by Children's Social Care and at least two other professional groups or agencies, which have direct contact with the child or family. Attendees may also include those whose contribution relates to their professional expertise.</p>

		<p>In exceptional circumstances inquorate Conferences may proceed.</p> <p>This may be where:</p> <ul style="list-style-type: none"> <li>• A delay will be detrimental to the child</li> <li>• Fewer than three agencies are involved</li> <li>• sufficient information is available through written reports to make decisions.</li> <li>• previous Conferences have been inquorate and/or there is unlikely to be greater attendance at a future date.</li> </ul> <p>Two inquorate conferences in a row should not take place where three agencies <b>are</b> actively involved with the child.</p> <p>In order to enable professionals to participate in the conference the opportunity to use Skype/Skype retail or ring into the conference will be available. In order to do this the professional should make contact with the SQA team via their inbox. This should be done at least three days prior to the conference.</p>
5.	Parents or carers will attend or be involved in Conferences	<p>The Social Worker should ensure that parents have sufficient information to make a meaningful contribution to the Conference.</p> <p>A report should never be shared with a parent on the day of conference. If this occurs the CP Chair will contact the professional's line manager.</p> <p>Children's Social Care will provide any additional support services required by the family such as interpreters.</p> <p>The circumstances of the child and parents will be taken into account in the scheduling of all conferences. Requests to reschedule any conference will only be accepted from the family to ensure their attendance.</p> <p>Written information about the conference process and the complaints procedure will be supplied to parents in advance of the meeting in their invite letter.</p> <p>The CP Chair will meet parents 30 minutes prior to the start of the Conference. Parents may bring a supporter to the Conference.</p> <p>All equality issues will be identified and taken into account and planned for in advance of the meeting by the Social Worker having a conversation with the CP Chair.</p> <p>Children's Social Care and professionals involved will support alternate arrangements for childcare to support parents/carers in their attendance. Wherever possible, young children should not attend the conference and the family should be supported to make childcare arrangements.</p>
6.	The voice, wishes and feelings of children and young people will be an integral part of the Conference process	<p>The child/young person must be given the opportunity to contribute to the Conference, subject to their age and understanding - this may include them attending the conference.</p> <p>All children over 12 will be invited to their conference and options will be given to them on how they can participate. This will include meeting with the Chair; having an independent advocate; attending the conference or writing a letter. A 'child's conference' prior to the conference will also be considered. Children younger than 12 could</p>

		<p>attend if thought to be appropriate.</p> <p>The Social Worker should ensure that children have sufficient information to make a meaningful contribution to the conference. Written information in the form of a child friendly age appropriate leaflet about the Conference as well as how to make a complaint will be provided for older children. Children who attend may bring a supporter or an advocate to the Conference. Information about this will be sent with the Conference invitation by the SQA Admin Team. All diversity needs will be identified and taken into account.</p> <p>The CP Chair, in consultation with the Social Worker will decide the nature and extent of attendance of a child/young person. The CP Chair will meet the child if they attend before the Conference to confirm the above and discuss how information will be shared in the conference.</p> <p>If the child/young person does not attend, the Social Worker will convey the child's wishes and will give them the opportunity to record their views and wishes in a variety of ways. The Social Worker will provide the child with feedback on the outcome of the Conference</p>
7.	All attendees will have sufficient information to participate in the conference	<p>Professional attendees should have sufficient expertise and knowledge to contribute effectively to the conference. All professionals invited to a conference must submit a written report for all conferences.</p> <p>Professionals who cannot attend should arrange for a well-briefed agency representative to attend and speak to the report.</p> <p>See reports standards section for further details.</p> <p>All agencies must quality assure their reports as per their internal protocols. The Social Work Assessment Report must be signed off by a manager.</p> <p>All reports will be sent to all attendees by e-mail at least one day before the conference for ICPC and at least 5 working days for RCPC.</p>
8.	All Conferences will follow a set agenda and will be available in written format at the meeting	<p>The agenda will allow the Conference to:</p> <ul style="list-style-type: none"> <li>• Understand the reasons why the conference is being convened and what threshold of significant harm means</li> <li>• Have a summary of the risks identified and the impact of these on the child</li> <li>• Consider all available evidence obtained through Section 47 Enquiries and other assessments</li> <li>• Take into account written contributions from agencies and family members</li> <li>• Hear the views of all agencies represented at conference</li> <li>• Hear the views of the child and family members</li> <li>• Formulate a plan and make a decision about what level of intervention the plan should be – CP/CIN/EH.</li> <li>• If agreed, draft a CP Plan and establish a core group to oversee the plan.</li> <li>• Agree a mid-point review by the CP Chair so they can assess the progress on the plan.</li> </ul>



