UK Government

Working Together to Safeguard Children 2026

A guide to multi-agency working to help, protect and promote the welfare of children

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Introduction

Nothing is more important than children's welfare. Every child deserves to grow up in a safe, stable, and loving home. Children who need help and protection deserve high quality and effective support. This requires individuals, agencies, and organisations to be clear about their own and each other's roles and responsibilities, and how they work together.

In this guidance, a child is defined as anyone who has not yet reached their 18th birthday. 'Children' therefore means 'babies, children and young people' throughout. Some parts of this guidance also apply to unborn children recognising their vulnerabilities and the need for early, pre-birth assessment and planning, while remaining consistent with the legal position that rights begin at birth. The term practitioner is used in the guidance to refer to individuals who work with children and their families in any capacity, including a range of professionals, such as qualified social workers, those who work in children's residential care and those who work for statutory safeguarding partners and in early education and childcare settings, schools, colleges and other education providers. Where the term 'social work qualified supervisor or team manager' is used, this refers specifically to those qualified in social work, reflecting the need for social work input, expertise and oversight to help, support and protect children and their families. This guidance applies to all children, living in any circumstances, including at home with their birth parents or other family members, in kinship arrangements including special guardianship, children who are adopted and looked after children who may live with foster carers or in residential settings.

Whilst it is parents and carers who have primary care for their children, local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Act 1989[1] sets out specific duties to provide services to children in their area if they are in need and to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm. The Director of Children's Services and Lead Member for Children's Services in local authorities are the key points of professional and political accountability, with responsibility for the effective delivery of these functions. The Children Act 2004[2] placed a duty on the local authority to promote co-operation with partners and other agencies in order to improve the wellbeing of children in their area. It also placed duties on a range of organisations and individuals to ensure they too give sufficient regard to children in need of help and safeguarding.

Amendments made by the Children and Social Work Act 2017 to the Children Act 2004 strengthened this already important relationship by placing new duties on the police, integrated care boards (ICBs)[3] and the local authority, as statutory safeguarding partners.

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[1] Children Act 1989

[2] Children Act 2004

[3] Statutory guidance for integrated care boards on executive lead roles

Safeguarding partners are under a duty to make arrangements to work together, and with other partners locally including early education and childcare settings, schools, colleges and other education providers, to safeguard and promote the welfare of all children in their area.

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network[4] through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework[5,6]
    - Outcome 1: Children, young people and families stay together and get the help they need
    - Outcome 2: Children and young people are safe in and outside their homes
    - Outcome 3: Children and young people are supported by their family network
    - Outcome 4: Children in care and care leavers have stable, loving homes

Child protection is part of safeguarding and promoting the welfare of children and is defined for the purpose of this guidance as activity that is undertaken to protect specific children who are suspected to be suffering, or likely to suffer, significant harm. This includes harm that occurs inside or outside the home, including in foster care and residential care, as well as online. Effective safeguarding is anti-discriminatory and anti-racist. Practitioners should understand and be sensitive to factors, including economic and social circumstances, ethnicity and disability, which can impact children and families' lives.

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[4] A family network can be a blood-relative, or a non-related connected person, such as a family friend or neighbour.

[5] Children's Social Care National Framework

[6] These children's social care specific outcomes support and align with the Keeping Children Safe priority outcome in the Local Outcomes Framework that sets out key priority outcomes that are delivered at the local level and driven by councils as local leaders of place.

About this guidance

1. This guidance covers:

- the legislative requirements that apply to individuals, organisations and agencies
- a framework for the three local safeguarding partners (the local authority, an ICB for an area, any part of which falls within the local authority area, and the Chief Constable for police for a police area, any part of which falls within the local authority area) to make arrangements to work together to safeguard and promote the welfare of local children, including identifying and responding to their needs
- the framework for the two child death review partners (the local authority and any ICB for an area, any part of which falls within the local authority area) to make arrangements to review all deaths of children normally resident in the local area, and if they consider it appropriate, for those not normally resident in the area

2. This document replaces Working together to safeguard children (2023). Links to relevant supplementary guidance that practitioners should consider alongside this guidance can be found at Appendix B.

What is the status of this guidance?

3. This guidance applies to all organisations and agencies in England who have functions relating to children. Specifically, this guidance applies to all local authorities, ICBs, police and all other organisations and agencies as set out in chapter 4.

4. It applies, in its entirety, to all early education and childcare settings, schools, colleges and other education providers.

5. It applies to all children up to the age of 18 years whether living with their families, in state care, or living independently. Some parts of this guidance also apply to unborn children, recognising their vulnerabilities and the need for early, pre-birth assessment and planning, while remaining consistent with the legal position that rights begin at birth.

6. This document should be complied with unless exceptional circumstances arise.

7. The guidance is issued under:

- section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State
- section 10(8) of the Children Act 2004, which requires each person or organisation to which the section 10 duty applies to have regard to any guidance given to them by the Secretary of State
- section 11(4) of the Children Act 2004 which requires each person or organisation

to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State

- section 16B(7) of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that the Child Safeguarding Practice Review Panel must have regard to any guidance given by the Secretary of State in connection with its functions
- section 16C(2) of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that local authorities must have regard to any guidance given by the Secretary of State in connection with their functions relating to notifications
- section 16K of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that safeguarding partners and relevant agencies for a local authority area in England must have regard to any guidance given by the Secretary of State in connection with their functions under sections 16E to 16J of the Act
- section 16Q of the Children Act 2004, as amended by the Children and Social Work Act 2017, which states that the child death review partners for a local authority area in outcome o must have regard to any guidance given by the Secretary of State in connection with their functions under sections 16M to 16P of the Act
- section 175(4) of the Education Act 2002, which states that governing bodies of maintained schools (including maintained nursery schools), further education institutions and management committees of pupil referral units must have regard to any guidance given by the Secretary of State
- paragraph 7(b) of the Schedule to the Education (Independent School Standards) Regulations 2014, made under sections 94(1) and (2) of the Education and Skills Act 2008, which states that the arrangements to safeguard or promote the welfare of pupils made by the proprietors of independent schools (including academies or free schools) or alternative provision academies must have regard to any guidance given by the Secretary of State

- paragraph 3 of the Schedule to the Non-Maintained Special Schools (England) Regulations 2015, made under section 342 of the Education Act 1996, which requires arrangements for safeguarding and promoting the health, safety, and welfare of pupils in non-maintained special schools to have regard to any guidance published on such issues

- Section 20 of the Victims and Prisoners Act 2024 which introduced a new provision into Part 3 of the Domestic Abuse Act 2021, section 49A, titled ‘Arrangements to notify schools’, placing a statutory duty on all 43 territorial police forces across England and Wales to implement the Operation Encompass information-sharing scheme

- Article 17 of the UK GDPR[7] which sets out when individuals can request the erasure of their personal data. The Victims and Prisoners Act 2024 introduced a new ground under Article 17(1)(g) allowing victims of stalking and harassment to request erasure of their personal data when that data has been processed as a result of an unfounded allegation made by a malicious person

Who is this guidance for?

8. This statutory guidance sets out key roles for individuals, organisations and agencies to deliver effective arrangements for help, support, safeguarding, and protection. It should be read and followed by leaders, managers and frontline practitioners of all organisations and agencies as set out in chapter 4.

9. It is essential that these arrangements are strongly led and promoted at a local level, specifically by elected local area leaders, including Lead Members of Children's Services, Mayors, Police and Crime Commissioners and through the commitment of chief officers in all organisations and agencies, particularly those representing the three safeguarding partners. These are local authority Chief Executives, Chief Constables of police and Chief Executives of ICBs. Other senior leaders within organisations and agencies that commission and provide services for children and families, and early education and childcare settings schools, colleges and other education providers also have a key role to play in providing help, support, and safeguarding children in their local area. Members of the Child Safeguarding Practice Review Panel should also read and follow this guidance.

[7] Article 17(1)(g) of the UK GDPR will come into force on 31 March 2026.

Chapter 1: A shared responsibility

10. Successful outcomes for children depend on strong partnership working between parents/carers and the practitioners working with them. Practitioners should take a child-centred approach to meeting the needs of the whole family.

11. As set out in the Children's Social Care National Framework, the following principles apply here too:

- 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 and actively seek to address discrimination and inequality experienced by families

A child-centred approach within a whole family focus

12. A child-centred approach is fundamental to safeguarding and promoting the welfare of every child. All practitioners should follow the principles of the Children Act 1989 and 2004. These Acts make clear that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

13. Children are clear about what they want from an effective safeguarding system:

Children have said that they need:

- **vigilance:** to have adults notice when things are troubling them
- **understanding and action**: to understand what is happening; to be heard and understood; and to have that understanding acted upon
- **stability:** to be able to develop an ongoing stable relationship of trust with those helping them
- **respect**: to be treated with the expectation that they are competent rather than not
- **information and engagement:** to be informed about, and involved in procedures, decisions, concerns and plans
- **explanation:** to be informed of the outcome of assessments, and decisions and reasons when their views have not met with a positive response
- **support:** to be provided with support in their own right as well as a member of their family
- **advocacy:** to be provided with advocacy to assist them in putting forward their views
- **protection:** to be protected against all forms of abuse, exploitation, and discrimination, and the right to special protection and help if a refugee

14. Anyone working with children should see and speak to the child, listen to what they say, observe their behaviour, take their views seriously, and work with them and their families and the people who know them well when deciding how to support their needs. Practitioners should also be aware that children may find it difficult to always speak about what they need, what is happening to them, or what has happened to them. Legal duties under the Equality Act 2010[8] must be complied with, including putting special provision in place to support dialogue with children who may not be able to convey their wishes and feelings as they may want to. This might include, for example, those who have communication difficulties, unaccompanied children, refugees, those children who are victims of modern slavery and/or human trafficking and those who do not speak English or for whom English is not their first language.

15. Practitioners must maintain a child-centred approach for babies, recognising their specific vulnerabilities and ensuring that their needs and experiences are actively considered and represented. This includes, but is not limited to, interpreting non-verbal and pre-verbal cues, observing interactions, and remaining professionally curious, particularly when relying on parent or carer accounts. The needs of unborn children

[8] Equality Act 2010

should also be considered where there are concerns.

16. This approach sits within a whole family culture in which the needs of all members of the family are explored as individuals and how their needs impact on one another is drawn out.

17. This child-centred approach is supported by:

- the Children Act 1989, which requires local authorities to give due consideration to a child's wishes when determining what services to provide under section 17 and before making decisions about action to be taken to protect individual children under section 47. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4)), including those who are provided with accommodation under section 20 and children taken into police protection (section 46(3)(d)).
- the Equality Act 2010, which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs. To comply with the Equality Act 2010, safeguarding partners must assess and where appropriate put in place measures ahead of time to support all children and families to access services, overcoming any barriers they may face due to a particular protected characteristic.
- the United Nations Convention on the Rights of the Child (UNCRC)[9] which is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights including to expression and receiving information.
- the Domestic Abuse Act 2021, section 3[10] recognises that a child is a victim of domestic abuse in their own right if they see, hear or experience the effects of domestic abuse and are related to either victim or perpetrator of the abuse, or either the victim or perpetrator of the abuse has parental responsibility for that child.
- the Children's Social Care National Framework[11], published in 2023, is statutory guidance that sets out the purpose of children's social care as existing to support children and families, to protect children by intervening decisively when they are at

[9] United Nations Convention on the Rights of the Child
[10] Domestic Abuse Act 2021 Section 3
[11] Children's Social Care National Framework

risk of harm and to provide care for those who need it, so they grow up and thrive with safety, stability, and love.

18. In addition to practitioners shaping support around the needs of individual children, organisations and agencies should have a clear understanding of the collective needs of children locally when commissioning effective services. As part of that, ICBs are required to have executive lead roles for children, children with SEND and for safeguarding (these could be individual roles or combined as part of one role). It is expected that these executive leads will work with key partners across public health, social care, justice, and education to ensure the interests of those groups are met, including appropriate resources are allocated for the provision of services and maintaining an overview of the quality of services. As part of that process, the Director of Public Health, informed by the relevant ICB Executive Leads, should ensure that the needs of children are a key part of the Joint Strategic Needs Assessment (JSNA) developed by the Health and Wellbeing Board. Safeguarding partners should use this assessment to help them understand the prevalence and contexts of need, including specific needs relating to disabled children and those relating to abuse, neglect and exploitation, which in turn should help shape services.

Principles for working with parents and carers

19. In the context of a child-centred approach, all practitioners should work in partnership with parents and carers as far as possible. Parents and carers need to understand what is happening, what they can expect from the help and support provided, what is expected of them, and be supported to say what they think. This is particularly important when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm and whether the harm is from inside or outside the home, including online. Working collaboratively will mean parents and carers have the best chance of making changes, and practitioners can make fair and accurate decisions about how to support children of all ages and keep them safe. While collaborative relationships between practitioners and parents and carers are important, the wishes and feelings of the child and what is in their best interest remain central to decision-making. This includes those non-verbal and pre-verbal children and babies who will communicate their experiences through their appearance, behaviour, physical and emotional development and their interactions with trusted adults. Practitioners need to be particularly skilled in engaging and working with parents and carers whom services have found difficult to engage. Some examples may be parents and carers of disabled children, parents and carers whose children are at risk of, or experiencing, harm from outside the home, or birth parents who have had other children removed. Practitioners also need to recognise, engage, and work with parents and carers who are unwilling or unable to engage with services such as those experiencing abusive behaviour within their own intimate relationships, which may include coercive or controlling behaviour, teenage relationship abuse and ‘honour’ abuse including forced marriage and female genital mutilation, or abuse related to faith or belief such as allegations of demonic possession.. Four principles underpin work with parents and carers:

1) Effective partnership working with parents and carers happens when practitioners build strong, positive, trusting, and co-operative relationships by:
    - approaching families and their wider family networks and communities with empathy, respect, compassion, and creativity
    - avoiding reinforcing family shame, suffering, and blaming
    - using strength-based approaches, working with parents and carers to identify what is working well and how their strengths could support them to effect positive change
    - ensuring they work sensitively with parents, carers, and children, to identify and understand the impact of adversity and trauma in their lives. They seek to understand how adversity and trauma might manifest and affect children and parents' engagement and use their expertise to adapt their response with care and compassion
    - adapting their responses to meet the diverse needs of parents and carers, including fathers and male carers, and the specific challenges being faced, including parents and carers of disabled children, and where harm is outside the home[12]
    - ensuring they understand the families' background, ethnicity, religion, financial situation, ability, education, sex, ages and sexual orientation, and potential barriers these create in seeking and accessing help and support
    - being alert and recognising where parents or carers may not be acting in the best interest of the child or where children may be experiencing abuse, neglect, and exploitation as a result of actions by parents, carers, or other individuals in their lives. Practitioners use their skills and expertise to adapt their response to secure engagement
    - being mindful of negative stereotypes when making decisions which might lead to false assumptions
2) Verbal and non-verbal communication should be respectful, non-blaming, clear, inclusive, and adapted to parents' and carers' needs. Practitioners should ensure that all materials provided to children, parents, carers, and families are jargon free, developmentally appropriate and in a format that is easily understood. Where appropriate, material provided to children, parents, carers, and families should be made accessible and translated into their first language if necessary. Professional interpreters should be provided where needed. Practitioners should not need to rely on family members or partners for interpretation services, including British Sign Language.

[12] Multi-agency Practice Principles for responding to child exploitation and extra-familial harm (researchinpractice.org.uk)

3) Practitioners empower parents and carers to participate in decision-making to help, support and protect children by:

   - creating a culture of “no surprises”, for example, making parents and carers aware of who will attend meetings and discussions, if the child will be invited to participate and the format of the meeting or discussion
   - explaining that parents and carers can bring a family member, a friend or supporter to meetings
   - giving parents and carers adequate preparation at every stage, relevant information, a safe and appropriate environment for participation and suitable access arrangements
   - signposting parents and carers to sources of help and support available locally or through the local authority
   - helping parents and carers to understand what the issues are and how these impact on the child, what decisions could be made, what changes need to be made, why and how, timescales and possible outcomes

4) Practitioners involve parents, carers, families, and local communities in designing processes that affect them, including those focused on safeguarding children. They value their contributions, expertise and knowledge reflecting them in service design and continuously seek feedback from parents, carers, family networks, children, and local communities to inform service improvements. Practitioners use feedback from parents and carers to reflect on their own practice.

Expectations for multi-agency working

20. Strong multi-agency and multi-disciplinary working is vital to identifying and responding to the needs of children and families. The following expectations have been developed to underpin this multi-agency working. They apply to all agencies and practitioners involved in safeguarding and protecting children. Specifically, these include police, local authorities, and health services. It also includes organisations and agencies that provide placements for children, for example foster and residential care, probation services, youth offending services, early education and childcare settings, schools, colleges and other education providers, and voluntary and third sector organisations. The term practitioners used here refers to all those working in these services and settings. A whole family approach should also mean children and adult services working together to identify needs and provide support and services for the whole family.

21. The expectations are structured at three levels for strategic leaders, senior and middle managers, and direct practice.

22. Strategic leaders may include Chief Executives of local authorities, Chief Executives of ICBs, Chief Executives of NHS Trusts, Chief Constables, Police and Crime Commissioners, education strategic leads within safeguarding partnerships and Chief Executives of multi-academy trusts.

23. Senior and middle managers may include Directors of Children's services, heads of services and team managers in local authorities, designated and named professionals (GP, nurse, doctor, midwife) in health, the Chief Superintendent and Chief Inspector (and equivalents) in police, head teachers, designated safeguarding leads and nursery managers in education.

24. Those in direct practice may include frontline social workers, health visitors and midwives, police constables, teachers, children's homes staff, independent reviewing officers, and those working in the voluntary and community sector. Foster carers have an important role in the day-to-day care of the child, including as part of the team around the child and therefore these expectations also apply to them.

25. The practitioners listed as examples for each level is not exhaustive, decision-making structures will differ by area, and local areas should consider how best to apply these standards to match their local approach.

26. Multi-agency expectations for **strategic leaders** are as follows:

- **Collaborate:** leaders develop a shared vision for how their services work together to deliver shared goals
- **Learn:** leaders use evidence from direct practice in their area so that they know and can evaluate what is and isn't working well for children and families
- **Resource:** leaders are ambitious about helping, supporting, and protecting children in their area and jointly prioritise and share resources accordingly
- **Include:** leaders create an inclusive and anti-discriminatory culture where diversity is understood, and multi-agency and multi-disciplinary working is celebrated
- **Mutual challenge**: leaders hold each other and their teams to account and are held to account by their teams for the quality of the partnership working

27. Multi-agency expectations for **senior and middle managers** are as follows:

- **Collaborate**: decisions are based on a shared practice approach and constructive debate and analysis of information from all services
- **Learn**: managers ensure their teams have time to engage in peer learning and knowledge exchange, peer audit, group supervision and observation
- **Resource**: managers ensure children receive the holistic support they need, drawing in expertise from a wide range of agencies
- **Include**: managers support staff to identify and challenge discrimination, disparity, and negative stereotypes
- **Mutual challenge**: constructive challenge within and across agencies and disciplines is actively encouraged, independent judgements are valued and given space alongside collective decision-making to avoid groupthink

28. Multi-agency expectations for **direct practice** are as follows:

- **Collaborate**: practitioners working with the same child and family share information to get a complete picture of what life is like for the child. Collectively, they ensure the child's voice is at the centre and the right support is provided. They work in partnership with parents and carers, who are often experts on the children they care for and involve them in decisions wherever possible
- **Learn**: practitioners learn together by drawing on the best available evidence from their individual fields and sharing their diverse perspectives during regular shared reflection on a child's development, experiences, and outcomes
- **Resource**: practitioners build strong relationships across agencies and disciplines to ensure they support and protect the children with whom they work
- **Include**: practitioners recognise the differences between, and are confident to respond to, circumstances where children experience adversity due to economic and social circumstances and acute family stress, and situations where children face harm due to parental abuse and neglect
- **Mutual challenge**: practitioners challenge themselves and each other, question each other's assumptions, and seek to resolve differences of opinion in a restorative and respectful way. This includes providing feedback, advice, and strategies to challenge racism and discrimination, and modelling constructive and effective strategies to respond

Information sharing

29. 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. 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[13].

30. Practitioners should be proactive in sharing information as early as possible to help identify, assess, and respond to risks or concerns about the safety and welfare of children. This may be when problems are first emerging (for example, persistent school absences, going missing, or receiving unexplained gifts or new possessions) or where a child is already known to local authority children's social care or the police. Sharing information about any adults with whom that child has contact, which may impact the child's safety or welfare, is also critical. Operation Encompass[14] places a duty on police forces in England and Wales to notify educational settings, and, where relevant, local authorities, if they have reasonable grounds to believe a child may be a victim of

[13] Child Safeguarding Practice Review Panel 2021: annual report
[14] Information sharing duty: Operation Encompass - GOV.UK

domestic abuse.

31. Information sharing is also essential for the identification of patterns of behaviour, such as when a child is at risk of going missing or has gone missing, (including being missing from education, or when a looked after child goes missing from residential or foster care) or when there is a concern that a child may be a victim of or be drawn into crime. When multiple children appear associated to the same context or locations of risk, or in relation to children in the secure estate where there may be multiple local authorities involved in a child's care, it will be for local safeguarding partners to consider how they build relationships and share relevant information in a timely and proportionate way with each other, other local organisations, and other safeguarding partnerships.

32. The Data Protection Act 2018[15] and UK General Data Protection Regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children. To ensure effective safeguarding arrangements:

- all organisations and agencies should have arrangements in place that set out clearly the processes and the principles for sharing information. The arrangements should cover how information will be shared with their own organisation/agency and with others who may be involved in a child's life
- practitioners should not assume that someone else will pass on information that they think may be critical to keep a child safe. If a practitioner has concerns about a child's welfare or safety, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost
- UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be "legal obligation" or "public task", which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under UK GDPR has different requirements[16]. In some circumstances, it may be appropriate to obtain consent to share data, but it is important to note that UK GDPR sets a high standard for consent which is specific, time limited and can be withdrawn (in which case the information would have to be deleted)

[15] Data Protection Act 2018

[16] Lawful basis for processing: Information Commissioner's Office

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

- practitioners should be confident of the lawful bases and processing conditions under the Data Protection Act 2018 and UK GDPR that allow them to store and share information, including information which is considered sensitive, such as health data, known under the data protection legislation as "special category personal data"
- where practitioners need to share special category personal data, for example, where information obtained is sensitive and needs more protection, they should consider and identify the lawful basis for doing so under Article 6 of UK GDPR, and in addition be able to meet one of the specific conditions for processing under Article 9. The Data Protection Act 2018 specifies "safeguarding of children and individuals at risk" as a processing condition that allows practitioners to share information, including without consent (where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk). However, practitioners should be aware of the risks of processing special category data and be mindful that a data protection impact assessment must be completed for any type of processing which is likely to be high risk[17]
- Where the Police or the Crown Prosecution Service make decisions relating to the safety or wellbeing of a child, they should consider whether it is appropriate to share information with other agencies involved in providing support and services to that child and their family. Local guidance should be clear about how police share information where a decision is taken that there is no further action in relation to criminal proceedings and the reasons for this. Police and the lead practitioner for the child should discuss how this information is recorded and shared to support any further action that children's social care or other agencies may take to support the child

33. Practitioners should aim to be as transparent as possible by telling families what information they are sharing and with whom, provided that it is safe to do so.

34. Information Sharing: advice for practitioners providing safeguarding services for children, young people, parents and carers[18] is non-statutory advice to be considered by practitioners alongside this guidance, and any guidance specific to their profession or service area. It provides advice on the legal framework and how it supports information sharing to safeguard children.

35. Victims of stalking and harassment can ask for their personal data to be deleted when it relates to an unfounded allegation made by a *malicious person*

[17] Data protection impact assessments | ICO
[18] Information sharing advice

(someone convicted of stalking or harassment against the victim, or is subject to a stalking protection order to protect the victim) under Article 17(1)(g) of the UK GDPR[19]. Victims must provide evidence, such as sentencing information from Witness Care Units or a copy of the protection order.

36. Data controllers must investigate the allegation and decide that no further action is needed before deleting personal data under Article 17(1)(g). A data controller can refuse a request where exemptions apply, such as when data must be kept for legal obligations, for the performance of a task carried out in the public interest, or for safeguarding purposes.

37. Data controllers include bodies such as local authorities, which may hold information about allegations relating to someone's parenting or child safety. If such allegations are malicious and meet the criteria, victims may request erasure, subject to the relevant legal tests. Further guidance on this is available from the ICO in 'Your right to get your data deleted' and 'Right to erasure'.

[19] Article 17 (1)(g)

Common myths that hinder effective information sharing

Data protection legislation is a barrier to sharing information

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

Consent is needed to share personal information

No, you do not need consent to share personal information. It is one way to comply with the data protection legislation but not the only way. UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under UK GDPR has different requirements. It is good practice to be transparent and inform parents/carers that you are sharing information for these purposes and seek to work cooperatively with them, where it is safe to do so.

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

No, this is not the case unless the information is to be used for a purpose incompatible with the purpose for which it was originally collected. In the case of children in need, or children at risk of significant harm, it is difficult to foresee circumstances where information law would be a barrier to sharing personal information with other practitioners[20].

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

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

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

IT systems are often a barrier to effective information sharing

There are many IT systems that support the sharing of information, such as the Child Protection Information Sharing System (CP-IS). It is important that the sector continues to work with IT suppliers to ensure that their user needs around information sharing are factored into priorities for system enhancement.

Chapter 2: Multi-agency safeguarding arrangements

38. Protecting children from abuse, neglect and exploitation requires multi-agency join up and cooperation at all levels. Local organisations and agencies that work with children and families play a significant and often statutory role when it comes to safeguarding children.

39. Many of these organisations and agencies have a duty[21] to ensure their functions are discharged having regard to the need to safeguard and promote the welfare of children.

40. The way in which these organisations and agencies work together is known as multi-agency safeguarding arrangements (MASAs). Robust arrangements help to ensure that information about a child and their family is shared effectively, likelihood of harm is correctly identified and understood, and that all children and families receive targeted services that meet their needs in a coordinated way. This includes looked after children.

41. Strong, collaborative leadership and timely decision-making are crucial to the effectiveness of multi-agency working and to identify and address system issues. The three safeguarding partners are responsible and accountable for this in their local areas. Safeguarding partners are defined in legislation as follows:

> A statutory safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 (as amended by the Children and Social Work Act, 2017) as:
>
> (a) the local authority
>
> (b) an integrated care board for an area any part of which falls within the local authority area
>
> (c) the chief officer of police for an area any part of which falls within the local authority area

42. These three partners have a joint and equal duty[22] to make arrangements to:

- work together as a team to safeguard and promote the welfare of all children in a local area.
- include and develop the role of wider local organisations and agencies (see chapter 2, paragraphs 69-79 on Relevant agencies) in the process.

21 Children Act 2004 Section 11

22 Children Act 2004 Section 16E

43. Every local authority, ICB and constabulary in England must be covered by a multi-agency safeguarding arrangement[23].

44. The purpose of multi-agency safeguarding arrangements is to ensure that, at a local level, organisations and agencies are clear about how they will work together to safeguard all children and promote their welfare. This means:

- there is a clear, shared vision for how to improve outcomes for children locally across all levels of need and all types of harm
- when a child is identified as suffering or likely to suffer significant harm there is a prompt, appropriate and effective response to ensure the protection and support of the child
- organisations and agencies are challenged appropriately, effectively holding one another to account
- the voice of children and families combined with the knowledge of experienced practitioners and insights from data, provides a greater understanding of the areas of strength and/or improvement within arrangements and practice
- information is sought, analysed, shared, and broken down by protected characteristics to facilitate more accurate and timely decision-making for children and families, and through this the identification of groups of children who may be disproportionately over- or under-represented in services, to understand outcomes for different communities of children
- effective collection, sharing and analysis of data enables early identification of new safeguarding risks, issues, emerging threats, and joined-up responses across relevant agencies, including the identification of groups of children who may be disproportionately over- or under-represented in services, so that services are adapted to address these issues
- senior leaders promote and embed a learning culture which supports local services to become more reflective and implement changes to practice
- senior leaders have a good knowledge and understanding about the quality of local practice and its impact on children and families

[23] Children Act 2004 Section 16E

Geography

45. Although the geographical boundaries for the three safeguarding partners may differ in size, multi-agency safeguarding arrangements should be based on local authority areas. Arrangements can cover two or more local authority boundaries by agreement and where this is in place local authorities can agree to delegate their safeguarding duties to a single authority[24].

46. The geographical area of a local multi-agency safeguarding arrangement can be changed over time. Where changes are proposed, these should be agreed by all safeguarding partners, communicated clearly to relevant agencies and staff, and reflected in published arrangements (chapter 2, paragraphs 109-111 on Publication of arrangements).

47. As police and health boundaries often cover multiple local authorities, they are usually part of more than one multi-agency safeguarding arrangement. Reflecting this, engagement and collaboration through multi-agency safeguarding arrangements can extend beyond the geographical borders of their local area (for example, regionally or across different strategic arrangements and boards). There is an expectation that lead safeguarding partners should decide how best to contribute to the local arrangements they are responsible for.

48. There are interdependencies between local arrangements and other strategic partnership work happening locally to support children and families. This will include but not be limited to other public boards, including Health and Wellbeing Boards, Adult Safeguarding Boards, Channel Panels, Improvement Boards, Community Safety Partnerships, the Local Family Justice Board, Multi-Agency Public Protection Arrangements (MAPPA) Strategic Management Boards, Combatting Drugs Partnerships, Domestic Abuse Partnership Boards, Corporate Parenting Boards, Youth Offending Management Boards and, where relevant, Violence Reduction Units. It is for local areas to decide how best to coordinate these boards and partnerships to reflect local need. Each safeguarding partnership should be clear on the roles and responsibilities of these strategic partners and how each of them informs strategic decision making.

49. Local safeguarding arrangements will need to reflect health and care infrastructure such as ICBs, Integrated Care Systems, local maternity and neonatal systems, provider collaboratives, primary care networks and NHS specialised commissioning arrangements.

50. It is particularly important that all partners collaborate to ensure that children are safely placed as close to home as possible and are able to continue to access services in their local area which support their safety and wellbeing.

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[24] Children Act 2004 Section 16J

Strategic leadership

51. Strong, joined-up, impactful leadership is critical to effective multi- agency safeguarding, bringing together the various organisations and agencies. It is therefore important that the head of each statutory safeguarding partner agency plays an active role in these arrangements. They (hereafter 'lead safeguarding partner' or 'LSP') have been named because they are able to:

- speak with authority for the safeguarding partner they represent
- take decisions on behalf of their organisation or agency and commit them on policy, resourcing, and practice matters
- hold their own organisation or agency to account on how effectively they participate and implement the local arrangements.

52. The LSPs for safeguarding partners are: Chief Executives of Local Authorities[25], Chief Executives of the ICBs, and Chief Officers of police forces[26].

53. Each LSP is responsible for discharging their own statutory and legislative duties to safeguard and promote the welfare of children. As leaders of their organisations and the statutory safeguarding partners, it is for LSPs to assure themselves that their local arrangements are effective and keep children safe. This includes systems of assurance and accountability within each of their organisations, including inspection findings.

54. LSPs are jointly responsible for ensuring the proper involvement of and oversight of all relevant agencies, and should act as a team, as opposed to a voice for their agency alone. They should meet sufficiently regularly to undertake the following core functions: Through what mechanism and how often is for local decision.

[25] Head of paid service: Local Government and Housing Act 1989 Section 4

[26] A chief police officer is the most senior police officer in a police force as defined in the Police Act 1996 Section 101

Joint functions of lead safeguarding partners

1. Set the strategic direction, vision, and culture of the local safeguarding arrangements, including agreeing and reviewing shared priorities and the resource required to deliver services effectively.

2. Lead their organisation's individual contribution to the shared priorities, ensuring strong governance, accountability, and reporting mechanisms to hold their delegates to account for the delivery of agency commitments.

3. Review and sign off key partnership documents: published multi-agency safeguarding arrangements, including plans for independent scrutiny, shared annual budget, yearly report, and local threshold document.

4. Provide shared oversight of learning from independent scrutiny, serious incidents, local child safeguarding practice reviews, and national reviews, ensuring recommendations are implemented and have a demonstrable impact on practice (as set out in the yearly report).

5. Ensure multi-agency arrangements have the necessary level of business support, including intelligence and analytical functions, such as an agreed data set providing oversight and a robust understanding of practice.

6. Ensure all relevant agencies are clear on their role and contribution to multi-agency safeguarding arrangements.

55. LSPs should be clearly named in published arrangements (see chapter 2, paragraphs 109-111 on Publication of arrangements) and are accountable for the effectiveness and outcomes of multi-agency safeguarding arrangements in their area.

56. In cases where the boundaries of the police and ICB extend over multiple local authority areas, LSPs may decide to meet at a more regional level so they can discuss all arrangements within their remit and ensure consistency of funding and resources.

57. LSPs should demonstrate how the experiences of children and families shape the delivery of local arrangements. They should consider in particular how those with protected characteristics[27] engage in service design.

58. The LSP holds responsibility for the implementation of recommendations and learning from serious incidents, local child safeguarding practice reviews and national reviews whether or not they originate within their local area, although elements of monitoring these can be delegated.

59. Delivery of multi-agency safeguarding functions and processes should be delegated to enable the LSPs to focus on their joint functions and maintain strategic

[27] Equality Act 2010

oversight.

Delivering multi-agency safeguarding arrangements

60. Each LSP should appoint a delegated safeguarding partner (DSP) for its agency who should be named in arrangements.

61. DSPs[28] should be sufficiently senior to be able to speak with authority, take decisions on behalf of the LSP and hold their sectors to account. The DSPs should have the authority to carry out these functions, while ultimate accountability remains with the LSP as the individual responsible for the delivery of the statutory duties of the safeguarding partners.

62. The DSP should have oversight of the quality and compliance of the delivery of agreed shared priorities. They should have processes in place to provide assurance that multi-agency practice is reviewed and operating well. Where this is not evident, they should have the capacity and resource from their own agencies to engage, respond and improve operational systems and practice.

63. DSPs and LSPs should have regular interaction and communication to ensure that the LSP has sufficient oversight and detail on key topics and issues to maintain their statutory responsibilities. Where a key decision needs to be made that will impact arrangements and/or services, this should involve the LSP. DSPs should escalate risks and issues they cannot resolve between them to the LSPs for resolution. This will ensure that accountability is clear, that strategic decisions are achievable and deliverable, and that progress is driven at all levels.

64. DSPs should meet sufficiently frequently to undertake the following joint functions:

[28] For the DSP role, we expect that, for the police, there might need to be delegation based on local context. The responsibilities of the delegate should be no lower than that of Area Commander, Head of Public Protection or equivalent.

Joint functions of delegated safeguarding partners

1. Delivery and monitoring of multi-agency priorities and procedures to protect and safeguard children in the local area, in compliance with published arrangements and thresholds.
2. Close partnership working and engagement with education providers and childcare settings (at strategic and operational level) and other relevant agencies, allowing better identification of and response to harm.
3. The implementation of effective information sharing arrangements between agencies, including data sharing that facilitates joint analysis between partner agencies.
4. Delivery of high-quality and timely rapid reviews and local child safeguarding practice reviews, with the impact of learning from local and national reviews and independent scrutiny clearly evidenced in yearly reports.
5. The provision of appropriate multi-agency safeguarding professional development and training.
6. Seeking of, and responding to, feedback from children and families about their experiences of services and co-designing services to ensure children from different communities and groups can access the help and protection they need.

