



## **Principles, Protocols and Practice Standards**

### **Purpose of Protocol**

This protocol has been agreed across the 7 West Midlands Authorities through the 7 LSCB Boards with the West Midlands Police Force, Chief Executives and Directors of Children's Services, and NHS partners.

It must be used in conjunction with the statutory requirements in *Working Together to Safeguard Children 2013*, which provides the relevant underpinning legislation. The flow chart all parties are required to follow is attached as appendix 1. Working Together also sets out the part each agency/statutory partner has to play and the steps they need to take. It also takes account of the expectations on schools in *Guidance on Safeguarding in Education March 2014*

It provides a set of principles, a shared protocol and a set of practice standards which all 7 Boards can use to govern local arrangements, provide consistency of expectation and practice and be used to performance manage and assure local partners as to the effectiveness of the system.

Each Board will work locally with partners to ensure that business processes, administrative arrangements, audit practice, quality assurance and staff training and learning supports compliance with the protocol and standards. They may also add detail where that aids local practice but should not remove any of the required standards or principles.

### **Desired Outcomes**

Safer children, good information and communication, risk informed decision making, realistic plans, clear and shared responsibilities, clear outcomes, explicit timescales, with children and families who know who is doing what, why, how progress will be measured, what they have to do themselves and what will happen if they don't.

## **Principles**

**Principle 1: Children live in families and communities; so everyone potentially has information that is important (child, family, neighbours, school, early years, NHS, and other services involved including adult services, private and third sector organisations, housing, police and probation services).**

**Principle 2: At the point it becomes clear statutory intervention may be needed, The Lead Agency (Children's Services) is responsible for making rigorous and inquisitive enquiries to map who is involved in that child and family's life.**

**Principle 3: Strategy Meetings and Discussions are opportunities to share as much of the available information as is possible between participants to inform next steps.**

**Principle 4: The time between the strategy discussion and the first Conference is not a period where nothing happens. It requires an interim multi-agency plan to be put in place to adequately safeguard the child or children during ongoing assessments**

**Principle 5: Assessments are also interventions in their own right – and must be used as such**

**Principle 6: A conference is a way of analysing and managing risk NOT providing services.**

**Principle 7: Families should be left in no doubt what they need to change, what the plan is to achieve change, how the change will be measured, how they will be helped to achieve that change and what will happen if this change is not achieved.**

**Principle 8: Everyone who could make a contribution should be invited regardless of whether they are involved or not - and in particular the child/ren.**

**Principle 9: Everyone invited is expected to attend.**

**Principle 10: Core groups are designed to adopt the plan, inform assessments, support and enable progress, drive agreed actions, identify what has been achieved, and consider whether an escalation in response or a significant change in the plan is needed.**

**Principle 11: Conference Chairs should be quality assuring progress in securing improved outcomes for the child in between case conferences.**

**Principle 12: Review conferences follow the same protocol and practice standards.**

## **Protocol and Practice Standards**

1. Whenever Children's Social Workers identify concerns about risk that may justify statutory intervention -
  - The social worker must arrange a multi-agency strategy discussion within 24 hours to consider what is known, what the potential risk appears to be and what action should be taken immediately.
  - If it is deemed appropriate at that point to convene a strategy meeting rather than discussion this should ideally be face to face: if not, a conference call or virtual meeting should be convened
  - At the point of discussion the Lead Agency (Children's Social Work Services) should always map who is known to be involved with the child and family
  - The strategy discussion must always include **all universal services** (police, NHS agencies involved, GPs, schools and early years, and others as relevant).
  - All agencies must record that the strategy discussion took place: The Lead Agency will record the detail and immediate plan of action
  - The Lead Agency will record the agreed actions and then inform the referrer about what is happening as soon as possible.
  - The strategy discussion / meeting itself is an intervention and all actions that follow at this stage must be proactive and part of a clearly recorded interim care or service plan designed to ensure the child/ren are safe.
  - No child/ren should be left without an agreed plan of action at this stage
  - The information gathered about who knows what at this stage forms the first step of any assessment or risk assessment.
2. A conference should be booked immediately (if possible) and no longer than 2 days after a strategy meeting / discussion, and cancelled if not required. An Initial Child Protection Conference should be held within 15 working days.
3. The Lead Agency is responsible for identifying everyone who should potentially be invited to the Initial Child Protection Case Conference. This will involve discussions with each partner agency and the exercise of professional judgement by both parties in the discussion. It should always include discussions with relevant agencies about whether their attendance is necessary, proportionate and reasonable based on what is known and what has already been discussed. Alternative courses of action should be considered and mutually agreed if necessary, depending on the case and the degree of proportionality needed.
4. Agreement should be reached as soon as possible as to who will be actively invited to attend, and who will just submit a report.
5. Every effort must be made to give participants maximum notice and to include every potential attendee using the quickest and most effective form of electronic communication possible locally.
6. These discussions must be recorded. Any dissent should be escalated through managers. (see your local escalation policy).