9.	Conferences will make a decision as to whether the threshold for a Child Protection Plan (CPP) is met and under what category of abuse	<p>All professionals will be given the opportunity to state whether they consider that the child is suffering, or likely to suffer, significant harm and therefore whether a Child Protection Plan should be made and, if so, under what category. A single category should be used, taking account of the primary concern relating to the child.</p> <p>Emotional abuse may be present in other categories but will only be the primary concern if there is evidence that it is severe and persistent.</p> <p>Where the Conference is in respect of more than one child, a separate decision should be made in respect of each child. In circumstances where a clear consensus cannot be reached the Chair will determine the action to be taken and provide a clear rationale for their decision.</p> <p>The majority view of the conference will ordinarily prevail, although in exceptional circumstances the Chair does have the right to overrule the decision of the conference. <i>(new conference model)</i> In this situation all professionals will be asked if they wish to formally dissent from the Chair.</p> <p>If they wish to, the Chair will pass their names and details to the Quality Assurance Team Manager who will write to all parties and provide a written explanation.</p> <p>If formal dissent is made with 10 working days, upon receipt of this the Team Manager will undertake a review of the case and will notify all relevant parties of the outcome within 10 working days. If any professionals or family members do not agree with the decision of the Conference this will be recorded in the minutes.</p> <p>Disagreements should be resolved through the Chair within the Conference wherever possible. Where a complaint cannot be resolved within a Conference professionals should follow the SSP Escalation Policy and family members should follow the Complaints process.</p>
10.	Conference attendees will agree the required Plan when the threshold is met	<p>An outcome focused plan is created live in Conference which addresses the risks identified. Attendees will actively participate and engage in developing and contributing to the plan.</p> <p>The Conference should decide what outline plan would be most appropriate to meet the needs of the child while providing the required safeguards. This outline plan should focus on addressing the risk indicators present within the family that are impacting on the child.</p> <p>The contents of the outline plan should be clearly explained to the parents/ carers if they are not in attendance. It is expected that the social worker will update them within 24 hours.</p> <p>The plan should have specific actions to address the risk; make clear timescales for the action; identify who is responsible for the action; and who in the professional and family network will monitor the action.</p>
11.	Administrative and complaint arrangements for Child Protection Conferences will be clear	<p>The outline plan developed in Conference will be shared with the family and professionals and distributed within one working day of the conference to all parties.</p> <p>A decision letter is provided to the parents at the end of the</p>

		<p>conference so that they know in writing the outcome of the meeting.</p> <p>The allocated Social Worker and Core Group members identified at the ICPC will ensure that the outline plan is fully developed no longer than 10 days following Conference within the first core group meeting.</p> <p>The CP Chair will quality assure the plan following the conference and before it is sent out.</p> <p>The Social Worker will ensure that a copy of the plan is available and provided to parents, and the child(ren) at each core group.</p> <p>The Conference notes will be sent out within 20 working days of the Conference by the SQA admin Team.</p> <p>The notes are confidential and require consent of the CP Chair to be passed to third parties.</p>
12.	Conferences will agree core group members and the dates of subsequent meetings	<p>The first Core Group meeting should take place within 10 working days of the ICPC and be chaired by a Social Work Manager and subsequent core group meetings will be held at no more than four weekly intervals.</p> <p>A children's social care Social Worker will be the lead professional and carry statutory responsibility for the child's welfare.</p> <p>Core Group membership should include all professionals who have responsibility for the completion of the detailed child protection plan which should be fully discussed and developed at the first core group meeting.</p> <p>GPs will be invited to the core group at an ICPC if they have a significant role.</p> <p>The GP will always receive a copy of the core group minutes even if they are not an invitee or attendee of the core group.</p> <p>This first core group will focus on looking at the risk indicators identified at the ICPC and formulating agreed actions to reduce this risk. This should say what the impact on the child(ren) will look like if risk is reduced.</p> <p>Parents need to be clear about what the risk indicators are, and why these are the most worrying factors within the family and why.</p> <p>The dates for all future core groups and confirmation of the Review Conference will be agreed at the first core group.</p>
13.	When the threshold for a Child Protection Plan is not met Conferences will consider what plans may be necessary to support the child	<p>The need for a Child in Need or Early Help plan must be considered and, if agreed, the contents of outline plans and meeting dates agreed.</p> <p>Informed parental consent will be necessary for either plan.</p>
14.	Conferences for unborn children will be held in accordance with the Unborn Baby Protocol.	<p>The specific timings set out in the Unborn Baby Protocol must be adhered to. To access the unborn baby protocol click <a href="#">here</a>. Alternatively go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the procedures tab.</p>