65. To support delivery of these functions, LSPs should appoint one of the DSPs as the partnership chair for the multi-agency arrangements. This role needs to be jointly agreed by the LSPs and in doing so given the full backing of all three partners. The role should be regularly reviewed, and any changes updated in published arrangements. The role can be rotated between the DSPs if deemed appropriate by LSPs. This is intended to mirror the joint and equal responsibility for the arrangements and increase shared understanding of the system. The function should facilitate partner discussions, working in conjunction with independent scrutiny which provides rigour and challenge.

66. The purpose of the partnership chair will be to provide greater continuity across local areas and act as the conduit between the DSPs and LSPs, providing feedback and escalating collective risk and issues to LSPs as necessary. It will allow for a single point of contact for the partnership but should not cut across existing formal complaints procedures. The functions of the partnership chair are separate and distinct from the functions of independent scrutiny. This arrangement removes any need for a local area to maintain another chair or independent chair.

Functions of Partnership Chair role

- To develop strategic links, support and hold to account all LSPs in fulfilling their safeguarding duties for children.
- Ensure that local arrangements are designed to work collaboratively and effectively by encouraging and supporting the development of partnership working between the LSPs, DSPs, independent scrutiny role and MASA sub-groups.
- Chair the meetings of the DSPs, including any additional meetings convened as a response to specific and exceptional circumstances, with the help of the business manager and independent scrutiny role.
- Offer appropriate challenge to ensure that the partners are accountable, and that the local arrangements operate effectively and with impact.

67. Strong leadership and clear accountability are crucial for effective multi-agency safeguarding arrangements. To strengthen accountability, local safeguarding arrangements should separate the roles of partnership chair and independent scrutiny and be clear about the three distinct functions within effective local safeguarding arrangements:

- the partnership chair has authority, is decisive and enables resource allocation, with risk escalation to lead safeguarding partners at the executive
- a business management function with adequate resources and capacity to support the partnership chair
- a rigorous and effective independent scrutiny function providing challenge to the safeguarding partners (see chapter 2, paragraphs 95-103 on Independent scrutiny)

68. The DSPs should ensure that, with the support of, the business management and independent scrutiny function (see chapter 2, paragraphs 95-103 on Independent scrutiny) the following activities and assurance will be delivered:

- oversee and be responsible for the analysis, intelligence, and timely collection of data to support functions, such as:
    - getting an accurate local picture of how effectively services are being delivered through regular communication across relevant agencies
    - advising the statutory safeguarding partners of the key challenges and emerging priorities

    - coordinating the joint multi-agency strategic plan, ensuring that statutory safeguarding partners and their delegates feed into and own the plan in the local area
    - overseeing the quality of practice and local outcomes for children and families
- review and promote consistent understanding and application of referral and intervention thresholds across agencies so that the right children receive the right support at the right time
- coordinate the views of children, and families about the services they receive and feed key learning, issues, and good practice to the LSPs
- support effective engagement with relevant agencies in their local area so that they understand their roles and responsibilities, which includes strengthening the input from education providers and childcare settings at operational and strategic level decision-making
- use learning from local practice and serious incidents to prompt reflection and analysis of where improvements need to be secured and action taken, such as in response to specific harms or particular help, support or protection for children of different ages
- strengthen system conditions for effective multi-agency child protection work
- chair, attend or be reported to on regular multi-agency operational meetings and subgroups, to ensure common threads across the arrangements. Partnerships should decide the regularity of meetings at both LSP and DSP level

Relevant agencies

69. Relevant agencies are those organisations and agencies whose involvement the safeguarding partners consider are required to safeguard and promote the welfare of local children. A list of organisations that meet the criteria to be included as a relevant agency is set out in regulations[29].

70. Strong, effective multi-agency safeguarding arrangements should be responsive to local circumstances and engage the right people in a collaborative way. This approach requires flexibility from all relevant agencies, to enable joint identification and response to existing and emerging needs, and to agree priorities to improve outcomes for children.

71. The LSPs should set out in their published arrangements which organisations and agencies they require to work with them as relevant agencies. It is expected all local early education and childcare settings, schools, colleges and other education providers working with children up to the age of 18, including:

[29] The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

early years settings, alternative provision, pupil referral units and further education because of the pivotal role they play in children's daily lives and amount of time they spend with them.

72. Early years provision within schools and maintained nurseries are relevant agencies and help to safeguard some of the most vulnerable children. There are also other providers such as nurseries and childminders whose role within local arrangements should be considered. All early years providers should have regard to this guidance and the Early Years Foundation Stage statutory framework[30]. School-aged children may also attend a childcare setting or an out-of-school activity, and where children are home educated these settings are particularly significant. Therefore, LSPs should also consider including voluntary, charity, social enterprise (VCSE) organisations, childcare settings, and sports clubs in their published arrangements.

73. Local arrangements are expected to change over time to ensure they continue to work effectively for children and families, to keep pace with changing demographics and evolving social and economic challenges. Any changes should be reflected in updated published arrangements.

74. When identified by the LSPs as a relevant agency, an organisation must act in accordance with local safeguarding arrangements[31]. As part of this, the organisation should:

- have a clear understanding of its responsibilities in relation to safeguarding children locally, and how it will discharge them
- co-operate with safeguarding partners to improve, implement, and monitor effectiveness of the local safeguarding arrangements
- share information and data about safeguarding issues and concerns affecting the children involved in their organisation to contribute to local priorities
- ensure local multi-agency safeguarding arrangements are fully understood, and rigorously applied within their organisation

75. LSPs should consult with relevant agencies when developing safeguarding arrangements. This will ensure relevant agencies are aware of the expectations placed on them. Relevant agencies should actively promote and enforce the arrangements they have contributed to shaping.

76. Where a relevant agency has a national remit, such as the British Transport Police and Cafcass, LSPs should be clear on how these agencies should collaborate, what any agency's individual responsibilities are, and how they might contribute towards local safeguarding arrangements.

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[30] Statutory framework for the early years foundation stage

[31] Children's Act 2004 Section16G (4)

Where a body or organisation is not named in Relevant Agency regulations, such as a territorial or special police force, LSPs may still wish to consider inviting them to contribute to local safeguarding arrangements by agreement.

77. The published arrangements should set out clearly any contributions agreed with relevant agencies, including funding and budget contributions, accommodation, services, and any resources connected with the arrangements.

78. In setting out how they will work with relevant agencies, the LSPs should be clear how they will assure themselves that relevant agencies have appropriate, robust safeguarding policies and procedures in place and how information will be shared amongst all relevant agencies and the safeguarding partners.

79. DSPs and relevant agencies should be in regular communication about local multi-agency safeguarding arrangements and their effectiveness. It is for the LSPs to determine when their list of relevant agencies should be reviewed. Local safeguarding arrangements should be shared with and be easily accessible to all partners and relevant agencies. Relevant agencies should be provided with information about how to escalate concerns and how any disputes will be resolved. This should include details of the independent scrutiny and whistleblowing procedures.

Working with early education and childcare settings, schools, colleges and other education providers

80. Schools, colleges, early education and childcare settings, and other education providers (including alternative provision) all have a pivotal role to play in safeguarding children and promoting their welfare. Their insight and co-operation are vital to the successful delivery of multi-agency safeguarding arrangements. People working in these settings play an important role in building relationships, identifying concerns and providing direct support to children. They may be the first trusted adult to whom children report safeguarding concerns. LSPs should give careful consideration to naming all local early education and childcare settings, schools, colleges and other education providers set out in the 2018 Regulations[32] as relevant agencies. The statutory guidance 'Keeping children safe in education' and 'Early years foundation stage (EYFS) statutory framework' set out the safeguarding duties and expectations on early education and childcare settings, schools, colleges and other education providers and should be read alongside this guidance.

81. LSPs should create an environment which enables all schools[33] (including independent schools and academy trusts), colleges, early education and childcare settings and other education providers in the local area to be fully engaged, involved and

[32] The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

[33] Statutory guidance Keeping children safe in education defines "all schools" as "maintained, non-maintained or independent schools (including academies, free schools, and alternative provision academies), maintained nursery schools and pupil referral units"

included in local safeguarding arrangements. This means making sure that the views and contributions of education and childcare providers are articulated at the highest level of decision-making. Although it may be challenging for a single education or childcare leader to speak on behalf of all local providers, LSPs should have an education representative at strategic discussions representing the education sector. These local leaders will bring insights on the experiences of children locally, and on how arrangements impact on the education and childcare system.

82. Most local multi-agency safeguarding arrangements include systems to ensure engagement and collaboration at the operational level, such as through education sub-groups and networks, practitioner forums involving designated safeguarding leads[34], and nominated education representatives. Some safeguarding partners already recognise the need to ensure settings have a voice at the strategic decision-making level and reflect this in their structures. Published arrangements and yearly reports should outline how settings are engaged and consulted with at both the operational and strategic levels, how this then impacts decision-making, what it means to be a relevant agency in their local area, and how they can escalate an issue.

83. Settings, including multi-academy trusts, have a responsibility to play their full part in local safeguarding arrangements, including where their footprint extends across several local authority areas. This includes, but should not be limited to, responding to safeguarding audits of quality and compliance[35], as requested by the local authority and/or local safeguarding partners. This is to ensure that policies are consistent with the local multi-agency safeguarding arrangements and relevant legislation and/or regulations. They should also provide staff and governor training that meets local and national safeguarding requirements[36]. Early education and childcare settings, schools, colleges and other education providers where required should report their audits to their governing bodies and proprietors to be shared as requested by the LSPs. Training for designated safeguarding leads and designated teachers should include shared understanding about different levels of need and how these need to be responded to. Settings also play a vital role in sharing and contributing to key information about children, including attendance data, exclusions, concerns about abuse, neglect, exploitation, and wider social and environmental factors including extra-familial contexts, which are a key aspect of keeping children safe. This should include the duty placed on police forces to share information about child victims of domestic abuse with educational settings as part of Operation Encompass.

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[34] Named child protection or safeguarding lead: NSPCC Learning

[35] Children Act 2004 Section 11, Education Act 2002 Section 157, Education Act 2002 Section 175, Children and Social Work Act 2017 Section 16H

[36] Keeping children safe in education

84. Where the LSPs have concerns about the safeguarding arrangements in a school, independent school or an academy, 'Schools causing concern' guidance[37] should be followed.

85. The safeguarding approach and culture of Ofsted registered providers and settings will be considered as part of Ofsted inspections. While safeguarding is not graded separately, Ofsted will always make a written judgement in reports about whether the arrangements for safeguarding children are effective.

Working with voluntary, charity, social enterprise (VCSE) organisations and sports clubs

86. Many voluntary, charity, social enterprise (VCSE) organisations and sports clubs (see chapter 4 paragraphs 354-359) provide education and activities for children as part of their work. Similar to staff in schools and colleges, the staff and volunteers working with children in these settings will often play an important role in building relationships, identifying concerns, and providing direct support to children; they can often be the first trusted adult to whom a child reports abuse or the first to notice signs of potential neglect and/or abuse in children. Therefore, many of these organisations will have a crucial role to play in safeguarding and promoting the welfare of children.

87. LSPs should consider the value of including VCSEs in their local arrangements, regardless of whether they are named in the 2018 Regulations. Where LSPs choose to name these organisations as a relevant agency in published local arrangements, it is important that they are engaged in developing these safeguarding arrangements and, where applicable, made aware of their statutory duty to co-operate with them. Beyond these local arrangements, non-statutory guidance 'Keeping children safe in out-of-school settings'[38] sets out the safeguarding arrangements that these providers should have in place, including expectations on how to manage safeguarding concerns, and the importance of familiarising themselves with local arrangements and referral routes.

Information requests

88. Sharing of information between organisations and agencies within a multi-agency system is essential to improve outcomes for children and their families.

89. Safeguarding partners may require any person, organisation, or agency to provide them, any relevant agency for the area, a reviewer or another person, organisation or agency, with specified information[39]. This should be information which enables and assists the LSPs to safeguard and promote the welfare of children in their area, including local and national child safeguarding practice reviews.

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[37] Schools causing concern.

[38] Keeping children safe in out-of-school settings (Using after-school clubs, community activities and tuition: guidance for providers)

[39] Children Act 2004 Section 16H

90. The person or organisation to whom a request is made must comply with such a request[40]. If they do not, safeguarding partners may take legal action against them.

91. As public authorities, safeguarding partners should be aware of their own responsibilities under the relevant information law and have regard to guidance provided by the Information Commissioner's Office[41] when issuing and responding to requests for information.

92. Safeguarding partners should have an agreement in place which outlines how information is shared safely and effectively between themselves and other relevant agencies.

Accountability and inspections

93. Safeguarding partners should ensure strong leadership and transparent governance to deliver effective multi-agency safeguarding arrangements. Accountability is addressed through a number of mechanisms, including regulatory inspections, independent scrutiny and safeguarding partner reporting.

94. Safeguarding partners are inspected at a single agency level by their respective inspectorates; Ofsted, His Majesty's Inspectorate of Constabulary, Fire and Rescue Services (HMICFRS) and Care Quality Commission (CQC). These inspectorates, along with HMI Probation, also jointly inspect and report on the impact of local multi-agency safeguarding arrangements through the joint targeted area inspection (JTAI) programme.

Independent scrutiny

95. Safeguarding partners must ensure that there are arrangements for effective independent scrutiny in place for their local area.

40 Children Act 2004 Section 16H (2)

41 For organisations: Information Commissioner's Office

Functions of independent scrutiny role

- Provide safeguarding partners and relevant agencies including education providers and childcare settings with independent, rigorous, and effective support and challenge at both a strategic and operational level.
- Provide assurance to the whole system in judging the effectiveness of the multi-agency safeguarding arrangements through a range of scrutiny methods.
- Ensure that statutory duties are being fulfilled, quality assurance mechanisms are in place and that local child safeguarding practice reviews and national reviews are analysed, with key learning areas identified and effectively implemented across the safeguarding system.
- Ensure that the voice of children and families is considered as part of scrutiny and that this is at the heart of arrangements through direct feedback, informing policy and practice.
- Be regarded as a 'critical friend' and provide opportunities for two-way discussion and reflection between frontline practitioners and leaders. This will encourage and enable strong, clear, strategic leadership.
- Provide independent advice when there are disagreements between agencies and safeguarding partners and facilitate escalation procedures.
- Evaluate and contribute to multi-agency safeguarding published arrangements and the annual report, feeding into the wider accountability systems such as inspections.

96. Independent scrutiny should drive continuous improvement and provide assurance that arrangements are working effectively for children, families, and practitioners. It should also consider learning from local child safeguarding practice reviews, national reviews and thematic reports. The independent scrutineer or scrutiny group should be able to demonstrate knowledge, skills and expertise in the area being scrutinised and consequently add value to the work of local agencies.

97. Scrutiny should be evidence-based, and feedback should be considered and acted upon by safeguarding partners. Scrutineers should consider the impact that the LSP and DSP make through their strategic oversight, if they are providing strong leadership, and the functioning of local arrangements.

98. Independent scrutiny contributes to the wider system of accountability which includes the independent inspectorates' single agency inspections, including Inspection of local authority children's services (ILACS), and Police Forces assessment of their effectiveness, efficiency, and legitimacy (PEEL), as well as Joint Targeted Area Inspections, National Child Protection Inspections and annual reporting arrangements (see chapter 2, paragraphs 107-108 on Reporting).

99. The decision on how best to implement a robust system of independent scrutiny is to be made locally, and LSPs should be assured that the system in place leads to objective and rigorous analysis of local arrangements.

100. Statutory partners and relevant agencies should review progress against agreed priorities and identify areas for scrutiny, with a focus on achieving outcomes for children.

101. Scrutiny should be based on sharing and analysis of local and national data, intelligence, and information. This could include the development of multi-agency dashboards, joint needs assessments, multi-agency audits, reviews, and mapping of what is already being scrutinised by the statutory safeguarding partners and relevant agencies, identifying the gaps and aligning with agreed priorities.

102. Independent scrutiny can be delivered through a range of methods and structures. Local areas may choose to have an individual or an externally commissioned group delivering their scrutiny. Furthermore, scrutiny may be embedded within the structure of the arrangement or set apart from it. Scrutiny work can be undertaken through interviews, focus groups, data analysis, observations, and peer review. Scrutiny should take account of the voice and experience of children and their families.

103. The approach to independent scrutiny should be clearly set out and accessible. The published arrangements should state how independent scrutiny is delivered locally and by whom, how the arrangements are reviewed and how regularly, which areas will be scrutinised, and how any recommendations will be taken forward. This might include the process and timescales for ongoing review of the arrangements, and the effectiveness of learning following serious incidents. In the yearly report, the LSPs should review the impact and learning from scrutiny and how they are responding to the findings to improve the effectiveness of arrangements (see chapter 2, paragraphs 107-108 on Reporting).

Funding

104. The LSPs should agree on the level of funding needed to deliver the multi-agency safeguarding arrangements. This includes consideration of business and analytical support, independent scrutiny, infrastructure, and core functions including local children safeguarding practice reviews, multi-agency training and learning events. It is the responsibility of the LSPs to ensure that adequate funding is allocated and spent in line with agreed priorities.

105. Funding contributions from the statutory safeguarding partners should be equitable and agreed by the LSPs. Funding for the arrangements should be reviewed on an ongoing basis to ensure that they can meet the financial needs of the arrangements.

106. The funding should be transparent to children and families in the area, and the individual contributions of safeguarding partners and relevant agencies should be clearly set out in reporting (see chapter 2, paragraphs 107-108 on Reporting).

Reporting

107. Safeguarding partners should be transparent in how they co-ordinate, deliver and fund services for children and families locally. In order that safeguarding partners are held to account, there are two mechanisms for reporting on service delivery and leadership:

- publication of arrangements
- a yearly report on the impact and effectiveness of arrangements

108. Both documents should:

- be contributed to and signed off by all LSPs
- clearly demonstrate the links between them
- be easily accessible

Publication of arrangements

109. Once agreed, local multi-agency safeguarding arrangements must[42] be published and must include:

- arrangements for safeguarding partners to work together to identify and respond to the needs of children in their area, including the identification of groups of children who are disproportionately over- or under-represented in services.
- arrangements for commissioning and publishing local child safeguarding practice reviews (see chapter 5, paragraph 395)
- arrangements for independent scrutiny of the effectiveness of the arrangements

110. They should also include:

- who the three safeguarding partners, their delegates and partnership chair are
- geographical boundaries, including if the arrangements operate across more than one local authority area
- the relevant agencies the safeguarding partners will work with, why these organisations and agencies have been chosen, and how they will collaborate and work together to improve outcomes for children and families.

[42] Children Act 2004 Section 16G

- how all schools (including independent schools, academies, and free schools), colleges, early education and childcare settings and other education providers (including alternative provision) will be included in the safeguarding arrangements at both operational and strategic levels.
- how any youth custody and residential homes for children will be included in the safeguarding arrangements
- how the safeguarding partners will share information and data safely and effectively, using arrangements that clearly set out the processes and the principles for sharing
- how the safeguarding partners will use data and intelligence to assess the effectiveness of the help being provided to children and families, including early help
- how multi-agency training will be commissioned, delivered, and monitored for impact, and how they will undertake any multi-agency and inter-agency audits
- how the arrangements will be funded
- the process for undertaking local child safeguarding practice reviews, setting out the arrangements for embedding learning across organisations and agencies
- how the arrangements will include the voice of children and families, including how to escalate concerns and how any disputes will be resolved, including whistleblowing procedures
- how the local threshold document in place aligns with the arrangements

111. The published arrangements should be easily available and updated when there are key changes, such as changes to the LSPs, to the yearly priorities or the list of relevant agencies. Any updates to the published arrangements should be sent to the Department for Education (MASA.partners@education.gov.uk).

Yearly report on the impact and effectiveness of arrangements.

112. Safeguarding partners must jointly report on the activity they have undertaken in a 12-month period[43]. That reporting should be transparent, concise and easily accessible to families and practitioners. The focus of these reports should be on multi-agency priorities, learning, impact, evidence, and improvement. Reports must include:

- what partnerships have done as a result of the arrangements, including on child safeguarding practice reviews
- how effective these arrangements have been in practice

[43] Children Act 2004 Section 16G

113. In addition, the report should also include:

- the contribution of each safeguarding partner to the functioning and structure of the multi-agency safeguarding arrangements
- any themes emanating from aggregated methods of scrutiny, for example, reviews and scrutineer activity and multi-agency audits and inspections such as JTAIs
- evidence of the impact of the work of the safeguarding partners and relevant agencies, including training, on outcomes for children and families, including the identification of groups of children who may be disproportionately over- or under-represented in services
- an analysis of any areas where there has been little or no evidence of progress on agreed priorities
- an analysis of learning from serious incidents
- a record of key decisions and actions taken by the safeguarding partners in the yearly cycle, including in relation to implementing the recommendations from any local and national child safeguarding practice reviews and the impact this has had
- ways in which the safeguarding partners have sought and utilised feedback from children and families to inform their work and influence service provision
- the breakdown of costs in delivering the arrangements for that period, including the financial contributions of individual partners, any changes to funding and an assessment of the impact and value for money of this funding
- evidence of how safeguarding partners are ensuring the adequate representation and input of early education and childcare settings, schools, colleges and other education providers at both the operational and strategic levels of the arrangements
- an overview of how data is being used to encourage learning within the arrangements and evidence of how information sharing has improved practice and outcomes
- a review of the impact and learning from independent scrutiny arrangements to ensure the leadership is strong and the arrangements are leading to the desired and necessary impact
- any updates to the published arrangement with the proposed timescale for implementation
- evidence that national reforms have been implemented, taking into account key decisions and actions taken by safeguarding partners in response to reforms, and any issues or concerns encountered within the yearly cycle

114. Where there is a secure establishment in a local area, safeguarding partners should undertake a review to assure themselves of the appropriate use of restraint within the secure establishment and include the outcomes of the review in the Annual Report.

Partners might consider the establishment's policies and practices and review sample records and recordings of the use of restraint along with discussions with staff. The findings of the review should be reported to the Youth Justice Board and the Youth Custody Service.

115. Safeguarding partners should make sure the annual report is widely available. A copy should be sent to the Child Safeguarding Practice Review Panel (Mailbox.NationalReviewPanel@education.gov.uk), who will review it to identify any issues that may need escalation to a national level, and the Multi-Agency Safeguarding Arrangements Unit (Child Protection and Safeguarding Division – DfE) MASA.partners@education.gov.uk given its focus on learning, within 7 days of publication. To allow for consistency across local areas, these should be submitted and published by the end of September every year, and should be reflective of work undertaken the previous financial year (April to March). If partners fail to submit the yearly report this may be escalated to the Secretary of State.

Dispute resolution process

116. Safeguarding partners and relevant agencies must act in accordance with the arrangements for their area and will be expected to understand each other's differences of views and resolve such differences locally[44]. LSPs should therefore agree a system to resolve disputes and issues between partners within multi-agency safeguarding arrangements.

117. This may be applied to isolated issues or incidents as well as any intractable recurring ones.

118. At all stages LSPs and their delegates should make use of key stakeholders in their local systems, that might include Police and Crime Commissioners (PCCs) (until May 2028), Mayors, lead members, and/or independent persons, who can be brought to the table to assist them to settle on a solution.

119. If the issue remains unresolved between the three safeguarding partners and their local networks the next stage of escalation is to the Secretary of State.

[44] Children and Social Work Act 2017 Section 16G (4)

Chapter 3: Providing help, support and protection

120. All families can face challenges that make parenting difficult. Often families are able to overcome challenges themselves or with the help of relatives, friends, and services, such as schools, youth services, health visiting and mental health services as well as support available through Best Start Family Hubs. However, sometimes families will have more significant needs that require more intensive help and support.

121. Whatever their circumstances, children and families should not be left waiting to access help and support when issues arise. The system of help, support and protection should respond flexibly and wrap support around families at the point of need. These are the principles that underpin Family Help. Family Help aims to improve outcomes for children by understanding and responding to their needs, and to the circumstances of their family, as early as possible. It takes place at the heart of communities, bringing together local services under a combined, multi-disciplinary practice approach and service offer.

122. This chapter outlines how agencies, organisations and individuals work together to provide help, support, and protection in universal services and community- based early help, through Family Help (including targeted early help[45] and statutory services under section 17 of the Children Act 1989[46]), and through section 47 of the Children Act 1989[47] (child protection enquires and processes).

123. By closely aligning targeted early help and child in need support and services, Family Help creates a seamless system of help and support for children and families focused on building consistent relationships with lead practitioners, simple and effective assessment and planning, and clear interventions that support improved outcomes.

Local criteria for providing help, support, and protection

124. Safeguarding partners should agree with their relevant agencies the criteria for different levels of assessment to inform which services are commissioned and delivered in their local area and ensure that the right help is given to children at the right time. This should include services for children who have suffered or are likely to suffer abuse, neglect, and exploitation whether from within or outside the home. These considerations should include how safeguarding partners and relevant agencies address the support and protection needs of children living in residential, kinship or foster care. This should also include a range of appropriate services for disabled children and be aligned with the short

[45] Family Help (including targeted early help) defined in the: The Families First Partnership (FFP) Programme Guide

[46] Child in need refers to the statutory support provided under section 17 of the Children Act 1989 for a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of children's social care services, or the child is disabled. The duty to provide support is on the local authority.

[47] Under section 47 of the Children Act 1989, where a child is the subject of an emergency protection order or is in police protection or there is reasonable cause to suspect that a child who lives, or is found, in their area is suffering or is likely to suffer, significant harm, the local authority must make or cause to be made enquiries to decide if any action must be taken to safeguard or promote the child's welfare.

breaks services statement[48].

125. Safeguarding partners should publish a threshold document, which sets out the local criteria for action in a way that is transparent, evidence-based, accessible, and easily understood. This should include:

- the process for accessing universal services and community-based early help, which may include an assessment
- the criteria, including the level of need, for when a child should be referred to Family Help, which covers non-statutory and statutory support and services provided through:
    - targeted early help under sections 10 and 11 of the Children Act 2004[49]. This support is provided to children and families who are identified by practitioners to have multiple and/or complex needs, requiring a specialist and/or multi-disciplinary/agency response, where statutory support or intervention is not required
    - statutory support, including assessments, delivered under section 17 of the Children Act 1989 (children in need, including how this applies for disabled children)
- the criteria, including the level of need, for when a child should be referred to local authority children's social care for assessment and for statutory services under:
    - section 47 of the Children Act 1989 (reasonable cause to suspect a child is suffering or likely to suffer significant harm)
    - section 31 of the Children Act 1989 (care and supervision orders)
    - section 20 of the Children Act 1989 (duty to accommodate a child)
- clear procedures and processes relating to:
    - the abuse, neglect, and exploitation of children inside and outside the home, including online
    - looked after children
    - children managed within the youth secure estate
    - disabled children

[48] Required under the Breaks for Carers of Disabled Children Regulations 2011

[49] The Children Act 2004 Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners and such other persons or bodies working with children in the local authority's area as the authority considers appropriate. Section 11 places duties on a range of organisations and individuals to give regard to the need to safeguard and promote the welfare of children.

Section 1: Universal services and community-based early help

126. Universal services and community-based early help is support for children of all ages that improves a family's resilience and outcomes or reduces the chance of a problem getting worse. It is not an individual service, but a system of support delivered by local authorities and their partners working together and taking collective responsibility to provide the right provision in their area. This level of early help is provided through "universal services"[50] - such as education, health – and other community-based services. It is distinct from targeted early help delivered through Family Help teams, which are more formal arrangements coordinated by local authorities, where a plan is in place and a lead practitioner appointed.

127. Specific universal and community-based early help services can include support delivered through Best Start Family Hubs, youth services, youth offending teams, after school clubs and housing provision. Best Start Family Hubs bring together practitioners from multi-agency partners, with a strong emphasis on health and education - particularly during the early years - creating a clear local parent pathway from pregnancy through to the age of 19 (or 25 for young people with SEND), connecting families to services across the full spectrum of need. Hubs work closely with other local children's services to safeguard children and help families facing complex problems, in particular those who are supported in Family Help, such as families where domestic abuse is a factor. For families who no longer require the support of targeted and specialist services, Hubs offer an ongoing, local support network.

The role of early education and childcare settings, schools, colleges and other education providers

128. All children aged 5 to 16 are legally entitled to a full-time education, suitable to any special educational need. Education is essential for children's progress, wellbeing and wider development and being in school is a protective factor against wider harms, including exploitation. Where children are not receiving education, either because they are persistently missing school, or are not registered at a school and not receiving a suitable education otherwise, this could be a possible indicator of neglect, abuse or exploitation or could in itself constitute neglect in severe and sustained cases.

129. Young people aged 16 and 17, including those with special and educational needs and disabilities, are required to participate in education or training until they reach their 18th birthday. They are entitled to an offer of a suitable place in education or training under the September guarantee[51]. Local authorities are therefore expected to identify and pay particular attention to young people who are not in education, employment or training or whose current activity is not known.

[50] Universal services are available to all children and families. They are provided by a range of agencies such as health and education. GPs, health visitors and school nurses are some examples of this type of service provision.

[51] September guarantee: education and training for young people

130. Local authorities also have a statutory duty to secure sufficient suitable education and training provision for all young people aged 16 to 19 and for those up to age 25 with a learning difficulty assessment or, EHC plan, in their area[52]. They should make available to young people aged 13 to 19 and to those up to the age of 25 with a learning difficulty assessment or EHC plan, support that will encourage, enable or assist them to participate in education or training[53].

131. As early education and childcare settings, schools, colleges and other education providers have daily contact with most children and families, they are uniquely placed to identify concerns and, with partners as appropriate, address them early. Safeguarding professionals, including safeguarding partners and their delegates, should work closely with education and childcare settings to ensure information about children is shared effectively, risks of harm are correctly identified and understood, and children and families receive the services they need. This includes, but is not limited to, information, such as increased absence or mental health problems, which may be indicators that a child has suffered or is at risk of suffering neglect, abuse, and exploitation.

132. Those that work in these settings need to be aware of how children's experiences can impact on their mental health, behaviour, attendance and progress at nursery, school, or college. Where children have suffered abuse, neglect and exploitation, or other potentially traumatic adverse childhood experiences, this can have a lasting impact throughout childhood, adolescence and into adulthood[54]. This should include understanding the impact of domestic abuse on children as victims in their own right.

133. It is important that relevant information where children are home educated is shared between local authorities, schools, colleges, and other relevant partners. This includes police forces making Operation Encompass notifications, as they would for other educational settings, to the local authority in which the child who is being home educated lives. Parents have a right to educate their children at home providing the education is suitable[55]. Most parents who take up the weighty responsibility of home education work hard to provide their child with a suitable education. However, the local authority has a duty to intervene where a home educated child is not being suitably educated, or is not safe, and in such cases the local authority must act to remedy the situation. When a child of school age is not a registered pupil at a school and is not receiving suitable education at home, this could be an indicator of neglect, abuse, or exploitation. Schools must notify the

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[52] Education Act 1996 Sections 15ZA and 18A as inserted by the Apprenticeships, Skills, Children and Learning Act 2009, and amended by the Children and Families Act 2014

[53] Education and Skills Act (ESA) 2008 Section 68

[54] An example of where schools and local police forces work together successfully to better support and safeguard children after experiencing domestic abuse, is through the Operation Encompass notification scheme. Operation Encompass works by directly connecting the police with schools. When officers have attended a domestic abuse incident, police share the information with a school's trained Designated Safeguarding Lead (DSL) before the start of the next school day, so that school staff can provide appropriate emotional and practical support at the earliest opportunity to children affected by domestic abuse

[55] The Education Act 1996, Section 7, sets out the duty on parents to ensure that the child receives an efficient full time education suitable to their age, ability and aptitude and any special educational needs, either by attendance at school or otherwise. Further detail on what constitutes a suitable home education can be found in DfE's Elective Home Education guidance (2019)
https://www.legislation.gov.uk/ukpga/1996/56/section/436A defines "suitable education" as efficient full-time education suitable to age, ability and aptitude and to any special educational needs

local authority of a child's removal from the school roll[56] at a non-standard transition point, and they should also share information on a child's circumstances, especially if already known to children's social care or if they have an EHC plan[57].

Section 2: Family Help – targeted early help, safeguarding, and promoting the welfare of children

134. Targeted early help services delivered through Family Help, are coordinated by a local authority and/or their partners to address specific concerns within a family. Examples of these include parenting support, mental health support, domestic abuse services, youth services, youth offending teams and housing and employment services. Targeted early help should be provided for children and families who have multiple and/or complex needs, or whose circumstances might make them more vulnerable. This could include where a child is living with wider family members under a kinship arrangement. Targeted early help might also be appropriate to support a pregnant person to provide safe and effective care for their unborn child.

135. Family Help is a voluntary approach, requiring the family's consent to receive support and services.

136. The Families First Partnership programme guide[58] provides a toolkit to assist safeguarding partners to set up effective Family Help services. Effective provision relies upon local organisations and agencies working together to:

- identify children and families who would benefit from Family Help, with clear referral routes between universal and community-based early help and targeted support. This may include pre-birth support where risk factors are known
- undertake a Family Help assessment which considers the needs of all members of the family
- ensure good ongoing communication, for example, through regular meetings between multi-disciplinary practitioners who are working with the family
- co-ordinate and/or provide support as part of a Family Help plan to improve outcomes. This Family Help plan will be designed together with the child and family and updated as the child and family needs change, including if other support or intervention under section 17 or section 47 of the Children Act 1989 is needed

[56] Regulation 13 - The School Attendance (Pupil Registration) (England) Regulations 2024

[57] Education, health and care (EHC) plans identify educational, health and social needs and set out the additional support to meet those needs. Further guidance on EHC plans can be found at https://www.GOV.UK/children-with-special-educational-needs

[58] The Families First Partnership (FFP) Programme Guide

- engage effectively with families and their family network, making use of family group decision-making, such as family group conferences[59], to help meet the needs of the child[60]

- manage transitions between non-statutory and statutory (delivered under section 17 of the Children Act 1989) Family Help, maintaining consistent practitioner relationships, and building on the Family Help plan

137. Lead Practitioners should co-ordinate support and services, ensure the assessment and the Family Help plan responds to identified needs, and support the family to co-produce the plan. Practitioners should consider whether to include the family network. Where appropriate, local authorities should engage families, including children, to have a say in who their lead practitioner is, and have a process in place to collate feedback on their relationship.

138. The lead practitioner role can be held by a range of people, including social workers and other local authority employed staff (including those who work in a Best Start Family Hub), as well as those based in partner organisations. Decisions about who holds the role of lead practitioner should consider capacity and capability. Practitioners who begin working with families at the targeted early help stage can continue to lead work with families if the child is later assessed to be a child in need as defined by Section 17 of the Children Act 1989. The Families First Partnership programme guide provides operational details on lead practitioner roles and responsibilities, and expectations for coordinating a multi-disciplinary team around the family.

