

Child Protection Chair Handbook

Guidance for independent child protection conference chairs, the Doncaster Children's Services Trust and partners on the functions in relation to initial case conference, monitoring arrangements and review case conference for children in need of protection.

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Chapter 1. Introduction

This document seeks to provide clarity on the local arrangements and expectations on the child protection conference chair role (chair) and activities and how they should discharge their responsibilities for children in need of protection. It aims to bring together into one document the guidance available regarding child protection conference; the monitoring arrangements for children in need of protection, and the role of the chair.

The guidance draws on local policy and procedural arrangements, the various local guidance documents, and the statutory arrangements for child protection conferences. The statutory arrangements specifically referred to are:

- The Children Act 1989
- The Children Act 2004
- Working Together to Safeguard Children 2015 (revised version 2018)
- IRO Handbook 2010
- DCST procedures
- DCSB procedures

This guidance should be read in conjunction with the above.

The document draws on models of best practice already established in the child protection service. It is published as a 'handbook' with the aim of providing a format that chairs will find easy to use and enable them to share information about their role with those with whom they work, for example:

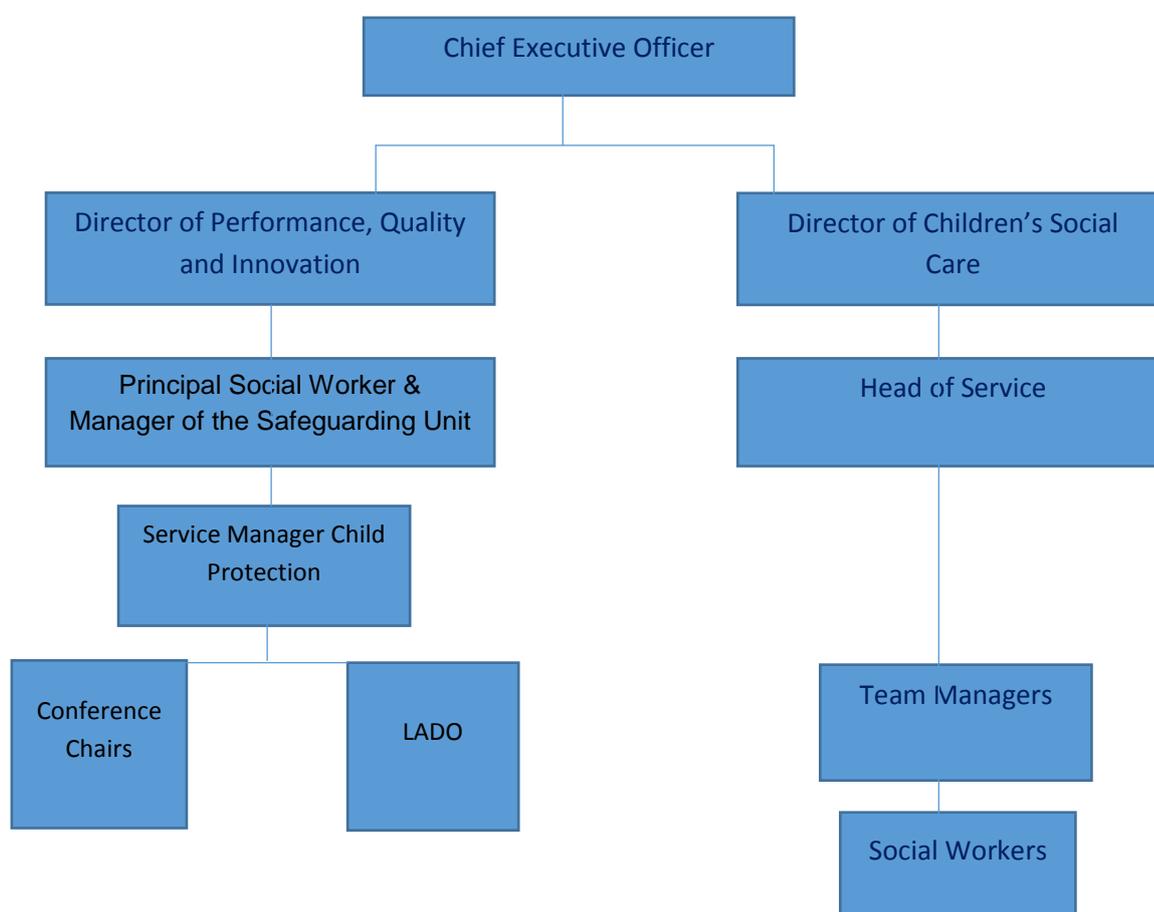
- Social workers
- Other children's services staff
- Professionals in other agencies
- Child / young person
- Parents and other relevant adults.