		<p>This includes situations in which the unborn child is being considered in conjunction with older siblings.</p>
15.	Pre-Birth Child Protection Conferences will safeguard unborn children	<p>Must be held within 15 days of a Strategy Discussion that concludes that an unborn child is at risk of significant harm.</p> <p>Midwifery Services must be represented in the Strategy Discussion. If the mother is a Child Looked After then their social worker must also attend and a member of the Child Looked After Child health team should also attend.</p> <p>The Social Worker assessment must include conclusions and proposed actions for the future.</p> <p>If a CP Conference is convened and a CP Plan made, the Plan will set out actions to be taken immediately after the baby's birth including any intention to seek a Court Order as part of the plan.</p> <p>Following the birth of the baby a safeguarding discharge planning meeting will be convened by staff within the hospital where the child is being cared for. Midwifery services should be represented (discharge planning meeting). Where there is an ongoing police investigation police should also be invited.</p> <p>For further information on the Safeguarding Discharge Planning Protocol: Discharge of Children and Young People from Hospital Settings <a href="#">click here</a>. Alternatively go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the procedures tab.</p> <p>A Review CPC will be held within one month of the child's birth or within three months of the date of the Pre-Birth Conference, whichever is sooner. The published pre-birth procedure will be followed.</p> <p>To access the unborn baby protocol <a href="#">click here</a>. Alternatively go to the Swindon Safeguarding Partnership website <a href="https://safeguardingpartnership.swindon.gov.uk">https://safeguardingpartnership.swindon.gov.uk</a> and click on the procedures tab.</p>
16.	Transfer in Child Protection Conferences will be held in line with Working Together 2018	<p>The Transfer in ICPC will be held within 15 working days of Swindon accepting case responsibility of the permanent move into the area.</p> <p>The Social Worker from the originating authority, will be invited to the Transfer ICPC and provide a report.</p> <p>Receiving agencies must ensure they have obtained relevant information from their counterparts in the originating authorities.</p> <p>Only after this Conference may the original local authority discontinue its child protection plan.</p> <p>The originating LA continues to hold responsibility for the child's plan until the first Conference.</p> <p>To access the Transfer procedures for the local authority <a href="#">click here</a>. For the online South West Regional Child Protection Procedures <a href="#">click here</a>.</p>

# REPORTS TO CHILD PROTECTION CONFERENCES

Reports will be requested from all agencies involved with a child prior to all Child Protection Conferences.