Identifying children and families who would benefit from help

139. Local organisations and agencies should have in place effective ways to identify emerging problems and potential unmet needs of individual children and families. Local authorities should work with organisations and agencies to develop joined up community-based early help, which can be delivered through a Best Start Family Hub, and Family Help services, based on a clear understanding of local needs. Local authorities should use the Joint Strategic Needs Assessment (JSNA)[61] to inform the offer.

140. Multi-agency and multi-disciplinary training will be important in supporting this collective understanding of the demographics and needs of the local community, the local practice framework, and the services available to support children of all ages. All

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[59] Family group decision-making is an umbrella term for voluntary, family-led decision-making forums in which a child's family network has all the resources, adequate preparation, relevant information and a safe and appropriate environment to make a plan in response to concerns about a child's safety and wellbeing, working alongside skilled professionals.
These can take different forms; family group conferences are one model of family group decision-making, which have been shown to be highly effective in supporting families, improving decision-making processes and diverting children from care. The Department for Education does not prescribe a specific model. There is further information in the glossary.

[60] The statutory guidance on court orders and pre-proceedings for local authorities (2014) highlights that family group decision making, such as family group conferences, is an important means of involving the family early to avoid the creation of barriers between the local authority and the family.

[61] Joint strategic needs assessment and joint health and wellbeing strategies explained

practitioners working with children and families, including those in universal services and those providing services to adults with children, need to understand their role in identifying emerging problems. They need appropriate training so that they:

- know when to share information with other practitioners and what action to take to support early identification and assessment
- are aware of and able to identify where a pregnant person might need help or support to provide safe and suitable care for their unborn child
- are able to identify and recognise all forms of abuse, neglect, and exploitation
- have an understanding of domestic and sexual abuse[62], including controlling and coercive behaviour, teenage relationship abuse, 'honour', faith- or belief-based abuse, as well as parental conflict that is frequent, intense and unresolved
- understand the complexity of kinship families and are aware that they may need to support both parents and kinship carers at the same time
- have an understanding of threats, including online harm, grooming, sexual exploitation, criminal exploitation, radicalisation, and the overlap that can occur between online harm and harm experienced in person
- are aware of new and emerging technologies (such as artificial intelligence) and the role that online platforms, including gaming and social media platforms, can play in grooming children and facilitating and/or causing harm
- are aware that a child and their family may be experiencing multiple needs at the same time
- recognise how trauma, racism, discrimination, and past experiences with services affect relationships and adapt practice accordingly, respecting the importance of different cultural models of parenting and family life.

141. Practitioners should be alert to the potential need for Family Help for a child who:

- is unborn
- is disabled
- has special educational needs (whether or not they have a statutory education, health and care (EHC) plan)
- is a young carer
- is bereaved
- is showing signs of being drawn into anti-social or criminal behaviour, including being affected by gangs and county lines and organised crime groups and/or serious violence, including knife crime

[62] See Appendix A: Glossary for the statutory definition of domestic abuse set out in the Domestic Abuse Act 2021

- is frequently missing/goes missing from care or from home[63]
- is at risk of modern slavery[64], human trafficking, sexual and/or criminal exploitation
- is at risk of being radicalised[65]
- is viewing problematic and/or inappropriate online content (for example, linked to violence), or developing inappropriate relationships online
- is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse[66]
- is misusing drugs or alcohol themselves
- is suffering from mental ill health
- has returned home to their family from care
- is a privately fostered child[67]
- has a parent or carer in custody[68]
- is missing education[69], or persistently absent from school, or not in receipt of full-time education
- has experienced multiple suspensions and is at risk of, or has been permanently excluded

142. Practitioners should also consider the needs of parents who no longer have children in their care. Offering support to parents who have had a child removed can help prevent future removals and support effective and stable reunification.

143. Practitioners should also consider the impact of domestic abuse on a child. Section 20 of the Victims and Prisoners Act 2024 introduced a new provision into Part 3 of the Domestic Abuse Act 2021 under Section 49A. The information sharing scheme known as 'Operation Encompass'[70] placed a statutory duty on police forces across England and Wales to notify a child's educational setting, and, where relevant, local authorities, if they have reasonable grounds to believe a child may be a victim of domestic abuse. This

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[63] Children who run away or go missing from home or care (2014)

[64] Modern Slavery: statutory guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and non-statutory guidance for Scotland and Northern Ireland (accessible version) - GOV.UK

[65] Further information on requirements for those working with children who have concerns about radicalisation is set out in the statutory Prevent Duty guidance and via Managing risk of radicalisation in your education setting

[66] The Domestic Abuse Act 2021 Section 3 recognises children as victims of domestic abuse in their own right when they see, hear or experience domestic abuse perpetrated by a parent, those with parental responsibility, or a relative.

[67] Private fostering occurs when a child under the age of 16 (or under 18, if disabled) is provided with care and accommodation by a person who is not a parent, person with parental responsibility for them or a relative in their own home. A child is not privately fostered if the person caring for and accommodating them has done so for less than 28 days and does not intend to do so for longer. This term is also used in Championing Kinship Care: The National Kinship Care Strategy, capturing private fostering arrangements as a type of kinship care. It holds the same meaning, but applies only to individuals, excluding organisations or bodies.

[68] Farmer review for women (2019) found that children impacted by maternal imprisonment are more likely to leave their family home and be separated from their primary carer, resulting in significant disruption to their lives.

[69] Children missing education: statutory guidance for local authorities

[70] Statutory guidance: Duty on police forces in England and Wales to notify education establishments of domestic abuse incidents: Operation Encompass (accessible) - GOV.UK

includes all children connected to a household where police have attended a domestic abuse incident; children who are physically present at the incident, children not physically present during the incident and situations where a child might reside in another household temporarily or permanently. The duty supports educational settings to provide timely, informed support to children affected by domestic abuse and to ensure the school has up to date information about the child's circumstances. Further guidance for police forces can be found in 'Duty on police forces in England and Wales to notify education establishments of domestic abuse incidents: Operation Encompass'.

Effective assessment of the need for Family Help

144. Where a child and family would benefit from targeted support because of multiple and/or complex needs, there should be a multi-disciplinary Family Help assessment. Families should not need to repeat their story if their circumstances change. Safeguarding partners should have a single Family Help assessment, which can be adapted depending on the child's needs. This assessment should:

- be undertaken with the agreement of the child and their parents or carers, involving the child and family as well as the practitioners who are working with them
- include pre-birth assessment where needed
- take account of the child's wishes and feelings wherever possible which could include providing advocacy support where this is needed to enable a child to share their views, for example, if the child has communication difficulties due to a disability
- take account of the child's age, family circumstances and extra-familial contexts[71] and whether these factors are contributing to or preventing good outcomes
- take account of the needs of all members of the family as individuals and consider how their needs impact on one another which includes considering needs relating to education, early years development, mental health and physical health, substance misuse, financial stability, housing, family relationships, domestic abuse and crime Practitioners should be aware of situations where there has been a breakdown in relationship between the child and their family and engaging the whole family may not be appropriate
- cover both presenting needs and any underlying issues with the understanding that a family's needs can change overtime, for example, when a child moves up to secondary school
- be based on facts, and explore and build on strengths
- be clear about the action to be taken and services to be provided
- identify what help the child and family require to prevent needs escalating

[71] See Appendix A: glossary

- provide the basis for any future assessments if they are needed, for example, under sections 17 and 47 of the Children Act 1989

145. Practitioners should have consideration for specific needs, including, but not exclusive to, family members who may have learning difficulties/disabilities, are imprisoned or those whose first language is not English, parents, carers and children who may be at risk from hidden harms such as coercive and controlling behaviour, child sexual abuse and 'honour' or faith- or belief-based abuse, are care experienced, young parents[72], birth parents who have had children removed from their care, fathers or male carers, and parents who identify as LGBTQIA. This should also include where children may not view themselves as victims of abuse, such as teenage relationship abuse and child sexual exploitation.

146. If a family does not consent to a Family Help assessment, practitioners should seek to understand why this is the case, so that they can provide reassurance to the family about their concerns. They should ensure the family has understood the consensual nature of support, and range of services available to meet their needs. The practitioner should consider how the needs of the child could otherwise be met, for example, through provision by universal services that the family already engages with. Practitioners should still inform individuals that their data will be recorded and shared, and the purpose of this explained to them. If a family has chosen not to engage with support in the past, this should not act as a barrier to them accessing support in the future. If there are concerns that the child has suffered significant harm or is likely to do so, a referral should be made immediately to local authority children's social care. The lead practitioner for section 47 enquiries should be a social worker.

Provision of effective services to help families

147. Local areas should have a comprehensive range of effective services. They should reflect any local assessment of need, including the JSNA and the latest evidence of the effectiveness of Family Support programmes[73]. Good practice should also ensure effective join-up between targeted family support and universal services to ensure families can seamlessly transition from universal or other community-based services to more specialist support should a specific need be identified. There should be an explicit link to the local area's offer of short breaks for disabled children, as well as suitably adjusted services to support parents. Evidence should be collated to show their impact, including on those with a particular protected characteristic.

148. Family Help services typically include family and parenting programmes, assistance with school attendance, assistance with health issues including mental health, enabling financial stability, supporting secure housing, responses to emerging concerns in

[72] Our young parents project - The Lullaby Trust describes a young parent as someone under the age of 25

[73] What Works Centre for Children & Families) (Foundations). See Home | EIF Guidebook and Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks

extra-familial contexts including grooming and exploitation, responding to a parent, sibling or other family member in custody, and help for emerging problems relating to domestic abuse including economic abuse, coercive and controlling behaviour, 'honour' and faith- or belief-based abuse, teenage relationship abuse, or drug or alcohol misuse. Local approaches to delivering these services will vary but could include using a Best Start Family Hub model.

149. Family Help services may also focus on improving family functioning and building the family's own capability to establish positive routines and solve problems. This should be done within a structured, evidence-based practice framework, which is shared across the partnership and involves regular review to ensure that real progress is being made. Where family networks are supporting the child and parents, it might be appropriate to use family group decision-making to support work with the family. Some of these services may be delivered directly to parents but should always be evaluated to demonstrate the impact they are having on the outcomes for the child.

150. The Families First Partnership programme guide provides operational guidance for the delivery of multi-disciplinary Family Help teams. These teams should be embedded in communities to provide non-stigmatising access to a range of agencies and services that respond to different needs. The exact make up of these teams will vary, but local areas may want to co-locate teams in community settings such as their Best Start Family Hubs and networks.

Section 3: Safeguarding and promoting the welfare of children

151. Local authorities have statutory duties to support certain groups of children in their area. Under section 17 of the Children Act 1989, local authorities are under a general duty to provide support for children who are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled. Where there is reasonable cause to suspect a child is suffering or likely to suffer significant harm, local authorities must make enquiries and decide if any action must be taken under section 47 of the Children Act 1989. Section 22(3) of the Children Act 1989 sets out the general duty of the local authority looking after a child to safeguard and promote the welfare of the child. This duty underpins all activity by the local authority in relation to looked after children.

152. Where requested to do so by local authority children's social care, health organisations, other local authorities and other parts of the local authority, such as housing, have a duty to co-operate under section 27 of the Children Act 1989[74] by assisting the local authority in carrying out its children's social care functions, provided that this is compatible with their own duties and obligations and does not interfere with the performance of their own functions. Any cooperation from health bodies should be in line with their professional regulations and standards on competence. Local authorities can

[74] Children Act 1989 Section 27 (2): an authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.

also ask other agencies to assist in the delivery of support and services under section 17 of the Children Act 1989, but those agencies are under no obligation to do so.

153. Whilst the duty to deliver support and services under section 17 of the Children Act 1989 is with the local authority, other safeguarding partners may play a critical role in the delivery of services for children and their families. Local safeguarding partners are responsible for setting the strategic direction, vision, and culture of the local multi-agency safeguarding arrangements, including agreeing and reviewing shared priorities, and the resources required to deliver services effectively. More information can be found under ‘Strategic leadership and accountability’ and ‘Delivering multi-agency safeguarding arrangements’ in chapter 2.

Statutory requirements for children in need

Under the Children Act 1989, local authorities are under a general duty to provide services for children in need for the purposes of safeguarding and promoting their welfare. A child in need is defined under section 17 of the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired without the provision of services, or a child who is disabled.

To fulfil this duty, practitioners undertake assessments of the needs of individual children, giving due regard to a child's age and understanding when determining what, if any, services to provide.

Every assessment must be informed by the views of the child as well as the family, and a child's wishes and feelings must be sought regarding the provision of services to be delivered. Where possible, children should be seen alone. Where a child requests to be seen with a trusted adult, this should be supported. A child's communication needs should be taken into account. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action.

Some children in need may require accommodation because there is no one who has parental responsibility for them, they are lost or abandoned, or the person who has been caring for them is prevented from providing them with suitable accommodation or care. Under section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.

Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect, and exploitation whether this is taking place in person or online, inside or outside of the child's home. Section 47 applies to all children, whether they are living with their birth parents, in a kinship arrangement or under a special guardianship order, or in foster or residential care.

There may be a need for immediate protection whilst an assessment or enquiries are carried out. Further information about immediate protection can be found in this guidance on page 85.

Local protocols for assessment and support

154. Local authorities, with their safeguarding partners and any relevant agencies, should develop, agree, and publish local protocols for assessments and support. This

protocol should reflect the local practice framework for work with children and their families. The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand it. A local protocol should:

- be consistent with the requirements of this statutory guidance
- set out clear arrangements for how cases will be managed once a child is referred into local authority children's social care
- set out who can act as a lead practitioner in supporting children and their families under section 17, and reflect that the decision about who will act as lead practitioner will be made in line with practitioner knowledge and skills, resources, commissioned service requirements, relevant professional standards as appropriate[75] and accountabilities
- set out the skills, knowledge, experience, and competence required for the lead practitioner role and how this will be monitored locally
- set out clearly the governance arrangements to support effective decision-making, including roles, responsibilities, and accountabilities, and how these take account of high-level risk, risks that are dynamic and/or complex.
- set out the process for case audits and accountability including allocation of lead practitioners and decision-making. Information should be included in the yearly report (see chapter 2, paragraphs 112-115) on the evidence of impact on outcomes for children and families, to show progress and learning that has occurred following audits.
- clarify how organisations, agencies and practitioners undertaking assessments and providing services can work in partnership including when sharing and seeking information
- set out how and when organisations and agencies should communicate with children and families
- set out the process for challenge by children and families by publishing the complaints procedures[76]

155. Local protocols should also reflect the specific needs of certain groups, including but not limited to young carers, children with special educational needs and/or disabilities (including to inform and be informed by EHC plans), unborn children where there are concerns, vulnerable babies, young parents, children in hospital, children in mental health inpatient settings, children with specific communication needs, asylum seeking children, children considered at risk of exploitation and harm outside the home (including serious violence and association with organised crime groups), children who are victims of

[75] For example, the Social Work England Professional Standards - Professional standards - Social Work England or the Nursing and Midwifery Council's Code - Professional standards of practice and behaviour for nurses, midwives and nursing associates

[76] Including as specified under the Children Act 1989 Section 26 (3) and the Children Act 1989 Representations Procedure (England) Regulations 2006

domestic abuse, children at risk of forced marriage and/or children at risk of female genital mutilation, children who are in the youth justice system, children with a parent, sibling or other family member in custody, children in kinship care and children returning home from care.

156. Where a child needs other assessments and support, it is important that these are co-ordinated so that the child does not become lost between different organisational procedures. Where a child has had previous assessments and support - including for targeted early help - information from these should help practitioners build a complete picture of the child and their family, including any support and services that have been provided. Existing Family Help plans should be the foundation for further assessment and support where this is needed.

157. Where there is a child in need or a child protection plan in place for an older child who is pregnant or parenting their own child, they should continue to receive the appropriate level of help, support and protection. Practitioners should consider whether a plan is needed for their child and put this in place if required.

158. Within the local authority, practice leaders are qualified social workers with day-to-day operational responsibility across the whole system for child and family social work practice, ensuring it operates effectively and overseeing child and family frontline social work practitioners and leaders. This is often the Assistant Director of Children's Social Care or equivalent. Child and family principal social workers support social work teams, provide quality assurance, and contribute to strategic leadership. Practice supervisors are experienced social workers whose primary responsibility is to supervise the practice and decision-making of child and family social work practitioners, and to develop the skills of individuals and teams.

159. Principal Social Workers, practice supervisors and practice leaders should support practitioners, the local authority, and partners in further developing their assessment practice and decision-making skills, and the practice methodology that underpins this.

Purpose of assessment

160. The purpose of children's social care assessments is to:

- gather important information about a child and family
- analyse their needs and/or the nature and level of any risk and harm being suffered by the child, including where harm or risk of harm is from outside the home[77]
- decide whether the child is a child in need (section 17) or is suffering or likely to suffer significant harm (section 47)
- provide support to address those needs to improve the child's outcomes and welfare

[77] See chapter 3, section 3, paragraph 220 on what a good assessment should consider when supporting children at risk of, or experiencing, harm outside the home

and where necessary to make them safe

- identify support from within the family network

161. Action to meet a child's needs can begin even before assessment has concluded.

Assessment framework

162. Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children including unborn children where there are concerns. An example of such a model is set out in the diagram below. It investigates three domains:

- the child's developmental needs
- the capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to those needs[78,79]
- the impact and influence of the family network and any other adults and children living in the household as well as community and environmental circumstances

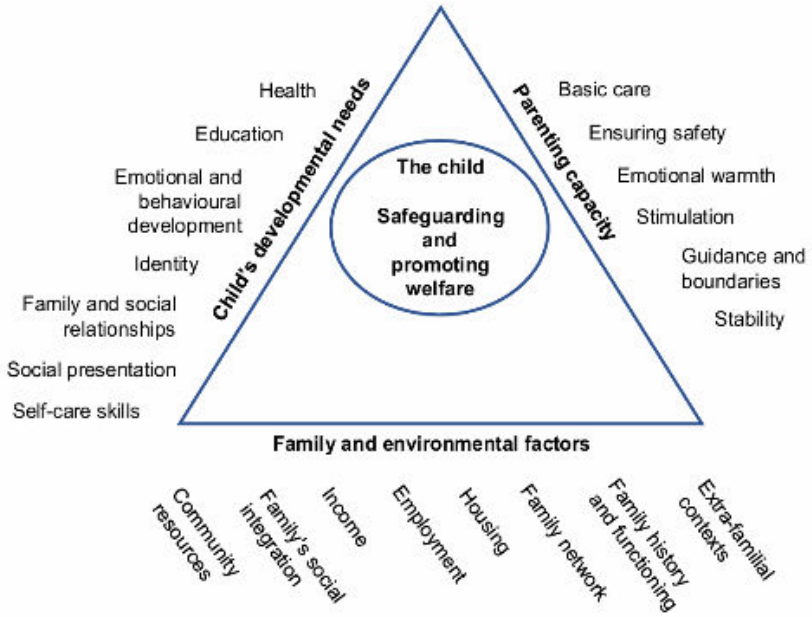


Figure 1: Assessment framework

[78] An assessment of the support needs of parent carers of disabled children may be required

[79] See chapter 4, paragraph 292 on adults with parental responsibility for disabled children

Referral

163. Local authority children's social care has the responsibility for clarifying the process for referrals in their area. This includes specific arrangements for referrals in areas where there are secure youth establishments. As well as protocols for practitioners working with children and families, contact details should be signposted clearly so that children, parents, other family members and community partners[80] are aware of who they can contact if they wish to make a referral, require advice or support.

164. Anyone who has concerns about a child's welfare should consider whether a referral needs to be made to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so. Where a child is admitted to a mental health facility, practitioners should make a referral to local authority children's social care. When practitioners refer a child, they should include any information they have on the child's developmental needs, the capacity of the child's parents, carers, or family network to meet those needs and any external factors that may be undermining their capacity to parent. This information may be included in any assessment, including an early help assessment, which may have been carried out prior to a referral into local authority children's social care. A Family Help assessment is not a prerequisite for a referral but where one has been undertaken, it should be used to support the referral.

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

Timeliness

166. The speed with which an assessment is carried out after a child has been referred into local authority children's social care should be determined by the needs of the individual child and the nature and level of harm they face. This will require judgements to be made by a social work qualified practice supervisor or manager on each individual case. Adult assessments, for example, parent carer or non-parent carer assessments, should also be carried out in a timely manner.

167. Within one working day of a referral being received, local authority children's social care should acknowledge receipt to the referrer and a social work qualified practice

[80] Community partners include those working in voluntary, private, and statutory organisations who may come into contact with or be aware of the presence of children as they carry out their day-to-day roles in the community, for example, business owners, youth workers, faith and community leaders, park wardens.

supervisor or manager should decide next steps and the type of response required. This will include determining whether:

- the child requires immediate protection and urgent action is required
- the child is in need and should be assessed under section 17 of the Children Act 1989
- there is reasonable cause to suspect that the child is suffering or likely to suffer significant harm, and whether enquiries must be made, and the child assessed under section 47 of the Children Act 1989 including where the child is looked after under section 20 or section 31 of the Children Act 1989 or as a result of being remanded in custody
- any immediate services are required urgently by the child and family and what type of services
- further specialist assessments are required to help the local authority to decide what further action to take
- to see the child as soon as possible if the decision is taken that the referral requires further assessment

168. For children in need of immediate protection, action must be taken by the local authority, the police (including British Transport Police) or the NSPCC[81] if removal is required. This should happen as soon as possible after the referral has been made to local authority children's social care[82,83].

169. The maximum timeframe for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other practitioners, an assessment exceeds 45 working days, the lead practitioner should record the reasons for exceeding the time limit. In some cases, the needs of the child will mean that a quick assessment will be required. In all cases, as practitioners identify needs during the assessment, they do not need to wait until the assessment concludes before providing support or commissioning services to support the child and their family.

Provision of support and services for a child in need

170. Once the referral has been accepted by local authority children's social care, a social work qualified practice supervisor or manager should decide, with partners where appropriate, who the most appropriate lead practitioner will be and with the lead practitioner's agreement, allocate them in line with the local protocol.

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81 National Society for the Prevention of Cruelty to Children.
82 Children Act 1989 Section 44
83 Children Act 1989 Section 46

171. The lead practitioner role can be held by a range of people, including social workers. When allocating the lead practitioner, local authorities and their partners should consider the needs of the child and their family to ensure the lead practitioner has the time required to undertake the role. The lead practitioner should have the skills, knowledge, competence, and experience to work effectively with the child and their family.

172. Where there are child protection enquiries and the lead practitioner is not a social worker, a social work qualified practice supervisor or team manager should lead the section 47 investigation. Where the decision is taken that the child will become the subject of a child protection plan, the lead practitioner should always be a social worker.

173. Lead practitioners should have access to high quality supervision. Effective supervision can play a critical role in ensuring a clear focus on a child's welfare and support practitioners to reflect critically on the impact of their decisions on the child and their family. All lead practitioners should also continue to receive appropriate supervision and support for continuing professional development and to maintain professional registration, where appropriate, within their existing line management arrangements.

174. The responsibility for providing support and services remains with the local authority. Decision-making responsibilities, including the lead practitioner and social work qualified practice supervisor or manager should be set out in the local protocols (see chapter 3, section 3, paragraph 154)

175. In response to the referral, the lead practitioner should:

- clarify with the referrer, when known, the nature of the concerns and how and why they have arisen
- make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps
- inform the child and family of the action to be taken, unless a decision is taken on the basis that this may jeopardise a police investigation or place the child at risk of significant harm

Focusing on the needs of the child and their family

176. Assessments should be child-centred and responsive to the voice of the child. This means decisions should be made in the child's best interests, rooted in child development, age-appropriate, sensitive to the impact of adversity and trauma and informed by evidence. Observation can be an important way to get the perspective of babies, and non-verbal children. In the case of disabled children, practitioners should consider whether any specialist communication support is required and consider how advocacy services can support the child to communicate their views.

177. In addition, assessments should:

- be focused on action and outcomes for children

- be multi-agency and multi-disciplinary, based on information gathered from relevant practitioners and agencies[84], and drawing in the relevant expertise
- be discussed with the child and their parents or carers, as appropriate
- build a full picture of all aspects of a child's and their family's life, including their strengths and interests as well as any previous referrals and interventions
- be holistic in approach and address presenting and underlying issues and each of the child's needs, giving sufficient recognition and priority to the specific needs of babies, disabled children and young carers[85] and to any risks the child faces within or outside the home
- explore the needs of all members of the family[86] as individuals and consider how their needs impact on one another as well as how the family network could support and help de-escalate issues[87]
- be a dynamic process, not an event, analysing and responding to the changing nature and level of need and/or risk faced by the child from within and outside their family
- recognise and respect the individual and protected characteristics of families, including the ways in which these can overlap and intersect, ensuring support reflects their diversity of needs and experiences
- lead to action, including the provision of services, the impact of which is reviewed on an ongoing basis
- recognise a child's entitlement to a full-time education and the positive impact attendance at school has on personal development and attainment

178. Where there are concerns that a child may be at risk of, or experiencing harm outside the home, assessments should include work with the child, parents, carers, family networks and partners, including residential care staff or foster carers where appropriate[88], to determine:

- the nature and duration of the harm
- where risk is located and understand the context in which harm is or may be happening, including online
- the level of risk associated with each concern and context identified
- whether further referrals to other statutory or non-statutory services are required, including for children who are potential victims of criminal or sexual exploitation, modern slavery or human trafficking

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[84] For example, teachers, early years workers, health practitioners, youth justice practitioners, the police and adult social care.

[85] Recognised, valued and supported: next steps for the carers strategy (2010).

[86] An assessment of the support needs of parent carers, or non-parent carers, of disabled children may be required

[87] Family and friends care: statutory guidance for local authorities (2010), paragraph 4.37

[88] This can include safeguarding partners and community partners (such as those working in voluntary, private and statutory organisations who may come into contact with or be aware of the presence of children as they carry out their day-to-day roles in the community – for example, business owners, youth workers, faith and community leaders, park wardens).

179. For suspected child sexual abuse, assessment should include a health representative with experience of working with children who have been sexually abused. It will be important that, where possible, a practitioner who knows the child well and can communicate with them effectively undertakes the assessment, taking into account any needs relating to disability, ethnicity, language and culture. Practitioners should communicate clearly with children and protective parents when someone in the family is known or suspected to have sexually abused a child. Practitioners should feel confident and supported to talk to children and parents about concerns about child sexual abuse.

180. For babies, assessments should reflect their unique vulnerability and dependence on their parent or carer, including how harm experienced outside the home by parents or carers may affect a baby's safety and the care they receive.

181. Assessments should consider how a child's experience within their family and networks, including their friends and peer groups, and extra-familial contexts, such as the places and spaces where they spend their time, interplay with the risk of harm outside of the home[89].

182. Where the child has links to a foreign country[90], the lead practitioner may also need to work with embassies and colleagues abroad[91].

183. The lead practitioner should meet families and go on home visits as needed, when undertaking assessments. The social work qualified practice supervisor or manager should undertake joint visits where this is appropriate.

184. Where a child becomes looked after, the assessment will be the baseline for work with the family. Assessment by a social worker is also required before a looked after child under a care order returns home[92] This will provide evidence of whether the necessary improvements have been made to ensure the child's safety when they return home. Following an assessment, appropriate support – including through Family help - should be provided for children returning home, including where that return home is unplanned, to ensure that children continue to be adequately safeguarded.

Analysis and decision-making

185. The analysis and decision-making should be a collaborative process between the lead practitioner and the multi-agency team working with the family, including the social work qualified practice supervisor or manager.

186. No system can fully eliminate harm. Understanding harm involves judgement and balance. These are central to effective analysis of the relevant information gathered as part of the assessment. Analysis should build upon the history of every child, taking account of family history, parental adverse experiences and the child's experience of

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[89] See chapter 3, section 2, paragraphs 216-223 on supporting children at risk of, or experiencing, harm outside the home

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

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

[92] The Care Planning, Placement and Case Review (England) Regulations 2010.

cumulative abuse, neglect, and exploitation as well as the impact of any previous services. Where a child has been looked after and has returned home, information from previous assessments and case records should also be reviewed.

187. This information should be used by practitioners to get as comprehensive an understanding as possible of the level of need, and actual or likely significant harm being faced by a child, taking into account the child's perspective of the protective and risk factors they are facing. This should include factors both inside and outside the home,

188. Practitioners' analysis should be supplemented and challenged by others working in the multi-agency team, including the social work qualified practice supervisor or manager, with the family and/or in their teams and management chain. Critical reflection through supervision should further strengthen the analysis.

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

190. Decisions on the nature and level of the child's needs, and the level of actual or likely significant harm, if any, should be reviewed by a social work qualified practice supervisor or manager.

191. Decisions over what support to provide a child and family should be multi-agency, taken with the best interests of the child in mind, informed by the evidence available, and underpinned by knowledge of child development. Regular decision and review points should be held, involving the child and family and relevant practitioners to ensure that help is given in a timely and appropriate way, and that the impact of this help on the child's outcomes and welfare is evaluated and changed as needed. Decisions should be agreed by the lead practitioner and the multi-agency team working with the family, including the social work qualified practice supervisor or manager.

192. Judgements may need to be revised as a case progresses and further information comes to light. It is a characteristic of skilled practice that practitioners revisit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child.

193. Decisions about whether looked after children can return home will rest on whether the needs that were previously identified have been addressed. This may include instances where harm from outside the home means the child has been placed out of area (away from the local authority in which they usually live), to ensure their immediate safety. In these cases, the lead practitioner will be a social worker who should work with partners to take the decision about how to keep the child safe following the return to their family. Local authorities should set out what support and services will be provided in the

lead up to and following reunification and ensure the child and parents or carers understand who to contact for support. Local authorities may also consider whether family group decision-making would support the child's transition home from care, and the role the family network could play in supporting this. Where reunification is appropriate, practitioners should consider what support and services are needed and record this in the Family Help plan.

Focusing on outcomes

194. Where local authority children's social care involvement is continued, the lead practitioner develops a plan of action with the child and family, and in partnership with the multi-agency team which includes the social work qualified practice supervisor or manager, in line with local protocols. The plan should set out which services are to be delivered, and what actions are to be undertaken, by whom and for what purpose. A child's engagement with education should be reflected in the plan[93]. Where a child is home educated, the plan should reflect this appropriately, ensuring that the education is suitable and in the child's best interests.

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

196. Under section 17 of the Children Act 1989, local authorities may provide financial support to family networks to support the plan. Any financial support provided will be subject to review in terms of supporting agreed improved outcomes for the child.

197. In cases where there are concerns of harm outside of the home, the plan should ensure the parents and carers are supported to understand what is happening to the child. This should take a strengths-based approach to support parents to meet the child's needs. Practitioners should be aware that parents may feel blamed or criticised in these circumstances and will need to work thoughtfully with parents to build effective partnerships.

198. The plan should be reviewed regularly to analyse whether sufficient progress has been made to meet the child's needs. This will be important for neglect cases where parents and carers can make small improvements. In such cases, the test should be whether any improvements in adult behaviour are sufficient and sustained. Practitioners should consider the need for further action and record their decisions. The review points should be agreed with other practitioners supporting the child, including the social work qualified practice supervisor or manager, and focus on any change to their welfare.

199. The social work qualified practice supervisor or manager should continue to meet

[93] Attendance below 90% is classed as persistent absence and requires targeted support by schools and local authority school attendance teams, where appropriate. Further details are available in Working together to improve school attendance

families and go on joint home visits as needed to review the plan for the child. They should work in partnership to ensure help given is leading to a significant positive change for the child and consider whether the pace of that change is appropriate for the child. Practitioners working with children should always have access to appropriate colleagues to talk through their concerns and judgements affecting the welfare of the child.

200. This review should also consider how the family network is supporting the parent or carers to sustain improvements and whether any further support could be offered.

201. Practitioners should consider if a family group decision-making forum is appropriate to determine the help and support the family network can provide for the child. Local authorities should consider referring the family to a family group decision-making service if they believe there is a possibility the child may not be able to remain with their parents or carers, or in any event before a child becomes looked after, unless this would be a risk to the child. If family group decision-making cannot be conducted at this point, the local authority should still consider this as an option later, including as a route to reunification with the birth parents or family network where appropriate.

202. Family group decision-making, including the family group conference model, promotes the involvement of the family network in decision-making about a child's safety or wellbeing. Family group decision-making forums offer a way of ensuring that all resources within the family's wider networks have been engaged for the benefit of the child and empower family networks to come to a decision on how this can be done. Family group decision-making is an umbrella term for voluntary, family-led decision-making forums in which a child's family network has all the resources, adequate preparation, relevant information and a safe and appropriate environment to make a plan in response to concerns about a child's safety and wellbeing, working alongside skilled practitioners. At pre-proceedings stage, practitioners should consider the use of an independent coordinator[94] and families should be offered "private family time", unless there are safeguarding concerns which would mean this might be considered inappropriate or unsafe.

203. Local partnerships should consider the strong evidence for the family group conference model. In both domestic and international studies, family group conferences have been shown to be highly effective in supporting families, improving decision-making processes and diverting children from care[95].

204. Known transition points for the child should be planned for in advance. This includes where children are likely to transition between child and adult services, where they move from one local authority to another and where they move between schools.

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[94] Court Orders and Pre-proceedings guidance 2014

[95] RCT of Family Group Conferencing at Pre-proceedings stage; Evaluation-of-SA-FGC-Final-Report-July

Supporting babies (including unborn children)

205. Practitioners should recognise the particular vulnerabilities of babies and ensure that assessment, support and services - including protection - recognise their age, stage of development and communication needs

206. Practitioners working with babies should:

- maintain a child-centred approach, ensuring that the baby's needs and experiences are actively considered and represented in assessments and decision-making. This includes interpreting non-verbal and pre-verbal cues and observing interactions between the baby and their parents or carers
- be professionally curious, particularly when relying on parent or carer accounts
- understand the specific vulnerabilities of babies, including physical injury and neglect. Babies may show signs of harm through feeding or sleeping difficulties, changes in weight or development, unexplained injuries and/or withdrawn behaviour
- consider the wider family network, including fathers and male carers, kinship carers, and others providing day-to-day care, recognising that multiple adults may be involved in the baby's life
- work collaboratively across agencies. This should also include adult services to address factors relating to domestic abuse, parental substance misuse and parental mental health

207. Concerns may arise during pregnancy. While the legal position remains that the rights of the child begin at birth, practitioners should recognise the vulnerabilities of unborn children and the importance of early, proactive assessment and planning. Practitioners should:

- identify pre-birth risk factors early
- undertake timely pre-birth assessment
- plan collaboratively across agencies before birth
- be clear and sensitive when discussing concerns with expectant parents

208. Where there are concerns that an unborn child is likely to suffer significant harm upon birth, practitioners should ensure prompt action consistent with statutory duties under section 47 of the Children Act 1989.

Supporting disabled children and their carers

209. A crucial role of children's social care is to provide help and support to disabled children and their families. When undertaking an assessment of a disabled child, practitioners should recognise the additional pressures on the family, and the distinct challenges they may have had to negotiate as a result of their child's disability.

210. The assessment process should focus on the needs of the child and family, be

strengths-based, and gather information to inform decisions on the help needed to:

- ensure the child achieves the best possible outcomes
- enable the child's family to continue in their caring role where that is right for the child
- safeguard children in cases where there is abuse, neglect, and exploitation
- ensure that appropriate practical support is in place to enable disabled children and their families to thrive

211. The local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act 1970[96]. Where a local authority is satisfied that the identified services and assistance can be provided under section 2 of the Chronically Sick and Disabled Persons Act 1970, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support. Where a local authority is assessing the needs of a disabled child, a carer of that child may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The local authority must take account of the results of any such assessment when deciding whether to provide services to the disabled child.