Chapter 2. An overview of the Child Protection Conference Service

Doncaster's child protection conference service is situated within Safeguarding and Standards Service, Doncaster Children's Services Trust, (DCST). The service is independent from operational services and directly reports to the Director of Performance, Quality and Innovation. This ensures independence from operational practice and allows for challenge and scrutiny without conflict of interests.

The child protection conference service is independent from operational management responsibility. This allows for independent scrutiny free from practice demands and other considerations such as financial matters. However, the service provides scrutiny of practice and aggregated data pertaining to practice and practice themes.

Service structure overview



The practice context

The chair's primary focus is to quality assure the safety planning and review process for each child. To be successful, the role must be valued by senior managers and operate within a supportive service culture and environment. There is an expectation that the service is managed by a service manager with a professional social work qualification and relevant managerial and leadership experience; and that all chairs are social work qualified with 5 years post qualifying experience in children's safeguarding and with managerial experience. This is to ensure they have a high level of expertise in safeguarding and the leadership qualities to engage with professionals from different agencies and disciplines and levels of managerial responsibility.

The chair should be an authoritative professional with at least equivalent status to an experienced children's social work team manager. To be appointed, a prospective chair should be able to provide evidence that s/he has:

- Sufficient relevant social work experience in children's social care
- The ability to communicate with children and young people
- The confidence and ability to work constructively with senior managers, offering a critical perspective and appropriate challenge
- A thorough understanding of the legal framework relating to safeguarding children
- Experience of providing social work supervision and support
- Knowledge of the evidence about what makes for good quality practice in working with children and families to safeguard children and promote their welfare

An effective child protection conference service should enable DCST to achieve improved outcomes for children. Every chair should feel confident in his/her role and personal authority and understand his/her responsibilities to monitor and review the child's case and, where necessary, challenge poor practice. This guidance recognises that it is not the responsibility of the chair to manage the case, supervise the social worker or devise the safety plan. The chair's quality assurance role is important as is their relationship and interactions with the child and their family. However, this should not undermine or replace the relationship between the social worker and the child or their family or undermine the functioning and relationships in the core group.

The role of the child protection conference chair

Chairs have a statutory function to chair child protection conferences independent of case management within DCST.

Core functions, tasks and responsibilities of the chair are:

- To ensure that the conference and associated activity is child focused and the safeguarding of the child is paramount
- To ensure the voice of the child is heard and that any ascertained wishes and feelings of the child are given due consideration
- To monitor and review the progress of plans and safeguarding arrangements
- To review the safety planning to ensure that it reflects the current concerns and needs of the child and that actions are timely, balanced against risk and safety, that they are achievable, and that contingency planning is in place
- To facilitate discussions, offer guidance, ask questions in the pursuit of clarity of threshold and safety planning
- To monitor the performance of the safeguarding social work practice and highlight areas of poor, good and outstanding practice

- To monitor the performance of the multi-agency arrangements for safeguarding the child and ensure that they are compliant with relevant statutory guidance.
- To manage the safety and welfare of professionals, children and families and DCST staff in attendance at the conference
- To ensure that the meeting is conducted in a professional manner

These functions can be separated into three separate aspects: chairing the conference, monitoring the case on an ongoing basis and monitoring and reporting on safeguarding practice standards.

