

# Integrated Front Door (IFD)

## Policy and Procedures

March 2024



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## Introduction

North East Lincolnshire Council are committed to ensuring that children and families receive the help they need at the earliest possible stage, by the most appropriate person to prevent escalation. We have a firm belief that children should be happy and healthy, live in their own community and be cared for by people who love them and help them to be the best they can be.

The prevention and early help strategy 2023-25 'Our children, our future' sets out the ambition for children and the role of professionals to engage families early in a strength based and relationship approach. For the few children where there may be concerns that a child may be in need or in need of protection, contact may be required with the Integrated front door.

- Our priority is to enable all children within North East Lincolnshire to be happy, healthy and ready to learn, free from harm and abuse, cared for by people who love them and help them to achieve their potential.
- In doing this, our aim is to empower families to successfully parent their children and enable them to find their own solutions.
- We strongly believe that providing the right level of help at the most appropriate time will lead to positive outcomes for children and we work closely with our partner agencies to achieve this.
- We are ambitious for our children, we listen to children's views and understand their experiences in order to make good decisions.
- We understand that there will be a need to protect some children and will ensure where risk is identified, this is responded to swiftly and proportionately.
- We will ensure that the workforce are safe, skilled and trained to do so, with strong leadership arrangements with our values at the centre of practice

## Scope

This procedure applies to all staff within Children's services who process and manage Contacts and Referrals into Children's social work. The Integrated Front Door is a provision for 365 days a year, 24 hours per day.

The Integrated Front Door plays a crucial part in the provision of Social Work to children and their families.

- It is the public face of the Council at the point of contact. People's experiences of the contact & referral process will shape their view of the Council as a whole and of Children's Services.
- It is the point at which the initial framing of a child's circumstances takes place. Research and experience shows us that the initial framing has a considerable impact on the future planning and the outcome for a child and their family. It is vital that contacts and referrals consider the holistic information for children to determine the best outcome.
- The decisions made within the IFD impacts at each stage of the child's journey. If the IFD makes good decisions based on good information, the right support will be provided to the right families at the right time and caseloads will be appropriate and meaningful.
- Proportionate and appropriate partner information should be gained and analysed alongside the voice and experience of the child, parents and relevant others to ensure decisions are sound and based on the full information.

The information sharing with partner agencies allows for information to be gathered immediately to ensure the child's holistic needs are considered including a multi-agency consideration of risks, strengths and protective factors. Partners can also be consulted to share and analyse information to inform decisions regarding whether a child is at risk of significant harm and whether a strategy discussion is required.

### **Contact/ Referrals to the integrated Front Door**

Anyone can make a referral if they are worried about any child and think they may be a victim of neglect or abuse, whether as a member of the public or as a professional.

If you are worried about a child or a young person under the age of 18, you should contact Children's Services. If your concern is outside of normal office hours, you should contact EDT.

Members of the public and professionals can call the IFD on 01472 326292 (option 2, option 2) (Monday to Thursday 8.30am to 5pm and Friday 8.30am – 4.30pm).

Children's Social Care also run the Emergency Duty Team (EDT), which you can contact on 01472 326292 (option 2). This service is an EMERGENCY ONLY service open from 5pm to 8:30am, Monday to Thursday and 4.30pm Friday to 8.30am Monday.

A small minority of vulnerable children will require specialist help and support led by Children's social work. Where a child may be in need or in need of protection or being looked after as defined in statutory guidance, a contact/referral will be processed by IFD. Specialist social work can be provided to those children with **acute need** where the goal is to create change and support the family to manage independently of social work and those with **chronic need** who require long term support (i.e. looked after children or children with complex disability needs).

All reports received by IFD in daytime working hours are initially progressed as a contact. The worker can offer advice and guidance to the caller and make further enquiries to determine whether there are child safety concerns. If it is determined that further social work intervention is required (safeguarding enquiries, S17 assessment, strategy discussion or allocation as an open case) this contact will then become a referral.

All contact records will have a briefing supervision recorded by the IFD Practice Supervisor to outline the course of action required to determine the child's safety and reduce the level of risk. The child's immediate safety will also be considered within this. Daily reflective discussions are also held in the morning and end of day briefings to ensure timely responses. Decisions regarding outcomes for contact/referrals are made within 24 hours of the information being received. In exceptional circumstances, if it is not possible for a referral to be completed within 24 hours the rationale for this and how the child's safety is ensured must be clearly recorded.

### **Referrals for children with complex disabilities**

Referrals (including child protection referrals) relating to children where a complex disability is a key feature, where communication is a barrier, or where a significant incident has occurred which is likely to result in complex health needs and/ or a disability the referral will be completed by a social worker within the Children's Disability Service. However the usual exploration of offer of early help and family help are to be undertaken by IFD. Supervision in respect of these referrals and assessments will be completed by the Children's Disability Service Practice Supervisor. The processes followed within IFD service and the Children's Disability Service will be the same.

### **Information Sharing**

Working Together to Safeguard Children 2023 outlines information sharing guidance from paragraphs 28 – 32, pages 18 – 22, with pages 21 – 22 outlining the 'Common myths that hinder effective information sharing'. Please see appendix for full information.

Working Together to Safeguard Children 2023 states the following:

- 28. 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.
- 29. 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) or where a child is already known to local authority children's social care. Sharing information about any adults with whom that child has contact, which may impact the child's safety or welfare, is also critical.
- Consent is not required for sharing information in a safeguarding context. This includes within Early help where problems first arise to prevent need from escalating. Practitioners should be as transparent as possible by telling families what information they are sharing and with whom, provided that it is safe to do so.

In Practice, this means that:

- Practitioners should share information in order to ensure the holistic picture for children is understood and to ensure the most appropriate and proportionate decision is made. (This is inclusive of PITSTOP, Early help, targeted Family help and statutory social work).
- Referrals to the Integrated front door should be made in line with the threshold document where there are concerns that a child may be in need or in need of protection.
- Parents/Carers should, wherever possible be informed what information will be shared and the reason for this unless by doing so the risk to a child would increase or a criminal investigation may be jeopardised.
- Consent will be required where we are providing a service. It is well recognised that a relational approach to helping families understand the benefits of the help being provided is most likely to encourage positive engagement

Concerns must not be discussed with parents/carers before making a referral where:

- Discussion would put a child at risk of significant harm.
- Discussion would impede a Police investigation or social work enquiry.
- Abuse is suspected and parents are reported to be the perpetrator.
- Organised or multiple abuse is suspected.
- Fabricated or induced illness is suspected.
- Honour based violence is suspected
- Contact with the parents/carers would place you or others at risk

- It is not possible to contact parents/carers without causing undue delay in making the referral