	Expected Standard	Criteria
1.	Reports by professionals will be submitted no later than 3 working days prior to the ICPC Conference.	<p>Reports are required whether or not the professional is able to attend the Conference and should be submitted, even if only to note that the agency has not had the expected contact with the child or family member.</p> <p>These reports will be emailed to all professionals by SQA within 1 working day of the ICPC being held.</p> <p>For RCC's professionals reports will be shared at the core group meeting immediately prior to the conference and emailed to SQA at least 5 working days prior to the conference.</p>
2.	All professional reports will be shared with parents or carers and, if appropriate, with the child before the Conference.	<p>Reports should be offered to be shared with the parents or carers in a meaningful way and supported to understand the report. At least 2 working days prior to their attending the Conference by the report authors, for an ICPC.</p> <p>For the Review Child Protection Conferences professional's reports should be shared with the parents and child (where appropriate) either at the core group meeting prior to the conference or at least 5 working days prior to the conference. It should be sent to the SQA admin team at least 5 working days prior to the conference being held.</p> <p>Individual agencies are responsible for quality assuring and signing off their individual conference reports.</p>
3.	Reports by professionals will be written in a standard format on the agreed SSP template.	<p>A pro-forma will be sent out with the Conference invitation and is also available on the SSP website. GPs and Police will use their SSP agreed report template.</p> <p>See Child Protection Review Conference Standard 1.</p>
4.	Reports will be evidence based and analytical.	<p>The centre of all analysis should be the impact of known factors on the lived experience of the child. This should include observations of the child and any parent/child engagement seen.</p> <p>The report should refer to protective factors, high-risk indicators and their impact on the child. Parental capacity to change (if understood) should be included, covering observations around parental engagement with agencies when concerns have been raised.</p> <p>All conclusions drawn should have clear reference to their supporting evidence.</p>
5.	Reports will be written in a manner that can be understood by the parents/carers and, if	Any potential issues regarding the accessibility of reports by parents/carers (e.g. due to them not speaking English, or as a consequence of a disability) should be raised with the

	appropriate, the child.	Conference Chair at the earliest possible opportunity to allow appropriate measures to be taken.  Where reports contain unavoidable jargon e.g. health diagnoses these should be further explained in layman's terms.
6.	Reports and other documents will be securely transmitted	Reports will ordinarily be submitted by email. All professionals must comply with their own agency's policies for the secure transmission of data.

# CHILD PROTECTION CONFERENCE DOCUMENTS/MINUTES

Outline Child Protection Plans and Conference minutes will be sent to all families and professionals.

	Expected Standard	Criteria
1.	A Chair's letter will be sent following each Conference to outline the decisions that were made (this will be available at the end of the Conference)	<p>The Chairs letter will be:</p> <ul style="list-style-type: none"> <li>• Sent to all parents, children where applicable and professionals</li> <li>• Sent within one working day of the Conference</li> </ul> <p>The Chairs letter will include:</p> <ul style="list-style-type: none"> <li>• The plan produced live in conference - this could be CP or CIN.</li> <li>• Details of future meetings - either core group or CIN meetings</li> <li>• Expected attendees of those meetings</li> <li>• Dates, times, venue of future meetings including RCPC</li> <li>• Date and time if the Review CPC</li> <li>• Recommendations for a CiN, Early Help Plan or closure of all plans</li> </ul>
2.	Conference minutes will be distributed by the SQA Business Support Unit in line with agreed timescales	<p>Conference notes will be:</p> <ul style="list-style-type: none"> <li>• Sent to all parents, children where appropriate and professionals who were invited to attend</li> <li>• Sent within 20 working days of the Conference</li> <li>• Presented in a format understood by the parents, and where applicable, the child</li> </ul>
3.	Amendments may be made to the minutes	Parents and agencies should contact the SQA admin team within 10 working days of receipt of the minutes where there are inaccuracies. The Chair may decide to make amendments at this time and will contact the family and agencies with a letter to this effect within 15 working days of the minutes being sent out or may raise the request at the subsequent RCPC.
4.	The Conference minutes are confidential	<p>The Conference minutes are confidential and should not be passed by professionals to third parties without consent of the Chair or by Court Order.</p> <p>Minutes should be stored securely by agencies in line with individual policies and data protection legislation.</p>

# CHILD PROTECTION PLAN

Each child who is considered to have suffered, or be likely to suffer, significant harm must have a Child Protection Plan. A Child Protection Plan will address the risk factors that were identified at the Child Protection Conference. An outline plan will be agreed at the Child Protection Conference and developed by the Core Group.