Administration of the conference process

An administrative support service must be in place to facilitate the delivery of an efficient and effective child protection conference process, enabling meetings to take place in accordance with the legislation and local policy and procedures.

There will be clear procedures and standards for booking an initial conference and subsequent review conference. Invitations to conference will be sent out to all those participating in the conference in advance of the meeting, at the earliest opportunity for initial case conference and for review child protection at least ten working days before the meeting. Where there has been a delay in sending out invitations for the conference phone contact should be made with the professional to verbally invite them. This will be undertaken by the business support officer in safeguarding and standards. However there may be occasions when the social worker is the more appropriate person to undertake this task such as delays in making the request for an initial child protection conference, or where a conference has been rearranged. Such arrangements will be agreed between the chair, business support officer and social worker.

All conferences will have a dedicated minute taker. This is to ensure the chair is focused on the meeting and those in attendance; is focused on the information that is shared and has opportunity to query and challenge that information, and be alert to safeguarding opportunities. A record of the review should be distributed at the earliest opportunity to ensure the information is available. It should be distributed no later than the required statutory timescales of 20 working days.

Role and functions of the conference service manager

Each chair should be managed by a designated manager who will be accountable for the quality of the service that is offered to each individual child subject of a child protection plan. The role will include providing oversight, professional advice and management support to each chair.

The manager will be a qualified social worker who should be able to demonstrate a sound understanding of the legal framework surrounding child protection and how DCST meets its responsibilities towards children subject of a child protection plan.

The service manager will be responsible for:

- Monitoring and ensuring that chairs have a manageable case load
- Chairs receive appropriate training on a regular basis
- That chairs are supported and supervised on a monthly basis
- That chairs are supported in managing internal and external challenge and escalation, and that escalation is appropriate and proportionate to the concern
- Conferences are held within statutory time scales

- Conferences are multi-agency meetings, and be prepared to challenge partners and raise concerns where appropriate to partners and the DCSB
- Develops a service that meets the needs of the organisation and which is compliant with statutory regulations

Chapter 3.The Strategy Meeting

A strategy meeting is convened whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. The strategy discussion must involve local authority children's social care, the police, health and other bodies such as the referring agency, (attendees should be sufficiently senior to make decisions on behalf of their agencies). The meeting might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any other time, including during the assessment process.

The strategy meeting will consider and make decisions in regards to initiating S.47 enquiries, and if there are continued concerns about risk of significant harm at the conclusion of those enquiries to convene an ICPC.

The strategy meeting must consider all options available to safeguard and promote the welfare of the child. This includes planning under Child in Need, referrals to Family Group Conference, convening family network meetings and in extreme cases legal options.

Chapter 4.The Child Protection Conference

A child protection conference is convened following section 47 enquiries which substantiate concerns that a child has sustained or is likely to sustain significant harm, and a multi-agency strategy meeting has agreed to a child protection conference being convened.

The purpose of the conference is to bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is the responsibility of the conference to make recommendations on how agencies work together to safeguard the child in future.

The initial child protection conference must be held no later than 15 working days after the strategy meeting that agreed to the conference. To ensure this time scale is met the social worker must make the request for the conference no later than two working days after the strategy meeting. This ensures that:

- The details of the professionals that are to be invited are provided timely
- Agencies receive adequate notice of the meeting in order to ensure their availability to attend
- Agencies have adequate time to review their records and prepare a report
- The conference service has time to identify and book the venue and chair
- The chair has time to review information and query / manage any issues including any exclusions, young person participation and attendance, accessibility to the building, communication and translation issues. (this is not an exhaustive list)

It is the role of the social worker to inform the chair of any additional issues and concerns including those stated in the above list and which may require additional consideration and

actions including booking an interpreter or make a referral to advocacy services, both of which are the responsibility of the social worker to do.

Review child protection case conferences will be held no later than three months after the ICPC and then no more than six monthly cycles until the plan is deemed no longer required. The social worker will confirm the invitation details five weeks in advance of the meeting.