212. If a local authority considers that a parent carer of a disabled child may have support needs, it must carry out an assessment under section 17ZD of the Children Act 1989. The local authority must also carry out such an assessment if a parent carer requests one. Such an assessment must consider whether it is appropriate for the parent carer to provide, or continue to provide, care for the disabled child. The assessment should also take account of parent carer's needs and wishes, and the specific needs and circumstances of the child resulting from their disability. Parent carers have the right to request an assessment under section 17ZD of the Children Act 1989[97], including where a child is not otherwise known to children's social care. Local authorities must ensure they have a process to facilitate these assessments if requested.

213. In line with the commitments made in the Special Educational Needs and Alternative Provision Improvement Plan[98], local authorities are encouraged to implement the role of Designated Social Care Officer (DSCO) in each local area. The DSCO will provide the capacity and expertise to improve the links between social care services and the SEND system. Similar to the Designated Clinical Officer (DCO)[99] or Designated Medical Officer (DMO) role in health, the DSCO role will support both operational input (such as the contributions from care to education, health and care assessments) and more strategic planning functions (such as the commissioning of care services such as short breaks) for disabled children and those with SEN.

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[96] Chronically Sick and Disabled Persons Act 1970 Section 2
[97] Children Act 1989 Section 17ZD
[98] Special Educational Needs and Disabilities (SEND) and Alternative Provision (AP) Improvement Plan
[99] DCO handbook

Supporting young carers

214. If a local authority considers that a young carer (see glossary) may have support needs, it must carry out an assessment under section 17ZA of the Children Act 1989[100] to establish how best they can support the young carer and their family. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, (which may be a sibling, parent, or other member of the family), in light of the young carer's needs and wishes. The Young Carers (Needs Assessment) Regulations 2015[101] require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment. Local authorities must consider whether to combine a young carer's needs assessment with any other assessment of the needs for support of the young carer, the person cared for, or a member of the young carer's family.

215. Information on whether a child has been identified as a young carer will be collected annually through the school census from January 2023. Schools do not need to obtain parental or pupil consent to provide this information for the purposes of the census but should respect the wishes and feelings of both children and their parents.

Supporting children suffering or likely to suffer harm outside the home

216. Some children experience abuse and exploitation outside the home. This includes children who are looked after and live in residential or foster care. This type of harm is often referred to as "extra-familial harm"[102]. Harm can occur in a range of contexts, including school and other educational settings, peer groups, or within community/public spaces, and/or online. Children may experience this type of harm from other children and/or from adults and harm may be perpetrated by individuals or groups. Forms of extra-familial harm include child criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and human trafficking, online harm, sexual exploitation (including group-based child sexual exploitation[103], teenage relationship abuse, and the influences of extremism which could lead to radicalisation[104,105]. Children of all ages can experience extra-familial harm.

217. Where there are concerns that a child is experiencing extra-familial harm, practitioners should consider all the needs and vulnerabilities of the child. Some children will have vulnerabilities that can be exploited by others and will require support

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[100] Children Act 1989 Section 17ZA

[101] The Young Carers (Needs Assessment) Regulations 2015

[102] See Appendix A: glossary

[103] National Audit on Group-based Child Sexual Exploitation and Abuse - GOV.UK

[104] Extremist groups may make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered. For further information see Prevent duty guidance

[105] Links to further guidance on forms of extra-familial harm, including child criminal exploitation (such as county lines), child sexual exploitation and radicalisation are available in Appendix B

appropriate to their needs to minimise the potential for exploitation.

218. While any child can experience harm outside the home, children with special educational needs or disabilities, those missing from home, care or education, looked after children, and those with previous experience of abuse or neglect, may be at greater risk of harms such as sexual or criminal exploitation. Perpetrators, including those acting in organised groups, may purposefully target children who are already vulnerable.

219. All children, including those who may be causing harm to others, should receive a safeguarding response, and practitioners should work with them to understand their experiences and what will reduce the likelihood of harm to themselves and others. Some children who experience harm, including outside the home, can be mistakenly perceived to be older than they are. This is more commonly experienced by Black children but can affect children from a range of minoritised backgrounds, as well as those in contact with the youth justice system and those who are looked after. This can lead to children's needs being poorly understood and opportunities to provide help being missed. Practitioners should seek to understand the context in which harm is happening to children and remain curious about what drives their vulnerability, including consideration of coercion, responses to adversity and trauma, and the impact of special educational needs and disabilities.

220. Where children may be experiencing extra-familial harm, assessments should determine whether a child is in need under section 17 of the Children Act 1989 or whether to make enquires under section 47 of the same Act, following concerns that the child is suffering or likely to suffer significant harm[106]. Where the child is looked after, section 47 enquiries should be carried out alongside a review of the care, and any action required should be included and monitored through the care planning process. A good assessment should:

- build an understanding of the child's strengths, interests, identity, and culture
- respond to each of the vulnerabilities and/or challenges that the child may be facing, including any within the home or within their own intimate relationships
- gather information on past experiences of trauma and how this may impact on the child's current experience of harm and on how they interact with practitioners
- explore how the child's experiences within their families and networks, including their friends and peer groups and interactions online, interplay with the risk of harm outside of the home and identify what needs to change[107]
- support parents, carers, and family networks to understand what is happening to the child, working with them to ensure they can best meet the child's needs and

[106] See chapter 3, section 3, paragraph 160 on Purpose of assessment

[107] For some children, a safe and loving family environment is not enough to protect them from these risks. For others, problems which exist within the home, such as abuse and neglect, could mean they are more vulnerable to exploitation and extra-familial harm

play an active part in the solutions and processes to help create safety for the child

- understand the risk of extra-familial harm for siblings, for example, where older children are exploited, younger siblings may also be at risk of being targeted

221. Where there are concerns that more than one child may be experiencing harm in an extra-familial context, practitioners should consider the individual needs of each child as well as work with the group. The children in the group may or may not already be known to local authority children's social care. Working with the whole group enables practitioners to build an understanding of the dynamics between those within the group and the extra-familial context.

222. Practitioners will need to build an understanding of the context in which the harm is occurring, including online and draw on relevant knowledge and information from parents or/carers, children and wider partners[108] in order to decide on the most appropriate actions and interventions to help create safety. Practitioners should consider the influence of groups or individuals perpetrating harm, including where this takes place online, and identify patterns of harm, risk and protective factors in these contexts. This may include working across safeguarding partners, including police forces and community safety partnerships[109], to agree a plan for keeping children safe, including seeking to identify and disrupt those causing harm to the child to prevent further abuse and/or exploitation. The Child Exploitation Disruption Toolkit[110] provides further information on how practitioners from different agencies can work together to safeguard children from sexual and criminal exploitation, including using legislative tools such as civil orders and injunctions.

223. Key decisions should be recorded and communicated to both the child and their parents or carers, so that everyone understands the action that has, or will be, taken to safeguard and promote their welfare. It is important that all partners are clear how actions contribute to safeguarding and promoting the welfare of the child[111].

The National Referral Mechanism

224. The National Referral Mechanism (NRM) is the UK's system for identifying victims of modern slavery and human trafficking. If a first responder[112] has concerns that a child may be a potential victim of modern slavery or human trafficking (including through child criminal exploitation such as county lines and/or child sexual exploitation) then a referral should be made to the NRM, as soon as possible. Specified public authorities (including

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[108] This can include safeguarding partners and community partners (such as those working in voluntary, private and statutory organisations who may come into contact with or be aware of the presence of children as they carry out their day-to-day roles in the community, for example, business owners, youth workers, faith and community leaders, park wardens

[109] Community safety partnerships: Local Government Association

[110] Child exploitation disruption toolkit - GOV.UK

[111] Further guidance and supportive resources on suggested approaches to create safe spaces and places for children in response to extra-familial harm is available at Appendix B: Multi-agency practice principles for responding to child exploitation and extra-familial harm (non-statutory guidance for local areas)

[112] First responders work for designated organisations and help identify and support potential victims of modern slavery.

the police and local authorities) must notify the Home Office about all potential victims of modern slavery in England and Wales. A child's consent is not needed for a referral to the NRM to be made. In addition to a NRM referral, first responders should also make a referral to children's social care[113].

225. Independent Child Trafficking Guardians (ICTG) are an independent source of advice for children who have been trafficked and somebody who can speak up on their behalf. Where the ICTG service has been implemented[114], if the first responder considers a child to be a potential victim of modern slavery or human trafficking, they should refer them to the ICTG service. This is in addition to following usual safeguarding routes and NRM referrals. The NRM referral and ICTG referral should be made in parallel.

Supporting children in secure youth establishments

226. Any assessment of children in secure youth establishments should take account of their specific needs. In all cases, the local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment.

227. The host local authority should work with the governor, director, manager or principal of the secure youth establishment and the child's home local authority, their relevant youth offending team and, where appropriate, the Youth Custody Service[115] to ensure that the child has a single, comprehensive support plan.

228. Where a child becomes looked after, as a result of being remanded to youth detention accommodation (YDA), the local authority should visit the child and assess the child's needs before taking a decision on how they should be supported[116]. This information should be used to prepare the care plan, which should set out how the YDA and other practitioners will meet the child's needs whilst the child remains remanded, and at any point of transition they will experience (either returning to the community or upon receiving a custodial sentence). The care plan[117] must be reviewed in the same way as a care plan for any other looked after child[118].

Supporting looked after children

229. Local safeguarding partners have responsibilities to safeguard and promote the welfare of all children in their area, including those who are looked after by the local authority. Responding to the help, support and protection needs of looked after children

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[113] Further information on the National Referral Mechanism, including a list of first responder organisations can be found at National Referral Mechanism guidance: adult (England and Wales)

[114] First responders should consult the: Interim guidance for Independent Child-Trafficking Guardians for further guidance and for a list of sites with current ICTG coverage. Public authorities should give due regard to all ICTG functions, as would be required by regulations made under section 48 (6) (e)(i) and 8 (6) (e) (ii) of the Modern Slavery Act 2015,noting that section 48 of the Modern Slavery Act is currently only partially commenced.

[115] As the placing authority

[116] Promoting the health and well-being of looked-after children

[117] The Care Planning, Placement and Case Review (England) Regulations 2010 Regulation 4

[118] Following the Legal Aid Sentencing and Punishment of Offenders Act 2012 all children remanded by a court in criminal proceedings will be looked after.

may be different to those living with their birth families. Safeguarding arrangements for looked after children are set out in the relevant regulations, statutory guidance and standards[119].

230. Every looked after child must have a care plan. The care plan must set out how the child will be cared for and how their welfare will be safeguarded and promoted. The local authority has a responsibility to make sure the child receives the support and protection they need through their care plan. Safeguarding arrangements for individual children should be considered and reviewed as part of the care planning and review process[120].

231. Practitioners should understand the particular vulnerabilities of looked after children in relation to certain types of harm, including sexual exploitation. Practitioners should also be aware of the other factors that may increase a child's vulnerability, for example special education needs and disabilities, being placed out of area, a history of frequent missing episodes or being deprived of their liberty.

232. Where a decision is taken that a placement out of area is in the best interests of a child, the placing local authority has a statutory responsibility to notify the receiving local authority. This is so that the receiving local authority can make provision for education, health and other relevant services. The receiving local authority may also have information about the setting in which the child is being placed that the placing local authority should be aware of before agreeing the placement.

233. Timely notification that a child is being placed outside their local authority is important so that the right support can be put in place[121].

Supporting children in mother and baby units in prisons

234. When a woman applies for a place on a mother and baby unit (MBU) (see chapter 4), a referral for assessment must be requested by the prison from children's social care in the mother's home authority[122]. Any assessment should set out the needs of the child in relation to the mother's application to be placed on an MBU. The assessment should consider:

- suitability of the placement in safeguarding and promoting the welfare of the child, including the needs of the child and any risk
- impact of the placement on the child's development, health, and wellbeing
- contact arrangements with the family and family network
- suitability and arrangements for the child's care if the placement is not granted,

[119] For example, Children Act 1989 guidance and regulations volume 2: care planning, placement and case review; Guide to the Children's Homes Regulations including the quality standards; Fostering services: national minimum standards; Guide to the Supported Accommodation Regulations including quality standards.

[120] set out in the Children Act 1989 guidance and regulations volume 2: care planning, placement and case review

[121] Statutory guidance Promoting the health and wellbeing of looked after children should be followed in respect of notifying the child's GP and relevant ICBs when a child starts to be looked after, changes placement or ceases to be looked after

[122] Pregnancy, Mother and Baby Units (MBUs), and Maternal Separation from Children up to the Age of Two in Women's Prisons

including within the family network through a kinship care arrangement

235. The lead practitioner responsible for the assessment should attend the MBU Admissions Board to represent the best interests of the child. When placed in an MBU, the mother retains full parental responsibility for the day-to-day care of the child and the local authority in which the prison is located is responsible for safeguarding and promoting the welfare of the child.

Supporting children at risk from people in prison and people supervised by the Probation Service

236. The Prison Service undertakes a child safeguarding enquiry[123] with children's social care for all newly sentenced prisoners and will identify prisoners who present an ongoing risk to children from within custody. Prisons will also decide on the level of contact, if any, they will allow between a prisoner and a child based on a child contact risk assessment[124] and will prohibit or restrict a prisoner's contact with a child where necessary.

237. In response to a child safeguarding enquiry, children's social care should:

- review information provided by the Prison Service and record it as required
- respond to a child safeguarding enquiry and share with the Prison Service any concerns about the prisoner and any contact with a child
- contribute to the prisons' child contact risk assessment where a child is known to children's social care, or has previously been known, by providing a report on the child's best interests and verifying the child's identity. Where the child is not known to children's social care, they should still provide a view on child contact and should advise the prison to complete a child safeguarding referral if one is required

238. The Probation Service will share information with children's social care about supervised individuals who have contact with children or who pose a known risk and will also request information by making child safeguarding enquiries. Information exchange between probation and children's social care help both agencies develop a better understanding of the children and families they work with and ensures risk assessments are accurate and well informed.

239. Under the UKGDPR and Data Protection Act 2018 sharing of personal information of an offender must be lawful and fair and must comply with Part 3 of the Data Protection Act 2018 and in particular the data protection principles. Sharing of information for the purposes of law enforcement and keeping children and young people safe meets one of the requirements for lawful processing under the Data Protection Act 2018 as the data sharing is authorised by law (under section 325(3) and (4) of the Criminal Justice Act 2003) (or section 14 of the Offender Management Act 2007). It is therefore not necessary

[123] The HMPPS Child Safeguarding Policy Framework sets out that a child safeguarding enquiry (sometimes referred to as a safeguarding check) is an official enquiry that HMPPS staff send to local authority children's social care to request information on an individual, child or family.
[124] The child contact risk assessment process is explained in Chapter 5b of the Public Protection Manual (PPM) PSI 18/2016.

for Prison and Probation Service staff to obtain consent from the offender under the Data Protection Act 2018.

240. For information exchange to be effective, children's social care should:

- explore arrangements with their local Probation Delivery Unit who have resources to support the timely provision of information in response to child safeguarding enquiries, including same day responses, where delay may negatively impact on a child. This may involve sharing information relating to a child, family, or offender who children's social care may currently or historically know
- reflect the voice of the child in information shared with the Probation Service, where appropriate
- be prepared to offer the Probation Service a view on decisions in the child's best interest

241. The following descriptors and flow charts set out the steps that practitioners should take when working together to assess and provide services for children who may be in need and when children are returning home to their families.

Assessment, support and planning for children under the Children Act 1989

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

Where the local authority 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. Where the child is already known to services, assessments should build on existing information, activity, assessments and plans, including those completed in Family Help under section 17 of the Children Act 1989, at or at targeted early help, and in community-based early help. The child in need plan should set clear measurable outcomes for the child and expectations for the parents. The plan should reflect the positive aspects of the family situation as well as the weaknesses, acknowledging any factors beyond the family that may be undermining their capacity to parent or keep their child safe.

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

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

Where information gathered during an assessment result in the lead practitioner and social work qualified practice supervisor or manager suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether it must initiate enquiries under section 47 of the Children Act 1989.

Purpose

Assessments should determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision-making. Where the child is already known to services, assessments should build on existing information, activity, assessments and plans, including those completed in Family Help under section 17 of the Children Act 1989, at **or at** targeted early help, and in community-based early help.

A social work qualified practice supervisor or manager should:

- agree with partners who the most appropriate lead practitioner should be and allocate them
- approve the lead practitioner's assessment
- review and approve the plan for the child
- meet families and attend home visits where that is appropriate

The lead practitioner should:

- lead on an assessment and complete it in line with the locally agreed protocol according to the child's needs and within 45 working days from the point of referral into local authority children's social care
- see the child within a timescale that is appropriate to the nature of the concerns expressed at referral, according to an agreed plan
- conduct interviews with the child and family members, separately and together as appropriate. Initial discussions with the child should be conducted in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions
- record the assessment findings and decisions and next steps following the assessment
- inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a child in need, of the plan for providing support
- inform the referrer of what action has been or will be taken

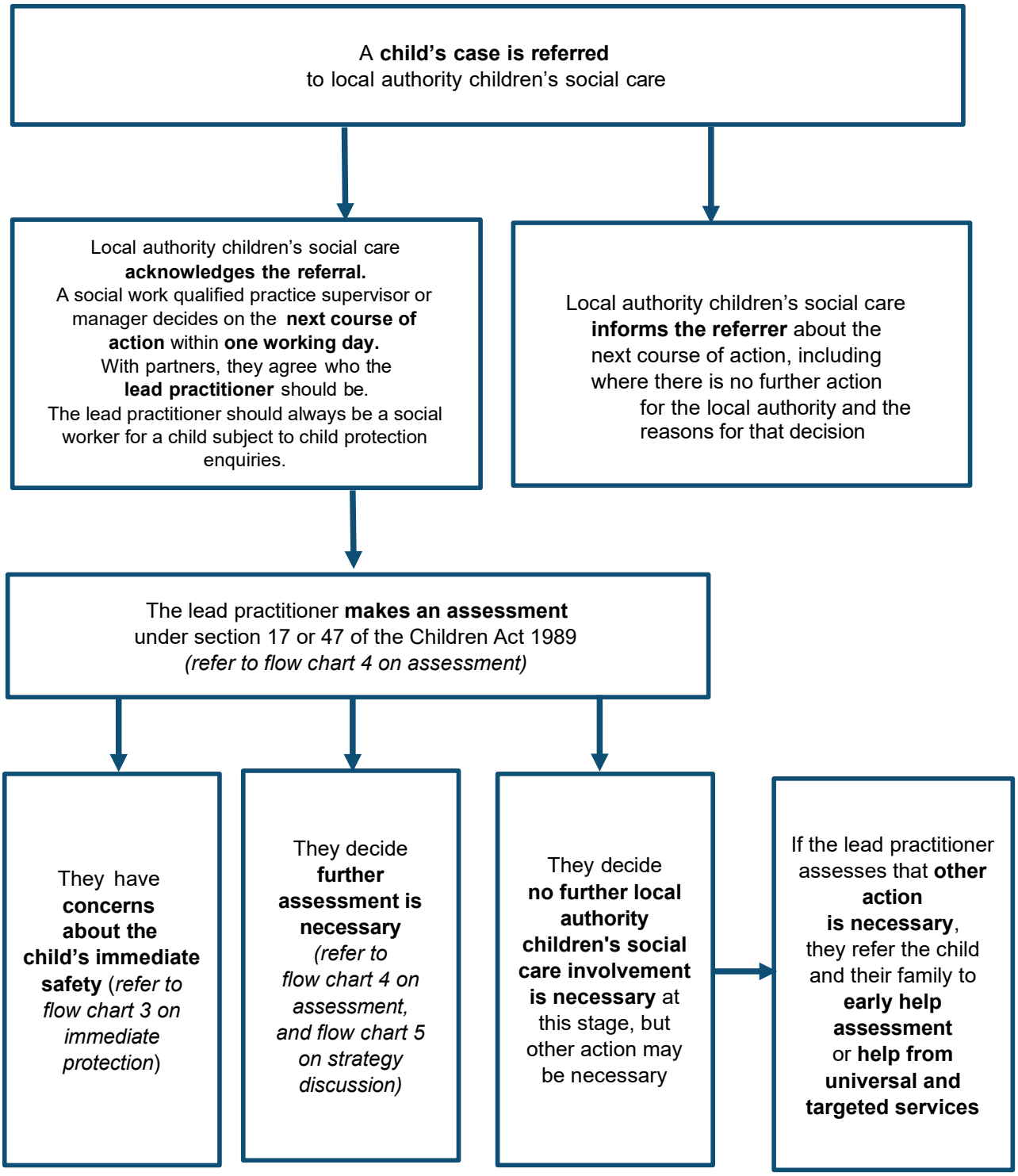
The police should:

- assist other organisations and agencies to carry out their responsibilities where there are concerns about the child's welfare, providing information about the child and family drawing on individual and organisational knowledge and expertise to strengthen any plan to safeguard and promote the welfare of the child
- be involved in assessments where crimes have been committed, where their expertise is required to identify whether a crime has been committed and where crimes may be committed in the future. These investigations might be reactive (where there is evidence to suggest a crime has been committed) or proactive (where further activity is required to establish if a crime has occurred)

All involved practitioners should:

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

Flow chart 1: Action taken when a child is referred to local authority children's social care



Looked after children returning home to their families

Where the decision to return a child to the care of their family is planned, the local authority should undertake an assessment while the child is looked after as part of the care planning process (under regulation 39 of the Care Planning Regulations 2010). This assessment should consider what services and support the child and their family might need. Family group decision-making, such as family group conferences, could also be used to establish how the family network will support the child to return home. The outcome of this assessment should be included in the child's care plan. The decision to cease to look after a child will, in most cases, require approval under regulation 39 of the Care Planning Regulations 2010. Practitioners must carry out an assessment of need for eligible children[125] to consider their eligibility for independence and transition into adulthood.

Where a child who is accommodated under section 20 of the Children Act 1989 returns home in an unplanned way, (for example, the decision is not made as part of the care planning process, but the parent removes the child, or the child decides to leave), the local authority should work with partners to consider whether there are any immediate concerns about the safety and wellbeing of the child. This could include harm from outside the home. The local authority should take appropriate action, including making enquiries under section 47 of the Children Act 1989, if there is concern that the child is suffering or likely to suffer significant harm.

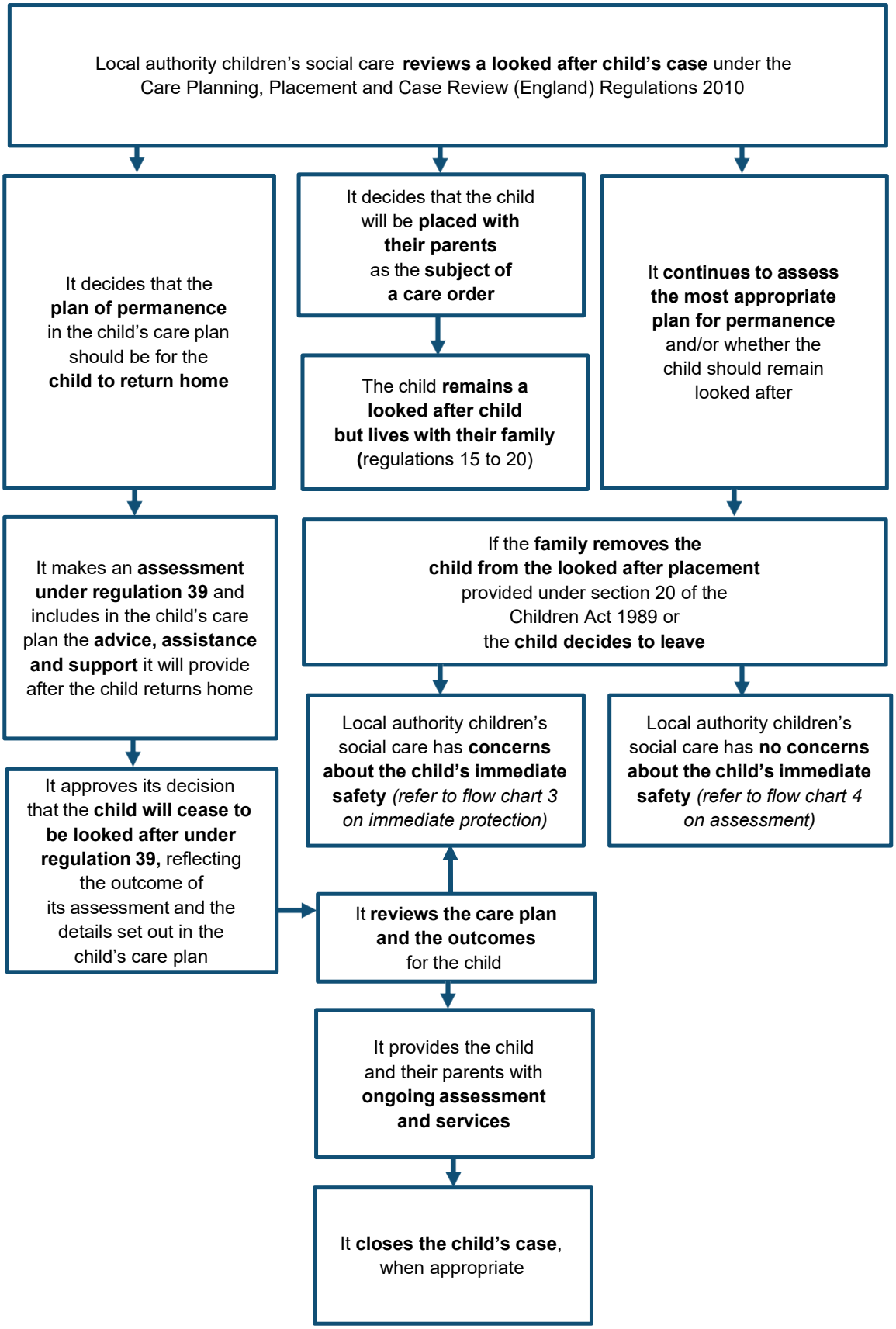
There should be a clear plan for all children who return home that reflects current and previous assessments, focuses on outcomes, and includes details of services and support required. Following reunification:

- practitioners should make the timeline and decision-making process for providing ongoing services and support clear to the child and family
- when reviewing outcomes, children should, wherever possible, be seen alone. Practitioners have a duty to ascertain their wishes and feelings regarding the provision of services being delivered

The impact of services and support should be monitored and recorded, and where a child is remanded to local authority or youth detention accommodation, consideration must be given to what ongoing support and accommodation the child may need after their period of remand[126]. This should be included in their care plan.

[125] Where the child is an eligible child, regulation 42 of the Care Planning, Placement and Case Review (England) Regulations 2010 applies.
[126] The Children Act 1989 Guidance and Regulations Volume 2: Care, planning, placement and case review paragraph 8.20

Flow chart 2: Looked after children returning home to their families



Section 4: Multi-agency child protection

242. Alongside the offer of help and support, there must be strong and effective multi-agency child protection arrangements[127].Children who need protecting may include those who experience harm in their own family, those experiencing harm whilst living in residential, kinship or foster care and those who are harmed or exploited by others, including their peers, in their community and/or online. Suffering or being likely to suffer significant harm is the threshold for child protection enquiries and can take different forms, including sexual, physical or emotional abuse, neglect or domestic abuse (including controlling or coercive behaviour[128]), exploitation by criminal gangs or organised crime groups, trafficking, online abuse, sexual exploitation, and the influences of extremism which could lead to radicalisation.

243. An effective and strong multi-agency child protection system is one where the right decisions are made at the right time for children to keep them safe. A multi-agency, multi-disciplinary child protection system is fundamental to safeguarding and protecting children from all harms. Practitioners should work collaboratively across agencies to help and protect children through strong and effective information sharing, joint decision making, shared practice, accountability, governance and quality assurance frameworks and coordinated, evidence-based interventions.

244. Child protection is the set of multi-agency activities and processes that follow a concern that a child is suffering or likely to suffer significant harm. Under section 47 of the Children Act 1989, the local authority has a duty to make enquiries when this is the case and to take decisive action when needed to protect a child from abuse, neglect, and exploitation.

245. Statutory safeguarding partners should make arrangements to promote cooperation between the relevant agencies and organisations, and ensure local multi-agency child protection aligns with local demographics, needs, and patterns of harm to help and protect local children and their families. This should include understanding and responding to sexual abuse and extra-familial harm and the needs of all age groups from unborn children to teenagers.

246. Actual or likely significant harm should be assessed through an anti-racist, anti-discriminatory and culturally aware framework, applying knowledge of faith, beliefs and family cultures that can positively and negatively impact on children, whilst maintaining a core focus on the safety and wellbeing of the child.

247. Practitioners across agencies responsible for child protection decision-making should come together as an integrated team to support the local authority to discharge

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[127] Children Act 2004

[128] Serious Crime Act 2015 Section 76 provides information regarding circumstances when a child cannot be considered a victim of coercive or controlling behaviour.

this duty. They should be skilled, experienced and have the right expertise and influence to seek, collate, share, analyse and distil complex information, and make decisions with partners in a changing context.

248. Multi-agency child protection should also engage, empower and work in partnership with parents and carers, family networks and others in a transparent and compassionate way to care safely for their children, wherever this is possible.

249. Child protection activity should be led and overseen by expert, skilled and experienced social workers supported by multi-agency practitioners with child protection expertise.

250. Whatever the form of abuse, neglect and exploitation, practitioners across agencies should:

- put the needs of children first, understanding their experiences and responding to their needs when determining what action to take
- speak to and observe the child at the earliest opportunity to understand what is happening in their daily life, recognising that the child may express this non-verbally through their actions and behaviour. Practitioners should ask questions sensitively, interpreting non-verbal cues and applying professional curiosity
- understand that children can experience more than one type of harm simultaneously
- be responsive to the needs of children who have harmed as well as been harmed, including referring to other agencies where there is a risk of continued harm to others
- work with the family to build trusting and co-operative relationships with parents and carers, in line with the principles for working with parents and carers set out in chapter 1 of this guidance
- use their skills and experience to recognise circumstances where parents or carers are reluctant or unable to engage and seek to understand and address the factors that might underly this. These could include issues such as: language, technology or working patterns; parental special educational needs or disabilities; mental ill health and/or substance misuse; being a victim of domestic abuse (including emotional abuse and coercive or controlling behaviour); prior experience of services, including previous removals of children; or abuse arising from ‘honour’, faith- or belief-based abuse which limits the parent or carer’s capacity to engage.
- speak to and gather detailed information about the child and, where appropriate, their siblings, through engaging with the family network and those who know the child well, such as those working in the child’s education or childcare setting
- in the case of children who are home educated, or whose parents are considering home education, speak to the local authority elective home education team/home

education service

- consider a wide range of evidence from many sources, including other practitioners and agencies working with the family
- recognise and respond to the specific needs and vulnerabilities of children with SEND
- understand the impact of poverty. Practitioners should be skilled at recognising the distinction between poverty and neglect and respond accordingly
- be inclusive, anti-discriminatory and responsive to the needs and experiences of children and families of different ethnic, cultural and religious backgrounds. Practitioners should remain alert to any bias in practice that may adversely impact particular groups or communities and consider children foremost in terms of their vulnerability to harm. For instance, care should be taken to ensure children of particular ethnic backgrounds are not treated as older than they are

- Where the child is already known to services, assessments should build on existing information, activity, assessments and plans, including those completed in Family Help under section 17 of the Children Act 1989, at or at targeted early help, and in community-based early help
- recognise that looked after children can experience actual or likely significant harm. Where a child is looked after, child protection activities should align with care planning processes and decision making, working with relevant carers and practitioners

251. Where the child is known and receiving services and child protection concerns are raised, the lead practitioner in Family Help should continue to work with the child and their family. The Family Help lead practitioner will hold vital information about the child and should be involved in decision making about any protective activity that is required. Social workers with child protection expertise should lead and oversee child protection activities with input from multi-agency partners.

252. Where the decision is taken not to proceed with a section 47 enquiry or child protection plan, or to discharge a child protection plan, the lead practitioner should consider the ongoing support that the child requires, which might include Family Help support including under section 17 of the Children Act 1989 or support from universal or early help services. Where it is decided that no further action is necessary, the reasons for this should be recorded and shared with the child, family and practitioners involved with the family.

National multi-agency practice standards for child protection

253. The following national multi-agency practice standards for child protection are for all practitioners working in services and settings who come into contact with children who may be suffering or have suffered significant harm inside or outside the home. The term practitioner is used throughout the guidance to refer to individuals who work with children and their families in any capacity, including a range of professionals, such as qualified

social workers and those who work for the statutory safeguarding partners or in education and childcare settings. Section B is specifically targeted at practitioners across agencies directly involved in child protection work. These standards should be used within the wider context of paragraphs 242-252.

254. Local safeguarding partners need to ensure all practitioners are supported to achieve these multi-agency child protection standards, including through:

- an unrelenting focus on multi-agency child protection where children are protected from all forms of significant harm, inside and outside the home, including online and the best outcomes for children and families are achieved
- facilitating timely, effective information sharing and expert input through the attendance and participation of suitably experienced practitioners from the outset of concerns about significant harm. This should be specific to the child and family's context and continue throughout all subsequent child protection activity
- ensuring child protection activity is led and/or overseen by skilled and experienced multi-agency practitioners
- creating learning cultures in which practitioners stay up to date as new evidence of best practice emerges, applying knowledge in decision making and evidence-based interventions. This should be underpinned by a shared multi-agency vision, structure, and practice framework that builds trust, understanding and clarity about roles and responsibilities across agencies
- creating an anti-discriminatory environment in which it is safe to challenge, including assumptions and bias that relate to race, ethnicity, sex, disability, and sexuality
- supporting practitioners with effective individual and group reflective supervision as determined by their regulatory body and facilitating multi-agency supervision and continuous professional development in which practitioners can critically reflect on their findings and strengthen their analysis
- helping practitioners to understand the impact of their decisions on the child and family

255. Practice expectations for senior leaders, practice supervisors and practitioners in local authorities are set out in the Children's Social Care National Framework. This includes practice to help keep children safe inside and outside of their homes and online (Outcome 2).

A: Recognising actual or likely significant harm for all practitioners

- Practitioners are alert to potential indicators of abuse, neglect, and exploitation, and listen carefully to what a child says, how they behave, and observe how they communicate if pre-verbal or non-verbal (due to age, special needs and/or disabilities, or if unwilling to communicate). Practitioners will try to understand the child's personal experiences and observe and record any concerns.
- Practitioners communicate in a way that is appropriate to the child's age, developmental stage and ability, and use evidence-based practice for engaging inclusively with all children, including those with special educational needs and disabilities.
- When practitioners have concerns or information about a child that may indicate a child is suffering or likely to suffer significant harm, they share them with relevant practitioners and escalate them if necessary, using the referral or escalation procedure in place within their local multi-agency safeguarding arrangements. They update colleagues when they receive relevant new information.
- Practitioners should give full consideration to concerns reported by family members, without bias or prejudice. Practitioners should not consider referrals as malicious without undertaking a full and thorough multi-agency assessment.
- Practitioners never assume that information has already been shared by another professional or family member and always remain open to challenging and changing their views about the likelihood of significant harm.