7. The conference must involve all of the people who:
  - have relevant contact with the family
  - have relevant expertise to offer / knowledge to share
  - can support a plan
  - need to know about the issues and concerns and contribute to a conference decision
8. 100% attendance is expected from all those who are invited to do so.
9. Every invitation provides the opportunity for the person invited to speak to the chair prior to the meeting. The invitations are always scrutinised and challenged by the conference coordinators, with the lead agency, so the right people are invited.
10. If someone (for good reason) cannot attend, BEFORE the conference they must:
  - talk to their manager to find a solution
  - discuss the best way to ensure information is provided as is a view about a plan
  - discuss the case with the lead agency and conference chair BEFORE the conference.
  - Send, by agreement, a written report (in line with local requirements)
11. It is better to postpone by a day or two to get everyone there, as long as everyone is satisfied that the actions and interim plan are keeping the children safe and that shared decision is recorded.
12. The coordinator / conference chair should make the final decision about postponement and missing the set timescale
13. Reports must be received no less than three days in advance. Each Agency should share their report with the family in advance. All reports should include a two year chronology (at least) of significant events.
14. Everyone who comes to conference should know
  - why they have been invited
  - why they are there
  - what they need to bring with them
  - what they will go away to do; and
  - what support they can expect to do what is required of them
15. Each agency must make sure that staff attending are properly supported and prepared by their managers
16. Interpreters must attend if needed.
17. The social worker after discussion with partners and where appropriate the child/ren will discuss with the Conference Chair whether any adults should attend only part of the meeting, attend on their own or be excluded. This will depend on the case circumstances but parents and carers should not have to attend together if one is controlling or abusive towards the other or has been in the past.. The decision rests with the Chair.

18. The child/ren or young people should always be invited to attend if they are confident enough to express their views in a group setting or if they wish to attend. If they do not want to attend agreement must be reached about how they can make their own wishes and feelings known and also who will tell them what has happened. This should be discussed between the chair, the social worker and the child. The decision rests with the Chair.
19. Advocates (independent of the family) for the family, the child and staff unfamiliar with the process must be able to attend by advance agreement with the chair.
20. At the start of the conference the Chair should ensure that everyone knows why they are there and what is expected of them during and after the conference.
21. Every effort should be made to enable everyone to contribute fully, including family members. Everyone present must offer their view about what the decision should be with regard to a plan (including the child and family) and everyone's view is recorded. Staff need to be able to and are required to give a view about a child being the subject of a CP plan.
22. If agreement cannot be reached the decision is with the Chair. An Agency or individual who does not agree with the decision must feel able to and know how to escalate their concern but must be prepared to contribute to a plan anyway.
23. Dissent at the meeting must be clearly recorded.
24. All partners must follow the plan agreed at the conference
25. No conference should end without a plan (whether it is a Child Protection Plan, CIN Plan or Family Support Plan) and the child, family and professionals will know what will happen next and what consequences are if agreed actions are not taken or agreed outcomes are not achieved.
26. The plan should set out;
  - The desired outcome
  - The steps to achieve it
  - Who will do what and why, by when
  - How long it is for
  - How progress will be measured
  - What the expectations are of each agency and the family; and
  - what will happen if the outcome is not achieved by the set date
27. Whatever the outcome of the conference everyone must know their role in the outcome plans. No conference will conclude without an active plan whether it is a child in need or family support plan or some other form of planned intervention or a child protection plan. These are all of equal importance but varying degrees of compulsion.

28. The conference will agree what will happen if the plan fails to achieve the desired outcomes.
29. The conference chair will;
  - follow up the plan's progress within the 1<sup>st</sup> month with the lead agency / professional;
  - quality assure the conference process and reports back to agencies on quality regularly
30. If there is a child protection plan the conference will always agree the principal category and record:
  - strengths in the family;
  - the symptomatic features that create concerns and constitute risks;
  - the impact of these risks and concerns on the child(what is that child's lived experience)
  - the causative features behind these concerns symptomatic issues and risks; and
  - Other areas of concern
31. The conference is open and transparent and all information is shared, unless it is harmful / has to be restricted and has not been addressed through strategy discussion.
32. If there is restricted information – the relevant agency will tell the chair at least three days in advance so s/he can plan how to manage the conference accordingly.
33. Core Groups:
  - should be properly planned and scheduled for 6 months in advance;
  - should follow the same protocol as case conferences in terms of the discussion, responsibilities and outcome;
  - can suggest any significant change of plan, introduce and add any interventions, or a return to an early case conference;
  - should progress the planned actions, any ongoing assessments, consider their content and share the outcomes;
  - should be properly recorded and the notes shared with everyone including the family within 5 working days;
  - should always update the chronology and consider the inherent implications of those update chronologies; and send them to the conference chair;
  - The updated joint chronology should then be sent to the conference chair.
  - must include the Lead Agency (the social worker) who (with management supervision) is responsible for chairing and coordinating the core group;

It is proper for other professionals meetings to be called and held if required in between core groups. These must be properly recorded and outcomes shared. Any professional can convene a joint professionals meeting.

Before any core group meeting the lead agency/professional must talk to anyone who cannot attend. Within 5 working days after each meeting s/he must share the outcome of the core group with any member who did not attend and confirm what actions are expected of those individuals

34. The conference has a role in quality assuring the work of the Core group, TAF / CAF or project group.
35. The same principles, practice standards and protocol apply to all review conferences