**The quality standards expected to be recorded within a contact/referral are:**

- Name, address, dates of birth and basic details of all children being referred.
- The date and time of the referral and the full details of the caller
- The specific concerns being referred and the impact of the concerns on the child's welfare and protection.
- How the child's immediate safety has been ensured should be explicitly recorded alongside further actions required.
- The family structure. This should (where appropriate) include siblings, half siblings, both parents and/or carers, any stepparents, grandparents, and significant others.
- Whether consent has been gained for the referral to be made and further information to be shared and if not the rationale for this.
- Cultural and diversity considerations
- Summary and analysis of the previous history. (This is not to be copied and pasted from previous involvement and is to detail a professional analysis and summary).
- The views of the child where possible (attempts should always be made to gain the child's view if this is age appropriate and, in the child's, best interests).
- The views of parents and/or carers.
- The views of partner agencies (including the professional who knows the child best).
- Evidence of offers of early help/family help plans and assessments
- Analysis of the risks and protective factors to inform recommendations
- Practice Supervisor's decision regarding the outcome and next actions required
- **Identify the risks, respond to these proportionately by making appropriate checks with partners and take appropriate action in order to reduce the risk.**

Within **24 hours of the contact/referral being received** the Practice Supervisor within IFD will **make a decision** about the outcome of the contact/referral and the type of response required. This will include whether:

- The child requires immediate protection and urgent action is required;
- The child is in need and requires an assessment under s17 of the Children Act 1989;
- There is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm and whether a strategy discussion is required, and enquiries must be made and the child assessed under section 47 of the Children Act 1989;

- Any support is required by the child and family, what type of needs these are, and whether these could be supported within a early help/family help or universal provision.
- Further specialist assessments are required to help the local authority to decide what further action to take.
- Court attendance or a court report is required.

The child's safety and welfare must be the paramount consideration in making any decision. A Proportionate amount of information needs to be gathered to enable a judgement on the child's best interests to be formed. The risk analysis methodology should be used to formulate a judgment with respectful uncertainty to ensure that the child subject to the contact and referral is safe.

It is essential to individually identify all the children named in the contact/referral and consider their unique needs. Careful consideration should be given to self-reported information from parents. The risks and benefits of contacting parents to confirm or deny the concerns are to be carefully considered and information should, where appropriate, be triangulated with other agencies to ensure the concerns are fully explored. In order to gather more information regarding the concerns, background checks may be undertaken with the key agencies involved. **Always consider police, health and education views and information alongside the views of other involved professionals.**

IFD will work closely with Family Help to ensure where family support is required this is implemented without delay and can also take place alongside an assessment to implement change. Family help will attend the morning briefings and PIT Stop meeting to ensure early intervention where possible.

## History

It is important to check Liquid Logic and Capita records for the subject child and any siblings, parents, and any significant others to ascertain whether there is any significant history that requires consideration or risks from any adults. This information is not to be copied and pasted from previous forms. The previous significant history should be summarised and analysed by the worker taking the referral to enhance the overall decision making.

## Information from abroad



Reasonable and proportionate attempts should be made to gain information from abroad for a child where there may be relevant information.

A child for whom relevant information may be held abroad includes a child who may:

- Be recently immigrant into the UK, with or without their parents, and for whom there are concerns of harm, including through accusations of spirit possession or witchcraft
- Have been, or is suspected to have been, trafficked into or out of the UK for sexual exploitation, domestic servitude, benefit fraud.
- Be at risk of abuse or has already been abused, through, female genital mutilation
- Threatened with forced marriage or at risk of Honour based violence.
- Have experienced significant harm whilst residing abroad

Professionals contributing to a multi-agency assessment of a child for whom relevant information is likely to be held abroad, should seek information from their respective counterpart agencies abroad (i.e. health professionals in the UK are responsible for retrieving health information from health professionals abroad etc).

Where an assessment is required of family or relatives' circumstances abroad, LA children's social care should contact an organisation such as Children and Families Across Borders whose details are available at: [cfab.org.uk](http://cfab.org.uk)

Professionals should contact national embassies and consulates in London for the countries concerned. Embassy and consulate details are available on the Foreign and Commonwealth Office website, at: [www.fco.gov.uk](http://www.fco.gov.uk).

The gaining of any information should not delay a decision and action for a child.

### **Information to the caller**

The caller should be told what the process of contact/referral is and given some idea of what will happen, given the circumstances they have reported. Three things need particular emphasis.

- The Social Worker should make sure they inform the referrer that relevant checks with other agencies will be carried out.
- The referrer should be told that the issue they have reported will be explored, but that if they have any further concerns in the future, they should contact us again. Their agreement should be recorded on the form.
- If the referrer is a professional, they should be asked to follow up their referral in writing within 24 hours. (e-mail is acceptable, this should be stored within the child's records)

Particularly important is the information about whether **the child has been seen by a professional within the last 7 days**, by whom under what circumstances. Details should be researched about the child, reporting how the child presented and the location seen. This information may inform the social worker's recommendation and Practice Supervisor's decision about the outcome and further action required.

The social worker should try to find out the views of the child from the referrer or others regarding the information being shared and any other relevant issue.

The social worker must have gained a proportionate amount of information to determine whether the concerns are substantiated or not and to make a recommendation as to what the appropriate outcome should be.

### **Analysis and recommendations**

The social worker should summarise the concerns being referred, focusing on the precise concerns. Ensure timings are clear and that people involved are clearly identified in name and role. The social worker should analyse the impact of the concerns upon all relevant children.

The social worker should consider and note any risk factors for the child in their current situation, and any protective factors and strengths that mitigate the risks, consider what needs to be done to reduce risk factors or reinforce safeguarding factors to form a recommendation for the outcome of the referral. The Practice Supervisor will then reflect upon and review the information and conclude the referral with the appropriate outcome within 24 hours of the concerns being received. In exceptional circumstances, if it is not possible for a referral to be completed within 24 hours the rationale for this and how the child's safety is ensured must be clearly recorded.

### **Quality assurance and oversight**

There are key points in service where it is imperative to have a strong line of oversight and moderation to ensure levels of need are applied appropriately and risk is identified, responded to and reduced. There are number of forums and methodology's utilised to ensure this:

- It is crucial to ensure that the level of need between targeted and specialist service is clear and robustly and consistently applied. Practice Supervisor oversight will be completed on all contacts and referrals.
- There is a monthly audit program in which Practice supervisors and Service Leads audit a cross section of cases to consider strengths and developments. This will

include auditing contacts, referrals, strategy discussions and assessments each month, live dip sample and thematic reviews. The key areas of excellence and learning within these are fed up to the Senior Leadership Team through the Child experience and Audit Meeting and back down to staff in a continual learning loop within team meetings and supervision.

- Daily “dip sample” oversight of the contact/referrals by Service Lead and Deputy Service Directors, to reflect good practice, level of need application and any areas of learning.
- The weekly referral NFA review meeting will take place to consider any referrals that conclude with NFA.

## Managing significant harm (S.47)

The Children Act 1989 uses the concept of significant harm to justify compulsory intervention in family life. The Local Authority is under a duty to make enquiries where it has reasonable cause to suspect a child is suffering significant harm.

