

Multi-Agency Safeguarding in Child Protection

Pre – Course Reading

‘Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action’.

Working Together to Safeguard Children (2018, p11)

If you have concerns about a child please contact:



The Children's Hub

Hartlepool and Stockton-on-Tees

The Children's Hub is a partnership between:

- Hartlepool Borough Council
- Stockton-on-Tees Borough Council
- Cleveland Police
- North Tees and Hartlepool NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Trust.

Tel: 01429 284284
Email: childrenshub@hartlepool.gov.uk



Anyone can contact The Children's Hub if they have concerns about a child's welfare or safety.

When The Children's Hub is contacted, the child's needs will be assessed against the threshold document 'Providing the Right Support to Meet a Child's Needs in Hartlepool and Stockton-on-Tees'. When we have consent or where our rules or the law allow us to, partners may share information about the child and where appropriate, their family members. This will help us to decide what, if anything, should happen next. This information sharing is particularly important if there are concerns that a child has been harmed or might be harmed in the future.

After considering the information The Children's Hub might decide:

- No further action is necessary
- To refer the child to another agency for support
- To refer the child for an Early Help Assessment
- To refer the child to Children's Social Care for a Social Work assessment.



Introduction

This pre course pack forms part of the safeguarding children training you will shortly be attending. The training has been developed to enable you to meet your responsibilities in this area and to contribute effectively to multiagency processes to safeguard vulnerable children and young people.

In order for you to gain maximum benefit from this training it is important that you read this information. You will be required to sign an attendance sheet confirming you have done so on the day of the training.

Children Act 1989 and Children Act 2004

Key Principles of the Children Act (1989)

The Children Act 1989/2004, is the most comprehensive piece of legislation Parliament has ever enacted about children. It replaced almost all of the various pieces of legislation relating to children within one coherent framework.

A number of important principles are embodied in the Children Act (1989 and Children Act 2004):

- The welfare of the child is paramount
- Wherever possible, children should be brought up and cared for within their own families.
- Children should be safe and be protected by effective intervention if they are in danger.
- When dealing with children, courts should ensure that delay is avoided, and may only make an order if to do so is better than making no order at all.
- Children should be kept informed about what happens to them and should participate when decisions are made about their future.
- Parents continue to have parental responsibility for their children, even when their children are no longer living with them. They should be kept informed about their children and participate when decisions are made about their children's future. *
- Parents with children in need should be helped to bring up their children themselves, this help should be provided as a service to the child and his family, and should;
 - *Be provided in partnership with the parents;*
 - *Meet each child's identified needs;*
 - *Be appropriate to the child's race, culture, religion and language.*
 - *Be open to effective independent representations and complaints procedures; and draw upon effective partnership between the local authority and other agencies, including voluntary agencies.*
- Individuals are regarded as children up **until the age of 18 years.**

***Parental responsibility:**

- *Birth mothers automatically have parental responsibility and only lose it if the child is adopted.*
- *Children born **before** 1st December 2003, birth fathers only have parental responsibility when married to birth mother or if gained through legal process.*
- *Children born after 1st December 2003, birth father has parental responsibility if his name is on the birth certificate.*
- *Parents may share parental responsibility with an alternative carer or the local authority if there is legal order on the child.*
- *Birth parents share parental responsibility if they divorce. The person with parental responsibility is the person who can legally make decisions and give consent for the child, hence it is important we include this in assessments and record the information in our records.*

The Children Act 1989 places two specific duties on agencies to co-operate in the interest of vulnerable children.

Child in Need

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. In these cases, assessments by a social worker are carried out under **section 17 of the Children Act 1989**. Children in need may be assessed under section 17 of the Children Act 1989, in relation to their special educational needs, disabilities, or as a carer, or because they have committed a crime. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.