Transfer in and out Child Protection Plans

Transfer Out

When it becomes known that a child who has a child protection plan has moved out of the Doncaster area, either on a temporary or permanent basis, the social worker should notify the Safeguarding and Standards Unit immediately. The safeguarding and standards business officer will inform the chair and the safeguarding and standards unit in the Authority that the child has moved to. They will provide written confirmation and relevant paperwork to that authority in order that a transfer conference can be arranged.

DCST social worker will retain case responsibility until transfer has taken place. This includes statutory visits and core group arrangements. However, there may be occasions when it is appropriate to negotiate with the other authority to undertake some of these tasks on behalf of DCST for reasons such as distance.

The child protection marker will remain on the child's file until the other authority have held a child protection conference and accepted case responsibility. The social worker must keep the chair informed of progress until the case transfers to the accepting authority.

Transfer In

When it becomes known that a child has moved to the Doncaster area on a child protection plan, the safeguarding and standards unit must be notified. They will add a temporary child protection marker to the child's file. They will contact the original authority to clarify that a referral has been made to request a transfer in child protection conference.

The case should be allocated to a chair for tracking the transfer in process and safeguarding plan. The case should be allocated to a social worker in a locality team who should commence assessment which will include exploration that the family have moved to reside permanently in Doncaster, and that there are no ongoing legal proceedings in the originating authority. The social worker will review the paperwork and documentation including conference reports from the originating authority. They should consider the risk in the previous area and any risk in the local Doncaster area and what the safeguarding arrangements are under the plan.

A conference must take place 15 working days after it is agreed the child has permanently moved to Doncaster. The first review will take place at three months, and then follow a six monthly cycle until the plan is ended.

Social work report

A social work report will be available to the chair two working days in advance of an initial child protection conference, and five working days in advance of a review child protection conference.

The report will provide information on:

- The reason for the conference

- Their understanding of the child's needs
- Parental capacity and family and environmental context and evidence of how the child has been abused or neglected and its impact on their health and development.
- Safety goals and danger statements
- An outline of the plan

The social worker must have a genogram and a chronology available.

(see appendix Assessment triangle)

The report must have been shared two working days in advance of the meeting with the parents and child if age appropriate and has the ability and resilience to manage the information. This is important as it allows the parent's time to digest the information and formulate a response for the meeting, and compose themselves in preparation to engage and contribute to the conference.

The social worker is responsible for providing the conference a copy of the plan for consideration and review. At the end of the conference the plan and decision will be distributed either via secure email or printed for professionals, and a printed copy will be provided to family members in attendance, or provided by the social worker within 24 hours of the conference and so meeting the 24 hour statutory requirement.

Confidentiality and information sharing

The professionals are provided with a copy of the signing in sheet with each contact details to support core group working arrangements. The signing in sheet should also act as an agreement for professionals to share information under agency data sharing agreements, store information securely, and to destroy information in line with agency data sharing agreements.

The parents signing in agreement also acts as an acknowledgment that they have been informed of how their information will be shared and held in line with the data protection legislation.

The Conference

The conference is held under the Signs of Safety model, utilising the mapping tool:

Mapping tool

What are we worried about?	What's working well?	What Needs to Happen/Safety Goals?
<p><u>Past harm:</u></p> <ul style="list-style-type: none"> • Action/Behaviour: Who did what, where and when and how do we know? • Severity – How bad is the harm? Acuteness? Seriousness? • Incidence (Chronicity) - How often? What were the first, worst and last times the harm happened? Who, where and when? • Impact – What was the impact on the child? <p><u>Danger Statement/s:</u></p> <ul style="list-style-type: none"> • Who is worried about whose behaviour and what is the possible impact on the child? <p><u>Complicating Factor/s:</u></p> <ul style="list-style-type: none"> • What have you seen and heard or do you know that makes addressing the worries for the future more difficult to sort out? 	<p><u>Strengths:</u></p> <ul style="list-style-type: none"> • Action/Behaviour: Who is doing what for the child where and when that reduces the worries and how do we know? • Incidence – How often? What were the first, best and last times these actions/behaviours happened? Who, where and when? • Impact on the child? What change has what made? <p><u>Existing Safety:</u></p> <ul style="list-style-type: none"> • What strengths have been demonstrated as protection over time relative to the future danger and equate to safety for the child? 	<p><u>Safety Goal/s:</u></p> <ul style="list-style-type: none"> • Who needs to see who doing what for whom for how long to be satisfied that the child will be safe enough that the child can stay in the home/go back to living in the home/the case can be closed? <p><u>Family Safety Goals:</u></p> <ul style="list-style-type: none"> • What does the family want generally and regarding safety? <p><u>Next Steps:</u></p> <ul style="list-style-type: none"> • Who needs to do what and when as a next step towards reaching the goal/s?
<p>Safety Scale:</p> <p>0.....10</p> <p>Given the danger and safety information, rate the situation on a scale of 0 – 10, where 0 means recurrence of similar or worse abuse/neglect is certain and 10 means that there is sufficient safety that has been demonstrated over time to address future danger.</p>		