B: Section 47 enquiries, child protection conferences and child protection plans

- Practitioners are aware of the strengths and limitations of their personal expertise and agency remit. They work collaboratively and proactively with multi-agency practitioners to build an accurate and comprehensive understanding of the daily life of a child and their family to establish the likelihood of significant harm and any ongoing risks. Practitioners respect the opinions, knowledge and skills of multi-agency colleagues and engage constructively in their challenge.
- Practitioners have an applied understanding of what constitutes a child suffering actual or likely significant harm. They consider the severity, duration and frequency of any abuse, degree of threat, coercion, or cruelty, the significance of others in the child's world, including all adults and children in contact with the child (this can include those within the immediate and wider family and those in contexts beyond the family, including online), any risk of harm to others (both children and adults) and the cumulative impact of adverse events.

- Practitioners take care to ensure that children know what is being discussed about them, and their family, where this is appropriate. They ask children what they would like to happen and what they think would help them and their family to reduce the likelihood of significant harm, including where harm is taking place in contexts beyond the family home. Practitioners listen to and act upon what children tell them.
- Practitioners engage parents and the family network, as appropriate, in the discussions, recognising previous involvement with agencies and services may influence how they engage. Practitioners encourage parents and families to express what support would help them to reduce significant harm.
- Practitioners thoroughly explore the significance of the adults in contact with the child and their family or individual histories. They should pay particular attention to any serious criminal convictions, previous allegations of child abuse, domestic abuse or impulsive violent behaviour, restrictions on contact with children or involvement with children subject to child protection plans or care proceedings.
- Practitioners satisfy themselves that conclusions about the likelihood of significant harm give sufficient weight to the views, experiences, and concerns of those who know the child and/or parents well, including relatives who are protective of the child, and other relevant practitioners.
- Practitioners share their thinking and proposed recommendations with other practitioners who hold relevant information and insight into the child and adults involved with the child. Practitioners comment, challenge, and jointly deliberate, before making a final decision about the likelihood of significant harm.
- Together with other agencies, practitioners clarify what family help and multi-agency action is necessary to reduce the likelihood of significant harm and maintain reasonable care for the children. They seek assurance that this resource is available and of sufficient expertise, skill and intensity. There should be continuity of multi-agency, multi-disciplinary engagement and expertise throughout child protection activity.
- Where significant harm is outside the home, practitioners work collaboratively with children, parents and carers and community partners, to understand the context in which harm is occurring and to determine the actions that each agency can take to reduce harm.
- Practitioners explain clearly to parents and the family network the implications of the threshold that has been reached for section 47 enquiries, the initial child protection conference, and any ongoing child protection plan (including that this threshold may lead to pre-proceedings, should the likelihood of significant harm not reduce). Practitioners do everything they can to ensure that parents and the family network understand and can engage purposefully with the enquiries and any protection plan.

- Practitioners remain alert to changes in circumstances for the child and family and respond as new information comes to light that needs to be reflected in the child protection plan.
- Practitioners reflect on the proposed protection plan and consider adjustments to strengthen the protection plan. The protection plan is specific, achievable, and relevant to the likelihood of significant harm and the context in which it is occurring.
- Interventions are prompt, evidence-based and address the child's needs, proactively tackling and reducing harm.

C: Discharging the child protection plan

- Practitioners work as part of a multi-agency team to create lasting change for families and ensure the child, parents and family network know that further help and support is available if needed or further concerns arise.
- Following a decision to discharge a child protection plan, practitioners ensure that appropriate support is in place for the child and family and respond to changing circumstances and new information.
- Where a child becomes looked after, practitioners ensure that this is well planned and that the child, parents and family network are appropriately supported. Ongoing need is monitored as part of care planning.

256. The following descriptors and flow charts set out the steps that practitioners should take when working together to protect a child who is or is likely to suffer significant harm

Immediate protection

Where there is a risk to the life of a child or a likelihood of serious immediate harm, whether from inside or outside the home, the local authority, the police (including British Transport Police) or NSPCC should use their statutory child protection powers to **act immediately to secure the safety of the child,** as set out in Section 46 of Children Act 1989.

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

An EPO, made by the court, gives authority to remove a child, or prevent a child being removed from a hospital or other place the child is being accommodated, and places them under the protection of the applicant.

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

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

Multi-agency working

Planned emergency action will normally take place following an immediate strategy discussion. Social workers, the police or NSPCC should:

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

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

Strategy discussion

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm, there should be a strategy discussion involving local authority children's social care (including the residential or fostering service, if the child is looked after), the police, health, and other bodies such as the referring agency, education, early help, or other practitioners involved in supporting the child. This should be a multi-agency meeting. More than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process and when new information is received on an already open case.

Purpose

The purpose of a strategy discussion is to determine the child's welfare and plan rapid future action if there is reasonable cause to suspect the child is suffering or is likely to suffer significant harm.

Attendees

A local authority social worker, health practitioners and a police representative should, as a minimum, be involved in the strategy discussion and should have expertise, skills and experience in child protection practice. Other relevant practitioners will depend on the nature of the individual case but may include those who have concerns about the child and/or those involved in the child's life, for example:

- the practitioner or agency which made the referral
- the child's educational setting or childcare provider
- the elective home education team/home education service, if a child is being home educated or if the child's parents or family want to home educate the child
- probation
- any health or care services the child or family members are receiving
- youth justice practitioner and/or youth worker
- adult mental health, substance misuse and/or domestic abuse specialist
- housing and/or welfare support
- British Transport Police representative (if concerns relate to harm or human trafficking on the rail network)
- Independent Child Trafficking Guardian where exploitation, modern slavery or human trafficking is a concern

All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies and to influence their wider systems to progress child protection activity. They should be sufficiently skilled and experienced to prepare for and engage with the strategy discussion and be able to critically assess and challenge their own and others' input to support effective multi-agency information-sharing and decision-making.

Tasks

The discussion should be used to:

- share, seek and analyse available information
- agree the conduct and timing of any criminal investigation
- consider whether enquiries under section 47 of the Children Act 1989 should be undertaken.

It is for the local authority to decide whether to make enquiries and the strategy discussion should inform this decision.

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

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

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

The assessment framework set out earlier in this chapter should be followed for assessments under section 47 of the Children Act 1989. The lead practitioner for section 47 enquiries should be a social worker with relevant experience and expert knowledge in frontline child protection practice.

Lead practitioners should make sure they:

- consider the child's welfare and safety, including through speaking to the child, and identifying whether the child is suffering or likely to suffer significant harm
- decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of harm)
- agree what further action is required, and who will do what by when, where an EPO is in place, or the child is the subject of police powers of protection
- record agreed decisions in accordance with local recording procedures. All agency decisions should be recorded, including a decision not to take further action and the reason for it. For example, where criminal action has been deemed inappropriate or unnecessary by the police
- follow up actions to make sure what was agreed gets done in a timely manner

Health practitioners should:

- advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment
- engage with and influence wider health practitioners or services to facilitate timely child protection activity (such as child protection medicals)
- provide and co-ordinate any specific information from relevant practitioners regarding, maternity health, primary care and acute health, GP practices, school nursing, health visiting, mental health, sexual health, domestic abuse and violence, and substance misuse and any other relevant practitioners to assist strategy and decision making
- secure additional expert advice and support from named and/or designated professionals for more complex cases immediately following preliminary strategy discussions
- undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired

The Police should:

- discuss the basis for any criminal investigation, including both reactive (where there is evidence to suggest a crime has been committed) and proactive (where further activity is required to establish if a crime has occurred), and any relevant processes that other organisations and agencies might need to know about, including the timing and methods of evidence-gathering
- lead the criminal investigation where joint enquiries take place with the local authority children's social care leading for the section 47 enquires and assessment of the child's welfare
- discuss any ongoing police involvement in child protection activity, where a criminal investigation is deemed unnecessary or discontinued
- Share information about decisions not to continue a criminal investigation and the reasons for this to support decision making on what other support or interventions a child may need. This will be particularly important in instances of child sexual abuse or exploitation where criminal action is not taken but the child needs ongoing help and support.

Initiating section 47 enquiries

A section 47 enquiry is carried out by undertaking or building on and continuing with an assessment in accordance with the guidance set out in this chapter. Local authority social workers should lead assessments under section 47 of the Children Act 1989. The police, health practitioners, educational settings and childcare provider practitioners and other relevant practitioners should help the local authority in undertaking its enquiries.

Purpose

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

Lead practitioners should:

- have relevant skills, in-depth knowledge and experience in frontline child protection practice
- lead the assessment in accordance with this guidance
- work alongside, guide and advise, and draw on the expertise and knowledge of the Family Help lead practitioner
- carry out enquiries in a way that minimises distress for the child and family
- see the child who is the subject of concern alone to ascertain their wishes and feelings, assess their understanding of their situation, assess their relationships and circumstances more broadly, and understand the child's experiences and interactions with others, especially where there are concerns of domestic abuse, sexual abuse or extra-familial harm
- explain to parents or carers the purpose, process and potential outcome of the enquiries and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child
- interview parents or carers and determine the wider social, cultural, religious and environmental factors that might impact on them and their child, including extra-familial contexts
- systematically gather information about the child's and family's history including who has regular contact with the child
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant practitioners
- determine the child's needs and the level of actual or likely significant harm faced by the child, recognising that the child may be experiencing multiple forms of harm, including in different contexts, to inform what help should be provided and work with others to take action to provide that help

- follow the guidance set out in “Achieving best evidence in criminal proceedings: guidance on interviewing victims and witnesses, and guidance on using special measures”, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation[129]

Health practitioners should:

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

The Police should:

- help other organisations and agencies understand the reasons for concerns about the child’s safety and welfare by sharing information and analysis
- decide whether or not police investigations reveal grounds for instigating criminal proceedings
- make available to other practitioners any other relevant information gathered or known to inform discussions about the child’s welfare
- follow the guidance set out in “Achieving best evidence in criminal proceedings: guidance” on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigation
- work with other agencies to identify activity aiming to disrupt or impede the investigation

All involved practitioners should:

- contribute to the assessment as required, providing timely information and analysis about the child and family
- consider whether a joint enquiry or investigation team may need to speak to a child victim without the knowledge of the parent or carers
- approach the work with parents and carers in line with the principles in chapter 1
- seek advice and guidance as required and in line with local practice

[129] Achieving best evidence in criminal proceedings: guidance on interviewing victims and witnesses, and guidance on using special measures (2011).

Outcome of section 47 enquiries

The lead practitioner (social worker) is responsible for deciding what action to take and how to proceed following section 47 enquiries. They should make these decisions based on multi-agency discussions informed by the voice of the child.

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

Where a criminal investigation has been undertaken as part of the section 47 enquiry and the threshold for criminal proceedings is not met, the reasons should be recorded and shared with all agencies. The decision not to proceed with a criminal investigation should not determine whether the threshold for actual or likely significant harm is met.

Where concerns of significant harm are not substantiated, lead practitioners should:

- discuss the outcome and reasons with the child, parents or carers and other practitioners and be prepared to answer questions openly, and be clear on next steps
- discuss whether ongoing support from any wider services may be helpful and help secure it
- consider whether the child's health and development should be re-assessed regularly against specific objectives, decide who has responsibility for doing this and ensure the child, parents or carers are referred on appropriately
- discuss with the family whether they wish to be referred to a family group decision-making forum, such as a family group conference, to determine ongoing support for the child and family (or whether this is required if it has not already taken place)
- record the reasons why concerns are not substantiated

All involved practitioners should:

- participate in further discussions as necessary
- contribute to the development of any plan as appropriate
- provide services as specified in the plan for the child
- review the impact of services delivered as agreed in the plan
- approach the work with parents and carers in line with the principles set out in chapter 1 of this guidance
- seek advice and guidance as required and in line with local practice guidance

- consider the plans for ongoing assessment and reviewing the child's circumstances

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

- convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held.
- consider which practitioners with specialist knowledge or relevant professional disciplines should be invited to participate so that the plan will meet the child's needs
- seek to communicate the outcome and rationale to the referring practitioner or agency, and give particular consideration to whether they should be included in the child protection conference
- ensure that the child and their parents or carers understand the purpose and who will attend, parents or carers should be given appropriate information to support their participation in the conference
- help prepare the child if they are attending or making representations through a third party to the conference
- give information about advocacy agencies and explain that the family may bring an advocate, friend, or supporter

All involved practitioners should:

- be sufficiently skilled and experienced to prepare for and engage with the child protection conference, and able to critically assess and challenge their own and others' input
- contribute to the information their agency provides ahead of the conference, setting out the nature of the organisations or agency's involvement with the child and family
- offer clear analysis based on their perspective
- consider, in conjunction with the police and the appointed conference chair, whether the report can and should be shared with the parents and if so when
- approach the work with parents and carers in line with the principles set out in chapter 1 of this guidance
- attend the conference when invited and participate in decision-making
- seek advice and guidance as required and in line with local practice guidance

Initial child protection conferences

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

Purpose

To bring together and analyse, in a multi-agency and multi-disciplinary meeting, all relevant information and plan how best to safeguard and promote the welfare of the child and protect them from harm. It is the responsibility of the conference to make recommendations on how organisations and agencies work together to safeguard the child in future.

Practitioners and parents should be provided with clear and accurate information about the conference process to support effective planning. All practitioners should approach the work with parents and carers in line with the principles set out in chapter 1 of this guidance.

Conference tasks include:

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

The conference chair:

- is accountable to the Director of Children's Services and where possible the same person should chair subsequent child protection reviews
- should be a practitioner with relevant skills, in-depth knowledge and experience in frontline child protection activity, independent of operational and/or line management responsibilities for supporting the child. This can be the lead practitioner for protective action for that child
- should have the ability to draw on their skills and experience, alongside perspectives from the child, parents or carers, wider family and agencies involved in supporting and protecting the child, ensuring objectivity and fairness in decision-making
- should meet the child and parents or carers in advance to ensure they understand the issues, the purpose, the process, and possible outcomes of the conference
- should be prepared to answer questions openly
- should approach the work with parents and carers in line with the principles set out in chapter 1 of this guidance
- should consider whether members of the family network should attend and participate in the conference, including those who have attended any family group decision-making meeting, to support safety planning for the child
- should ensure all participants are encouraged to contribute views independently

Lead practitioners should:

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

All involved practitioners should:

- work together to safeguard the child from harm in the future, taking timely, effective action according to the plan agreed
- attend and present information about their understanding or the child's needs, parental capacity, family, and environmental factors (including extra-familial contexts) and evidence of how the child has been abused, neglected, or exploited and its impact on their health and development
- bring their agency perspective, expertise and challenge and contribute to decisions about actual or likely significant harm and actions to address by contributing to the plan to safeguard and promote the welfare of the child who is the subject of the conference

Safeguarding partners should:

- monitor the timeliness and effectiveness of child protection conference arrangements

The child protection plan

Actions and responsibilities following the initial child protection conference

Purpose:
The aim of the child protection plan is to:

- ensure the child is safe from harm (including inside and outside of the home, and online) and prevent them from suffering further harm
- promote the child's health and development
- support the parents, family, and the family network to safeguard and promote the welfare of the child
- set out the support and resources to be provided by each agency to safeguard and promote the welfare of the child

Local authority children's social care should:

- designate a suitably skilled and experienced social worker to be the lead practitioner as they carry statutory responsibility for the child's welfare
- consider the evidence and decide what legal action to take if any, where a child has suffered or is likely to suffer significant harm
- define the local protocol for timeliness of circulating plans after the child protection conference

Lead practitioners should:

- be the lead for multi-agency and multi-disciplinary work with the child and family, co-ordinating the contribution of family members, including through family group decision-making such as family group conferences, and practitioners into putting the child protection plan into effect
- support multi-agency and multi-disciplinary practitioners to contribute to the development of the outline child protection plan into a more detailed multi-agency plan and circulate to all relevant practitioners (and family where appropriate)
- ensure the child protection plan is aligned and integrated with any associated offender risk management plan
- undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings, and the views of the parents in so far as they are consistent with the child's welfare

- approach work with parents and carers in line with the principles set out in chapter 1
- complete the child's and family's in-depth assessment, securing contributions from core group members and other practitioners as necessary
- undertake direct work with the family network, for example, through family group decision-making such as family group conferences, to consider how the family network can support the plan and update the plan accordingly
- explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child
- if needed, inform the relevant embassy if the child has links to a foreign country
- co-ordinate progress reviews against the planned outcomes set out in the plan, updating as required. The first review should be held within three months of the initial conference and further reviews at intervals of no more than six months for as long as the child remains subject of a child protection plan
- record decisions and actions agreed at core group meetings as well as the written views of those who were not able to attend and follow up those actions to ensure they take place. The child protection plan should be updated as necessary
- lead core group activity

The core group should:

- meet within 10 working days from the initial child protection conference if the child is the subject of a child protection plan
- further develop the outline child protection plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met
- decide what steps need to be taken, and by whom, to complete the in-depth assessment to inform decisions about the child's safety and welfare
- share information about relevant multi-agency and multi-disciplinary resources and services available, agree what should be provided to the child and parents as part of the plan and how this will be funded. Practitioners should agree how impact will be assessed
- 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

Child protection review conference

The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.

Purpose: To review whether the child is continuing to suffer or is likely to suffer significant harm and review developmental progress against child protection plan outcomes.

To consider whether the child protection plan should continue or should be changed.

Lead practitioners should:

- attend and lead the organisation of the conference
- determine when the review conference should be held within three months of the initial conference, and thereafter at maximum intervals of six months
- provide information to enable informed decisions about what action is necessary to continue to safeguard and promote the welfare of the child, and the effectiveness and impact of action taken so far
- share the conference information with the child and family beforehand, where appropriate, and ensure that they understand the information provided
- approach work with parents and carers in line with the principles set out in chapter 1
- engage the family network where this is appropriate to support the child. If there is family group decision-making, such as a family group conference, parents and family networks should have the opportunity to prepare for it in advance
- record conference outcomes
- decide whether to initiate family court proceedings (all the children in the household should be considered, even if concerns are only expressed about one child) if the child is considered to be suffering significant ha

All involved practitioners should:

- attend, when invited, and provide details of their involvement with the child and family
- produce reports for the child protection review. This information will provide an overview of work undertaken by family members and practitioners and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan
- approach work with parents and carers in line with the principles set out in chapter 1
- be sufficiently skilled and experienced to prepare for and engage with the review, and able to critically assess and challenge their own and other's input

Discontinuing the child protection plan

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

- it is judged that the child is no longer continuing to, or is likely to, suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan
- the child and family have moved permanently to another local authority area. In such cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move. Only after this event may the original local authority discontinue its child protection
- the child has reached the age of 18 years (to end the child protection plan, the local authority should have a review around the child's birthday, and this should be planned in advance), has died, or has permanently left the United Kingdom

Lead practitioners should:

- notify, as a minimum, all agency representatives who were invited to attend the initial child protection conference that led to the plan
- seek input on the decision to discontinue from other core group members and ensure that all practitioners who are involved in supporting the child and parents or carers are notified
- consider whether support services are still required and discuss with the child, parents, carers, family, and family network as appropriate what might be needed, based on a re-assessment of the child's needs, including where this may involve transition between child and adult services

Initiating pre-proceedings

Once the child protection process has been carried out, it may be deemed by the local authority that there is still not sufficient protection of the child by the parents and that the 'threshold'[130] for care proceedings has been met in principle. In this instance, the local authority should determine whether to initiate pre-proceedings and follow the 'Court orders and pre-proceedings guidance for local authorities'[131]. This decision should be informed by engagement with other relevant agencies. During this period, the local authority should offer family group decision-making, such as family group conferences, to continue to explore potential placements within the family network and to clarify the realistic options available for the child. At pre-proceedings, records of key discussions with the family can be used as evidence of decision-making[132].

The pre-proceedings process acts as the final opportunity for parents to avoid care proceedings. Whilst pre-proceedings may be initiated at this final stage as per flow chart 6, where the local authority considers the "threshold" for care proceedings to be met, proceedings can be initiated at any stage.

The local authority should work in partnership with families and, where possible, any extra support or services needed to support the family should be identified and put in place. There should be clear expectations set with parents about the changes they are required to make.

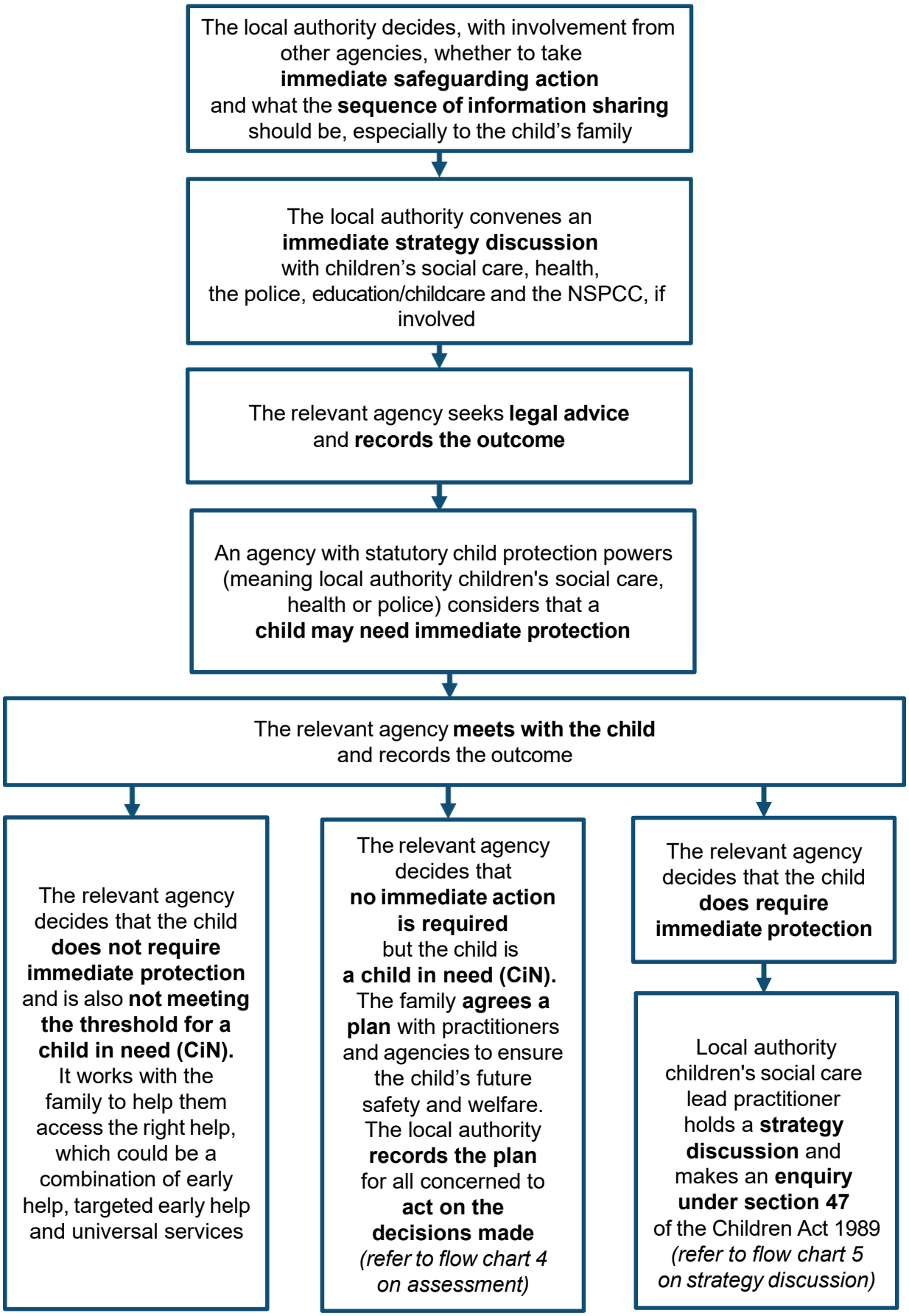
Link to the full statutory guidance on court orders and pre-proceedings can be found in Appendix B of this document, titled "Children Act 1989: court orders and pre-proceedings".

When initiating pre-proceedings, practitioners should review Practice Direction 12A, the link can also be found in Appendix B. The pre-proceedings checklist in this Practice Direction outlines the documentation that must be prepared in pre-proceedings or before and submitted as part of the local authority application for a court order.

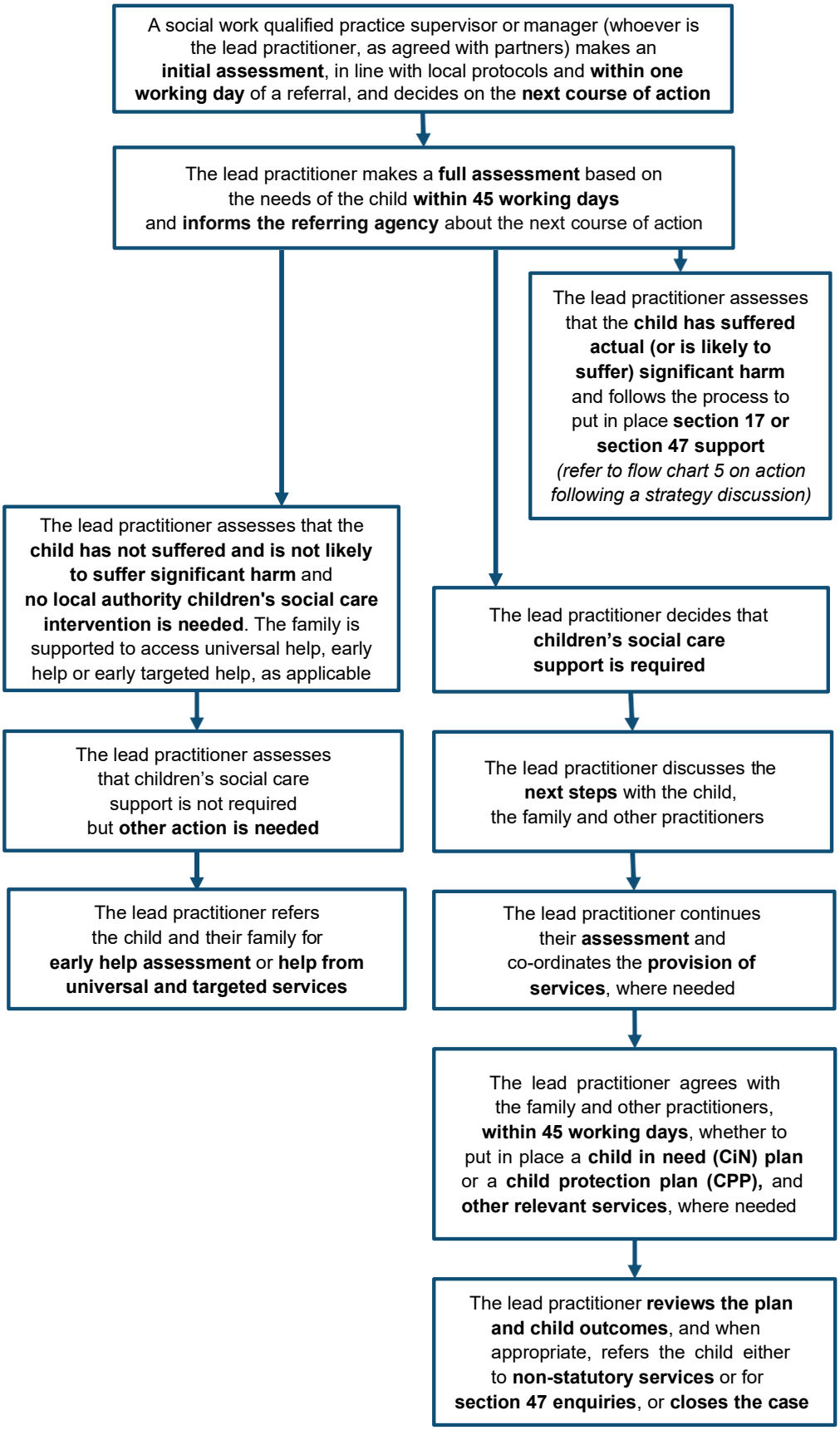
Practitioners and strategic leads can also refer to the family justice hub for access to resources and tools to support the delivery of best practice in pre-proceedings. A link to these resources can be found in Appendix B, titled "Pre-proceedings and family justice hub".

130 The Children Act 1989 Section 31 (2)
131 Court Orders and Pre-proceedings for Local Authorities (2014)
132 Practice direction 12A – Care supervision and other part 4 proceedings: guide to case management.

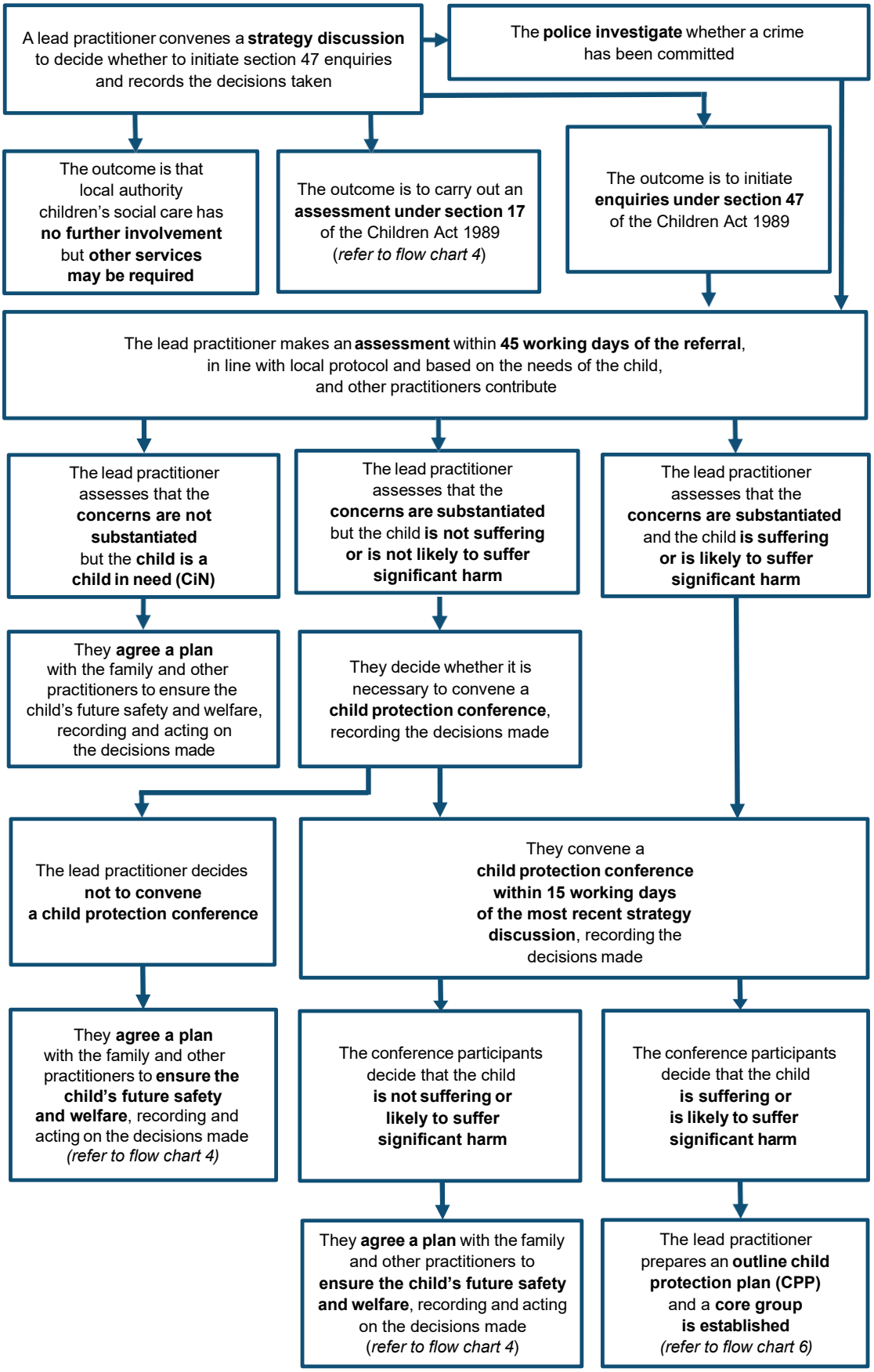
Flow chart 3: Immediate protection



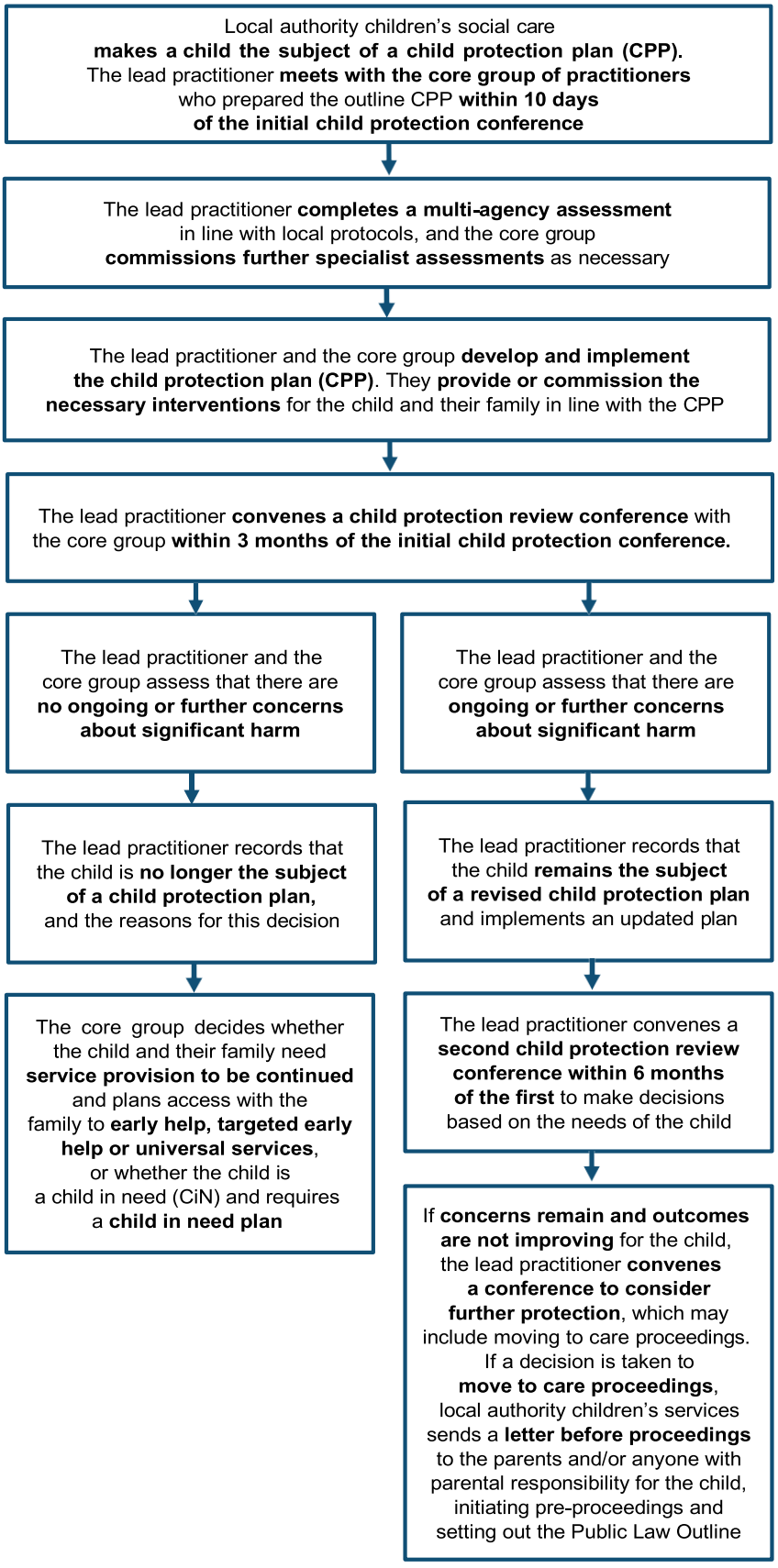
Flow chart 4: Action taken for an assessment of a child under the Children Act 1989



Flow chart 5: Action following a strategy meeting



Flow chart 6: What happens after the child protection conference, including review?