Child in Need of Protection

Concerns about maltreatment may be the reason for a referral to local authority children's social care or concerns may arise during the course of providing services to the child and family. In these circumstances, local authority children's social care must initiate enquiries to find out what is happening to the child and whether protective action is required. Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries under **section 47 of the Children Act 1989** if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard and promote the child's welfare. There may be a need for immediate protection whilst the assessment is carried out.

Section 47 places a duty on:

- Any local authority
- Any local education authority
- Any housing authority
- Any health authority, Special Health Authority or NHS Trust,

To help a local authority with its enquiries in cases where there is reasonable cause to suspect that a child **is suffering, or is likely to suffer, significant harm**. The authority requested to help **has a duty to comply** in these circumstances.

Significant Harm Criteria

The Children Act (1989) defines "Harm" as: ill-treatment or the impairment of health and development.

"Significant" is not defined in the Act other than a reference to its depending on a comparison with what could reasonably be expected of a similar child.

Children Act (2004)

In Summary the Children Act 2004;

- Identifies the need for clear leadership and accountability at all levels in all relevant organisations when safeguarding children.
- Identifies a need for a tighter focus on local arrangements to safeguard children.
- Identifies importance of and need for agencies to work together
- Highlights need for effective information sharing.

Children & Social Work Act 2017

The Children and Social Work Act 2017 (the Act) is intended to improve support for looked after children and care leavers, promote the welfare and safeguarding of children, and make provisions about the regulation of social workers

To access the Children & Social Work Act 2017:

<https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Consent & Confidentiality

Consent

- Essentially, making a referral is about sharing information and it is good practice to discuss your concerns with the parent or carer (or the child if appropriate) and get their agreement for the referral.
- Whilst this can be difficult, it is generally much better for your on-going working relationship with the family if you do this.
- Most parents will appreciate that you are honest and open with them about why you are wanting to make the referral, the information you will be sharing and what might happen as a result.
- The only exception is if the child is at risk of harm and contacting the parents to ask for their consent would place the child at further risk.
- Remember, if you are in any doubt you can always seek advice from your line manager, from your agency's safeguarding lead or from the Children's Hub.

Confidentiality

Confidentiality is, quite rightly, a major area of responsibility for professionals. You are personally accountable for your practice and to protect all confidential information concerning clients obtained in the course of professional practice and to make disclosures only with consent, where required by the order of a court* or where you can justify disclosure in the wider public interest.

The public interest means the interest of an individual or groups of individuals or of society as a whole.

Such as:

- Drug trafficking
- **Child abuse**
- Or other activities which would place others at serious risk

(NB: NHS staff information for court should be requested in writing from requesting bodies solicitor to Trust Legal Representatives, to Named Person for Child Protection down to yourself and all information should be returned in writing via the same route, i.e. Named Person, then Trust Legal Representative.)

Issues of confidentiality must be secondary to the protection of children, however all information shared should be **relevant** and practitioners need to be able to justify disclosing that information.

(Common Law Duty of Confidence; Data Protection Act; Article 8 "The European Convention on Human Rights.")

The law permits the disclosure of confidential information, without consent, in order to protect a child from significant harm.

If you feel unsure at any point you need to seek advice from your named safeguarding professional or designated officer for child protection.

Discussing your safeguarding concerns with parents:

- Explain what it is you are concerned about as calmly, simply and with as much sensitivity as you can.
- Listen to the parents(s) response and acknowledge this.
- Explain to the parents that when you have a concern about a child's welfare or safety you have a duty to follow local Child Protection Procedures.
- Remain calm and communicate clearly, showing sensitivity to the family's feelings.
- Don't allow yourself to be taken off on a tangent by the parent(s) or you may find yourself tangled up in unresolved issues. If parents try to do this, you must acknowledge their feelings.
- Parents/carers need to know you have listened to their views, repeat your concerns and your intended action.
- Let the parents know you will make every effort to work in partnership with them.
- Leave the situation, showing as much sensitivity to the family's feelings as you are able.

NB: There are circumstances when you would be advised not to inform parents of your plan to seek advice or make a referral to Children's Social Care. These will be explored in your face to face training session.