**Harm is defined in the Children Act 1989 (Section 31(9)) as:**

- Ill-treatment (including sexual abuse and physical abuse)
- Impairment of health (physical or mental) or development (physical, intellectual, emotional, social or behavioural) as compared to a similar child

*Note: Harm now includes the impairment of a child’s health or development as a result of witnessing the ill treatment of another person (Adoption and Children Act 2002)*

### Significant Harm

Severity of ill treatment depends on:

- Degree and extent of physical harm
- Duration and frequency of abuse and neglect
- Extent of premeditation
- Degree of threat and coercion
- Sadism and/or unusual elements

## Child Protection Strategy Discussions

Whenever there is reasonable cause to suspect that the child is suffering, or is likely to suffer significant harm, there should be a strategy discussion between the Local Authority Practice Supervisor or a social worker with delegated authority, the Police Sergeant, a senior health and educational representative and any other relevant professional. All professionals should attend with relevant information and provide an analysis of the

information. The strategy discussion may take the form of a face to face/ video conference meeting.

The purpose of the strategy meeting is to:

- Determine the child's welfare and plan rapid action if there is reasonable cause to suspect that the child is, or is likely to suffer significant harm.
- Agree the timing, venue and reasoning for seeing a child and by who.
- Share and analyse available information
- Confirm jointly whether a Section 47 enquiry will be undertaken.
- Plan how the section 47 enquiry should be undertaken - including the need for medical treatment or examination and a DVD interview in line with achieving best evidence.
- Agree what action is required immediately to safeguard and promote the welfare of the child.
- Plan how the child subject to the investigation is going to be interviewed, how they are going to be seen alone where appropriate and who is going to take the lead role in the interview.
- In light of race, ethnicity and diversity issues (e.g. any disability) decide whether an interpreter or worker with any other specialist communication skills may be required. This may include consideration of the use of an intermediary.
- Determine how the purpose and outcome of a S47 enquiry is to be explained to the parents, carers and child having regards for understanding and diversity issues.
- Determine whether it is necessary to speak to the child without gaining parental consent. Parental consent will always be sought unless to do so may place the child at increased risk of harm.
- Determine if planned or urgent legal action is required.
- Consider whether other siblings who may be effected may need assessment in their own right
- To agree whether there is a requirement for a criminal investigation to run alongside the enquiries relating to the child.

The strategy meeting is chaired by the Practice Supervisor or an appropriate Social Worker within the Local Authority. **This should be minuted live and actions recorded with who is responsible for completing these and timescales, aligned to the Child Protection Strategy Discussion Guidance. A copy of the action log and the full meeting record should be given to partners within 24 hours of the discussion taking place.**

## Section 47 enquiries

Local Authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health, education, and other relevant professionals should help the Local Authority in undertaking these enquiries.

The police should:

- Decide whether or not police investigations reveal grounds for instigating criminal proceedings
- Share information regarding evidence gathered to inform discussions about the child's welfare
- Explore relevant legislations/powers to enhance safeguards

Health professionals should:

- Undertake appropriate medical tests and examinations to determine how the child's health and development may be impaired
- Provide any range of specialist assessments
- Ensure appropriate health treatment and follow up is provided
- Share information throughout the assessment and S47 process

All agencies should:

Contribute as required and provide information about the children and their family

## **Outcomes**

It is the responsibility of the Local Authority Social workers and their managers to decide what action is required and how to proceed with the s47 enquiry. If the Local Authority does not proceed with a child protection conference, then other professionals involved have the right to request a child protection conference is convened if they have serious concerns that a child's welfare is not being adequately safeguarded.

The assessment will be completed as part of the s47 enquiry which will consider the outcomes for the child and the further support which may be required aligned to the Threshold document and Working Together 2023.

## **The assessment of children in need (S.17)**

The purpose of the assessment will be clearly recorded within the manager's briefing.

- The primary purpose will be to consider the risks referred to and the impact on the child and what needs to happen to reduce this. The child and families voice is paramount to this consideration and to understand their lived experiences.
- To gather important information about a child and family to aide future decision making, including any relevant history about the child's journey
- To analyse the needs and/or nature and level of any risk and harm being suffered by the child
- To decide whether the child is a child in need (section 17) and/or is suffering, or likely to suffer, significant harm (section 47)
- To provide support to address those needs to improve the child's outcomes to make them safe
- To complete direct work using tools and resources; with the child and their parent/carers, to strengthen their understanding of the concerns being raised.
- The National Assessment framework should be utilised. A good assessment is one which investigates the three domains of the 'triangle':
  - the child's developmental needs, including whether they are suffering, or likely to suffer, significant harm;
  - parents' or carers' capacity to respond to those needs
  - the impact and influence of wider family, community and environmental circumstances.

The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

### Quality Standards for an assessment

- The Practice Supervisor will complete an outline of the intervention required at the point of allocation and this will be recorded within the briefing on the assessment.
- The basic family details should be compiled to understand the child's networks and relationships and how this impacts on them. This can be used to identify areas of concern where adults may exacerbate presenting concerns alongside protective family members and safe adults who may act to mitigate against the presenting concerns.
- An **assessment plan** should be completed with the child/ren (if age appropriate), the parents of every child being assessed and any significant others on the initial visit. This will outline the purpose of the assessment and the intervention and direct work to be completed and timescales for this to be achieved.

- Family Solutions work/Family Group Conference should be completed at the early stages of an assessment in order to assist the family in determining solutions to their own difficulties within their own networks.
- The family history and significant events throughout the journey of the child should be considered and a chronology of significant events compiled, enhanced by a professional social work analysis of the history.
- Often there is a wealth of information already available from partner agencies and the benefit of a professional meeting being convened at the early stage of an assessment should be considered, alongside ensuring timely referrals to services such as Family Help.
- The timescale for the child to be seen will be set by the Practice Supervisor at the point of allocation, this will be immediately if required but should not be more than **5 working days** from the referral being received. On occasions where this is not achieved, supervision will be sought to explore next actions required to ensure the child's safety.
- Wherever a child/parent or carer do not speak English as their first language, translation and interpretation services should be considered and families given the option of this service. Careful consideration should be given to the complexities of the information being discussed and whether this could be understood fully if English is not their first language. Children, parents or extended family or friends should not be used to interpret for children and families.
- Assessments should be child centred. The lived experience of a child should be clear. Where there is a conflict of interest, decisions should be made in the child's best interests.
- The child should be seen and spoken to (where age appropriate) alone with consent if appropriate and their views should permeate throughout the assessment. Where it is not possible to act upon a child's view the reason for this should be clear.
- The date of each visit, who was seen, summary of the discussion and actions should be recorded within the assessment record of events as the assessment goes along. These visits should be recorded within 24 hours of the visit taking place.
- An open and transparent approach should be employed from the outset and throughout.
- Assessments should be holistic in approach. The child's mother, Father, any stepparents, carers, and significant others should be spoken to enhance the assessment. A respectful uncertainty should be retained with all self-reported information, and this should be triangulated with the views of the child and other professionals.
- Assessments should be based in evidence; a balanced approach should be retained throughout, and a healthy scepticism should be used throughout.