Chapter 4: Organisational responsibilities

257. A range of individual organisations and agencies working with children and families have specific statutory duties to promote the welfare of children and ensure they are protected from harm. These duties, as applied to individual organisations and agencies, are set out in this chapter.

Section 11 of the Children Act 2004

Places duties on a range of organisations, agencies, and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

258. Section 11 places a duty on:

- local authorities and district councils that provide children's and other types of services, including children's and adult social care, public health, housing, sport, culture and leisure services, licensing authorities and youth services
- NHS organisations and agencies and the independent sector, including NHS England, ICBs, NHS Trusts, NHS Foundation Trusts and general practitioners
- the police, including Police and Crime Commissioners and the chief officer of each police force in England and the Mayor's Office for Policing and Crime where they exist
- the British Transport Police
- the Probation Service
- governors or directors of prisons and young offender institutions (YOIs)
- directors of secure training centres (STCs)
- youth offending teams (YOTs)

259. These organisations and agencies should have in place arrangements that reflect the importance of safeguarding and promoting the welfare of children, including:

- a clear line of accountability for the commissioning and/or provision of services designed to safeguard and promote the welfare of children
- a senior board level lead with the required knowledge, skills, and expertise or sufficiently qualified and experienced to take leadership responsibility for the organisation's or agency's safeguarding arrangements
- a culture of listening to children and taking account of their wishes and feelings, both in individual decisions and the development of services

- clear whistleblowing procedures, which reflect the principles in Sir Robert Francis' 'Freedom to Speak Up Review' and are suitably referenced in staff training and codes of conduct, and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed[133]
- clear escalation policies for staff to follow when their child safeguarding concerns are not being addressed within their organisation or by other agencies
- arrangements which set out clearly the processes for sharing information (including Operation Encompass notifications), with other practitioners and with safeguarding partners
- a designated practitioner (or, for health provider organisations/agencies, named professional). Please see Health Practitioners with Specific Duties for more detail) for child safeguarding. Their role is to support other practitioners in their organisations and agencies to recognise the needs of children, including protection from possible abuse or neglect. Designated practitioner roles should always be explicitly defined in job descriptions. Practitioners should be given sufficient time, funding, supervision, and support to fulfil their child welfare and safeguarding responsibilities effectively
- safe recruitment practices and ongoing safe working practices for individuals whom the organisation or agency permit to work regularly with children, including policies on when to obtain a criminal record check
- appropriate supervision and support for staff, including undertaking safeguarding training
- creating a culture of safety, equality, and protection within the services they provide

In addition:

- employers are responsible for ensuring that their staff are competent to carry out their responsibilities for safeguarding and promoting the welfare of children and creating an environment where staff feel able to raise concerns and feel supported in their safeguarding role
- staff should be given a mandatory induction, which includes familiarisation with child protection responsibilities and the procedures to be followed if anyone has any concerns about a child's safety or welfare
- all practitioners should have regular reviews of their own practice to ensure they have knowledge, skills and expertise that improve over time

[133] Sir Robert Francis' freedom to speak up review

People in positions of trust

260. Organisations and agencies working with children and families should have clear policies for dealing with allegations against people who work with children. Such policies should make a clear distinction between an allegation, a concern about the quality of care or practice, or a complaint. An allegation may relate to a person who works with children who has:

- behaved in a way that has harmed a child, or may have harmed a child
- possibly committed a criminal offence against or related to a child
- behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- behaved or may have behaved in a way that indicates they may not be suitable to work with children

261. County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a co-ordinated manner.

262. Local authorities should put in place arrangements to provide advice and guidance to employers, voluntary organisations and agencies on how to deal with allegations against people who work with children. They should designate a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be responsible for the management and oversight of allegations against adults working with children in a paid or voluntary capacity; this role is commonly referred to as the Local Authority Designated Officer (LADO). The LADO should be sufficiently qualified and experienced to fulfil the role effectively. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be in place to ensure that the designated officer, or team of officers, is alerted without delay to all allegations concerning individuals who work with children.

263. Local authorities should also ensure that there are appropriate arrangements in place to liaise effectively with the police and other organisations and agencies to monitor the progress of cases and ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process.

264. Employers, school governors, trustees, residential care providers, fostering agencies and voluntary organisations should ensure that they have clear policies in place setting out the process, including timescales for investigation and what support and advice will be available to individuals against whom allegations have been made. Any allegation against people who work with children should be reported immediately to a senior manager within the organisation or agency. The designated officer, or team of officers, should also be informed within one working day of all allegations that come to an

employer's attention or that are made directly to the police. If the person is subject to registration or regulation by a professional body or regulator, for example by the Care Quality Commission or Ofsted, the designated officer should advise on whether a referral to that body is appropriate.

265. Regulated activity providers (employers or volunteer managers of people working in regulated activity in England, Wales and Northern Ireland) and personnel suppliers have a legal duty to make a referral to the Disclosure and Barring Service (DBS) where conditions are met[134]. If an organisation or agency removes an individual (paid worker or unpaid volunteer) from work in regulated activity[135] with children (or would have, had the person not left first) because the person poses a risk of harm to children, the organisation or agency must make a referral to the Disclosure and Barring Service to consider whether to add the individual to the barred list. In some circumstances, organisations and agencies should consider making a referral where conditions are not met, in the interests of safeguarding children or vulnerable adults.

266. This applies irrespective of whether a referral has been made to local authority children's social care and/or the designated officer, or team of officers. It is an offence to fail to make a referral without good reason[136].

Individual organisational responsibilities

267. In addition to these section 11 duties, which apply to a number of named organisations and agencies, further safeguarding duties are also placed on individual organisations and agencies through other statutes. The key duties that fall on each individual organisation are set out below.

Schools, colleges and other education providers

268. The following have duties in relation to safeguarding and promoting the welfare of children:

- governing bodies of maintained schools (including maintained nursery schools), and colleges which includes providers of post 16 Education as set out in the Apprenticeships, Skills, Children and Learning Act 2009: 16-19 Academies, Special Post-16 institutions and Independent Training Providers[137]
- proprietors of independent schools, (including academies, free schools, and alternative provision academies) and non-maintained special schools. In the case of academies, free schools and alternative provision academies, the proprietor will be the academy trust

[134] Making barring referrals to the DBS
[135] Regulated activity in relation to children: scope
[136] Further guidance on referrals to the DBS is available at Appendix B
[137] Apprenticeships, Skills, Children and Learning Act 2009Apprenticeships, Skills, Children and Learning Act 2009

- management committees of pupil referral units (PRUs)[138]
- senior leadership teams

269. This guidance applies in its entirety to all schools

270. Schools, colleges, and other educational settings must also have regard to statutory guidance 'Keeping children safe in education', which provides further guidance as to how they should fulfil their duties in respect of safeguarding and promoting the welfare of children in their care[139].

Early years and childcare

271. Early years providers have a duty under section 40 of the Childcare Act 2006[140] to comply with the welfare requirements of the early years foundation stage (EYFS)[141]. Early years providers must ensure that:

- they are alert to any issues of concern in the child's life
- they implement policies and procedures to safeguard children. This must include an explanation of the action to be taken when there are safeguarding concerns about a child and in the event of an allegation being made against a member of staff. The policy must also cover the use of mobile phones and cameras in the setting, that staff complete safeguarding training that enables them to understand their safeguarding policy and procedures, have up-to-date knowledge of safeguarding issues, and recognise signs of potential abuse and neglect including where the child is pre-verbal or non-verbal
- they have a practitioner who is designated to take lead responsibility for safeguarding children within each early years setting and who must liaise with local statutory children's services as appropriate. This lead must also complete child protection training

Health

272. ICBs are one of the three statutory safeguarding partners as set out in chapter 2. NHS organisations and agencies are subject to the section 11 duties set out in this chapter. Health practitioners are in a strong position to identify welfare needs or safeguarding concerns regarding individual children and, where appropriate, provide support. This includes understanding risk factors, communicating and sharing information effectively with children and families, liaising with other organisations and agencies,

138 Education Act 2002 Section 175 for management committees of pupil referral units,
139 Keeping children safe in education
140 Childcare Act 2006 Section 40
141 Section 3 – safeguarding and welfare requirements in the statutory framework for the early years foundation stage

assessing needs and capacity, responding to those needs, and contributing to multi-agency assessments and reviews.

273. A wide range of health practitioners have a critical role to play in safeguarding and promoting the welfare of children, including: GPs, primary care practitioners, paediatricians, nurses, health visitors, midwives, public health school nurses, allied health practitioners, those working in maternity, children and young people's mental health, youth custody establishments, adult mental health, sexual health, alcohol and drug services for both adults and children, unscheduled and emergency care settings, highly specialised services, and secondary and tertiary care.

274. All staff working in healthcare settings, including those who predominantly treat adults, should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance[142],[143],[144].

275. Within the NHS[145].

- NHS England is responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children. It is accountable for the services it directly commissions or delegates, including healthcare services in the under 18 secure estate (for police custody settings see below in the policing section). NHS England also leads and defines improvement in safeguarding practice and outcomes and should also ensure that there are effective mechanisms for safeguarding partners to raise concerns about the engagement and leadership of the local NHS. Each NHSE region should have a safeguarding lead to ensure regional collaboration and assurance through convening safeguarding forums.
- ICBs are one of the statutory safeguarding partners and the major commissioners of local health services. They are responsible for the provision of effective clinical, professional, and strategic leadership to child safeguarding, including the quality assurance of safeguarding through their contractual arrangements with all provider organisations and agencies, including from independent providers.

[142] Safeguarding Children and Young People: roles and competencies for health care staff (RCN, 2019)

[143] Intercollegiate document (2025) Safeguarding children and young people & children and young people in care: Competencies for health care staff (RCN, 2025)

[144] For example, Protecting children and young people: the responsibilities of all doctors (GMC, 2018) and Safeguarding children and young people: the RCGP/NSPCC's safeguarding children toolkit for general practice (RCGP, 2018)

[145] Further guidance on accountabilities for safeguarding children in the NHS is available in Safeguarding children, young people and adults at risk in the NHS: safeguarding accountability and assurance framework (2022)

Health practitioners with specific duties

276. Detailed descriptions of roles and competencies for health practitioners with specific duties are set out in the relevant Intercollegiate Documents.

Designated health practitioners

277. ICBs should employ, or have in place, a contractual agreement to secure the expertise of designated practitioners, such as dedicated designated doctors and nurses for safeguarding children, and dedicated designated doctors and nurses for looked after children (and designated doctor or paediatrician for unexpected deaths in childhood).

278. In some areas, where the ICB has more than one local authority in its footprint, they may consider 'lead' or 'hosting' arrangements for their designated health professionals, or a clinical network arrangement. The number of designated doctors and nurses for child safeguarding and looked after children should equate to the size and complexity of the child population in line with professional guidance[146]. Designated doctors and nurses, as senior professionals, clinical experts, and strategic leaders, are a vital source of safeguarding advice and expertise for all relevant organisations and agencies but particularly the ICB, NHS England, and the local authority, and for advice and support to other health practitioners across the health economy. The NHS commissioners and providers should ensure that designated professionals are given sufficient time to be fully engaged, involved, and included in the new safeguarding arrangements.

Named health professionals

279. All providers of NHS funded health services, including NHS Trusts and NHS Foundation Trusts, should identify a dedicated named doctor and a named nurse (and a named midwife if the organisation or agency provides maternity services) for safeguarding children. In the case of ambulance trusts and independent providers, this should be a named professional. Named professionals have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation's or agency's safeguarding lead on the executive board, designated health professionals for the health economy and other statutory safeguarding partners.

280. ICBs should employ named GPs for safeguarding children to advise and support GP practice safeguarding leads. GP practices should have a lead and deputy lead for safeguarding, who should work closely with the named GP[147].

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[146] Home | Child health Safeguarding

[147] Child safeguarding toolkit: Introduction | Home (rcgp.org.uk)

Other organisations providing NHS services

281. Other public, voluntary, and independent sector organisations, agencies and social enterprises providing NHS services to children and families should ensure that they follow this guidance.

Police

282. The police are one of the three statutory safeguarding partners as set out in chapter 2 and are subject to the section 11 duties set out in this chapter. Under section 1(8)(h) of the Police Reform and Social Responsibility Act 2011[148], the Police and Crime Commissioner (PCC) must hold the Chief Constable to account for the exercise of the latter's duties in relation to safeguarding children under sections 10 and 11 of the Children Act 2004.

283. All police officers and other police employees, such as Police Community Support Officers, are well placed to identify early when a child's welfare is at risk and when a child may need protection from harm. Children have the right to the full protection offered by criminal law. In addition to identifying when a child may be a victim of a crime, police officers should be aware of the effect of other incidents which might pose safeguarding risks to children and where officers should pay particular attention. Harm may be indirect and non-physical as, for example, in the case of some domestic abuse which may involve controlling or coercive behaviour, economic abuse, 'honour' abuse, faith- or belief-based abuse. An officer attending a domestic abuse incident should be aware of the effect of such behaviour on any child in the household and should recognise that children who see, hear, or experience domestic abuse are victims in their own right[149].

284. Under Section 49A of the Domestic Abuse Act 2021, if the police believe a child may be a victim of domestic abuse, they have a statutory duty to notify the child's educational setting, and where relevant, local authorities. The information sharing scheme is known as 'Operation Encompass.' Notifications should be made for all children connected to a household where they have attended the incident, including children physically present at the incident, children not physically present, and situations where a child resides in another household temporarily or permanently. An Operation Encompass notification does not replace a safeguarding referral.

285. Children who are encountered as offenders, or alleged offenders, are entitled to the same safeguards and protection as any other child and due regard should be given to their safety and welfare at all times. These children are often victims of harm, for example, children who are apprehended in possession of Class A drugs may be victims of exploitation through county lines drug dealing. Consideration should be given to the

[148] Police Reform and Social Responsibility Act 2011 Section 1 (8) (h)
[149] Domestic Abuse Act 2021, section 3

potential impact an arrest or seizure of items may have upon a child's immediate and ongoing safety and whether there is actual or likely significant harm. This might include self-harm, threats, or violence from criminal gangs to the child and their family following loss of money and/or drugs and a "debt" can be created which is also known as debt bondage[150].

286. The police will hold important information about children who may be suffering, or likely to suffer, significant harm, as well as those who cause such harm. They should always share this information with other organisations and agencies where this is necessary to protect children. Similarly, they can expect other organisations and agencies to share information to enable the police to carry out their duties. All police forces should have officers trained in child abuse investigation and safeguarding responsibilities. Officers making decisions about whether children are referred into children's social care should be confident in understanding and applying the local threshold document (see chapter 2).

287. The police have a power to remove a child to suitable accommodation under section 46 of the Children Act 1989, if they have reasonable cause to believe that the child would otherwise be likely to suffer significant harm. Statutory powers to enter premises can be used with this section 46 power, and in circumstances to ensure the child's immediate protection[151]. Police powers can help in emergency situations, but should be used only when necessary and, wherever possible, the decision to remove a child from a parent or carer should be made by a court. This can include circumstances where the significant harm is from outside the home[152,153].

288. Restrictions and safeguards exist in relation to the circumstances and periods for which children may be taken to or held in police stations. PCCs are responsible for health commissioning in police custody settings and should always ensure that this meets the needs of individual children.

289. Using Civil Orders powers available to police and partners can be an effective tool to disrupt those who are targeting children for criminal purposes. The Child Exploitation Disruption Toolkit[154] lists a range of useful tools available to frontline professionals in

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[150] Further information on "debt bondage" can be found at County lines offending: the Crown Prosecution Service

[151] Potential powers of entry include those under:

- Police and Criminal Evidence Act 1984 (PACE) section 17(1)(b), a constable may enter and search any premises for the purpose of arresting a person for an indictable offence
- PACE section 17(1)(e), a constable may also enter and search premises for the purpose of saving life or limb or preventing serious damage to property – in the exercise of police protection powers, if entry to premises is refused, this section may give adequate powers
- common law, where a constable has the power to enter premises to prevent or deal with a breach of the peace (which is preserved under PACE section 17(6))
- Children Act 1989 section 48, a warrant may be obtained to search for children who may be in need of emergency protection

[152] A child under police protection should not be brought to a police station except in exceptional circumstances, such as a lack of immediately available local authority accommodation, and then only for a short period. College of Policing: Police response to concern for a child College of Policing (www.college.police.uk)

[153] College of Policing: Arrest and other positive approaches; College of Policing: Protective measures and civil orders

[154] The government's child exploitation disruption toolkit was updated in July 2022 to set out tools and tactics to support the use of statutory powers such as civil orders that are available to frontline safeguarding agencies.

disrupting child sexual and criminal exploitation activity. For example, Slavery and Trafficking Risk Orders, Sexual Risk Orders, Slavery and Trafficking Prevention Orders and Sexual Harm Prevention Orders can place prohibitions on the offender in order to disrupt child criminal exploitation and child sexual exploitation activity.

Adult social care services

290. Local authorities provide services to adults who are themselves responsible for children who may be in need. These services are subject to the section 11 duties set out in this chapter. When staff are providing services to adults, they should ask whether there are children in the family including if an adult is pregnant or thinking about becoming pregnant and take actions to respond if the children need help or protection from harm. Additional parenting support could be particularly needed where the adults have mental health problems, misuse drugs or alcohol, are in an abusive or violent relationship, at risk of 'honour', faith- or belief-based abuse, have complex needs or learning difficulties.

291. Local authority services to adults must consider whether any children are providing care to the adult and whether the young carers are in need of support[155]. In such cases, or when requested by a parent or the young carer, the authority is under a duty to conduct a young carers' needs assessment under section 17ZA of the Children Act 1989 (see chapter 3, paragraphs 214-215).

292. Adults with parental responsibilities for disabled children have a right to a separate parent carer's needs assessment under section 17ZD of the Children Act 1989. Adults who do not have parental responsibility, but are caring for a disabled child, are entitled to an assessment on their ability to provide, or to continue to provide, care for that disabled child under the Carers (Recognition and Services) Act 1995[156]. That assessment must also consider whether the carer works or wishes to work, or whether they wish to engage in any education, training, or recreation activities.

293. Adult social care services should liaise with children's social care services to ensure that there is a joined up approach when both carrying out such assessments and in the provision of support to families where there are young carers or parent carers.

Housing services

294. Housing and homelessness services in local authorities and others, such as environmental health organisations, are subject to the section 11 duties set out in this chapter. Practitioners working in these services may become aware of conditions that could have or are having an adverse impact on children. Under Part 1 of the Housing Act 2004[157], authorities must take account of the impact of health and safety hazards in

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155 The Care and Support (Assessment) Regulations 2014 Regulation 4

156 Carers (Recognition and Services) Act 1995

157 Housing Act 2004 Part 1

housing on vulnerable occupants, including children, when deciding on the action to be taken by landlords to improve conditions. Housing authorities also have an important role to play in safeguarding vulnerable young people, including young people who are pregnant, leaving care or a secure establishment. Housing authorities should be aware of situations where a person exercises control over another's dwelling without their consent for the purpose of using it in connection with specific criminal offences, such as drug, firearms, or sexual offences. This is known as cuckooing. A child cannot give consent for their dwelling to be used in this way.

295. Housing and homelessness services should ensure children and their families are connected to wider local authority children's social care and Family Help services where there is risk of homelessness due to family breakdown, ensuring coordinated support to keep families together.

Homelessness duty

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

297. It added section 213B into the Housing Act 1996[158], which is a duty on certain public authorities to refer to a housing authority service users they consider are or may be homeless or threatened with homelessness (meaning it is likely they will become homeless within 56 days).

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

299. Before making a referral, a public authority must:

- have the individual's consent to the referral (although referrals without consent may be made in order to safeguard children or vulnerable adults, in accordance with local procedures)
- allow the individual to identify the housing authority in England which they would like the notification to be made to
- have consent from the individual that their contact details can be supplied so the housing authority can contact them regarding the referral

300. The referral to a housing authority must include the individual's name, contact details, and the agreed reason for referral (for example, that the individual is homeless or

[158] Housing Act 1996 Section 213B

at risk of homelessness). Further referral information may include:

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

301. Full guidance can be found in the Homelessness Code of Guidance[159]. Further guidance on how social care and housing authorities should work together to prevent those aged 16 and 17 from becoming homeless, and how the duty to refer should operate in this context, can be found in the 'Prevention of homelessness and provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation guidance'[160].

British Transport Police

302. The British Transport Police (BTP) is subject to the section 11 duties set out in this chapter. In its role as the national police for the railways, the BTP can provide a useful insight beyond the geographical footprint of local authority areas. They also play an important role in safeguarding and promoting the welfare of children, especially in identifying and supporting children who have run away, who are missing, at risk of suicide, sexual abuse or who are being exploited by criminal gangs, such as the movement of drugs through county lines drug dealing.

303. The BTP should carry out its duties in accordance with its legislative powers, working closely with safeguarding partners. This includes prevention activity to reduce safeguarding concerns and actual or likely significant harm to children on the rail network, investigating offences perpetrated against children, such as through the Modern Slavery Act 2015 where children have been exploited, responding to immediate concerns about actual or likely significant harm to children and utilizing all policing powers including removing a child to a suitable place using their police protection powers under the Children Act 1989[161]. Where there are safeguarding concerns or children are experiencing actual or likely significant harm on the rail network, information should be shared with BTP and they should be invited to relevant strategy meetings, in addition to the Home Office police forces.

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159 Homelessness code of guidance for local authorities
160 Provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation
161 Children Act 1989 Section 46

The Prison Service

304. The Prison Service, including privately managed prisons, is subject to the section 11 duties set out in this chapter. Prison staff have a responsibility to initiate or follow up a child safeguarding enquiry[162] with children's services at the earliest opportunity for all newly sentenced prisoners. If circumstances for the prisoner have changed, prison staff must make a new child safeguarding enquiry.

305. The Prison Service have a responsibility to identify prisoners who present an ongoing risk to children from within custody and are assessed as a potential or confirmed 'person posing a risk to children' (PPRC)[163,164]. Where an individual has been identified as a PPRC, the relevant prison establishment should:

- inform the local authority children's social care service (in the prisoner's home area and the home area of any identified child at risk where this is different) of the prisoner's reception to prison, subsequent transfers, release on temporary licence, and release date and address of the offender
- consult with children's social care about any significant change in circumstances, including if the PPRC initiates a request to change their name
- notify the relevant Probation Service or youth offending team of the offender's PPRC status. Alert the police to the release date and address[165,166]
- decide on the level of contact, if any, to be allowed between the PPRC and children based on the prison's child contact risk assessment and prevent or restrict a prisoner's contact with children where necessary. The prison's decision should take into account any risk information provided by other relevant agencies, this may include the police, probation, health, and children's social care
- make referrals to the relevant children's social care department[167] where the child is not known and there are concerns about prisoner contact
- record information children's social care have shared as required in assessments and case notes

306. The primary carer of a child may contact the prison to request a restriction on contact between the prisoner and child. Requests can be made to the HMPPS Unwanted Prisoner Contact Team, contact details are:

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[162] HMPPS child safeguarding policy framework sets out that a child safeguarding enquiry (sometimes referred to as a safeguarding check) is an official enquiry that HMPPS staff send to local authority's children's services to request information on an individual, child or family.

[163] This applies not just to adult prisons but also to all types of establishments within the secure estate for children, with the same process applying to children who pose a risk to other children.

[164] HMP public protection manual

[165] If the PPRC have been released under probation supervision, the prison no longer has responsibility for them, and it falls to the relevant Probation Delivery Unit to address and manage the risk in the community.

[166] The management of an individual who presents a risk of harm to children will often be through the prisons multidisciplinary interdepartmental risk management team meetings.

[167] The referral will be sent to the local authority in which the child lives.

- email – unwantedprisonercontact@justice.gov.uk
- telephone – 0300 060 6699, Monday to Friday, 9am to 4pm
- website – GOV.UK/stop-prisoner-contact

307. A prison can monitor a prisoner's communication (including letters and telephone calls) to protect children where it is proportionate and necessary to the risk presented.

308. Prison governors or directors should ensure there is a clear process for children's social care practitioners to engage prisoners who are involved in safeguarding or child protection procedures. This may be via face-to-face visits or virtual conferencing. All prisons have an Offender Management Unit (OMU) with a telephone or functional mailbox which can be found at Prisons in England and Wales - GOV.UK (www.gov.uk), this should be the first point of contact for agencies who need to contact a prisoner or OMU. Agencies or organisations who need to find a prisoner should follow the instructions outlined at Find a prisoner - GOV.UK (www.gov.uk)

309. Each prison should have arrangements in place that take account of the needs of children who have parents in prison. During a prisoner's first night induction, they will be supported to make suitable care arrangements for any dependent children. Prisons can work with children's social care services and other agencies to contribute to improved outcomes for children who are impacted by parental imprisonment. The Prison Service should:

- provide facilities for children to play whilst visiting a prisoner
- ensure the visitors' area caters for the needs of children and promotes a positive and safe experience
- ask all prisoners during their initial custody screening process whether they have caring responsibilities for any children under the age of 18
- review who is looking after the dependent children of prisoners, and inform children's social care services if they have concerns about a child's safety or wellbeing

310. Prison staff may also use the Prisoners' Families Helpline[168] to find local services who can support children who are impacted by parental imprisonment. Further support for families can be found at Useful links | Prisoners' Families Helpline.

311. Prisons should encourage and assist prisoners to maintain relationships with their families, including children, to support their social rehabilitation wherever it is appropriate

[168] Contact our Helpline Team | Prisoners' Families Helpline.

and safe to do so[169,170].

Mother and baby units in prisons

312. Mother and baby units (MBUs) are discrete specialist accommodation, within some prisons, for female prisoners with children up to age of 18 months or above, where appropriate. Governors or directors of prisons which have MBUs have a duty of care to the child. When a woman applies for a place on a MBU, the referral for assessment must be sent to children's social care in the mother's home area at the earliest opportunity and must include information on MBU provision and policy[171].

313. The prison should actively engage children's social care to ensure the relevant input into processes and individual cases. Practitioners should be provided with information on the purpose, facilities and support available on the MBU. Opportunities for practitioners to visit the MBU should be offered and encouraged.

314. Prisons must consult children's social care on all MBU Board decisions, including decisions relating to a change in placement, and any other matters relevant to promoting the welfare and safeguarding a child[172,173].

The Probation Service

315. The Probation Service is a statutory criminal justice agency that supervises adult offenders serving community sentences, or who are subject to licensed supervision following release from custody. Probation staff also deliver resettlement work in prisons, undertake pre-sentence assessments, provide advice to courts, deliver targeted interventions and work with victims. The purpose of the Probation Service is to protect the public by reducing reoffending and improve offender rehabilitation. During the course of their duties, probation practitioners will come into contact with individuals who:

- have offended against a child
- pose a risk of harm to children even though they have not been convicted of an offence against a child
- are parents or carers of children
- have regular contact with a child for whom they do not have caring responsibility

316. The timely communication of safeguarding concerns between the Probation Service, children's social care and other agencies is an important part of safeguarding and promoting the welfare of a child. On the day an offender is being sentenced, the

[169] This reflects the requirements of Article 8 of the European Convention on Human Rights (ECHR): respect for family life and private life. Under section 6 of the Human Rights Act 1998, a public authority is obliged to act compatibly with ECHR rights, including article 8. Both the Secretary of State for Justice and governors are bound by section 6 of the Human Rights Act 1998. Prison governors must ensure that the local prison approach to the family-ties strategy is sufficient to ensure compliance with article 8 and section 6.

[170] Strengthening Prisoners Family Ties Policy Framework

[171] Pregnancy, Mother and Baby Units (MBUs), and Maternal Separation from Children up to the Age of Two in Women's Prisons

[172] Pregnancy, MBUs and maternal separation in women's prisons Policy Framework

[173] Pregnancy, Mother and Baby Units (MBUs), and Maternal Separation from Children up to the Age of Two in Women's Prisons

courts may ask the Probation Service to provide sentencing advice and an assessment of the offender's risk. Probation staff will make child safeguarding enquiries[174] with children's social care about whether they have information about children which may impact on the safety of different sentencing options (for example, the use of an electronically monitored curfew at the home address). They may request a response on the same day. Probation staff should incorporate considerations about the potential impact on children of any proposal they make to the court so that they are safe and appropriate. Probation staff working in prisons and in community teams may also undertake child safeguarding enquiries and should request a quick response if there are concerns about an offender having contact with a child.

317. Probation staff should make child safeguarding enquiries and share information with children's social care to inform sentencing advice and ongoing management of offenders, including the impact any offender may have on the safety or wellbeing of a child. Probation will send child safeguarding enquiries to the local authority in which the child and offender live. Each Probation Delivery Unit (PDU)[175] should have arrangements in place with children's social care for exchanging information. This includes responding to information sharing requests from local authorities regarding prospective foster carers and adoptive parents. If an offender who poses a risk to an identified child moves to another address which is in a different local authority, the probation practitioner should ensure the local authority where the offender lives is made aware. Probation should share the details of the offender and the identified child at risk.

318. The Probation Service ensures every offender undergoes a thorough risk assessment[171] to understand the risk they pose, and the factors related to their offending. Where appropriate this assessment will be informed by a range of agencies, which may include children's social care, police, healthcare services, housing, and other voluntary organisations. Probation practitioners will develop a sentence plan and where necessary a risk management plan (RMP) which contains any specific measures required to manage and reduce the risk of harm to children. When appropriate, the Probation Service should share risk assessments and RMPs with other organisations and agencies involved in the management of the offender's risk. Probation practitioners will also work with children's social care to ensure that RMPs align with child protection and child in need plans.

319. The sentence plan includes specific child safeguarding objectives for those offenders who pose a risk of serious harm to children or where there are child safeguarding concerns. Probation practitioners will also consider how a planned intervention might affect the offender's caring or parental responsibilities or contribute to improved outcomes for children known to be in an existing relationship with the offender.

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[174] The HMPPS child safeguarding policy framework sets out that a child safeguarding enquiry (sometimes referred to as a safeguarding check) is an official enquiry that HMPPS staff send to local authority children's social care to request information on an individual, child or family.
[175] HMPPS risk of serious harm assessments and guidance provides information regarding the specialist tools HMPPS practitioners use to assess the risk posed by an offender

320. Probation practitioners are experienced in working with offenders and assessing risk. Suitably qualified probation practitioners will attend child protection conferences, core group meetings and other child safeguarding meetings where required. They will provide an assessment of the offender's risk and will assess how the offender's behaviour might impact the wellbeing of children. Probation practitioners should prepare and submit reports in a timely way[176].

321. The Probation Service may hold valuable information on the parents of a child who is known to children's social care and other agencies. The probation caseload is predominantly male and includes men who pose a risk to children, and men who may play a nurturing role, and have a positive impact on a child's wellbeing. These men can often go unseen[177] by agencies who do not ordinarily come into contact with men in the criminal justice system. This puts the Prison and Probation Service in a unique position to contribute to safeguarding work other agencies undertake with children and families.

Multi-agency public protection arrangements

322. Representatives from other agencies or individuals that do not have a statutory Duty to Cooperate under MAPPA (Associate Agencies) may be included in MAPPA on a case-by-case basis where that agency or individual can contribute to the risk assessment and management of a MAPPA offender. Potential Associate Agencies covered by Working Together include:

- independent schools, academies, and free and maintained schools
- early years and childcare
- private sector healthcare
- designated health professionals
- the Children and Family Court Advisory and Support Service
- voluntary, charity, social enterprise, faith-based organisations, and private sectors.
- sports clubs/organisations
- youth services and youth work organisations

323. Whenever a child is discussed at a MAPPA meeting, the meeting must ensure that it considers its responsibilities to safeguard and promote the welfare of that child and how their life may be impacted by the behaviour of an offender. Where a child is managed under MAPPA the risk of harm the child presents to others must be addressed but children convicted of an offence or who are alleged to have engaged in offending behaviour are entitled to the same safeguards and protection as any other child and due

[176] The HMPPS child safeguarding policy framework sets out how probation practitioners are expected to participate in formal meetings with children's social care
[177] Unseen men: learning from case reviews: NSPCC Learning

regard should be given to their welfare at all times.

324. The purpose of sharing information about individuals (data subjects) under MAPPA is to enable the relevant agencies to work together more effectively in assessing risks and considering how to manage them in order to protect the public. Agencies should share all relevant information, so that public protection is not compromised, while respecting the rights of data subjects, which may limit what can be shared. These rights are set out in Part 3 of the Data Protection Act 2018 and Article 8 of the European Convention on Human Rights**.** In summary, the principles derived require that information sharing is lawful, necessary, and proportionate.

325. Section 325(4) of the Criminal Justice Act 2003 provides a lawful basis for sharing information between RA and DTC agencies[178]. It also states that all DTC agencies qualify as competent authorities when fulfilling their obligations under MAPPA. This means that all information sharing under MAPPA is governed by Part 3 of the Data Protection Act 2018, rather than UK GDPR[179].

Serious violence duty

326. The Serious Violence Duty was introduced as part of the Police Crime Sentencing and Courts Act 2022[180] and requires specified authorities namely police, Justice (Probation and YOTs), Fire and Rescue Service, Health (ICBs) in England, and Local Health Boards in Wales, and local authorities to work together to prevent and reduce serious violence. This includes identifying the kinds of serious violence[181] that occur in the area, the causes of that violence (so far as it is possible to do so), and to prepare and implement a strategy for preventing, and reducing serious violence in the area.

327. The Duty also requires the specified authorities to consult relevant authorities, namely educational, prison and youth custody authorities for the area in the preparation of their strategy. The Duty takes a multi-agency approach to understand the causes and consequences of serious violence, focusing on prevention and early intervention, and informed by evidence. It does not require new multi-agency structures and encourages the use of existing local structures and partnerships to prevent and reduce serious violence and ultimately improve community safety and safeguarding.

328. The Duty commenced on 31 January 2023 and every local area in England and Wales was required to publish their serious violence strategy by March 2024 and to review regularly.

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178 Criminal Justice Act 2003 Section 325 (4)

179 Multi-agency public protection arrangements (MAPPA): guidance

180 Police, Crime, Sentencing and Courts Act 2022

181 Police, Crime, Sentencing and Courts Act 2022 Section 13 makes clear that violence is not limited to physical violence against the person. It provides that, for the purposes of the duty, violence includes domestic abuse, sexual offences, violence against property and threats of violence but does not include terrorism.