Working Together to Safeguard Children (2018)

For children who need additional help, every day matters. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

Children are best protected when professionals are clear about what is required of them individually, and how they need to work together.

Key aspects of this guidance:

- Describes how actions to safeguard children fit within the wider context of support to children and families
- Sets out role and responsibilities of different agencies and practitioners
- Provides guidance on child protection in specific circumstances
- Outlines the way in which joint working arrangements should be agreed
- Sets out the processes which should be followed when there are concerns about a child
- Sets out the processes which should be followed if a tragedy occurs
- Discusses the importance of training and training requirements for effective child protection.

Common principles and ways of working which should underpin the practice of all professionals are:

- Working in partnership (with parents, children and professionals)
- Race, ethnicity and culture
- Professional guidance
- Record keeping
- Supervision and support
- Recruitment and selection of staff

Assessing the Needs of Children **(Working Together to Safeguard Children (2018))**

Whatever legislation the child is assessed under, the purpose of the assessment is always:

- to gather important information about a child and family;
- to analyse their needs and/or the 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); and
- to provide support to address those needs to improve the child's outcomes to make them safe.

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate.

Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

Good assessments support professionals to understand whether a child has needs relating to their care or a disability and/or is suffering, or likely to suffer, significant harm. The specific needs of disabled children and young carers should be given sufficient recognition and priority in the assessment process.

High quality assessments:

- **are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;**
- **are rooted in child development and informed by evidence;**
- **are focused on action and outcomes for children;**
- **are holistic in approach, addressing the child's needs within their family and wider community;**
- **ensure equality of opportunity;**
- **identify risks to the safety and welfare of children**
- **involve children, ensuring their voice is heard**
- **involve families;**
- **build on strengths as well as identifying difficulties;**
- **are integrated in approach;**
- **are a continuing process not an event;**
- **lead to action, including the provision and review of services; and**
- **are transparent and open to challenge.**

A good assessment is one which investigates the following three domains, set out in the diagram on the next page:

- 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; and
- 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. It is important that:

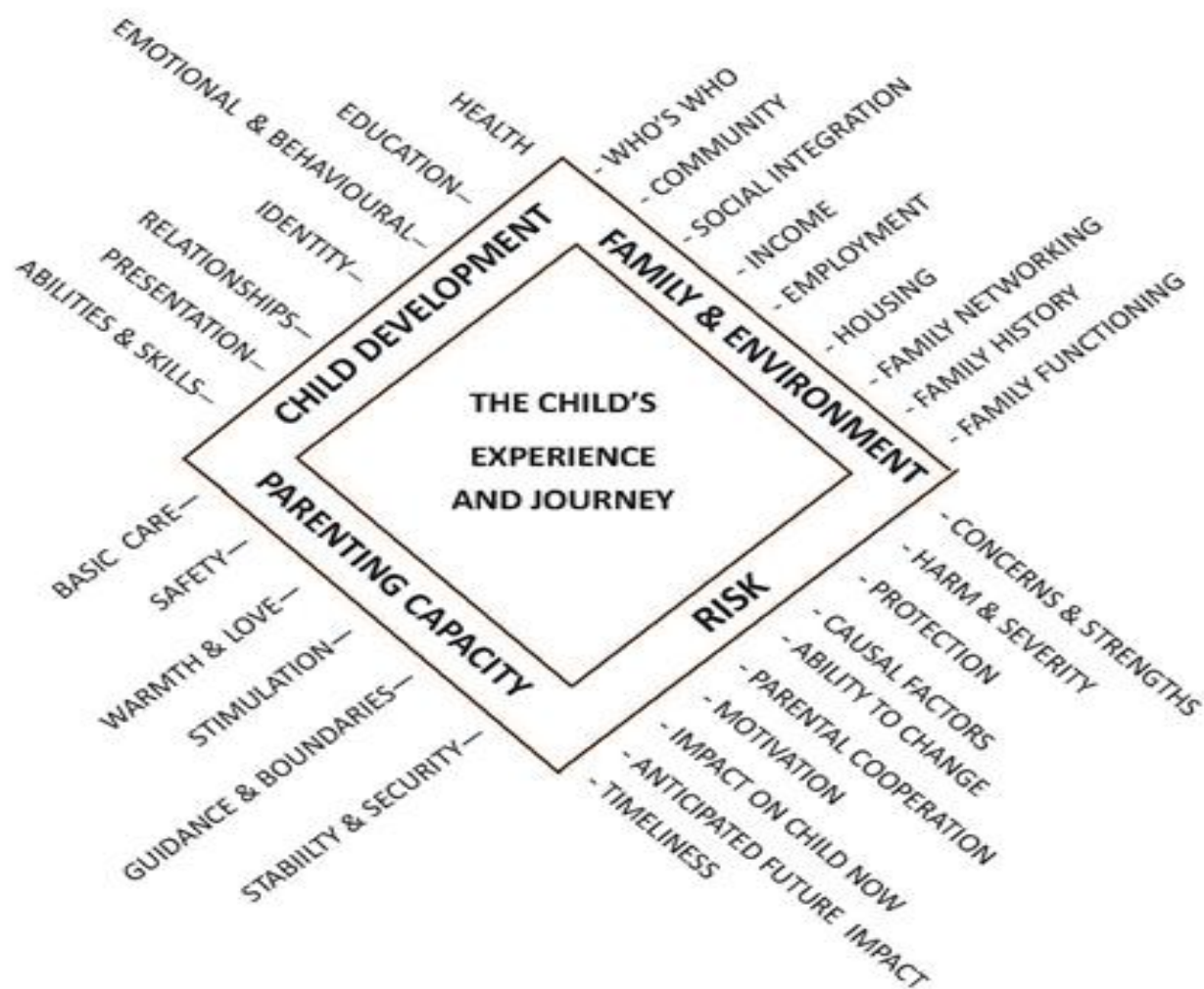
- information is gathered and recorded systematically;
- information is checked and discussed with the child and their parents/carers where appropriate;

- differences in views about information are recorded; and
- the impact of what is happening to the child is clearly identified.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child's best interests.

In your role you are likely to be asked to contribute to multi-agency single assessments, to submit reports for Child Protection Case Conferences, or be asked to complete an Early Help Assessment. Your awareness and use of this assessment tool is essential to your effective contribution.

The Northern East Assessment Framework



Dimensions of Child's Developmental Needs

Health

Includes growth and development as well as physical and mental well being. The impact of genetic factors and of any impairment should be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks; dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

Covers all areas of a child's cognitive development, which begins from birth. Includes opportunities: for play and interaction with other children; to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

Concerns the appropriateness of responses demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family.

Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Identity

Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self esteem, and having a positive sense of individuality. Race, religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self Care Skills

Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

Dimensions of Parenting Capacity

Basic Care

Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in home and elsewhere.

Emotional warmth

Ensuring the child's emotional needs are met and giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

Enabling the child to regulate their own emotions and behaviours. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

Dimensions of Environmental and Family Factors

Family History and Functioning

Family history includes both genetic and psycho-social factors.

Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

Who are considered to be members of the wider family by the child and the parents?

Includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members?

Includes the interior and exterior of the accommodation and immediate surroundings.

Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child?

Includes children's experience of work and its impact on them.

Income

Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social integration

Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents.

Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities.

Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Record Keeping in Safeguarding Children

Key Principles:

- Record your concerns giving as much information as possible relating to the impact on the child
- Record any discussions with carers and/or professionals, including the outcome
- Record phone calls, who, what, where, when and how, including failed calls and messages left
- Add your opinions and interpretations separately based on your observations and factual information
- Note down any witnesses/colleagues

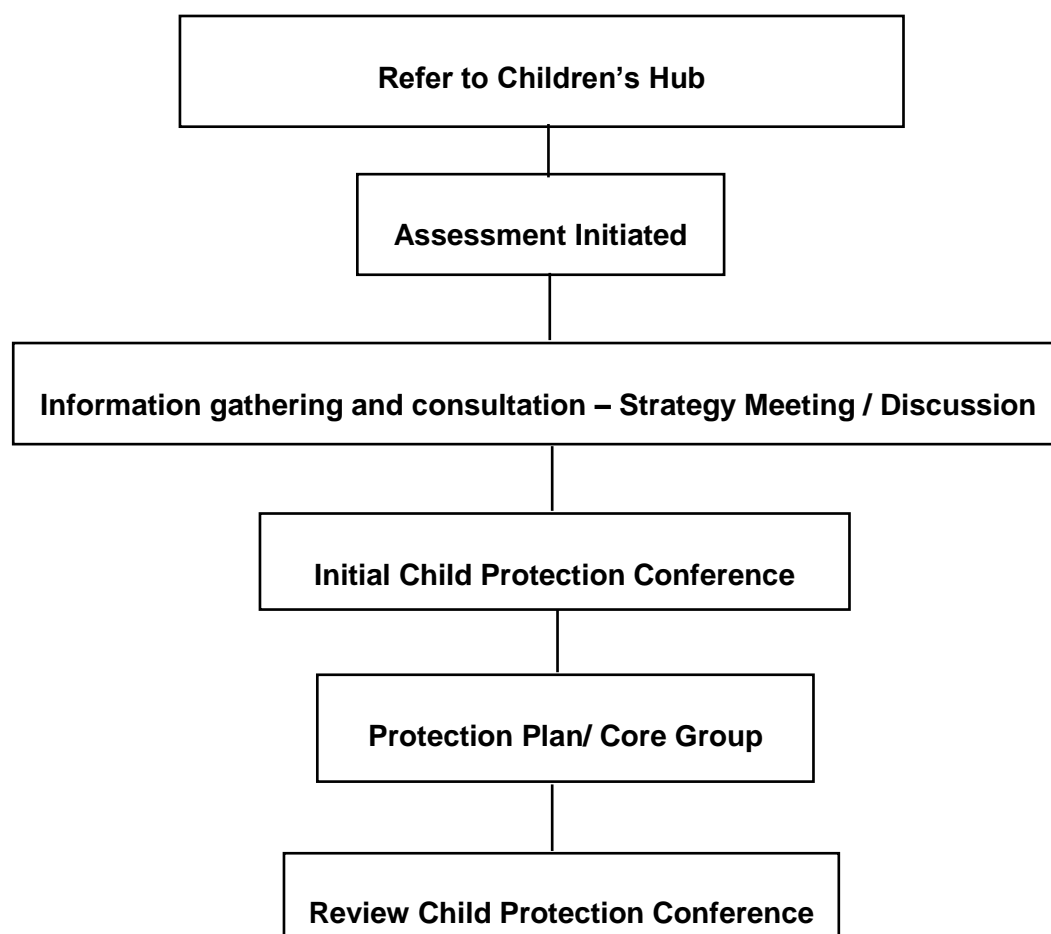
All Documentation should:

- Be factual, consistent and accurate
- Be written as soon as possible after an event
- Be accurately dated, timed and signed, with the signature and designation printed alongside the first entry or on signatory sheet.
- Print name after every signature
- Be readable on any photocopies (i.e. use black ink)
- Not include abbreviations (abbreviations can be used if there is an agreed list and a copy of this list is in every set of records) jargon, meaningless phrases, irrelevant speculation and offensive subjective statements
- Alterations or additions should be dated, timed and signed in such a way that the original entry can still be read clearly

What you documentation might be needed for:

- Your patient/client or those with parental responsibility
- A strategy meeting between professionals
- A child protection conference for professionals and carers
- A court appearance, in law if it is not recorded in writing, it didn't happen
- At worst, an inquiry into a tragedy