- Risk analysis should be utilised to balance the risks and protective factors. This should consider the strengths and limitations of the family and must focus on the impact on the child.
- Assessment outcomes should consider the levels of need as outlined in the Threshold document.
- The outcome of the assessment should be shared with the child (if age appropriate) and family within 5 days of the assessment being completed. This should be shared directly with the family in a face-to-face meeting unless they specifically request this is shared in an alternative way. Social workers must ensure that copies of assessments that are shared with the family are redacted and any sensitive or third-party information is removed prior to sharing.
- If the case has been agreed to progress for statutory planning, then the visit to share the outcome of the assessment should be completed with the new social worker to introduce them and hand over the future plans (where applicable).
- All assessments should clearly identify which child the assessment relates to if the assessment is not for all children.

The Practice supervisor will determine a proportional time for the assessment to be completed based on the needs of the individual child and the nature and level of any risk of harm faced by the child. This **will not be more than 45 days** from the point of referral to the point of authorisation.

Following the completion and authorisation of assessments, it is expected that.

- Referrals/discussions for required support should be made prior to conclusion of the assessment and the agreement/plan recorded within the assessment.
- Outcome letters are to be sent to children, families, and professionals, detailing the agreed plan and support, including the lead professional name/contact details.
- Family feedback is to be gained from children and families, to reflect the impact of social work intervention.
- Assessments are to be shared within 5 working days with children and families.
- For cases recommending statutory or family help intervention, the social worker will support handover and initial planning.

## Supervision

The nature of the work at the front door of children's services is fast paced and does not lend itself to formal monthly supervision sessions due to the turnaround of cases



between supervision sessions, the high-risk nature of child protection investigations requiring immediate decisions and the volume and pace of the work. therefore unique supervision arrangements are required to support practitioners at the front door managing contacts and referrals.

All contacts and referrals will have an initial briefing supervision recorded by the Practice Supervisor to outline the course of action required to determine the child's safety and reduce the level of risk. The child's immediate safety will also be considered within this. Daily reflective discussions are also held in the morning and end of day briefings to ensure timely responses. Decisions regarding outcomes for contact/referrals will be made within 24 hours of the information being received and recorded within the completion supervision.

In accordance with Lord Laming's recommendation number 11, only staff who have sufficient training and expertise should take referrals and as such, only experienced Social Workers receive referrals within the Front Door supported by experienced managers.

Staff seconded to the Integrated Front Door (IFD), i.e., police, health, education & early help services etc will continue to have their professional supervision undertaken by their agency supervisor. Their day-to-day supervision whilst in the IFD will supported with opportunities to discuss and reflect on experiences of children and decision making aligned to this.

Supervision of assessments will take place with the social worker at the point of allocation and fortnightly thereafter to discuss ongoing assessment. The timescale for completion of the assessment will be set, this should be aligned to the presenting issues and the needs of the child and within a maximum of 45 days. The intervention required and areas to explore and analyse and tools and methods to support this will be considered. The social worker must seek supervision at any point in the assessment if concerns emerge which indicate that a child may be at risk of significant harm and a strategy discussion may be required.

Critical reflection through supervision should strengthen the analysis in each assessment and the Practice supervisor should challenge the assumptions and hypotheses. Supervision will be recorded within the assessment. At the point of completion of the assessment, the Practice Supervisor will reflect upon and review the information and conclude the assessment with the appropriate outcome aligned to the threshold document Working Together 2018 and the child's identified needs.

## Role of partners

### Health and Education

- To provide advice and support within their own agencies regarding the offer of family help and levels of need
- To act as a consultant/ specialist within their own agencies around levels of need and ensure a shared understanding of intervention required.
- To promote the timely sharing of proportionate and relevant information to inform the holistic decision making for children and families.
- To promote the Early help offer and alleviate anxieties and challenges and addresses barriers. Early Help should be promoted at the earliest opportunity, a shared understanding of best outcomes should remove any anticipated barriers.
- To review and analyse themes and trends of school and health providers who complete early help effectively and understand Levels of Need and school/health agencies who require support/are resistant.
- Contact and referral data to be considered and explore which schools/health make referrals, whether they are underpinned with early help and what the outcome of these are.
- To promote education and health participation at strategy discussions and identified lead to attend on the school/ health agency's behalf where they are not able to do so. To establish any trends of school/health agencies who do not consistently contribute and action accordingly.
- To support the IFD in gaining timely and accurate information from schools and health professionals within referrals as required.
- To participate within the Partnership Integrated Triage meetings (PIT Stop)

### Police

- To make appropriate referrals to IFD where they have information which causes concern for a child in line with Working Together 2023 and the Threshold Document. Referrals will be made in a timely manner.
- To share appropriate information with IFD in a timely manner as part of the referral process.
- To contribute, share information and make decisions in child protection strategy discussions to determine further actions required for a child, and to ensure these actions are shared with the identified investigating team and officer.
- To actively participate and promote shared opportunities and for sharing themes, learnings, and messages across the different Police sectors.

### Benefits of partners

- More accurate, holistic assessment of risk and need, as safeguarding decisions are based on coordinated, accurate and timely information.

- Better understanding between professionals of roles, responsibilities, terminology and the general approach to safeguarding. Integrated working improves standards and outcomes for children due to the high levels of scrutiny and challenge between professional.
- Greater efficiencies in processes and resources. Working together avoids duplication of processes across agencies, and allows practitioners to step-up and step-down risk assessments, contributing to better allocation of resources.
- To support strengthened relationships between all partner agencies.
- Swifter challenge of agencies, if needed, to ensure the best outcome for our children and families.
- Ensuring decisions are made in partnership, are timely and cause no delay to our children and families.

### Partnership Integrated Triage (PIT STOP)

The PIT Stop is a daily triage of police information where there is a targeted (low or medium) level of need which would benefit from a partner information being shared to consider the appropriate help required. Information and partnership referrals where immediate harm and risk is identified will continue to be shared directly with IFD. This will ensure that the right person provides the right help at the lowest level.

The following partners are involved:

- Police
- Children’s Services – front door
- Family Help Services
- Health 0-19
- Education
- Youth Justice
- Domestic Abuse Support Services
- Drug and Alcohol Service (Children and Adults)
- Adult Services

The police review information they receive daily and undertake initial decision making. Following Police oversight and decision making, information that does not require further action from the partnership at a targeted level, will not be progressed to triage.

1. Any child and family where there are needs identified that may require targeted help (low or medium level) from the partnership, these will be discussed within the daily partnership triage. This should not delay any offer of help being provided.

2. Humberside Police will continue to share information with IFD, without delay, where a specialist service is required, in accordance with s17 and s47 of the Children Act 1989. These children will not be taken to triage.