Threshold for agreeing a formal child protection plan

The conference should consider if the child **has** suffered significant harm and is **likely** to suffer significant harm in the future. Each child in the household should be considered separately.

The following criteria should guide the conference members when determining whether a child should be the subject of a child protection plan:

The evidence shows that a child has 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.

and

Where the child is suffering, or likely to suffer significant harm, then s/he will require coordinated interagency help and intervention delivered through a formal child protection plan to prevent the child suffering harm or a recurrence of harm in the future.

and

The harm suffered or likely to be suffered will have a significant and enduring impact on the child's well-being if action is not taken to remedy their situation.

There are four threshold categories for child protection planning: emotional harm; physical harm, sexual harm, neglect. This should be the category that most appropriately fits the experience or predicted experience of the child. A child protection plan can only be put in place when the threshold under one of these categories is met as defined above. The conference must seek consensus from the professionals in the meeting. The chair can however overrule the category or decision if in their professional opinion the needs of the child are not best recognised by the consensus of the meeting.

The category must be the most appropriate to the concerns for the safety and welfare of the child and provide an indicator to those not in the meeting of what the key concern is. It must be reflective of what the possible or likely consequence for the child is and not necessarily the issues and behaviours which lead to the conference being convened.

For example; in cases of domestic abuse the concern is that the child would experience emotional harm or physical harm if caught up in the middle of an incident. Cases involving child sexual exploitation (CSE) the category to consider would be sexual abuse. The chair will offer guidance and in some cases the decision on the category which best fits the concerns for the child.

Physical abuse

A form of abuse which may involve: hitting, punching or using an object to inflict injury, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical abuse may be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. The child may also sustain physical harm when caught up in the middle of a domestic abuse situation.

It may also include situations including branding, female genital mutilation and other medical procedures that are not a medical necessity but meet the needs of an individual or group such as religious motivations.

Impact of physical abuse

Physical abuse can lead to neurological damage, injuries, disability, or death. Harm may be caused to children both by the abuse itself and through the emotional experience of the abuse taking place. Physical abuse has been linked to aggressive behaviour in children, emotional and behavioural difficulties and poor educational achievement. Physical abuse of children often coexists with domestic violence

Emotional abuse

Emotional abuse is the ***persistent*** emotional maltreatment of a child such as to cause ***severe and persistent adverse*** effects on the child's emotional development.

Emotional abuse might involve the following: conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person (high criticism/low warmth).

This can include: not allowing the child opportunities to express their views, ridicule, developmentally inappropriate expectations, limitation of exploration and learning, preventing the child from participating in normal social interaction, being exposed to the serious ill-treatment of another; for example witnessing the abuse of another child or adult, some levels of bullying (including cyber bullying), inducing feelings of fear or danger, exploitation or corruption of children.

Some level of emotional harm is involved in all types of maltreatment of a child and this should be understood to be the case within the use of other categories of abuse and therefore not identified as a secondary category. Only where factors of persistent, severe and adverse emotional harm are identified as the primary cause for concern should this category be used.