The Child Protection Process



Strategy Meeting

- Consider the child's welfare and safety, sharing multi agency information and identify the level of risk faced by the child and impact of concerns;
- Decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm);
- Considers what further information is needed if an assessment is already underway and how it will be obtained and recorded;
- Decide whether enquiries under section 47 of the Children Act 1989 will be undertaken and whether these are joint or single agency;
- Agree what immediate and short term action is required to support the child, and who will do what by when including preliminary planning of any joint investigation;
- Consider whether legal action is required;
- Agree whether a medical should be undertaken and how this will be achieved e.g. who will take the child, what level of supervision is needed, do Police need to be present;

- Consider the needs of other children who may be affected – e.g. siblings or other children associated with an alleged perpetrator;
- Consider the race and ethnicity of the child and family and consider how this should be taken into account and establish if an interpreter is required;
- Consider if there is insufficient information shared to decide whether a section 47 enquiry should be started or not, decide what action needs to happen to make this decision and arrange for a reconvened strategy meeting to take place;
- Be recorded in line with procedures and be placed on the child's record.

Initial Child Protection Case Conference (ICPC)

The initial child protection conference should take place within a maximum of 15 working days (usually 10 days) of the strategy discussion at which the section 47 enquiries were initiated.

The Conference should consider whether the child should be subject to a Child Protection Plan. This decision is based on whether the child has suffered significant harm and is likely to suffer significant harm in the future. The decision making process should take into account the views of all agencies represented at the Conference and any written contributions that have been made.

The Conference should consider the following criteria when determining whether a child should be the subject of a Child Protection Plan:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional or sexual abuse or neglect and professional judgment is that further ill-treatment or impairment is likely or
- Professional judgment, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional or sexual abuse or neglect

Decisions will normally take place with parents / carers present. The chair of the Conference will make the decision as to whether the child should be present at the decision making stage. On meeting the child the Chair will discuss the child's view of remaining for the decision making part of the Conference. If the child wishes to remain for this part of the Conference, the Chair should agree to this as long as this is in the child's best interests and the Chair has assessed there is unlikely to be a negative impact on either the child or parent / carer.

In the event that the Chair decides it is not in the best interests of the child or the child does not wish to attend for this part of the Conference, the child will be given the decisions either through re-joining the Conference or from the chair at the conclusion of the Conference. If the child has left the building the Social Worker will convey the decision.

Where a child is to be the subject of a Child Protection Plan, it is the responsibility of the conference to consider and make recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. Specific tasks include the following:

- allocating the lead Social Worker
- identifying the membership of a Core Group and timescales for the core group to meet
- outlining the Child Protection Plan

- ensuring a contingency plan is in place if agreed actions are not completed and / or circumstances change e.g. if a parent removes the child from a place of safety
- agreeing a date for the first child protection review conference and under what circumstances it might be necessary to convene the conference before that date

Where a child has suffered or is likely to suffer significant harm in the future, it is the Local Authority's duty to consider the evidence and decide what, if any, legal action to take.

A decision that a child does not require a Child Protection Plan may nonetheless require services to meet his or her needs. In these circumstances the Conference should consider what future help might assist the child and family. Where appropriate, a Child in Need Plan should be drawn up by the allocated Social Worker and reviewed at regular intervals (the recommended frequency is a maximum every six months).

Child Protection Plan

- Should be clear and can be understood by a child as young as 8 years old;
- Should be considerate of the child's ethnicity, identity, culture and issues arising from disability if applicable; and
- Should be SMART – specific, measurable, attainable, relevant and time-bound; with a responsible person for each action and timescale by when actions are to be completed, incorporating: What we are worried about;
- Actions needed to ensure the child's safety;
- Who is responsible for each action;
- When each action will be completed or reviewed;
- How we will know that things are better for the child; and
- What will happen if the plan is not working.