The Integrated Triage will meet need at the lowest level, share information in line with the memorandum of understanding to enable and empower families and prevent escalation of need. The main aims and key principles are:

- Agencies quality assure their own information and decision making
- All partners look to themselves for the solution in enabling and empowering children and families. (Right care provided by the right person)
- That the partnership works together to strategically manage need and demand
- Effective and timely decisions to ensure the relevant partners intervene effectively.
- Effectively and timely identification of need, harm and vulnerability and the support required to meet this. Ensuring children, adult and families receive the help they need at the lowest level and earliest stage to negate the need for referrals where early help would be proportionate and in turn, ensuring that we protect the most vulnerable.
- If it is determined that the information shared requires further exploration with the family by IFD, the representative in PIT Stop will agree this action and then raise contact/referral aligned to policy and procedure for IFD.

### **Emergency Duty Team (EDT)**

EDT is managed by the Service Lead and Practice Supervisor in IFD and is staffed on a rota basis by qualified advanced Social Workers. This provides a child protection response 24 hours, 7 days a week.

There is always a Practice Supervisor and Service Lead on stand-by for advice, consultation, and decision making if required.

This service is an EMERGENCY ONLY service open from 5pm to 8:30am, Monday to Thursday and 4.30pm Friday to 8.30am Monday, and over the full duration of bank holidays.

The role of EDT is to respond to emergencies and safeguarding concerns that require immediate action to ensure the welfare of a child. Planned work and visits on behalf of other teams will not be undertaken (unless in exceptional circumstances agreed by Practice Supervisors). These need to be managed by the case holding team and the worker with the best relationship with the child by means of flexible working etc. as appropriate.

The same processes for recording and decision making should be followed in and out of working hours.

Workers within EDT will be of a suitable level of experience and autonomy to be able to undertake the responsibilities required. Decision making out of hours, as with daytime hours, must be clear, based on evidence supported by research and be in line with Council Policies and Working together 2023. There should be a clear analysis of the risks and protective factors to inform decisions. There should be a clear rationale for all decisions and these must be recorded by the end of their working day. In all open cases, the allocated social worker and Practice Supervisor, and Service Lead (where applicable) should be alerted to the recording and in new referrals IFD should be notified, and IFD Practice Supervisors should be alerted, as applicable.

Children will not be placed in Local Authority care or moved placements out of hours except in exceptional circumstances where it is in the child's best interest to do so and agreed by a manager. All alternative options and support must be fully considered. Where a foster placement is required, information provided by the fostering team will be utilised to identify carers and the EDT worker will plan for the child to be transported and provide as much information to the foster carers as possible and alert the appropriate worker to action the following day.

Families requiring support at a targeted level within extended hours will be supported by Family Help Offers.

EDT can be contacted by telephone ONLY, there is no email address that is monitored in EDT. **Contact details 01472 326292 (option 2).**

### Managing Calls in respect of unborn babies (UBB)

When taking a call in respect of an unborn baby the gestation period (ie how many weeks pregnant the expectant mother is) is an important consideration when deciding the course of action to be taken. In cases where the gestation period is **12 weeks or above** the enquiry should be managed following the same principles and procedures as in respect of any child or young person.

The unborn baby will be created as an individual on Liquid Logic and contact/referral will be completed. In cases where the gestation period is **less than 12 weeks** (the pregnancy is not yet viable) a record in respect of the unborn baby **will not be created**.

In these cases, the person making the enquiry will be asked to make a further call to IFD once the pregnancy progresses beyond 12 weeks.

The worker will ensure that an outcome letter or e-mail is sent, confirming this agreement, within 2 working days of the agreement to the professional concerned and the midwifery service.

It is the worker's responsibility to ensure that a calendar alert is created in the 'tray' calendar to alert the Team when the pregnancy will have reached 15 weeks. If at this point a further enquiry has not been received the worker will contact the original caller to consider the current situation and determine whether further action is required.

### **Requests for information from other local authorities or other professional agencies.**

Requests for information from other local authorities and other professional agencies such as CAFCASS, the vetting and barring service and Ofsted etc may be made for several reasons. Some examples include if a child has moved into another area, if CAFCASS are completing enquiries in respect of a report to court or if Ofsted are checking background history of individuals who have applied to be registered as childminders. In these cases requests are sent directly to IFD for a response to be provided.

All other information requests are considered by IFD via the early help practitioners, these include requests from Probation, Health, and National Crime Agency.

When sharing any information the following action must be taken by the early help practitioner:

- **Always confirm the identity of the person making the request.**  
Each request for information should be submitted in writing via e-mail to ensure the identity of the professional. Where this is not possible due to the urgency required, the practitioner must take a note of the name, title, contact details etc and telephone the person back via a 'switchboard' telephone number – not a personal extension or a mobile phone.
- **Ensure that only the relevant information is shared.**  
Always consider the rules of information sharing as above and ensure that any third party information is removed. If in any doubt about what can be shared the practitioner should seek advice from the Practice Supervisor or Service Lead.

### **Notifications of other Local Authority children in care placed in North East Lincolnshire**

Any local authority considering placing a child in another area must.

- consult with that local authority prior to placement
- notify the host local authority once the child has been placed in their area.

The placing local authority will contact IFD when considering placing a child in North East Lincolnshire. IFD will then contact the named person within North East Lincolnshire who will contact the placing authority and consult with them.

Depending on the type of placement, the named persons will be.

- for a children's residential home – Sandra Snell or Queenie Carrie
- for Independent Fostering Agencies – Glynis Tinsley, Service Lead, Fostering

The purpose of the consultation is to offer information and advice about the placement and locality of the placement that the placing authority is considering using. The host Authority does not make the decision to place the child.

### **Calls regarding children in need and transfer plans**

A child in need is defined under the Children Act 1989 as *'A child who is unlikely to achieve or maintain a reasonable level of health or development without the provision of services, or a disabled child'*.

These children, young people and families are likely to be those who are the most vulnerable, where early help plans are not making sufficient positive difference and where the child(ren) may be at risk of long-term impairment to health and development. These cases should be transferred to IFD for further consideration by statutory social work services.

### **Transfer into North East Lincolnshire of Children Subject to a Child Protection Plan in another Local Authority**

On receiving notification that a child subject to a child protection plan is moving, or has moved, into North East Lincolnshire IFD will record all personal details of the child onto Liquid Logic.

The below information should be ascertained:

- the date that the child has moved or will move.
- whether the move is temporary or permanent.
- where and with whom the child is, or will be, living.
- the date the Social Worker in the original local authority last saw the child.
- whether the original authority is requesting North East Lincolnshire to undertake any visits on their behalf prior to the transfer child protection conference.

IFD will confirm with the referrer that a written, formal notification of the transfer, providing additional detailed information, will be required.

IFD will ensure that the ***Child Protection Conference Transfer Request*** letter is immediately completed and e-mailed to the referrer.

IFD will then notify the Independent Reviewing Team who will complete the formal transfer process as appropriate and will confirm any agreements regarding North East Lincolnshire undertaking any tasks on behalf of the transferring local authority.

### **Identification of a serious child safeguarding notification**

Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected and
- the child has died or been seriously harmed\*

\*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 behavioral development. It should also cover impairment of physical health. This is not an exhaustive list. When making decisions, judgment 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.