	Expected Standard	Criteria
1.	The purpose of the Child Protection Plan will be clearly understood by all parties.	<p>The overall aim of a Child Protection Plan is to:</p> <ul style="list-style-type: none"> <li>• Ensure that the child is safe and prevent him or her from suffering further harm</li> <li>• Promote the child's welfare, health and development</li> <li>• Support the family to safeguard the welfare of the child, provided it is in the child's best interests and focus on reducing the risk indicators that have been identified</li> <li>• Consider a referral for a Family Group Conference if one has not taken place.</li> <li>• The plan CANNOT eradicate all risks to children but should be about reducing the risk to a level where the impact to the child does not constitute significant harm</li> </ul>
2.	Child Focused Outcomes	Set out expected and achievable child-focussed outcomes determined by the level of risk, the age and development of the child and the urgency of these outcomes. For example, what this reduced risk will look like for the child by when and the strategies by which they will be achieved and by whom.
3.	<p>Actions will be SMART and address risk</p> <p>NB. It is expected that Social Workers will see children on their own at least every 10 working days.</p>	<p>The Child Protection Plan should:</p> <ul style="list-style-type: none"> <li>• Set out what work needs to be done to reduce the risk indicators - why, when and by whom?</li> <li>• Have regard for the availability of resources</li> <li>• Consider what assessments specialist or otherwise may be required including a full understanding of parental capacity to change</li> <li>• Include any health condition or risk specific pathways. For example, where anyone in the house has a chronic condition</li> <li>• Include contingencies for foreseeable changes in circumstances or known times that are difficult, for example family bereavement, significant event dates.</li> </ul>
4	The partnership responsibility to the Child Protection Plan through the Core Group is understood.	<p>Partner agencies, through the Core Group will:</p> <ul style="list-style-type: none"> <li>• Meet within 10 working days from the initial child protection conference if the child becomes the subject of a child protection plan</li> <li>• 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.</li> <li>• Decide what steps need to be taken, and by whom, to complete an in-depth assessment to inform decisions about the child's safety and welfare; and</li> </ul>



		<ul style="list-style-type: none"> <li>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.</li> <li>Documenting and disseminating all changes to the plan at the time these occur will be reflected in the core group minutes.</li> </ul>
5	All relevant agencies will attend and actively contribute to the Core Group	<p>All professionals identified as relevant to attend the Core Group meetings must attend the Core Group meetings.</p> <p>All attendees will contribute to decision-making, the review and development of the child protection plan.</p>
6	The Child Protection Plan will be shared and agreed with the parents or carers	<p>The parents or carers and, if appropriate, child should:</p> <ul style="list-style-type: none"> <li>Be clear about the evidence of significant harm which resulted in the Child Protection Plan being made, what needs to change, and what is expected of them. This should relate to the identified risk indicators.</li> <li>Receive a written copy of the plan in their preferred language or format that makes clear what is expected of them</li> </ul>
7	All parties will implement actions within agreed timescales and, if this is not possible, report it to the Social Worker and Core Group at the earliest opportunity	<p>It is the responsibility of the named lead professional for each action to ensure that it is delivered within agreed timescales and to take action if this is not possible.</p> <p>If it is clear that the agreed outcomes of the Child Protection Plan are not being met, the core group will work to overcome any presenting barriers.</p> <p>If work is not being completed by professionals, the escalation policy should be implemented as this should not cause delay for the children.</p> <p>If the core group are unable to progress the plan or the risks increase, the contingency plan should be implemented.</p>

# CORE GROUP MEETINGS

A Core Group of professionals, including the Social Worker, are responsible for keeping the Child Protections Plan up to date and co-ordinating inter-agency activities with it.

	Expected Standard	Criteria
1.	Core Group membership is appropriate to the needs of the child and their case and will be chaired by the most appropriate person from children's social care, or a partner agency.	<p>The first Core Group will be chaired by a social care manager. The Core Group should elect a deputy chair and subsequent Core Groups may be chaired by Social Care or Multi agency practitioners.</p> <p>Attendees include:</p> <ul style="list-style-type: none"> <li>• The lead Social Worker.</li> <li>• The child (if appropriate).</li> <li>• Family members.</li> <li>• Professionals who have direct contact with the family.</li> <li>• Specialists invited to provide advice or consultation.</li> <li>• GPs will be invited to attend the core group at an ICPC if they have a significant role.</li> <li>• All Core Group Minutes will continue to have the details of the GP/Practice for the purposes of receiving the minutes only. (unless they are an active part of the core group.).</li> </ul> <p>The GP will always receive the minutes of the core group irrespective of whether they attend or are invited to the core group.</p> <p>Where the Core Group is recommending the end of the Child Protection Plan this meeting must also be chaired by a Team Manager. Core Group meetings will be minuted and the minutes circulated to all members.</p>
2.	Contact visits by the Early Help/ Core Group members to the child and/or family members will be purposeful and take place within agreed timescales.	<p>The frequency of visits will be agreed and monitored at each core group. All visits/contacts should be purposeful and must be linked to the protection plan. Social workers have to visit every 10 days to see every child subject to a CP plan.</p> <p>This must include seeing and speaking to the child alone or seeing a baby when awake. The visit will assess:</p> <ul style="list-style-type: none"> <li>• Whether the child is safe and well</li> <li>• The level of risk faced by the child and whether the child is being protected</li> <li>• How well the child's needs are being met</li> <li>• Is the daily lived experience of the child improving?</li> </ul> <p>Refusal or avoidance of contact with the child must be viewed as a serious breach of the Child Protection Plan and must be escalated by the lead Social Worker to their manager.</p> <p>Records of contact should include verbatim records of what the child said.</p>
3.	Core Group Meetings are held	<ul style="list-style-type: none"> <li>• The Core Group should meet within 10 days of the Initial</li> </ul>