Core Group

The function of the Core Group is to:

- Meet within 10 working days from the ICPC if the child is made subject of a Child Protection Plan, and thereafter no less than every 6 weeks while the plan is in place.
- Develop the outline Child Protection Plan, based on assessment findings, and set out what needs to change, by how much, and by when in order for the child to be safe and have their needs met.
- Implement the Child Protection Plan and take joint responsibility for carrying out the agreed tasks, monitoring progress and outcomes, and reviewing the plan as needed.
- Review its membership as and when necessary.
- Undertake duties commensurate with their individual roles and responsibilities.
- Recommend to the Chair of Conference if the Conference should be reconvened at an earlier date than that already scheduled.

- Ensure that Core Group minutes are produced by the Social Worker for every meeting and circulated to all Core Group members 2 weeks prior to the next scheduled Core Group.

Review Child Protection Conference (RCPC)

The first Review Conference must be held within three months of the ICPC. The date will be set at the Initial Conference. Subsequent Review Conferences must be held within six months of the previous Review Conference until the Child Protection Plan is removed. At the end of each Review Conference, the people in attendance will set the date for the next one.

The Purpose of the review conference is to review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against Child Protection Plan outcomes. The Review Conference will also consider whether the Child Protection Plan should continue or be changed.

Tees Safeguarding Children Procedures and Practice Guides

Further information for all Tees Safeguarding Children Procedures: www.teescpp.org.uk

For current safeguarding news and guidance access the Hartlepool & Stockton-on-Tees Safeguarding Children Partnership (HSSCP) website: <https://www.hsscp.co.uk/>

HSSCP has produced [Rough Guides](#) for Practitioners on various key aspects of Safeguarding Children:

- Rough Guide to making referrals to Children's Social Care
- Rough Guide to Assessment
- Rough Guide to Planning and Review
- Rough Guide to Outcomes
- Rough Guide to Recording and Report Writing
- Rough Guide to Participation
- Rough Guide to Child Protection Conferences and Core Groups

All of the Rough Guides for Practitioners can be accessed via:

<https://www.hsscp.co.uk/professionals/page/46>

Hartlepool and Stockton-on-Tees Neglect Statement of Intent:

<https://www.hsscp.co.uk/assets/pdf/d23784eacee8230b7d3fca905ac26bb3.pdf>

Tees Procedures - Guidance notes on Child Protection Plan and Core Group:

<https://www.teescpp.org.uk/safeguarding-procedures/11-child-protection-plan-core-group/>

Private Fostering: <https://www.hsscp.co.uk/professionals/page/23>

Safeguarding Children: Useful Guidance Documents

1. Hartlepool & Stockton-on-Tees Safeguarding Children Partnership – New Arrangements 2019
<https://hsscp.co.uk/assets/pdf/beca743a9159649602aaded75e7704f6.pdf>
2. Threshold Document: Providing the right support to meet a child's needs in Hartlepool and Stockton. <https://www.teescpp.org.uk/safeguarding-procedures/1-accessing-help-and-services/>
3. Working Together to Safeguard Children. A Guide to Inter-agency Working to Safeguard and Promote the welfare of Children (2018).
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf
4. Information Sharing. Advice for Practitioners (2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf
5. What to do if You're Worried a Child is Being Abused (March 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf
6. NICE Guidance 76 Child Abuse and Neglect <https://www.nice.org.uk/guidance/ng76>
7. NICE Guidance 89 – When to Suspect Child Maltreatment in Under 18's
<https://www.nice.org.uk/guidance/cg89>
8. NICE Guidance 50. Domestic Violence and Abuse. Multiagency Working (2014)
<https://www.nice.org.uk/guidance/ph50>
9. Female Genital Mutilation Multiagency Guidance
<https://www.gov.uk/government/publications/female-genital-mutilation-guidelines>
10. FGM Risk and Safeguarding. Guidance for Professionals. (Dh 2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418564/2903800_DH_FGM_Accessible_v0.1.pdf
11. Safeguarding Children in Whom Illness is Fabricated or Induced – March 2008
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