Safeguarding partners must consider the criteria and guidance below when determining whether to carry out a local child safeguarding practice review. The criteria which the local safeguarding partners must take into account include whether the case:

- 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 which the Child Safeguarding Practice Review Panel have considered and concluded a local review may be more appropriate

Safeguarding partners should also have regard to the following circumstances:

- where the safeguarding partners have cause for concern about the actions of a single agency
- where there has been no agency involvement, and this gives the safeguarding partners cause for concern
- where more than one local authority, police area or clinical commissioning group is involved, including in cases where families have moved around
- where the case may raise issues relating to safeguarding or promoting the welfare of children in institutional settings

*NOTE:*

*Where a case meets the criteria above and where the child has died or been seriously harmed in the local authority's area or while normally resident in the local authority's area, the child dies or is seriously harmed outside England, the local authority must notify the event to the national Child Safeguarding Practice Review Panel (hereafter the national Panel). The local authority should do so within five working days of becoming aware that the incident has occurred. The local authority should also report the event to the safeguarding partners in North East Lincolnshire (and in other areas if appropriate<sup>1</sup>) within five working days.*

## **Identification and notification process**

**During all stages of the process, all those involved are to ensure that immediate action is taken, as required, to safeguard the child and/or any other children.**

1. Practice Supervisor made aware of an issue that potentially meets the above criteria (this may be from the responsible worker, partner agency or any other source).
2. Practice Supervisor clarifies the details, ensures actions are taken as needed and gathers and records relevant information.
3. Practice Supervisor notifies the responsible Service Lead within 1 hour of receiving the information (notify another Service Lead if the responsible SL is not available).
4. Service Lead clarifies and reviews the information ensuring immediate action is taken as appropriate. Service Lead is then to notify the responsible Deputy Service Director. (Notify another DSD if the responsible DSD is not available).
5. Prior to the end of the same working day the information is received - the Service Lead contacts at least 2 other Service Leads to jointly review the information

6. A record is made and stored on Liquid Logic by the responsible Service Lead regarding the key discussion points and rational for whether the case meets the criteria of a serious child safeguarding case or not and the next steps to be taken.
7. Prior to the end of the day, where 3 Service Leads agree it meets the above criteria the responsible Service Lead notifies the Deputy Service Director (also discuss with DSD where further discussion/clarification is required) and provides a written briefing report.
8. Where it is agreed that a case meets the criteria – notification is made as soon as possible to the three safeguarding partners via the North East Lincolnshire Safeguarding Children Partnership (NELSCP).

### Assessment of children in secure youth establishments

Any assessment of children in secure youth establishments should take account of their specific needs. In all cases, the local authority in which a secure youth establishment is located is responsible for the safety and welfare of the children in that establishment. The host local authority should work with the governor, director, manager or principal of the secure youth establishment and the child's home local authority, their relevant Youth justice partnership and, where appropriate, the Youth Custody Service to ensure that the child has a single, comprehensive support plan.

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

### Strip searches of children

Ensuring that any plans to Strip search a child have a **clear rationale** as to why this is required, ensure that there is **proportionate** consideration as to the need for this to occur.

The **recording** of the strip search needs to be robust, transparent, child centred and stand up to scrutiny. There must be clear discussions held prior with appropriate agencies, police, and AA when strip searches are being considered.

As per the statutory requirement any child subject to a strip search **must** have an AA with them.

NELC internal policy agreed that any child who is subject to a strip search should;

1) be shared directly

2) the child must be seen and spoken to alone to assess the emotional impact within our enquiries.

## Police and criminal evidence beds

If the police contact us and request an overnight PACE bed for a young person (aged up to 18) until they appear in court the following morning, North East Lincolnshire has dedicated Foster placements to accommodate this.

This is different to a remand bed. This is solely an alternative to overnight custody and the police have a duty to request this bed and the LA have a duty to provide this. We are NOT able to explore family members at this stage and it must be a PACE Bed.

If the Police, ask for a secure bed this should be appropriately challenged in the best interests of the child and their rights. If the Police are concerned that a child may abscond, whilst we can't guarantee that they won't abscond advise should be given to the Police that the identified foster carers/family are skilled, trained and experienced in dealing with children within these circumstances and can de-escalate and manage challenging behaviour, and negotiate with young people.

The social worker/Youth Justice worker should ensure that there are appropriate arrangements in place for the young person to attend court the next morning, following court the young person should return to their parents' care or usual residence, unless any other decisions have taken place.



Children In Custody  
Joint Protocol - NE Lir

## Harm Outside of the Home (HOTH)

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats,

including but not limited to: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

## **Child exploitation**

Where there are concerns relating to a child being exploited (Criminally or sexually), this will require the Social worker completing the contact/referral or assessment to use the CEVT to aid decision making within the risk analysis to enable the worker to make a professional judgment to analyse the risk and make a recommendation. The risk analysis is a holistic analysis of the child's overarching needs, thus being enhanced by the indicators and warning signs to exploitation as identified within the warning signs and vulnerability checklist.

The social worker alongside their manager will reflect upon all information ascertained within the referral process; and the risk analysis including the indicators and warning signs to exploitation to determine the next required action.

Where it is identified that a child is at risk of exploitation or has experienced exploitation, there should also be consideration of the MACE process. The Practice Supervisor should request that a MACE Risk Analysis be completed for consideration of the additional tasks and actions for the partnership group to complete which may enhance the statutory plan.

Where there are concerns for exploitation (modern day slavery) a National Referral Mechanism should also be considered and completed with partnership contribution of provide a holistic view of the child's circumstances, this should be submitted to the Single Competent Authority for their consideration and decision.

## **Homeless young people aged 16/17**

In line with our core values, we believe it is in the best interests of most young people aged 16 or 17 to live within their family, or their wider family and friend's network. Therefore, the response to any young person aged 16 or 17 who presents with needs around possible homeless will receive a service in line with these principles. Reunification

and restoration to family networks will always be the first option that is explored, with intensive support offered.

Should this work be unsuccessful, then it is vitally important that young people receive safe and appropriate accommodation as soon as possible. Support and accommodation can be provided under section 20 CA 1989, however, in certain circumstances, it may be appropriate for accommodation and support to be provided under section 17 CA 1989, particularly where this is in line with the wishes of the young person. It is therefore imperative that an assessment of need is completed without delay, to inform the next stages of planning for such young people.

All children who are homeless at age 16 or 17 have a right to be cared for, and this should be explored directly with those young people during the assessment of their needs. Entering Local Authority care may, therefore, may be the most appropriate outcome for a young person.

### **Unaccompanied asylum seeking children (UASC)**

The Home Office defines an unaccompanied asylum-seeking child (UASC) as a young person who is under the age of 18 and is making an application for asylum in the UK in his or her own right. The Home Office adds that the young person is unaccompanied when s/he "has no adult relative or guardian to turn to in this country".