Impact of emotional abuse

There is evidence that there are long term adverse consequences for children's development where there is sustained emotional abuse, including serious bullying

Emotional Abuse has a significant impact on a developing child's mental health, behaviour, and self-esteem. Domestic abuse, adult mental health problems and parental substance misuse may be features of family life where children are exposed to emotional abuse.

Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities. These 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 directly or through clothing. It may also include involving children in looking at, or being connected in the production of, sexual images, watching sexual acts, being encouraged to behave in sexually inappropriate ways, or grooming another child in preparation for abuse.

It may also be the sexual exploitation of a child for sexual purposes (CSE). Children cannot consent to sexual activity and cases of CSE are a form of sexual abuse. Trafficked children for the purpose of sexual abuse would fall into this category.

The child may not be aware of what is happening or that they are being abused, and a level of coercion or violence is not required for the situation to constitute abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse as can other children.

Impact of sexual abuse

The severity of the impact of sexual abuse on a child is believed to increase the longer the abuse continues, the more extensive the abuse, and the older the child. The relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism and unusual elements are also important. The child's ability to cope with the experience of sexual abuse once recognised or disclosed is strengthened by the support of the non-abusing parent who believes the child and the provision of services to help the child understand the abuse.

The reaction of practitioners also has an impact on the child's ability to cope with what has happened, and on his or her feelings of self-worth.

Neglect

Neglect is the ***persistent*** failure to meet a child's basic physical and/or psychological needs, likely to result in the ***serious impairment*** of the child's health and/or development. Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer persistently failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical, sexual and emotional harm or danger (however in such cases an alternative category may be more appropriate), ensure adequate supervision (including the use of inadequate care-givers), ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs however again the category of emotional harm may be more appropriate.

Impact of neglect

Severe neglect of young children has adverse effects on children's ability to form attachments and is associated with impairment of growth and intellectual ability. Persistent neglect can lead to serious impairment of health and development and long term social functioning, relationships and educational progress. Neglected children very often suffer from low self-esteem, feelings of being unloved and rejecting the love of others. It can also make children vulnerable to other forms of abuse as it can include apathy in parental ability to see risk and take appropriate action to safeguard.

The impact of neglect varies on the length and severity of the neglect and the age of the child. In severe cases neglect can result in death.

Decision not to make a child subject to a child protection plan

In cases where the conferences agrees that the threshold is not met for a child protection plan then the social worker should consider the child's circumstances within the child in need framework. Where this applies the social worker will set the first Child in Need review date at the end of the conference. This applies equally to those cases where an initial child protection conference has made the decision not to make the child subject to a Child protection plan as well as those children who are removed from a child protection plan. It should never be the case that a child whose circumstances do not meet the threshold for a child protection plan is not assessed as potentially a child in need.

Criteria for ending a child protection plan

In order for a child to no longer be subject to a child protection plan the conference must:

- Be satisfied that the abuse or risk of abuse is no longer present. The decision must be based on careful and thorough analysis of current and future risk
- That an alternative plan is best to meet the needs of the child including managing risk (this must be agreed at a team manager level or above).
- The child has reached the age of 18.
- Is deceased. Such conference must be managed sensitively whilst also recognise any other children still subject to child protection planning.
- Has transferred to a child protection plan in another authority
- Has left the United Kingdom. For such cases a strategy meeting must be convened to consider options such as working with the organisation Children Across Borders and Interpol.
- Only be ended at a first review under exceptional circumstances. This must be agreed by the team manager and discussed with the service manager. Children experiencing significant harm or being at risk of significant harm that requires a child protection plan would not likely be resolved under three months, and a testing out period in addition to change is appropriate. For this reason it is advised against removing the plan at the first review, and should happen only in rare occasions.

Dual planning for children is to be avoided to prevent duplication and confusion. For cases where children have become subject to a legal order and the case has transferred to an independent reviewing officer (IRO) the IRO will assume responsibility for reviewing and monitoring the case including the safeguarding needs. The IRO will lease with the chair with regards to threshold for continuation or removal of the child protection plan.