329. Statutory guidance to support authorities in meeting the Duty requirements was published in December 2022[182].

Children's homes

330. Children's homes are required to be registered with Ofsted. Section 22G of the Children Act 1989 creates a sufficiency duty on local authorities to ensure, so far as reasonably practicable, that there are enough suitable homes in their area. Local authorities should assure themselves that children are accommodated in registered provision.

331. The registered person of a children's home, including Secure Children's Homes must have regard to the Guide to the Children's Homes Regulations[183], including the quality standards (April 2015)[184], in interpreting and meeting the Regulations. The Guide covers the quality standards for children's homes, which set out the aspirational and positive outcomes that we expect homes to achieve, including the standard for the protection of children. The registered person is responsible for ensuring that staff continually and actively assess the risks to each child and the arrangements in place to protect them. Where there are safeguarding concerns for a child, their placement plan, agreed between the home and their placing authority, must include details of the steps the home will take to manage any assessed risks on a day-to-day basis.

332. In addition to the requirements of this standard, the registered person has specific responsibilities under regulation 34 of the Children's Homes Regulations[185] to prepare and implement policies setting out:

- arrangements for the safeguarding of children from abuse, neglect, and exploitation
- clear procedures for referring child protection concerns to the placing authority or local authority where the home is situated if appropriate
- specific procedures to prevent children going missing and take action if they do

333. Each home should agree with their local safeguarding partners how they will work together, and with the placing authority, to make sure that the needs of children are met.

334. Practitioners working with looked after children should be aware of their increased vulnerability to certain forms of harm, including child sexual exploitation.

335. Some children living in residential settings will have increased vulnerabilities, for example due to SEND, being placed out of area, a history of frequently going missing or because they have been deprived of their liberty.

336. Local authorities should consider how they help, support and protect children

[182] Serious Violence Duty statutory guidance
[183] Children's homes regulations, including quality standards: guide
[184] The Children's Homes (England) Regulations 2015
[185] The Children's Homes (England) Regulations 2015 Regulation 34

placed out of area. This should include joint working across safeguarding partnerships to plan for and monitor outcomes for these children.

337. Safeguarding partners and practitioners should understand the inherent risks from 'closed cultures'. A 'closed culture' means a poor culture that can lead to harm, which can include human rights breaches such as abuse. The four key risk factors are:

- weak leadership and management including for example where staff are not supported or encouraged to raise concerns
- children experiencing poor quality of care, support and outcomes
- poor skills, experience and training of the staff providing care and support
- lack of external oversight including limited interaction with outside agencies due to failings on the part of the service to submit mandatory information such as notifications or safeguarding referrals

The secure estate for children

338. Governors, managers, directors and principals of the following secure establishments are subject to the section 11 duties set out in this chapter:

- secure training centres
- young offender institutions

339. Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to promote and safeguard the welfare of children and should cover all relevant operational areas as well as key supporting processes, which would include issues such as child protection, risk of harm, restraint, separation, staff recruitment and information sharing. A manager should be appointed and will be responsible for implementation of this policy[186].

340. Each centre should work with their local safeguarding partners to agree how they will work together, and with the relevant YOT and placing authority (the Youth Custody Service), to make sure that the needs of individual children are met.

Youth offending teams

341. Youth Offending Teams (YOTs) are subject to the section 11 duties set out in this chapter. YOTs are multi-agency teams responsible for the supervision of children subject to pre-court interventions and statutory court disposals[187] They are therefore well placed to identify children known to relevant organisations and agencies as being most at risk of offending and the contexts in which they may be vulnerable to abuse, and to undertake

[186] Detailed guidance on the safeguarding children policy, the roles of the safeguarding children manager and the safeguarding children committee, and the role of the establishment in relation to the LSCP can be found in Prison Service Instruction (PSI) 08/2012 Care and Management of Young People.
[187] The statutory membership of YOTs is set out in the Crime and Disorder Act 1998 Section 39 (5)

work to prevent them offending or protect them from harm. YOTs should have a lead officer responsible for ensuring safeguarding is embedded in their practice.

342. Under section 38 of the Crime and Disorder Act 1998[188], local authorities must, within the delivery of youth justice services, ensure the "provision of persons to act as appropriate adults to safeguard the interests of children detained or questioned by police officers".

UK Visas and Immigration, Immigration Enforcement and the Border Force

343. Section 55 of the Borders, Citizenship and Immigration Act 2009 places upon the Secretary of State a duty to make arrangements to take account of the need to safeguard and promote the welfare of children in discharging functions relating to immigration, asylum, nationality and customs. These functions are discharged on behalf of the Secretary of State by UK Visas and Immigration, Immigration Enforcement and the Border Force, which are part of the Home Office. The statutory guidance 'Every Child Matters: arrangements to safeguard and promote the welfare of children' and other guidance relevant to the discharge of specific immigration functions set out these arrangements[189].

Children and Family Court Advisory and Support Service

344. The responsibility of the Children and Family Court Advisory and Support Service (Cafcass), as set out in the Children Act 1989, is to safeguard and promote the welfare of individual children who are the subject of family court proceedings. This is through the provision of independent social work advice to the court.

345. A Cafcass officer has a statutory right in public law cases to access local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised organisation that relate to that child.

346. Where a Cafcass officer has been appointed by the court as a child's guardian and the matter before the court relates to specified proceedings, they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences and relevant adoption panel meetings.

347. Cafcass should be invited to contribute to a rapid review where a child has died or been seriously injured and is involved in public or private law proceedings and is known to Cafcass.

The armed services

348. Local authorities have the statutory responsibility for safeguarding and promoting

188 Crime and Disorder Act 1998 Section 38

189 Every Child Matters: statutory guidance to the UK Border Agency on making arrangements to safeguard and promote the welfare of children. Issued under section 55 of the Borders, Citizenship and Immigration Act 2009

the welfare of the children of service families in the UK[190], in discharging these responsibilities:

- where a local authority requires input from the Ministry of Defence (MoD) in relation to safeguarding reviews or have been informed of an allegation against a serving person of a safeguarding nature that requires Local Authority Designated Officer (LADO) or equivalent involvement, they should notify the MoD[191] to promote timely information sharing
- local authorities should ensure that the MoD is made aware of any service child who is the subject of a child in need or child protection plan and whose family is about to move overseas
- each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties

Channel panels

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

350. Children can be vulnerable to the influences of extremism which could lead to radicalisation. Channel panels, established under the Counter-Terrorism and Security Act 2015, arrange for support for individuals who have been assessed as vulnerable to being drawn into terrorism[192,193].

351. The Children Act 1989 promotes the view that all children and their parents should be considered as individuals and that family structures, culture, religion, ethnic origins, and other characteristics should be respected.

352. When providing support to an individual on the Channel programme, local authorities and their partners should consider how best to align assessments under the Children Act 1989 to safeguard and promote the welfare of the child.

353. Links should be established between Channel panels and other statutory partners, including safeguarding partners and YOTs.

Voluntary, charity, social enterprise, faith-based organisations, and private sectors

[190] The Ministry of Defence (MOD) is responsible for providing safeguarding support and promoting the welfare of the children of armed forces personnel and the children of civilians working with the armed forces when those groups are based overseas. The MOD contact is through the armed forces families safeguarding policy team at People-AFFS-Safeguarding-Mailbox@mod.gov.uk

[191] The MOD contact is through the armed forces families safeguarding policy team at People-AFFS-Safeguarding- Mailbox@mod.gov.uk

[192] Channel duty guidance: protecting people susceptible to radicalisation

[193] Prevent duty guidance

354. Voluntary, charity, social enterprise (VCSE) and private sector organisations and agencies play an important role in safeguarding children through the services they deliver. Some of these will work with particular communities, with different races and faith communities, and deliver via health, adult social care, housing, and Prison and Probation Services. They may, as part of their work, provide a wide range of activities for children and have an important role in safeguarding children and supporting families and communities.

355. Like other organisations and agencies who work with children, they should have appropriate arrangements in place to safeguard and protect children from harm. Many of these organisations and agencies as well as many schools, children's centres, early years, and childcare organisations, will be subject to charity law and regulated either by the Charity Commission and/or other "principal" regulators. Charity trustees are responsible for ensuring that those benefiting from, or working with, their charity, are not harmed in any way through contact with it. The Charity Commission for England and Wales provides guidance on charity compliance which should be followed[194].

356. Some of these organisations and agencies are large national charities whilst others will have a much smaller local reach. Some will be delivering statutory services and may be run by volunteers, such as library services. This important group of organisations includes youth services not delivered by local authorities or district councils.

357. All practitioners working in these organisations and agencies who are working with children and their families are subject to the same safeguarding responsibilities, whether paid or a volunteer.

358. Every VCSE, faith-based organisation and private sector organisation or agency should have policies in place to safeguard and protect children from harm. These should be followed, and systems should be in place to ensure compliance in this. Individual practitioners, whether paid or volunteer, should be aware of their responsibilities for safeguarding and protecting children from harm, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police, if necessary.

359. Every VCSE, faith-based organisation and private sector organisation or agency should have in place the arrangements described in this chapter. They should be aware of how they need to work with the safeguarding partners in a local area. Charities (within the meaning of section 1 Charities Act 2011), religious organisations (regulation 34 and schedule 3 to School Admissions) and any person involved in the provision, supervision or oversight of sport or leisure are included within the Relevant Agency Regulations[195]. This means if the safeguarding partners name them as a relevant partner they must

[194] Strategy for dealing with safeguarding issues in charities

[195] The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

cooperate. Other VCSE, faith-based and private sector organisations not on the list of relevant agencies can also be asked to co-operate as part of the local arrangements and should do so.

Sports clubs/organisations

360. There are many sports clubs and organisations, including voluntary and private sector providers that deliver a wide range of sporting activities to children. Some of these will be community amateur sports clubs, some will be charities. All should have the arrangements described in this chapter in place and should collaborate to work effectively with the safeguarding partners as required by any local safeguarding arrangements. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children, how they should respond to child protection concerns and how to make a referral to local authority children's social care or the police if necessary.

361. All National Governing Bodies of Sport that receive funding from either Sport England[196] or UK Sport[197] should aim to meet the Standards for Safeguarding and Protecting Children in Sport[198].

[196] Sport England
[197] UK Sport
[198] Standards for safeguarding and protecting children in sport

Chapter 5: Learning from serious child safeguarding incidents

362. Child protection in England is a complex multi-agency system with many different organisations and individuals playing their part. Learning should always be happening on what is working well to share good practice. However, this chapter outlines the statutory learning process that must take place when things have gone seriously wrong.

Duty on local authorities to notify serious incidents to the Child Safeguarding Practice Review Panel

Criteria for notifying

16C (1) of the Children Act 2004 (as amended by the Children and Social Work Act 2017) states:

Where a local authority in England knows or suspects that a child has been abused or neglected, the local authority must notify the Child Safeguarding Practice Review Panel if:

(a) the child dies or is seriously harmed in the local authority's area

(b) while normally resident in the local authority's area, the child dies or is seriously harmed outside England

363. When a serious incident occurs, it is important to understand the involvement of all individuals, organisations and agencies, and the impact of their actions on all of the children involved. This helps identify whether alternative approaches or decisions might have led to a better outcome.

364. The learning process begins when a serious incident notification is made. It is therefore critical that notifications meeting the criteria are submitted in a timely manner and that data and information provided in the notification is accurate and reflects what is known at the time about all children involved.

365. Notifications, rapid reviews and Local Child Safeguarding Practice Reviews (LCSPRs) form the overarching mechanism through which local partners and the Child Safeguarding Practice Review Panel (the Panel) identifies learning and drives improvements in safeguarding practice - both locally and nationally. These processes also provide opportunities to highlight effective practice, share learning more widely and enable safeguarding partners to contribute to broader learning and influence policy.

366. The data and information gathered from incidents further enables the government and the Panel to identify and analyse key themes and trends, promoting learning and driving improvements to better safeguard children.

367. Serious harm includes (but is not limited to) serious and/or long-term impairment of a child's mental health or intellectual, emotional, social, or behavioural development. This is not an exhaustive list. When making decisions, judgement should be exercised in cases where impairment is likely to be long-term, even if this is not immediately certain. Even if a child recovers, including from a one-off incident, serious harm may still have occurred. Local authorities and safeguarding partners should refer to the panel's guidance[199] for further clarity on issues relating to the criteria for serious child safeguarding cases.

368. Abuse is a form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including physical abuse, sexual abuse, emotional and psychological abuse, coercive and controlling behaviour and economic or financial abuse, where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial context by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. This includes in teenage relationships, and 'honour', faith- or belief-based abuse.

369. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

370. All three safeguarding partners have equal responsibility in determining whether an incident meets the criteria for notification and for contributing relevant information. As a

[199] Child Safeguarding Practice Review Panel

minimum, the DCS should have final oversight of the quality and accuracy of the notification that is submitted. Where there is disagreement on whether an incident meets the criteria, safeguarding partners should follow their own locally agreed dispute resolution processes.

371. Others who have functions relating to children should inform the safeguarding partners of any incident they think should be considered for a serious incident notification.

How to notify a serious incident that meets the criteria:

372. The local authority where the incident occurred, on behalf of all three safeguarding partners, must notify the Panel of any incident that meets the criteria set out above via the Child Safeguarding Incident Notification System[200]. Only one notification is needed per incident, regardless of the number of children involved. Notifications are to be submitted within five working days of safeguarding partners becoming aware of the incident.

373. It is very important that the details contained within the notification are as accurate and comprehensive as possible, noting that facts may emerge later as learning or investigations are carried out.

374. When an incident involves more than one child, it is important that all children involved in the incident are fully and accurately represented in the notification and subsequent reviews. Incidents where the identity of the child or children involved are not yet known should still be notified without delay using the limited information known at the time.

375. All incidents meeting the criteria should be notified as “serious harm” or “death”, unless there is clear rationale for notifying as “other”. A notification relating to a child who has died by suicide should be made where abuse or neglect is a factor and should be notified as a child ’death’.

376. When making notifications and throughout the learning process, safeguarding partners should consider whether the incident that meets the criteria also poses a wider risk to other children. This may include where harm has occurred in institutions or environments where multiple children may potentially have been the victims of serious harm, abuse or neglect. This may also include harm that has been perpetrated over a long period of time and there may be historical victims.

377. Safeguarding partners may identify young adults over the age of 18 who have experienced serious harm, abuse or neglect in childhood that was not known or reported at the time but meets the criteria for notification. In these circumstances, safeguarding partners

[200] DfE and Ofsted have joint access to the information submitted to the child safeguarding incident notification system, Guidance on how to access that system can be found here: Serious Incident Notification guide and Report the death or serious harm of a child or care leaver - GOV.UK

should take into account the time that has elapsed since the harm occurred, the opportunities for learning and whether the learning principally relates to adult or children's services. Partners should consult with the Panel for advice before submitting a notification.

378. Where safeguarding partners have determined the criteria for serious incident notification has not been met, they may choose to undertake their own local learning reviews outside of the formal review process. For example, where there is an opportunity to learn from good or poor practice, or from a near-miss incident. However, only incidents that have been notified as a serious incident through the Child Safeguarding Incident System shall be subject to the procedures followed in this guidance and overseen by the Panel.

379. Only local authorities can submit serious incidents to the Panel. The reviews carried out subsequently are locally led by safeguarding partners. Members of the public who wish to request a local review of a serious incident should contact their local authority as local partners are the decision makers regarding the submission of a serious incident notification.

380. The Department for Education is responsible for publishing annual serious incident data. This data is extracted from the notifications submitted by local authorities, so accuracy when completing the online notification form is key. The number of notifications submitted is not seen as a reflection of local area performance. Making a notification ensures that vital learning is identified and fed back into local areas or nationally to prevent future harm or death.

Notification in the event of the death of a looked after child or care leaver

381. The local authority must also notify the Secretary of State for Education, and Ofsted of the death of a looked after child, regardless of whether or not abuse or neglect occurred via the Child Safeguarding Incident Notification System.

382. The local authority should also notify the Secretary of State for Education and Ofsted of the death of a care leaver up to and including the age of 24 via the Child Safeguarding Incident Notification System[201].

383. Care leavers under the age of 18:

[201] Care leavers are entitled to support from their Personal Adviser up to their 25th birthday. Local authorities are required to keep in touch with all care leavers up the point they reach age 21, and to make their best efforts to contact all care leavers aged 21 to 24 annually to remind them that they remain eligible for support. If a young person chooses not to take up support between 21 to 24 years of age the local authority may no longer be aware of a care leaver's whereabouts or circumstances (and therefore their death). Guidance on notifications in the event of the death of a care leaver can be found here: Report the death or serious harm of a child or care leaver - GOV.UK

- Where abuse or neglect was not a contributing factor in their death, a notification for the death of a care leaver should be made. A rapid review or local child safeguarding practice review is not required.
- Where abuse or neglect was a contributing factor in their death, a children's serious incident notification must be made and the full learning process, set out below, should be followed.

384. Care leavers aged 18 or over:

- Notifications should be made for the death of all care leavers aged 18 and above. A rapid review or local child safeguarding practice review is not required.

However, if safeguarding partners think that learning can be gained from the death of a looked after child or care leaver in circumstances where those criteria do not apply or a serious incident does not meet the criteria for a notification, they may wish to undertake their own local learning review outside of the formal review process. For example, where there is an opportunity to learn from good or poor practice, or from a near-miss incident. However, any such review should not be referred to as an LCSPR or submitted to the Panel[202].

Local reviews

385. There are three key stages in the review process for notifying and learning from serious incidents. These should be followed in sequence:

- Serious incident notification – submitted to Panel (and by extension to the DfE and Ofsted) within 5 working days of becoming aware of the incident.
- Rapid review – submitted to Panel only and within 15 working days of notification.
- Local Child Safeguarding Practice Review (if deemed appropriate) should be completed within 6 months from the date of the decision to initiate the review.

386. Safeguarding partners must:

- identify serious child safeguarding cases that raise issues of importance in relation to their local area
- commission and oversee the review of those cases where appropriate

387. Reviews should seek to prevent or reduce the risk of recurrence of similar incidents. They are not conducted to hold individuals, organisations, or agencies to account as there are other processes for that purpose, including employment law and disciplinary procedures, professional regulation and, in exceptional cases, criminal proceedings. These processes may be carried out alongside a review or at a later stage.

[202] Child Safeguarding Practice Review Panel

Employers should consider whether any disciplinary action should be taken against practitioners whose conduct and/or practice falls below acceptable standards and should refer to their regulatory body as appropriate.

Decisions on local reviews

388. Whilst the local area where the incident occurred is responsible for submitting the notification, some incidents may involve children known to multiple areas. In these circumstances safeguarding partners must work collaboratively to agree who should lead the reviews to gather all relevant information and ensure comprehensive learning is captured. If agreement cannot be reached, the responsibility should default to the notifying local area to lead the review process in collaboration with the other areas involved.

389. The way in which this responsibility is divided between the lead safeguarding partners (LSPs) and their delegates is for local decision. Accountability for ensuring learning from serious incidents is implemented is the responsibility of the LSPs and the impact of local and national reviews should be evidenced in yearly reports and subjected to independent scrutiny.

390. The panel and safeguarding partners have a shared aim to identify improvements to practice for protecting children from harm and should maintain an open and ongoing dialogue. This will enable them to raise concerns, highlight commonly recurring areas needing further investigation (whether leading to a local or national review), and share learning, including from success, that could lead to improvements elsewhere.

391. As such, safeguarding partners should have regard to any guidance the Panel publishes. Guidance will include the timescales for a rapid review and for the Panel's response.

The rapid review

392. Once the notification has been made, the safeguarding partners should promptly undertake a rapid review of the case, in line with any guidance published by the panel. The aim of this review is to enable them to:

- gather the facts about the case, as far as they can be readily established
- discuss whether any immediate action is needed to ensure children's safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether to undertake a local child safeguarding practice review

393. They should also share with the panel their decision about whether a local child safeguarding practice review is appropriate (see below), or whether they think the case may raise issues that are complex or of national importance such that they consider a national review may be appropriate. They may also do this if, during a local child safeguarding practice review, new information comes to light suggesting that a national review may be appropriate. As soon as they have determined that a local child safeguarding practice review will be carried out, they should inform the panel, Ofsted and DfE, providing the name of the reviewer they have commissioned.

394. The Secretary of State for Education may also request to see rapid reviews, and the panel may choose to share rapid reviews where necessary for the safeguarding of children. In some circumstances, information from rapid reviews may also be shared with other government departments or Crown Bodies where purposeful and in order for them to carry out their functions.

The local child safeguarding practice review

395. Safeguarding partners are responsible for deciding if a serious incident meets the criteria for a Local Child Safeguarding Practice Review (LCSPR). There is no expectation that an LCSPR will automatically be carried out following a rapid review. Decisions on whether to undertake an LCSPR should be made collaboratively and transparently between safeguarding partner agencies, considering what additional local learning is likely to be achieved. Decisions and the rationale should be recorded appropriately including being communicated to families. Well-constructed rapid reviews can draw out significant learning that negates the need to proceed to an LCSPR.

The criteria safeguarding partners must take into account include whether the case[203]:

- highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children
- highlights or may highlight concerns regarding two or more organisations or agencies working together effectively to safeguard and promote the welfare of children
- is one the panel has considered and has concluded a local review may be more appropriate

[203] The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

Commissioning a reviewer(s) for a local child safeguarding practice review

396. The safeguarding partners are responsible for commissioning and supervising reviewers for local reviews[204].

397. In all cases they should consider whether the reviewer has:

- professional knowledge, understanding and practice relevant to local child safeguarding practice reviews, including the ability to engage with practitioners, children, and families
- knowledge and understanding of research relevant to children's safeguarding issues
- ability to recognise the complex circumstances in which practitioners work together to safeguard children
- the ability to understand practice from the viewpoint of the individuals, organisations or agencies involved at the time rather than using hindsight
- the ability to communicate findings effectively
- any real or perceived conflict of interest

Conducting the LCSPR

398. The safeguarding partners should agree with the reviewer the method by which the review should be conducted, taking into account this guidance and the principles of the systems methodology recommended by the Munro review[205]. It should provide a way of looking at and analysing frontline practice as well as organisational structures and learning, and allow those involved in the review to reach recommendations that will improve outcomes for children. All reviews should reflect all children involved in the incident and be from both the child's perspective and the family context.

399. The review should be proportionate to the circumstances of the case, focus on potential learning, and establish and explain the reasons the incidents occurred as they did.

400. As part of their duty to ensure the review is of satisfactory quality, the safeguarding partners should ensure that:

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[204] Safeguarding partners may also consider appointing reviewers from the panels pool of reviewers, where available

[205] The Munro review of child protection final report: a child-centred system (2011)

- practitioners are fully involved and invited to contribute their perspectives without fear of being blamed for actions they took in good faith
- families, including surviving children (in order that the child is at the centre of the process) are invited to contribute
- families understand how they are going to be involved and have their expectations appropriately and sensitively managed

401. The safeguarding partners must supervise the review to ensure the reviewer is making satisfactory progress and the review is of satisfactory quality[206]. They may request information from the reviewer to enable them to assess this and any such requests must be made in writing. The President of the Family Division's guidance covering the role of the judiciary in serious case reviews[207] should also be noted in the context of child safeguarding practice reviews.

Publishing the LCSPR

402. The safeguarding partners must ensure the final report includes a summary of any recommended improvements to be made by individuals or organisations in the area to safeguard and promote the welfare of children, and an analysis of any systemic or underlying reasons that actions were taken or not taken in respect of matters covered by the report.

403. Any recommendations should make clear what is required of relevant agencies and others both collectively and individually, and by when, and focused on improving outcomes for children.

404. Reviews are about promoting and sharing information about improvements, both within the area and potentially beyond, so the safeguarding partners must publish the report, unless they consider it inappropriate to do so[208]. In such a circumstance, they must publish any information about the improvements that should be made following the review they consider appropriate to publish. The name of the reviewers should be included.

405. Published reports or information must be publicly available for at least one year.

406. When compiling and preparing to publish the report, the delegated safeguarding partners should consider carefully how best to manage the impact of the publication on children, family members, practitioners and others closely affected by the case. The safeguarding partners should ensure that reports are written in such a way so that what is published avoids harming the welfare of any children or vulnerable adults involved in the

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206 Children Act 2004 Section 16F (1) and The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 Regulation 15

207 President of the Family Division's guidance covering the role of the judiciary in serious case reviews

208 Children Act 2004 Section 16F (1) and The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018 Regulation 15

case.

407. Safeguarding partners must send a copy of the full report to the panel and to the Secretary of State no later than seven working days[209] before the date of publication. Where the safeguarding partners decide only to publish information relating to the improvements to be made following the review, they must also provide a copy of that information to the panel and the Secretary of State within the same timescale. They should also provide the report, or information about improvements, to Ofsted within the same timescale.

408. Depending on the nature and complexity of the case, the report should be completed and published as soon as possible and no later than six months from the date of the decision to initiate a LCSPR. Where other proceedings may have an impact on or delay publication, (for example, an ongoing criminal investigation, inquest or future prosecution), the safeguarding partners should inform the panel and the Secretary of State of the reasons for the delay. Safeguarding partners should also set out for the panel and the Secretary of State the justification for any decision not to publish either the full report or information relating to improvements. Safeguarding partners should have regard to any comments that the panel or the Secretary of State may make in respect of publication.

409. Every effort should also be made, both before the review and while it is in progress, to:

- capture points from the case about improvements needed
- take corrective action and disseminate learning

410. The safeguarding partners should take account of the findings from their own local reviews and from all national reviews, with a view to considering how identified improvements should be implemented locally, including the way in which organisations and agencies work together to safeguard and promote the welfare of children. The safeguarding partners should highlight findings from reviews with relevant parties locally and should regularly audit progress on the implementation of recommended improvements[210]. Improvement should be sustained through regular monitoring and follow-up of actions so that the findings from these reviews make a real impact on improving outcomes for children.

411. Learning from local reviews should be reflected in the annual reports published yearly by the safeguarding partners.

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[209] "Working day" means any day which is not a Saturday, Sunday, or bank holiday.

[210] See also Reporting section in chapter 2 (safeguarding partners' report).

Guidance for the Child Safeguarding Practice Review Panel

National reviews

412. On receipt of the information from the rapid review, the panel must decide whether it is appropriate to commission a national review of a case or cases. The panel only considers national reviews of notified serious incidents. The final decision on whether to conduct a national review is taken by the panel. They must consider the criteria and guidance that follows:

The criteria the panel must take into account include whether the case[211]:

- highlights or may highlight improvements needed to safeguard and promote the welfare of children, including where those improvements have been previously identified
- raises or may raise issues requiring legislative change or changes to guidance issued under or further to any enactment
- highlights or may highlight recurrent themes in the safeguarding and promotion of the welfare of children

The panel should also have regard to:

- circumstances where significant harm or death has occurred to a child educated otherwise than at school
- circumstances where a child is seriously harmed or dies while in the care of a local authority, or while on (or recently removed from) a child protection plan
- circumstances where the case may raise issues relating to safeguarding or promoting the welfare of children in institutional settings[212]
- cases which involve a range of types of abuse[213]

413. As well as considering a notification from a local authority, information from a rapid review and local child safeguarding practice reviews, the panel should consider a range of other evidence, including inspection and other reports and research. The panel may also consider any other criteria it considers appropriate to identify whether a serious child safeguarding case raises issues that are complex or of national importance.

414. In many cases there will need to be dialogue between the safeguarding partners and the panel to support the decision-making process. The safeguarding partners must

[211] The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018

[212] Includes children's homes (including secure children's homes) and other settings with residential provision for children, custodial settings where a child is held (including police custody, young offender institutions and secure training centres), and all settings where detention of a child takes place, including under the Mental Health Act 1983 or the Mental Capacity Act 2005

[213] For example, trafficking for the purposes of child sexual exploitation

share further information with the panel if requested.

415. The panel should inform the relevant safeguarding partners promptly following receipt of the rapid review, if it considers that:

- a national review is appropriate, setting out the rationale for its decision and the next steps
- further information is required to support its decision-making, including whether the safeguarding partners have decided to commission a local review

416. The panel should decide on whether to undertake a national review and communicate its rationale appropriately, including to families. The panel should notify the Secretary of State if it decides to carry out a national review.

417. On receipt of the information from a rapid review or following its appraisal of a number of rapid reviews that highlight a particular theme, the panel must decide whether it is appropriate to commission a national review of a case, or cases, or to undertake a thematic review. For the criteria and guidance that the panel considers in its decision-making, refer to its guidance[214]

418. If the panel decides to undertake a national review, it should discuss with the safeguarding partners its potential scope and methodology and how it will engage with them and those involved in the case.

419. There will be instances where a local review has been carried out which could then form part of a thematic review that the panel undertakes at a later date. There may be other instances where a local review has not been carried out but where the panel considers that the case could be helpful to a future national review. In such circumstances, the panel should engage with safeguarding partners to agree how the review should be conducted.

420. Alongside any national or local reviews, there could be a criminal investigation, a coroner's investigation and/or professional body disciplinary procedures.

421. The panel and the safeguarding partners should have in place clear processes for how they contribute to with other investigations (including a domestic homicide review, multi-agency public protection arrangements, death in custody reviews or safeguarding adult's reviews), and collaborate with those responsible for carrying them out. This will reduce the burdens on, and anxiety for, the children and families concerned as well as uncertainty and duplication of effort.

[214] Child Safeguarding Practice Review Panel

The pool of reviewers

422. The panel must set up a pool of potential reviewers who can undertake national reviews, a list of whom must be publicly available. If they consider that there are no potential reviewers in the pool with availability or suitable experience to undertake the review, they may select a person who is not in the pool. When selecting a reviewer, the panel should consider whether they have any conflict of interest which could restrict their ability, or perceived ability, to identify improvements impartially.

423. For national child safeguarding practice reviews, the panel should follow the same guidance on procedure and supervision as for local child safeguarding practice reviews (see chapter 5, paragraph 395).

Publishing national reviews

424. The panel must ensure that the final report includes:

- a summary of any improvements being recommended to the safeguarding partners and/or others to safeguard and promote the welfare of children
- an analysis of any systemic or underlying reasons why actions were taken or not taken in respect of matters covered by the report

425. The panel must publish the report, unless they consider it inappropriate to do so. In such a circumstance, they must publish any information about the improvements that should be made following the review that they consider it appropriate to publish. The name of the reviewer should be included.

426. The panel should work with safeguarding partners to identify and manage the impact of the publication on children, family members, practitioners and others closely affected by the case. The panel must ensure that reports or information published are publicly available for at least three years. The panel must send a copy of the full report to the Secretary of State no later than seven working days before the date of publication. Where the panel decides only to publish information relating to the improvements to be made following the review, they must also provide a copy of that information to the Secretary of State within the same timescale. The panel should also send a copy of the report or improvements to the relevant safeguarding partners, Ofsted, the Care Quality Commission and His Majesty's Inspectorate of Constabulary and Fire and Rescue Services.

427. Reports should be completed and published within six months of the date of the decision to initiate a review. Where other proceedings may have an impact on or delay publication, for example, an ongoing criminal investigation, inquest or future prosecution, the panel should advise the Secretary of State of the reasons for the delay. The panel should also set out for the Secretary of State the explanation for any decision not to publish either the full report or information relating to improvements. During the review, the panel should share any points that arise about improvements needed with the

safeguarding partners in any local authority areas covered by the review and others as applicable.

428. The panel should send copies of published reports of national and local child safeguarding practice reviews or published information relating to improvements that should be made following those reviews, to Foundations (What Works Centre for Children and Families) and relevant inspectorates, bodies, or individuals as they see fit. Where a local review results in findings which are of national importance, or in recommendations for national government, the panel should consider the potential of those recommendations to improve systems to safeguard and promote the welfare of children and how best to disseminate and embed such learning.

Summary: how to notify a serious incident, rapid review, and local child safeguarding practice review

Serious incident notification

All serious child safeguarding incidents must be notified to the panel (and by extension the DfE and Ofsted).

Notifications should be sent within five working days of the local authority becoming aware of the incident.

Notifications are made through the online notification system, which is accessible 24 hours a day.

The rapid review

Rapid reviews should be submitted to the panel within 15 working days of the serious incident notification. This is a non-statutory requirement and more details can be found in the panel's practice guidance[215].

Rapid reviews should be submitted to the panel secretariat, at Mailbox.NationalReviewPanel@education.gov.uk.

Local child safeguarding practice review

Local Child Safeguarding Practice Reviews should be submitted within 6 months from the date of the decision to initiate a LCSPR.

Full reports must be sent to the panel and the Secretary of State for Education[216] no later than seven working days before the date of publication.

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[215] Child Safeguarding Practice Review Panel guidance for safeguarding partners

[216] By sending to Mailbox.CPOD@education.gov.uk

Final reports, information relating to improvements to be made following a review, and reasons for any delay, should be notified to Mailbox.NationalReviewPanel@education.gov.uk and Mailbox.CPOD@education.gov.uk

In addition, final reports and information about improvements should also be sent to Ofsted SCR.SIN@ofsted.gov.uk

Chapter 6: Child death reviews

429. The death of a child is a devastating loss that profoundly affects all those involved. The process of systematically reviewing the deaths of children is grounded in respect for the rights of both children and their families[217], with the intention of learning what happened and why, and preventing future child deaths.

430. The majority of child deaths in England arise from medical causes. Enquiries should keep an appropriate balance between forensic and medical requirements and supporting the family at a difficult time. This chapter provides guidance to child death review partners on their statutory responsibilities.

431. Child death review partners are local authorities and any ICBs for the local area as set out in the Children Act 2004, as amended by the Children and Social Work Act 2017[218]. The statutory responsibilities for child death review partners are set out below, and the agency and organisational boundaries should be decided locally as described in paragraph 437 of this chapter.

432. In the immediate aftermath of a child's death, a copy of 'When a child dies – a guide for parents and carers'[219] should be offered to all bereaved families or carers through the child death review process. In addition to supporting families and carers, staff involved in the care of the child should also be considered and offered appropriate support.

[217] United Nations Convention on the Rights of the Child
[218] Children Act 2004, Section 16Q
[219] When a child dies: a guide for parents and carers

Statutory requirements[220]

When a child dies, in any circumstances, it is important for parents and families to understand what has happened and whether there are any lessons to be learnt.

The responsibility for ensuring child death reviews are carried out is held by 'child death review partners', who, in relation to a local authority area in England, are defined as the local authority for that area and any ICBs operating in the local authority area.

Child death review partners must make arrangements to review all deaths of children normally resident in the local area[221] and, as indicated, of any non-resident children who have died in their area. This should be done via a Child Death Overview Panel (CDOP).

Child death review partners for two or more local authority areas may combine and agree that their areas be treated as a single area for the purpose of undertaking child death reviews.

Child death review partners must make arrangements for the analysis of information from all deaths reviewed by the National Child Mortality Database (NCMD).