Often UASC arrive in the UK with an adult who does not present as a suitable carer or guardian, an adult who later abandons them, or they arrive alone without adult accompaniment. Regardless of the reasons for them presenting as a UASC, all minors should be treated as children and therefore eligible for services under section 17 or section 20 Children Act 1989, and thus considered to be a Child in Need. The Department of Health suggests that a UASC who does not have a suitable adult, carer, or parent with them "would fall within the scope of section 20 and become looked after, unless the needs assessment reveals particular factors which would suggest that an alternative response would be more appropriate". Support and accommodation under section 20 should therefore be considered whilst an Assessment is ongoing.

Once a referral has been received relating to a UASC, or an unaccompanied child who is not claiming asylum, an Assessment should be undertaken to assess the level of need of the young person. As stated above, consideration should be given to the young person being accommodated under section 20 CA 1989 whilst this assessment is undertaken. This assessment should take into consideration the religious and culture beliefs of the young person, the young person's journey to the UK (in the case of new arrivals/cases) given the traumatic events that may be attached to this, and any concerns in relation to

possible exploitation or human trafficking. Many UASC flee their homeland for fear of persecution or physical harm if they were to remain, therefore, suitable consideration should be given to the emotional welfare and impact of this upon their development. The National Assessment Framework for Assessing Children and Their Families should be utilised to conclude the assessment and appropriately assess the individual needs of the child, as with any Assessment. Close liaison with the UK Border Agency will be required during this assessment.

Should a UASC or unaccompanied minor be accommodated under section 20 CA 1989, then appropriate care planning will be required in line with the Local Authority's procedures in relation to Children in Care. A Care Plan should be completed within appropriate timescales, and a Planning Meeting should be held. A statutory visit to the child in their placement should also be undertaken within 5 working days of the child's entry to care. Any child accommodated under section 20 CA 1989 is entitled to health and education services regardless of their asylum status.

Many UASC and unaccompanied children arrive in the UK without travel or identification documentation, or sometimes with illegitimate or fake documentation. This can lead to an age dispute whereby the asylum seeker is claiming to be a child without appropriate documentation to prove their age, or the UK Border Agency/Home Office believe the asylum seeker to be an adult. Within these circumstances, an age assessment should be completed by the department to determine the age of the person seeking asylum. The assessment of the UK Border Agency/Home Office should not influence the department's decision, and a full and independent assessment should be undertaken. Government guidance also dictates that a UASC should be considered a minor until an appropriate assessment determines otherwise, and also any benefit of doubt should be given to the UASC within such assessment. The latest joint working guidance from the Home Office and ADCS guidance should be utilised within such age assessments.

The Merton Compliant assessment framework should be used when completing an age assessment (this is available within the ESCR folder). This should be undertaken by two qualified social workers. The Merton Compliant Assessment Framework considers physical appearance and demeanor, interaction, social history and family composition, developmental considerations, education, independence / self-care skills and health. A conclusion is formed based on the assessing workers' professional judgement on whether the available information casts considerable doubt on the claimed age of the young person.

Age assessments should only be completed in suitable, child friendly environments. Police stations and other such venues are not considered appropriate to consider such age assessments. To complete a compliant and lawful assessment, a young person should be transferred to the care of the local authority to facilitate the completion of an age assessment, in line with the Home Office/ACDS joint working guidance. Age assessments should not be rushed, and as such the timescales for these assessments will typically be a

maximum of 28 days, although can be completed sooner if all relevant and ascertainable information has been collated. Within the assessment process, the young person should have an appropriate adult present. An interpreter who speaks the young person's language and dialect should also be present (if required). A face-to-face interpreter is always preferable; however, telephone interpretation will be sufficient should this not be available.

Once the conclusion of the age assessment is known, the young person should be immediately informed of the outcome, and therefore whether their age is accepted or disputed by the department. The young person should be given the opportunity to respond to any disputes regarding their age, and their views regarding this should be recorded.

The UK Border Agency/Home Office should be informed of the outcome of the assessment.

The assessment report should be written up within 28 days. A copy of this assessment should be given to the young person, and the agreed Information Sharing Pro-forma should be completed and provided to the UK Border Agency/Home Office as a record of the outcome of the local authority's age assessment. The Home Office does not require a copy of the completed age assessment.

Where there are concerns that a child has been trafficked, the modern-day slavery legislation should be considered and a referral to the NRM completed.

### **Requests for reports within Private Law Proceedings**

See also the protocol for preparing reports for the court

The court should only order the Local Authority to prepare a Section 7 report on the circumstances identified in the Protocol agreed with CAFCASS referred to above.

- a. Where the child is currently subject to a Child Protection Plan
- b. Where the child is subject to a supervision order to the named Authority
- c. Where a Children's Assessment (either a child in need or a child in need of protection) is currently being undertaken by CS's and there are no reasons preventing the completion of a Section 7 report by that Authority (e.g. opposition from either party on grounds of perceived bias
- d. Children's Service's (CS's) have undertaken an assessment of suitability and advised a person, who is not a parent, to apply for a residence order in respect of the subject child.

- e. Where CS's have previously been involved and if the current application is successful, this would revert to the situation that originally caused concern.
- f. If a referral is received from Legal Services requesting a report for the court within private law proceedings (e.g. Section 7 Report, Section 37 Report or a Special Guardianship Report) this request will be processed as a referral and allocated to a social worker.
- g. The Court Liason Officer is to be notified
- h. Review to take place wihtin the legal tracking and support panel

### Private Fostering Arrangements

- The IFD will ensure a referral is taken on all private fostering notifications and ensure an Assessment is carried out where they assess a **Private Fostering Arrangement** has been entered. The person with Parental responsibility needs to confirm their agreement in writing through signing an appropriate form.
- When the Assessment concludes that a Private Fostering support plan is required, a discussion will be held in relation to allocation and the Fostering Service Lead/Practice Supervisor will be made aware and agree forward planning and leads.
- The worker undertaking the Assessment must ensure that they complete the Private Fostering registration forms and obtain the agreement to the plan of the person with parental responsibility for the child or young person.
- Where it is felt that the child requires additional Social Work services as a Child in Need this will be considered for allocation to CASS.

### Duties under section 85/86

Sections 85 and 86 of the Children Act 1989 were introduced to ensure that children who are accommodated by a health agency, local education authority, care home or independent hospital for a consecutive period of at least three months are brought to the attention of Children's Social Care. Such children are potentially vulnerable by virtue of their being accommodated outside of the family.

Upon notification that a child from their area is living or that it is the intention for them to be living in such arrangements, Children's Social Care can assess whether the child's



welfare is being adequately safeguarded and promoted and whether any additional services or interventions should be offered to the child and / or their family.

As Section 85 and 86 only apply to those children who are accommodated for a consecutive period of at least three months, the provisions do not apply to children placed on a term-to-term basis in boarding school where they return home during the school holidays.

It is a requirement of the accommodating authority to notify Children's Social Care for a child who would normally be resident within that Local Authority area if they are providing accommodation for a consecutive period of at least three months or if they have the intention of providing accommodation for such a period.