The conference outcome and minutes

The conference service is responsible for recording on the child's file the outcomes of the meeting. Each conference will have a dedicated business support officer to minute the meeting. The minutes of the conference are an important document. Whilst providing a record of the meeting, they contribute to the chronology and may also be used for other purpose such as evidence in legal proceedings.

The minutes must:

- Be an accurate and comprehensive record of the meeting, information shared and the plan
- They must contain the views of those in attendance including scaling and threshold statements.
- Record all decisions and dissenting views
- Be presented in compliance with legislation and procedures and written in a professional manner that is accessible to the family and young person.

The chair is responsible for the minutes of the meeting. The minutes will not be a verbatim record of the meeting. They will provide a succinct version of the information shared under the Signs of Safety headings.

The minutes should be completed at the earliest opportunity and distributed within a 20 working day time scale.

Chapter 5. Participation and Consultation

The Trust is committed to ensuring that the voices, wishes and feelings of young people and children who access its services are used in a meaningful way. This is important for children at risk of and experiencing harm.

It is important that we are proactive in capturing the views of children, young people and their families within the conference service. This promotes good practice and effective relationships with the children, young people and their families that the Trust works with. It ensures that their voice is heard and that they have the opportunity to contribute to planning and effect change.

All children over the age of ten years old should be considered to attend their conference. If the young person is to attend, the social worker must inform the chair in advance and discuss the young person's ability to engage and contribute cognitively and emotionally to the conference. They are to discuss the arrangements for making the young person feel welcome; safe and how they are going to contribute to the discussion and planning, if they will be in attendance for all or part of the meeting.

Social workers and chairs need to be mindful there may be children younger than age ten that have the cognitive ability and emotional maturity and resilience to contribute, and who may wish to attend their conference. Therefor the age suggested needs to be considered as a guide rather than an absolute rule.

The young person may want to contribute in person and verbally, write a letter, provide a presentation. The social worker will explore this with the young person so that it is available prior to the conference. They will discuss with the chair how it is to be shared in the meeting.

The young person may want to have an advocate attend with them or on behalf of them. It is the social worker responsibility to arrange this. This may include making a referral to the Trust

advocacy service, or exploring with the young person if they choose an alternative advocate. If so this person must understand their role as advocate and meet with the chair prior to the meeting to discuss arrangements and role.

It is an expectation that all children of a reasonable age and level of understanding have the opportunity to contribute to their conference. This includes consultation documents, words and pictures direct work, and any other media they choose to use.

Children over the age of ten years that do not attend their conference should be offered the opportunity to meet with the chair to discuss the meeting and the plan that was agreed and if they would like to attend their conference in the future. This meeting is to be documented on the child's file.

Again there may be younger children, including in the same family, which would like to meet with their chair. The social worker should consider each child in these circumstances and if the chair or social worker is the best person to provide feedback from the conference.

Chapter 6. Quality Assurance

Quality assurance is a focus on the required outcomes of processes and the impact they are having on children's lives. Quality assurance in the child protection service is about placing an emphasis on quality of outcomes for children. This means that children and young people have the opportunity to participate and contribute and have their voices heard. It means that all persons involved in the conference are treated with dignity and respect and have the opportunity to contribute. It means developing effective plans to keep children safe that are reflective of need, that they are achievable and proportionate to risk. It means being creative but also sensible in planning and meeting the needs of children and their families.

A main feature of the conference chair role is quality assurance activity. It is important that staff throughout the organisation understand the role of the conference chair and the value they bring through robust quality assurance. It is important that chairs work with social workers, that they in turn understand the boundary between operational responsibilities and independent scrutiny and that they take an appreciative enquiry approach to all quality assurance activity.

In order to effectively scrutinise case work and quality assure practice the child protection service is and should be independent of case work and operational managerial responsibility. (See chapter 2).

The chair has a responsibility for monitoring the progress of plans and quality of practice, in conference and in-between conferences. This ensures the best planning for children, and prevents drift and delay. To ensure this responsibility is met to the highest standard the service must be transparent in its approach and recording. Quality assurance is not a tick list but rather an ongoing and continuous activity in conference and the monitoring of case work.