The purpose of a review and/or analysis is to identify any matters relating to the death, or deaths, that are relevant to the welfare of children in the area, or to public health and safety, and to consider whether action should be taken in relation to any matters identified. If child death review partners find action should be taken by a person or organisation, they must inform them. In addition, child death review partners:

- must, at such times as they consider appropriate, prepare, and publish reports on:
    - what they have done as a result of the child death review arrangements in their area
    - how effective the arrangements have been in practice
- may request information from a person or organisation to enable or assist the review and/or analysis process. The person or organisation must comply with the request, and if they do not, the child death review partners may take legal action to seek enforcement
- may make payments directly towards expenditure incurred in connection with arrangements made for child death reviews or analysis of information about deaths reviewed, or by contributing to a fund out of which payments may be made. They may provide staff, goods, services, accommodation, or other resources to any person for purposes connected with the child death review or analysis process

[220] The guidance in this chapter is issued under the Children Act 2004 Section ——16Q

[221] For the purposes of child death reviews, a local area is the area within the remit of a local authority (referred to in the Children Act 2004 as a "local authority area").

Responsibilities of child death review partners

433. The child death review process covers children[222], regardless of the cause of death[223].

434. In making arrangements to review child deaths, child death review partners should establish a structure and process to review all deaths of children normally resident in their area and, as indicated and agreed between child death review partners, the deaths of children not normally resident in their area but who have died there. Child death review partners should model their child death review structures and processes as laid out in the 'Child Death Review Statutory and Operational Guidance (2018)'[224].

435. Child death review partners should consider the core representation of any panel or structure they set up to conduct reviews, and this would ideally include:

- public health
- the designated[225] doctor for child deaths for the local area
- social services
- police
- the designated doctor or nurse for safeguarding
- primary care (GP or health visitor)
- nursing and/or midwifery
- lay representation
- other professionals that child death review partners consider should be involved

It is for child death review partners to determine what representation they have in any structure reviewing child deaths.

436. Child death review partners should agree locally how the child death review process will be funded in their area.

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222 Children Act 2004 Section 65 - a child is defined as a person under 18 years of age

223 This will include the death of any liveborn baby, where a death certificate has been issued, or where the birth was unattended, but does not include those (of any gestation) who are stillborn where there was medical attendance or planned terminations of pregnancy carried out within the law.

224 Child Death Review: Statutory and Operational Guidance (England)

225 Within that part of the health system that supports child safeguarding and protection services, the word "designated" means a dedicated professional with specific roles and responsibilities that are centred on the provision of clinical expertise and strategic advice.

437. The geographical and population “footprint” of child death review partners should be locally agreed but must extend to at least one local authority area. It should take into account networks of NHS care, and agency and organisational boundaries in order to reflect the integrated care and social networks of the local area. These may overlap with more than one local authority area or ICB. They should cover a child population such that they typically review at least 60 child deaths per year. Child death review partners should come together to develop clear plans outlining the administrative and logistical processes for their review arrangements.

438. Child death review partners should ensure that a designated doctor for child deaths is appointed to any multi-agency panel (or structure in place to review deaths). The designated doctor for child deaths should be a senior paediatrician who can take a lead role in the review process. Child death review partners should ensure a process is in place whereby the designated doctor for child deaths is notified of each child death and is sent relevant information.

439. Child death review partners may request that a person or organisation provide information to enable or assist the reviewing or analysing of a child's death. The person or organisation must comply with such a request. If they do not comply, the child death review partners may instigate legal action to enforce.

440. Child death review partners for the local authority area where a child who has died was normally resident are responsible for ensuring the death is reviewed. However, they may also choose to review the death of a child, including a looked after child, that occurred in their local area even if the child in question was not normally resident there. In such circumstances, the designated doctor for child death in each area should discuss and agree who will be responsible for collecting information and reviewing the death, to ensure there is no duplication of review. The review process should seek to involve child death review partners for another local authority area who had an interest in the child or any other person or agencies, as appropriate.

441. Child death review partners should publicise on their website, information on the arrangements for child death reviews in their area. This should include who the accountable officials are (the local authority chief executive, and the accountable officer of the ICB), which local authority and ICB partners are involved, what geographical area is covered and who the designated doctor for child deaths is.

Responsibilities of other organisations and agencies

442. All local organisations or individual practitioners that have had involvement in the case should co-operate, as appropriate, in the child death review process carried out by child death review partners. All local organisations or individual practitioners should also have regard to any guidance on child death reviews issued by the government.

Specific responsibilities of relevant bodies in relation to child deaths

Registrars of Births and Deaths (Section 31 of the Children and Young Persons Act 2008): Requirement on registrars of births and deaths to supply child death review partners with the particulars of the death entered in the register in relation to any person who was or may have been under the age of 18 at the time of death. A similar requirement exists where the registrar corrects an entry in the register.

The registrar must also notify child death review partners if they issue a Certificate of No Liability to Register (where a death is not required by law to be registered in England or Wales) where it appears that the deceased was or may have been under the age of 18 at the time of death.

The information must be provided to the appropriate child death review partners (which cover the sub-district in which the register is kept) no later than seven days from the date the death was registered, the date the correction was made or the date the certificate was issued.

Coroners and Justice Act 2009 & Coroners (Investigations) Regulations 2013: Duty to investigate and hold an inquest. Powers to request a post-mortem and for evidence to be given or produced.

Coroner's duty to notify the child death review partners for the area in which the child died or where the child's body was found within three working days of deciding to investigate a death or commission a post-mortem.

Coroner's duty to share information, including post-mortem reports with the relevant child death review partners.

Responding to the death of a child: the child death review process

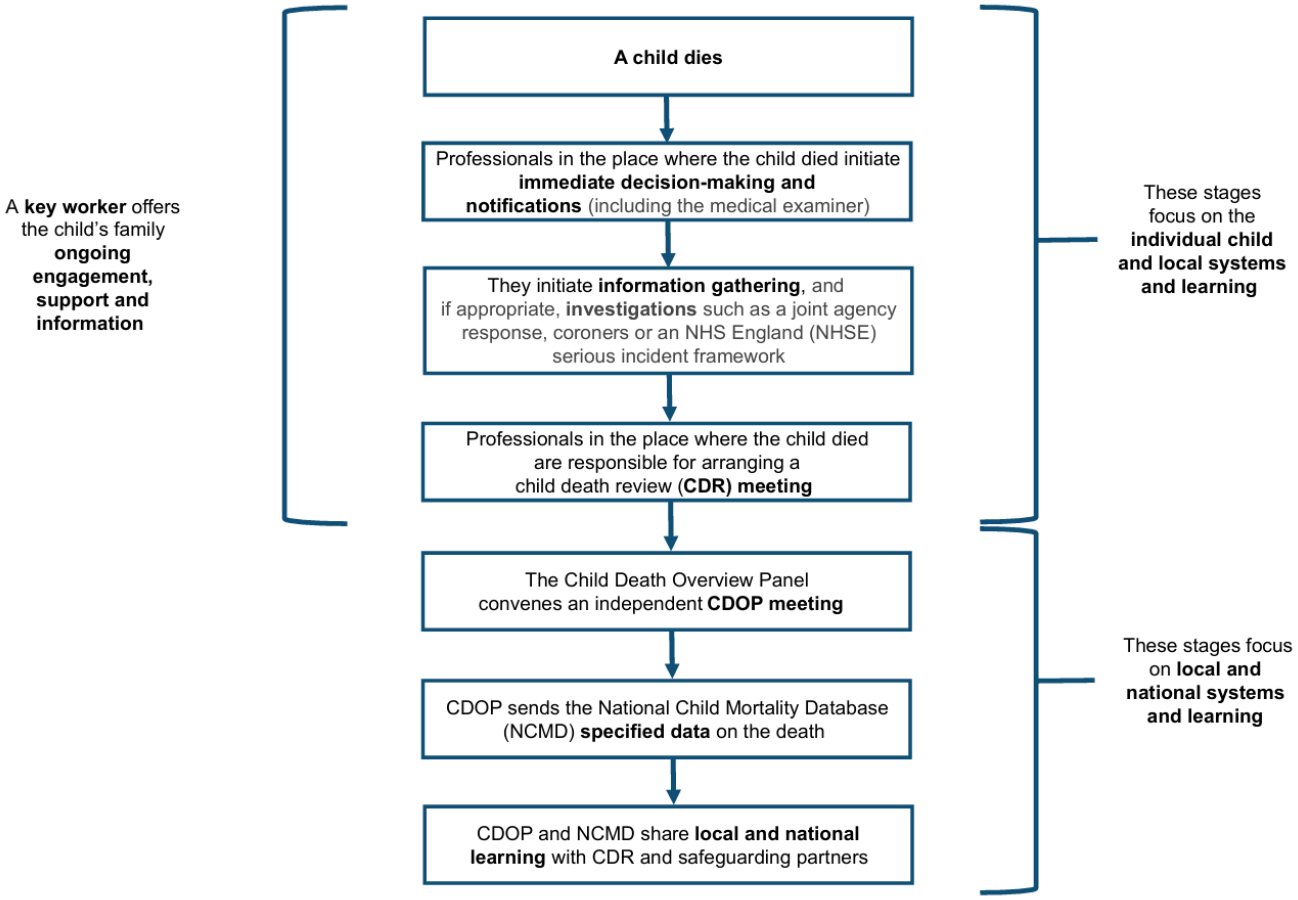


Figure 2: Process to follow when a child dies

443. The steps that precede the child death review partners' independent review commence in the immediate aftermath of a child's death. These include the immediate decisions, notifications and parallel investigations, and the child death review by those directly involved in the care of the child or the investigation after their death, at the child death review meeting. The information gathered throughout this process should be fed into the child death overview panel review.

444. The learning from all child death reviews should be shared with the National Child Mortality Database which may in addition consider information from other reviews in order to identify any trends in or similarities between deaths. Information from the database will be used to inform local or national changes to prevent future deaths.

445. The processes that should be followed by all those involved when responding to, investigating, and reviewing child deaths is set out in the Child Death Review Statutory and Operational guidance[226] on child death reviews issued by the government.

446. All practitioners participating in the child death review process should notify, report, and scrutinise child deaths using the standardised templates[227]. These should be forwarded to the relevant CDOP.

[226] Child Death Review Statutory and Operational guidance
[227] Child death reviews: forms for reporting child deaths

The child death review process

A child dies

447. Practitioners in all agencies should notify the child death review partners, via the local CDOP administrator (or equivalent) of the death of any child of which they become aware by using the child death notification form[228].

Immediate decision-making and notifications, and investigation and information gathering

448. Whenever a child dies, practitioners should work together in responding to that death in a thorough, sensitive, and supportive manner. The aims of this response are to:

- establish, as far as is possible, the cause of the child's death
- identify any modifiable or contributory factors[229]
- provide ongoing support to the family
- learn lessons in order to reduce the risk of future child deaths and promote the health, safety, and wellbeing of other children
- ensure that all statutory obligations are met

449. Where a joint agency response is required, practitioners should follow the process set out in 'Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation (2016)'[230]. A joint agency response is required if a child's death:

- is or could be due to external causes
- is sudden and there is no immediately apparent cause (including sudden

[228] Child death notification form

[229] These are defined as factors that may have contributed to the death of the child and that might, by means of a locally or nationally achievable intervention, be modified to reduce the risk of future deaths

[230] Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation – RCPCH Child Protection

unexpected death in infancy or childhood)

- occurs in custody, or where the child was detained under the Mental Health Act
- occurs where the initial circumstances raise any suspicions that the death may not have been natural
- occurs in the case of a stillbirth where no healthcare professional was in attendance

450. If there is an unexplained death of a child at home or in the community, the child should normally be taken to a hospital emergency department rather than a mortuary. In some cases when a child dies at home or in the community, the police may decide that it is not appropriate to move the child's body immediately, for example, because a forensic examination is needed.

451. In a criminal investigation, the police are responsible for collecting and collating all relevant information pertaining to a child's death. Practitioners should consult the lead police investigator and the Crown Prosecution Service to ensure that their enquiries do not prejudice any criminal proceedings.

452. If the results of any investigations suggest evidence of abuse or neglect as a possible cause of death whether at home or in the community, all practitioners should inform relevant safeguarding partners and the panel immediately.

Child death review meeting

453. This is the multi-agency meeting that takes place prior to the CDOP review. At the meeting, all matters relating to an individual child's death are discussed by professionals involved with the case. It should be attended by professionals who were directly involved in the care of that child during their life and in the investigation into their death and should not be limited to medical staff. A draft analysis form[231] of each individual case should be sent after the meeting to the local CDOP to inform their review.

Review of death by CDOP

454. The review by CDOP is intended to be the final, independent scrutiny of a child's death by professionals with no responsibility for the child during their life. The information gathered using all the standardised templates may help CDOP to identify modifiable factors that could be altered to prevent future deaths.

[231] Child death reviews: forms for reporting child deaths

455. In addition to the statutory responsibilities set out above, the review should also provide data to the National Child Mortality Database.

456. Child death review partners for a local authority area in England must prepare and publish a report as set out in the statutory responsibilities above[232,233]. They may therefore wish to ask their CDOP to produce an annual report on local patterns and trends in child deaths, any lessons learnt and actions taken, and the effectiveness of the wider child death review process in order to assist child death review partners to prepare their report.

[232] Children Act 2004 Section 16M
[233] Child Death Review: Statutory and Operational Guidance (England)

Appendix A: Glossary

Abuse - A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse, including physical abuse, sexual abuse, emotional and psychological abuse, coercive and controlling behaviour and economic or financial abuse, where they see, hear, or experience its effects. Children may be abused in a family or in an institutional or extra-familial context by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children. This includes in teenage relationships, or under the guise of 'honour' based abuse including forced marriage and female genital mutilation, or abuse related to faith or belief such as allegations of demonic possession.

Child criminal exploitation - Child criminal exploitation occurs where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Child death review partners - A child death review partner in relation to a local authority area in England is defined under the Children Act 2004 as (a) the local authority, and (b) any integrated care board for an area any part of which falls within the local authority area. The 2 partners must make arrangements for the review of each death of a child normally resident in the area and may also, if they consider it appropriate, make arrangements for the review of a death in their area of a child not normally resident there. They must also make arrangements for the analysis of information about deaths reviewed under this section. The purposes of a review or analysis are (a) to identify any matters relating to the death or deaths that are relevant to the welfare of children in the area or to public health and safety, and (b) to consider whether it would be appropriate for anyone to take action in relation to any matters identified.

Child protection - Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Child Sexual abuse - Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts, such as

masturbation, kissing, rubbing, and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse. Sexual abuse can take place in family settings, in institutional settings, online, and technology can be used to facilitate offline abuse. Child sexual abuse material available online may have been generated in a family environment. Online abuse can also take the form of cyber-grooming or self-generated sexual content under coercion. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children. A child of any age or gender can be a victim of sexual abuse.

Child sexual exploitation - Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Children – A person from birth to age 18. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change their status or entitlements to services or protection.

Controlling or coercive behaviour - Also known as coercive control, controlling or coercive behaviour is a form of domestic abuse. In 2015, the offence of controlling or coercive behaviour was introduced under Section 76 of the Serious Crime Act as a criminal offence. Controlling or coercive behaviour is included in the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Act 2021.

Controlling or coercive behaviour is a pattern of abuse (on two or more occasions) that involves multiple behaviours and tactics used by a perpetrator to (but not limited to) hurt, humiliate, intimidate, exploit, isolate, and dominate the victim. It is an intentional pattern of behaviour used to exert power, control, or coercion over another person and can also be present in teenage relationships or between a child and adult. Controlling or coercive behaviour is often committed in conjunction with other forms of abuse and is often part of a wider pattern of abuse, including violent, sexual, or economic abuse.
Children can be used to control or coerce the victim, for example, by frustrating child contact and/or child arrangements, telling the children to call the victim derogatory names or to hit the victim, or by threatening to abduct the children.

This pattern of abuse causes fear, serious alarm and/or distress which can lead to a substantial adverse effect on a victim’s day-to-day life. This can have a significant impact

on children and young people[234].

Section 68 of the Domestic Abuse Act 2021 came into force on 5 April 2023 and removed the 'living together' requirement for the controlling or coercive behaviour offence, which means that the offence applies to partners, ex-partners or family members, regardless of whether the victim and perpetrator live together. More information about controlling or coercive behaviour, including the impact on children can be found in the Controlling or coercive behaviour: statutory guidance[235] and the Domestic Abuse Act 2021: statutory guidance[236].

County lines – A term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

This activity can happen locally as well as across the UK; no specified distance of travel is required. For further information see 'Criminal exploitation of children and vulnerable adults: county lines' guidance[237].

Domestic abuse -The Domestic Abuse Act 2021[238] introduced the statutory definition of domestic abuse (section 1 of the Act). The statutory definition is clear that domestic abuse may be a single incident or a course of conduct which can encompass a wide range of abusive behaviours, including a) physical or sexual abuse; b) violent or threatening behaviour; c) controlling or coercive behaviour; d) economic abuse; and e) psychological, emotional, or other abuse such as 'honour' abuse, faith- or belief-based abuse, forced marriage, female genital mutilation or reproductive coercion, harassment and stalking.

Under the statutory definition, both the person who is carrying out the behaviour and the person to whom the behaviour is directed towards must be aged 16 or over and they must be "personally connected" (as defined in section 2 of the Domestic Abuse Act 2021). The definition ensures that different types of relationships are captured, including ex-partners and family members.

All children can experience and be adversely affected by domestic abuse in the context of their home life where domestic abuse occurs between family members, including where those being abusive do not live with the child. Experiencing domestic abuse can have a significant impact on children. Section 3 of the Domestic Abuse Act 2021 recognises the impact of domestic abuse on children (0 to 18), as victims in their own right, if they see,

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[234] As set out in the Serious Crime Act 2015 Section 76, a child cannot be considered a victim of coercive or controlling behaviour if (see sub-section 3) "A" has parental responsibility for "B" (the child) and if "B" is under the age of 16. To note, children aged 16 to 17 can be considered victims of coercive or controlling behaviour in their own personal relationships.

[235] Controlling or coercive behaviour: statutory guidance

[236] Domestic Abuse Act 2021: statutory guidance

[237] Criminal exploitation of children and vulnerable adults: county lines guidance (Home Office)

[238] Domestic Abuse Act 2021

hear or experience the effects of abuse.

Young people can also experience domestic abuse within their own intimate relationships. This form of child-on-child abuse is sometimes referred to as teenage relationship abuse. Depending on the age of the young people, this may not be recognised in law under the statutory definition of domestic abuse (if one or both parties are under 16). However, as with any child under 18, where there are concerns about safety or welfare, child safeguarding procedures should be followed and both young victims and young perpetrators should be offered support. The 'Domestic Abuse Act 2021: statutory guidance'[239] provides further advice for frontline professionals who have responsibility for safeguarding and supporting victims of domestic abuse, including children. This guidance provides further information about the different forms of domestic abuse (including teenage relationship abuse and child to parent and carer abuse) and the impact of domestic abuse on children.

Education, health and care (EHC) plan - An education, health and care (EHC) plan details the education, health and social care support that is to be provided to a child or young person who has SEN[240].

Emotional abuse - The persistent emotional or psychological maltreatment of a child so as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Extra-familial contexts - Extra-familial contexts include a range of environments outside the family home in which harm can occur. These can include peer groups, school, and community/public spaces, including known places in the community where there are concerns about risks to children (for example, parks, housing estates, shopping centres, takeaway restaurants, or transport hubs), as well as online, including social media or gaming platforms.

Extra-familial harm - Children may be at risk of or experiencing physical, sexual, or emotional abuse and exploitation in contexts outside their families or the home they live

[239] Domestic Abuse Act 2021: statutory guidance
[240] SEND code of practice: 0 to 25 years - GOV.UK

in, such as a children's home or foster home (see glossary definition of extra-familial contexts).

While there is no legal definition for the term extra-familial harm, it is widely used to describe different forms of harm that occur outside the home.

Children can be vulnerable to multiple forms of extra-familial harm from both adults and/or other children and harm may be perpetrated or facilitated by individuals or groups. Examples of extra-familial harm may include (but are not limited to): criminal exploitation (such as county lines and financial exploitation), serious violence, modern slavery and human trafficking, online harm, sexual exploitation (including group-based child sexual exploitation), child-on-child (non- familial) sexual abuse and other forms of harmful behaviour displayed by children towards their peers, abuse, and/or coercive control, children may experience in their own intimate relationships (sometimes called teenage relationship abuse), and the influences of extremism which could lead to radicalisation.

Extremism - Extremism is defined in the Prevent strategy as the vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces.

Family group conference (FGC) - this is one model of family group decision-making.

Family group decision making (FGDM) - Family group decision-making is an umbrella term for voluntary, family-led decision-making forums in which a child's family network has all the resources, adequate preparation, relevant information and a safe and appropriate environment to make a plan in response to concerns about a child's safety and wellbeing, working alongside skilled professionals. At pre-proceedings stage, practitioners should consider the use of an independent coordinator and families should be offered "private family time", unless there are safeguarding concerns which would mean this might be considered inappropriate or unsafe. The Department for Education does not prescribe a particular model for delivering family group decision-making. However, local partnerships should consider the strong evidence for the family group conference model. In both domestic and international studies, family group conferences have been shown to be highly effective in supporting families, improving decision-making processes and diverting children from care.

Family network - A group of people close to a child made up of relatives and non-related connected people (where connected people has the same definition used in the Care Planning, Placement and Case Review (England) Regulations 2010[241] in addition to close family friends who have a connection with the child)

A family network could include step-parents, siblings, aunts, uncles, cousins, grandparents, godparents, or close family friends.

Financial exploitation - Financial exploitation can take many forms. In this context, we use the term to describe exploitation which takes place for the purpose of money

[241] The Care Planning, Placement and Case Review (England) Regulation 24

laundering. This is when criminals target children and adults and take advantage of an imbalance of power to coerce, control, manipulate or deceive them into facilitating the movement of illicit funds. This can include physical cash and/or payments through financial products, such as bank and cryptocurrency accounts.

Group-based child sexual exploitation – Group-based is defined as two or more individuals (whether identified or not) who are known to (or associated with) one another and are known to be involved in or to facilitate the sexual exploitation of children. Being involved in the sexual exploitation of children includes e.g. introducing them to other individuals for the purpose of exploitation, trafficking a child for the purpose of sexual exploitation, taking payment for sexual activities with a child or allowing their property to be used for sexual activities with a child, etc. This can be perpetrated within or beyond the family, by both children and adults, and groups can be organised or loosely linked.

'Honour'-based abuse - So-called 'honour'-based abuse (HBA) encompasses incidents or crimes which have been committed to protect or defend the honour of the family and/or the community, including female genital mutilation (FGM), forced marriage, and practices such as breast ironing. Abuse committed in the context of preserving 'honour' often involves a wider network of family or community pressure and can include multiple perpetrators. It is important to be aware of this dynamic and additional risk factors when deciding what form of safeguarding action to take. All forms of HBA are abuse (regardless of the motivation) and should be handled and escalated as such. Professionals in all agencies, and individuals and groups in relevant communities, need to be alert to the possibility of a child being at risk of HBA, or already having suffered HBA.

Kinship care - When a child lives full-time or most of the time with a relative, friend or connected person and that person provides most or all of the child's care. It does **not** include parents, foster carers with no prior connection to the child, or anyone caring in a professional capacity. Kinship care arrangements can be **formal** (through legal orders or kinship fostering) or **informal** (family or friends caring without a formal agreement in place).

The following are all types of kinship care arrangements however this list is not exhaustive:

a. Informal kinship care arrangements (not approved foster care) including:
    i. A private family arrangement in which a close family member who does not hold parental responsibility, raises the child and
        - the local authority has had no major role in making the arrangement for the child
        - where a Family Court has not made an order in respect of the care of the child.
    ii. Where a child under the age of 16 is being provided with accommodation for

less than 28 days by an individual in their own home who is not a close relative

iii. Where a 16 or 17 year old is being provided with accommodation by an individual who is not a close relative in their own home

b. A private fostering arrangement in which someone who is not a close relative[242] of the child looks after the child for 28 days or more[243] (as per section 66(1)(a) and (b) of the Children Act 1989)[244]

c. Where a 'lives with' child arrangements order[245] has been granted in respect of the child, in favour of someone who is a friend or family member but is not the child's parent.

d. Where a special guardianship order has been granted appointing a friend or family member as the child's special guardian.

e. Where a child is a 'looked after child' by virtue of either an interim or final care order or being accommodated by the local authority (usually under section 20 of the Children Act 1989) and each of the following apply (this may be described as 'kinship foster care' or 'family and friends foster care'):

i. The child is being cared for by a friend or family member who is not their parent, and

ii. The friend or family member is approved as a local authority foster carer on a temporary basis or following full assessment.

f. Where an adoption order has been granted in respect of the child and, prior to the making of the order, the adopter was a friend or family member.

Local authority designated officer (LADO) - County level and unitary local authorities should ensure that allegations against people who work with children are not dealt with in isolation. Any action necessary to address corresponding welfare concerns in relation to the child or children involved should be taken without delay and in a coordinated manner. Local authorities should, in addition, have designated a particular officer, or team of officers (either as part of multi-agency arrangements or otherwise), to be involved in the management and oversight of allegations against people who work with children. Any such officer, or team of officers, should be sufficiently qualified and experienced to be able to fulfil this role effectively, for example, qualified social workers. Any new appointments to such a role, other than current or former designated officers moving between local authorities, should be qualified social workers. Arrangements should be put in place to

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[242] In relation to private fostering, "relative" has the meaning given in section 105 of the Children Act 1989. It includes only the following: grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership), and stepparent (a married stepparent, including a civil partner).

[243] For the purposes of this kinship definition, the term private fostering arrangement includes only individuals accommodating a child. It does not apply to organisations or bodies.

[244] 16- and 17-year olds who are disabled will be deemed to be in a private fostering arrangement.

[245] Pursuant to section 8 of the Children Act 1989

ensure that any allegations about those who work with children are passed to the designated officer, or team of officers, without delay.

Maltreatment - All forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

Neglect - The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate caregivers)
- ensure access to appropriate medical care or treatment
- provide suitable education

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs

Parent carer - A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility

Physical abuse - A form of abuse which may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Relative - The Children Act 1989 (section 105)[246] defines a relative as in relation to a child, meaning a grandparent, brother, sister, uncle or aunt (whether of the full blood or half blood or by marriage or civil partnership) or step-parent. This guidance uses this definition and includes cousins when referring to relatives.

Safeguarding and promoting the welfare of children - Defined for the purposes of this guidance as:

- providing help and support to meet the needs of children as soon as problems emerge
- protecting children from maltreatment, whether that is within or outside the home, including online
- preventing impairment of children's mental and physical health or development

[246] Children Act 1989 Section 105

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- promoting the upbringing of children with their birth parents, or otherwise their family network through a kinship care arrangement, whenever possible and where this is in the best interests of the children
- taking action to enable all children to have the best outcomes in line with the outcomes set out in the Children's Social Care National Framework.

Safeguarding partners - A safeguarding partner in relation to a local authority area in England is defined under the Children Act 2004 as: (a) the local authority, (b) an integrated care board for an area any part of which falls within the local authority area, and (c) the chief officer of police for an area any part of which falls within the local authority area. The three safeguarding partners should agree on ways to co-ordinate their safeguarding services, act as a strategic leadership group in supporting and engaging others, and implement local and national learning, including from serious child safeguarding incidents. To fulfil this role, the 3 safeguarding partners must set out how they will work together and with any relevant agencies as well as arrangements for conducting local reviews.

Serious violence - Serious violence covers specific types of crime, such as homicide, knife crime, and gun crime, and areas of criminality where serious violence or its threat is inherent, such as in gangs and county lines drug dealing. It also includes crime threats faced in some areas of the country such as the use of corrosive substances as a weapon.

For the purposes of the Serious Violence Duty, as per section 13 of the Police, Crime, Sentencing and Courts Act 2022, Serious Violence in the local area is violence that is serious in that area, taking account of: the maximum penalty which could be imposed for the offence (if any) involved in the violence, the impact of the violence on any victim, the prevalence of the violence in the area and the impact of the violence on the community in the area.

Young carer - A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work). Young adult carers are aged 16 to 25 and may have different support needs as they transition to adulthood.

Appendix B: Further sources of information

Guidance issued by the Department for Education

- Care of unaccompanied migrant children and child victims of modern slavery
- Child sexual exploitation: definition and guide for practitioners
- Children Act 1989: court orders and pre-proceedings
- Children Act 1989 guidance and regulation volume 2: care planning, placement, and case review
- Children Act 1989: private fostering
- Keeping children safe in education: for schools and colleges
- Listening to and involving children and young people
- Managing risk of radicalisation in your education setting
- Mandatory reporting of female genital mutilation: procedural information
- Multi-agency statutory guidance on female genital mutilation
- National action plan to tackle child abuse linked to faith or belief
- National minimum standards for private fostering
- Non-Maintained Special Schools (England) Regulations 2015
- Pathways to harm, pathways to protection: a triennial analysis of serious case reviews, 2011 to 2014
- Preventing and tackling bullying
- Prevention of homelessness and provision of accommodation for 16 and 17 year old young people who may be homeless and/or require accommodation
- Safeguarding and social care for children
- Safeguarding children who may have been trafficked practice guidance
- Safeguarding strategy: unaccompanied asylum seeking and refugee children
- Social work post-qualifying standards: Knowledge and skills statements
- Statutory framework for the early years foundation stage (EYFS)
- Statutory guidance on children who run away or go missing from home or care
- Statutory visits to children with special educational needs and disabilities or health conditions in long-term residential settings

- The Child Safeguarding Practice Review and Relevant Agency (England) Regulations 2018
- The Prevent duty: support for those working in education with safeguarding responsibilities
- United Nations Convention on the Rights of the Child: how legislation underpins implementation in England
- Use of reasonable force in schools
- Visiting children in residential special schools and colleges statutory guidance
- What to do if you're worried a child is being abused: advice for practitioners

Guidance issued by other government departments and agencies

- Achieving best evidence in criminal proceedings: guidance on interviewing victims and witnesses, and guidance on using special measures Ministry of Justice
- Apply for a forced marriage protection order Foreign, Commonwealth and Development Office
- Asset plus: assessment and planning in the youth justice system Youth Justice Board
- Carers strategy: second national action plan 2014-2016 Department of Health and Social Care
- Channel and Prevent Multi-Agency Panel guidance: protecting people vulnerable to being drawn into terrorism Home Office
- Child exploitation disruption toolkit Home Office
- Child knife possession offences - GOV.UK Home Office
- Commissioning framework for child sexual abuse support Home Office
- Counter-terrorism strategy (CONTEST) Home Office
- County lines offending: the Crown Prosecution Service legal guidance Crown Prosecution Service
- Controlling or coercive behaviour: statutory guidance framework Home Office
- Criminal exploitation of children and vulnerable adults: county lines Home Office
- Cyber aware National Cyber Security Centre
- DBS barring referral guidance Disclosure and Barring Service
- Developing local substance misuse safeguarding protocols Public Health England
- Disclosure and Barring Service

- Domestic Abuse Act 2021: statutory guidance Home Office
- Every child matters: statutory guidance (arrangements to safeguard and promote the welfare of children UK Visas and Immigration
- Female genital mutilation protection orders: factsheet Home Office
- Female genital mutilation resource pack Home Office
- Forced marriage Foreign, Commonwealth and Development Office, and Home Office
- Forced marriage protection orders (application) HM Courts and Tribunals Service
- Forced marriage resource pack Home Office
- Forced marriage: statutory guidance for heads of safeguarding organisations, and non-statutory guidance for front-line professionals Home Office, and Foreign, Commonwealth and Development Office
- Guidance for health professionals on domestic violence Department of Health and Social Care
- Homelessness code of guidance for local authorities Department for Levelling Up, Housing and Communities
- Information sharing duty: Operation Encompass Home Office
- Interim guidance for ICTGs Home Office
- Mental Health Act 1983: Code of Practice Department of Health and Social Care
- Missing children and adults: a cross-government strategy Home Office
- Modern Slavery Act: statutory guidance Home Office
- Multi-agency public protection arrangements (MAPPA): Guidance Ministry of Justice, HM Prison and Probation Service
- National service framework: children, young people, and maternity services Department of Health and Social Care
- Practice direction 12A – care, supervision, and other part 4 proceedings: guide to case Management Ministry of Justice
- Prevent duty guidance: for England and Wales Home Office
- Prison, probation, and rehabilitation: public protection manual HM Prison and Probation Service
- Probation Service Serious further offence procedures policy framework Ministry of Justice
- Protocol for liaison and information exchange when criminal proceedings coincide with child safeguarding practice reviews in England Crown Prosecution Service
- Recognised, valued and supported: next steps for the carers strategy 2010

- Safeguarding children, young people and adults at risk in the NHS: Safeguarding accountability and assurance framework NHS England
- Serious and organised crime toolkit: an interactive toolkit for practitioners working with young people Home Office
- Statutory guidance for integrated care boards on executive lead roles NHS England
- Supporting children to stay safe online National Crime Agency/CEOP Education
- Understanding the female genital mutilation enhanced dataset: updated guidance and clarification to support implementation Department of Health and Social Care
- Violence against women and girls Home Office

Guidance issued by external organisations

- Child maltreatment: when to suspect maltreatment in under 18s NICE
- Child protection and the team British Dental Association
- Child Protection Companion Royal college of Paediatrics and Child Health
- Child Sexual Abuse Response Pathway | CSA Centre
- Children's Commissioner
- Children's rights and the law guide Children's Rights Alliance for England
- Communicating with children | CSA Centre Centre of Expertise on Child Sexual Abuse
- Cyberbullying: understand, prevent, respond – guidance for schools Childnet dental International
- Developing your strategic response to child sexual abuse | CSA Centre
- Guide to UK General Data Protection Regulations (UK GDPR) Information Commissioner's Office
- Helping education settings identify and respond to concerns Centre of Expertise on Child Sexual Abuse
- How we protect children's rights Unicef
- Independent Scrutiny and Local Safeguarding Children Partnerships Vulnerability Knowledge and Practice Programme
- Inter-parental relationships Early Intervention Foundation
- Multi-agency practice principles for responding to child exploitation and extra-familial harm Non-statutory guidance for local areas, developed by the Tackling Child Exploitation (TCE) Support Programme, funded by the Department for Education and supported by the Home Office, the Department for Health and Social Care and the Ministry of Justice
- NICE guideline on child abuse and neglect NICE

- Police response to concern for a child College of Policing
- Pre-proceedings and family justice hub Research in Practice and Essex County Council
- Prison and Probation Ombudsman's fatal incidents reports
- Prisoners' Families Helpline
- Private fostering CoramBAAF
- Protecting children and young people: doctors' responsibilities General Medical Council
- Protective measures and civil orders College of Policing
- 'Right to erasure' ICO
- Safeguarding children: toolkit for general practice Royal College of General Practitioners
- Safer young lives research centre University of Bedfordshire
- Signs and Indicators: a template for identifying and recording signs of child sexual abuse Centre of Expertise on Child Sexual Abuse
- Standards for safeguarding and protecting children in sport NSPCC
- Sudden unexpected death in infancy and childhood: multi-agency guidelines for care and investigation Royal College of Pathologists
- Supporting parents and carers: a guide for those working with families affected by child sexual abuse Centre of Expertise on Child Sexual Abuse
- UK Safer Internet Centre: Online safety advice and resources UK Safer Internet Centre
- Useful links | Prisoners' Families Helpline
- Whistleblowing advice line NSPCC
- Working Together with Parents Network: Good practice guidance on working with parents with a learning disability (2021) University of Bristol
- 'Your right to get your data deleted' ICO

UK Government

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