Section 85 - Where a child is provided with accommodation by any Local Health Board, Special Health Authority, Primary Care Trust, National Health Service Trust, NHS Foundation Trust or local education authority (the accommodating authority), for a period of 3 months or with the intention of accommodating the child for that period, then the accommodating authority must notify the responsible authority (this is where the child is normally resident).

Where the local authority have been notified under this section of the Children Act 1989, the local authority should take steps that are reasonably practical to enable them to determine whether the child's welfare is adequately safeguarded and promoted while the child is being accommodated and consider the extent to which they need to exercise their functions with respect to the child.

Section 86 - Where a child is provided with accommodation in any care home or independent hospital for a consecutive period of 3 months or with the intention of accommodating the child for such a period the person carrying on the home shall notify the local authority within the area the home is.

Where a local authority has been notified under this section, they shall take steps that are reasonably practical to enable them to determine whether the child's welfare is adequately safeguarded and promoted while the child is being accommodated and consider the extent to which they need to exercise their functions with respect to the child.

If the person carrying on any home fails, without reasonable excuse to comply with this section he/she will be guilty of an offence.

Any person authorised by a local authority may enter a care or independent hospital within the authority's area for the purpose of establishing whether the requirements of this section have been complied with. It is an offence to obstruct another in the exercise of this power.

## Safer NEL

Safer NEL provides further supplementary documents, which may be required when managing specific cases.

<https://www.safernel.co.uk/guidance-for-professionals/safeguarding-children-advice-for-professionals/>

## Concept of Harm

The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer, significant harm (S47). A court may only make a Care Order (committing the child to the care of the local authority) or Supervision Order (putting the child under the supervision of a social worker or probation officer) in respect of a child if it is satisfied that:

- the child is suffering or is likely to suffer significant harm; and
- The harm or likelihood of harm is attributable to a lack of adequate parental care or control (S31).

There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, the presence or degree of threat, and/or coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the ill-treatment.

Sometimes a single traumatic event may constitute significant harm, for example, a violent assault, suffocation, or poisoning. More often, significant harm is a series of significant events, both acute and long-standing, which interrupt, change or damage the child's physical and psychological development.

Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical, or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any ill-treatment alongside the family's

strengths and support, as well as an assessment of the likelihood and capacity for change and improvements in parenting and the care of children and young people.

To understand and identify significant harm, it is necessary to consider:

- The nature of harm, in terms of maltreatment or failure to provide adequate care;
- The impact on the child's health and development;
- The child's development within the context of their family and wider environment;
- Any special needs, such as a medical condition, communication impairment or disability that may affect the child's development and care within the family;
- The capacity of parents to meet adequately the child's needs;
- And the wider and environmental family context.

The child's reactions, his or her perceptions, and wishes and feelings should be obtained and taken account of according to the child's age and understanding.

To do this depends on effectively communicating with children and young people including those who find it difficult to do so because of their age, impairment or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children.

It is necessary to create the right atmosphere when meeting and communicating with children, to help them feel at ease and reduce any pressure from parents, carers, or others. Children will need reassurance that they will not be victimised for sharing information or asking for help or protection; this applies to children living in families as well as those in institutional settings, including custody.

It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.

## **Abuse and Neglect**

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

## **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 (including via the internet).

## **Emotional Abuse**

The persistent emotional maltreatment of a child can 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.

## **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 because 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 care-givers); or
- ensure access to appropriate medical care or treatment.

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

## Physical Harm

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.

## Domestic abuse

The Home Office definition of domestic abuse is:

‘Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.’

This can encompass, but is not limited to, the following types of abuse:

- Psychological/ emotional
- Physical
- Sexual
- Financial

‘Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.’

‘Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.’

In North Lincolnshire we fully endorse all aspects of this definition.

The definition also includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.'

## **Information Sharing**

### **Introduction**

The two key documents that outline information sharing requirements that are central for the early identification of need, assessment, and service provision to keep children safe are outlined below.

The yellow highlights draw attention to the issue of consent and that it is not required for sharing information in a safeguarding context. This includes within Early help where problems first arise to prevent need from escalating.

Highlights also include that practitioners should be as transparent as possible by telling families what information they are sharing and with whom, provided that it is safe to do so.

### **What does this mean in Practice**

Practitioners should share information in order to ensure the holistic picture for children is understood and to ensure the most appropriate and proportionate decision is made. (This is inclusive of PITSTOP, Early help, targeted Family help and statutory social work).

Referrals to the Integrated front door should be made in line with the threshold document where there are concerns that a child may be in need or in need of protection.

Parents/Carers should, wherever possible be informed what information will be shared and the reason for this unless by doing so the risk to a child would increase or a criminal investigation may be jeopardised.

Consent will be required where we are providing a service. It is well recognised that a relational approach to helping families understand the benefits of the help being provided is most likely to encourage positive engagement

## **Working Together to Safeguard Children 2023**

Working Together to Safeguard Children 2023 outlines information sharing guidance from paragraphs 28 – 32, pages 18 – 22, with pages 21 – 22 outlining the ‘Common myths that hinder effective information sharing’.

Working Together to Safeguard Children 2023 states the following:

### **Information sharing**

28. 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.

29. 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) or where a child is already known to local authority children’s social care. Sharing information about any adults with whom that child has contact, which may impact the child’s safety or welfare, is also critical.

30. Information sharing is also essential for the identification of patterns of behaviour when a child is at risk of going missing or has gone missing, including being missing from education. 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.

31. The Data Protection Act 2018<sup>12</sup> 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. 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)

32. 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.

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.

### **Information Commissioners Office guidance**

Alongside Working Together 2023 a [A 10 step guide to sharing information to safeguard children](#) was published by the Information Commissioners Office in Autumn 2023.

It states that:

- ‘It will never breach UK data protection law to share all the information you need to with an appropriate person or authority in order to safeguard a child.’
- ‘If there is a compelling reason to share information to safeguard a child, then it should be shared.’

Under the consent section it says:

### **Consent**

While it is always good to work with the knowledge and understanding of those involved, or even their agreement, it is important to remember that the lawful basis of consent is not required for sharing information in a safeguarding context. And the withholding of consent will not affect your ability to share for a legitimate safeguarding purpose.

For a number of reasons, including the fact that there is often an imbalance of power between people and organisations, there is likely to be a different, more appropriate lawful basis for the information sharing.

It also refers to special category / sensitive data as below:

### **Additional rules for special category (sensitive) data**

- For special category data there are more rules to meet. Special category data is personal information that is sensitive and therefore needs more protection. It includes information about health, or revealing racial or ethnic origin.

When you are planning to share special category data, in addition to identifying a lawful basis, you also need to meet:

- a condition for processing under Article 9 of the UK GDPR (including health and social care); and
- for some of those provisions, a condition in the DPA 2018 (including substantial public interest conditions such as the safeguarding of children and individuals at risk).
- When sharing information to safeguard a child, in the light of all the other factors you have considered, you are very likely to be able to meet one or more conditions.
- Sharing sensitive data for law enforcement purposes under Part 3 of the DPA 2018 is slightly different.