	within agreed timescales	<p>Child Protection Conference</p> <ul style="list-style-type: none"> <li>• Thereafter meet sufficiently regular to achieve the objectives set out in the plan at a minimum of once every four weeks and more frequently if needed</li> <li>• The dates should all be agreed at the first core group</li> </ul>
4.	The Core Group should address the areas of significant concern identified within the Outline Child Protection Plan and produce specific outcomes that achieve lasting change	<p>The Core Group including active participation by all members and agencies will monitor the areas of significant concern identified within the Outline Child Protection Plan and produce specific outcomes that achieve lasting change monitor the progress of the plan against the specified outcomes.</p> <p>The Core Group will build on the plan to ensure that outcomes are achieved.</p> <p>Any changes made to the plan will be communicated by an 'updated plan' section within the core group minutes.</p> <p>Core Group members will be informed when any new referral is received for the child or for a member of their family. In some cases a new referral may require the Core Group to reconvene to consider the information or the child's new conference to be brought forward.</p> <p>It is good practice to hold a Core Group meeting two weeks before a RCPC. This is to ensure that parents and professionals have a clear understanding of what will be shared and what will be recommended to the RCPC.</p> <p>The Core Group will provide recommendations for the review conference and share their reports for the conference with family members and other professionals where possible.</p> <p>The minutes, updated lived experience of the child/parent/carer and plan will be available to the CP Chair prior to the RCPC.</p>
5.	Appropriate support for families will be provided	<p>Core Group venues will be accessible, and any special needs of those attending will be catered for.</p> <p>Core Group meetings will be held at a time and place suitable to family members and professionals.</p> <p>Family members attending a Core Group meeting for the first time will be prepared by the Social Worker and have the purpose of the meeting explained to them.</p> <p>The views and any disagreements of family members or professionals will be recorded in the minutes of the Core Group meeting.</p> <p>Any attempts at resolution should also be recorded before invoking the <a href="#">SSP Escalation procedure</a>.</p>
6.	Core Group meetings will be held at a time and venue that promotes attendance by the parents or carers and, where appropriate, the child	<p>It is the responsibility of the lead Social Worker to schedule Core Group Meetings and ensure that agencies are aware of the dates for these meetings.</p> <p>Parents or carers should be given the opportunity to set the time and venue of each meeting. Their request should be followed unless there is a good reason not to do so.</p>

7.	Changes to the time or venue should be clearly communicated to all parties in advance	<p>Core Group meetings are expected to go ahead as scheduled. Any changes made must remain within expected timescales.</p> <p>Changes should only be made after consultation with the parents or carers and, if appropriate, child.</p> <p>Agencies should raise any issues relating to not being invited to core group meetings as soon as possible with their safeguarding lead and with the service manager within Children's social care.</p> <p>All Core Group members should be contacted, in advance, to notify them of any changes to the time or venue of meeting.</p>
8.	Core Group members must prioritise their attendance at Core Group meetings and ensure a consistency in group membership	<p>Regard should be given to professional's availability in the setting of meeting times.</p> <p>When a professional is unable to attend they should provide an update as to their contact with the child and family members and progress toward actions for which they are responsible. They should ensure that a suitably briefed and qualified professional attends in their place.</p> <p>Attendance at Core Group Meetings is subject to SSP audits.</p>
9.	Core Group meetings are ordinarily chaired (apart from the first one see above) by the social work manager and minutes should be taken by another professional attendee.	<p>Core Group members should share responsibility for taking minutes of meetings over the life of the Child Protection Plan.</p> <p>Professionals should provide their handwritten notes of the meeting, following the ICS agenda/template and passed to the Social Worker at the end of the meeting.</p> <p>It is the responsibility of the social worker to ensure the minutes are written and distributed in timescale and circulated to all invitees (including the GP).</p>
10.	An up to date version of the Child Protection Plan should be available to each Core Group meeting	All Core Group members are responsible for bringing a copy of the plan to each Core Group meeting.
11.	Core Group meetings should ensure that the Child Protection Plan is delivered and achieves lasting change	<p>The focus of the Core Group should be about reducing the risk as identified at the conference for the child.</p> <p>The success, or otherwise, of actions should be judged by their outcomes and not the completion of processes.</p>
12.	The minutes of the Core Group should be distributed in line with required timescales	The Core Group meeting minutes including the plan will be distributed within ten working days to the invitees of the core group and the GP.
13.	Agencies will be accountable for the decisions, recommendations and plans agreed at Conferences, Review Conferences and all Core Groups	<p>All agencies should comply with the SSP standards relating to Child Protection Conferences and Reviews</p> <p>There should be written notes of the Core Group meeting, to include decision, agreed actions and refinements to the Child Protection Plan.</p> <p>The notes are to be distributed to Core Group members, relevant family members and the Chair of the Conference All information relating to the child/young person should be recorded by each professional in their case file for the child.</p> <p>Where agency representatives, either in the Initial Conference, Core Group or Review agree tasks, the</p>

		<p>representative agency is responsible for ensuring that the action is carried out within the timescales agreed</p> <p>Issues arising from an agency's inability to complete an agreed task should be notified to the lead Social Worker and the CP Chair.</p> <p>Any professional resolution required should follow the <a href="#">SSP Escalation process</a> and should be appropriately monitored.</p>
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# CHILD PROTECTION REVIEW CONFERENCE STANDARD

The purpose of the Review Conference is to review whether the child is continuing to suffer, or is likely to suffer significant harm

	Expected Standard	Criteria
1.	Professionals attending the Conference are actively involved in the Review	<p>The Social Worker produces and presents a report for the Review Conference. This must represent the progress made by agencies working with the child and their family</p> <p>All professionals who are working with the family to reduce risk to the child(ren) must attend the Conference and actively contribute to the Review Conference discussion.</p>
2.	The Review Conference will agree whether the child(ren) should remain the subject of a Child Protection Plan	<p>Professionals will present their view about whether the child is continuing to suffer or likely to suffer significant harm which will inform the decision whether to discontinue the child protection plan or not.</p> <p>The Review Conference will be progressed through the RCPC Agenda.</p> <p>The possible outcomes from the Child Protection Review are:</p> <ul style="list-style-type: none"> <li>• Agreement to continue the Child Protection Plan</li> <li>• Discontinue the CP plan but the child has a Child In Need Plan/ Early Help Plan</li> <li>• The case is closed to services - may happen in exceptional circumstances, The professionals at the conference and CP Chair will provide rationale for doing so and this will be reflected within the minutes.</li> <li>• If professional dissent the process outlined above should take place or the SSP Escalation policy implemented.</li> </ul>

## Acronyms

AIM Assessment	Assessment Intervention and Moving on for children where sexually harmful behaviour is a concern
CIN	Child in Need
DCT	Disabled Children Team
EH	Early Help
EPO	Emergency Protection Order
ICPC	Initial Child Protection Conference
ICS	Integrated Child System – the child’s electronic file in Children’s Social Care
LA	Local Authority
LAC Nurse	Looked After Child Nurse
LADO	Local Authority Designated Officer
MASH	Multi Agency Safeguarding Hub
PP	Police Protection
RCPC	Review Child Protection Conference
SD	Strategy Discussion
SSP	Swindon Safeguarding Partnership
Sec 17	The legal description that enables Children Social Care to work with a family on a voluntary basis
Sec 47	Section 47 Enquiry that is agreed at a Strategy Discussion