The service should have an effective quality assurance process which starts at the request for a child protection conference, is included in the preparation for a conference including appraisal of reports and information submitted by all agencies to the conference, and in the ongoing monitoring arrangements thereafter.

A key point at which quality assurance activity undertaken by the chair is evidenced on the child's file includes:

- The ICPC request
- The ICPC and RCPC preparation
- The Outcomes from RCPC and ICPC
- The ICPC and RCPC meeting record
- The midway review
- Case monitoring case notes

The midway review and case monitoring may take place more than once in-between a conference, however over monitoring is to be avoided and should not be the means for managing risk. Notification of midway reviews and case monitoring is given to the social worker and team manager.

Themes from quality assurance activity are captured for formal sharing with Heads of Service in a shared report from Safeguarding and Standards. For individual case concerns see dispute resolution process.

Where there are themes emerging in regards to partner agencies, which may include attendance at conference, reports submitted to conference and the quality of each of these activities, this will be either discussed with that professional or is considered serious escalated to the manager in that organisation. Themes are also included within the DSCB annual report and Child Protection Service annual report.

Chapter 7. Dispute Resolution Process

Internal dispute resolution process

It is expected that the chair has positive working relationships with the social worker. There are occasions where there are difference of opinion on thresholds and planning for individual children. There are also occasions when poor practice is identified, when statutory duties and responsibilities are not being met and when children are not receiving a service in accordance with their need. The conference chair has a responsibility to take action where they are concerned that the planning in place is not being adhered to or where it is failing to meet the child's safeguarding needs.

The following legal framework and guidance underpins the statutory duties undertaken by Child Protection Chairs:

- The Children Act 1989
- The Children and Young Persons Act 2008
- The Children Act 2004
- Children and Social Work Act 2017
- Working Together 2018
- Doncaster Children's Services Trust (DCST) procedures
- Doncaster Safeguarding Children Board (DSCB) Procedures
- Child Protection service dispute resolution process

If a chair believes that the practice or policy of DCST is detrimental to the child's welfare they have a duty to assertively challenge this. A key feature of the chair's role is that they should

provide an independent perspective uninfluenced by managerial or resource pressures. They are in a unique position to carry out a critical monitoring and challenging role. They can highlight both positive and negative issues that affect children. They have a duty to monitor how DCST carries out its statutory duties, compliance with child protection processes, to identify any areas of poor practice and to report on areas of good practice.

Where concerns are identified the chair will in the first instance seek to resolve the issue informally with the social worker or the team manager dependant on the seriousness of the issues. A record of the conversation and concern will be added to the child's file. If the matter is not resolved in a timescale that is appropriate to the child's needs, the Chair should consider following DCST child protection dispute resolution process.

The Chair may bypass any stage and progress the dispute to the level s/he considers most appropriate. The individual chair is responsible for activating the dispute resolution process, even if this step may not be in accordance with the child's wishes and feelings, but may, in the chairs view, be in accordance with the best interest and welfare of the child, as well as his/her human rights.

Resolving professional differences

All professional agency disagreements can detract from ensuring a child is safeguarded. The child's welfare and safety must remain paramount throughout. (DCSB procedures)

It is understood that all professionals in attendance at the conference are there to contribute in the best interests of the child. There will be occasions where there are professional disagreements. This may include the decision around planning or threshold category. The chair is responsible for ensuring that all professionals are listened to and that the views are taken into consideration. The chair must ensure that the meeting is child focused. This may mean that on occasion they take a lead on decisions where they believe discussions or decision making is not child focused or conducive to the meeting.

Where a professional is concerned about how a conference has been chaired they should in the first instance contact the service manager to discuss the issues. if this does not resolve the issue they can consult the DCSB procedures *resolving professional differences*, or contact the DCST customer experience officer to discuss the situation.

It is always in the best interests of those involved, and specifically the child, for disputes to be resolved at the earliest opportunity.

Chapter 8 Multi-agency working arrangements

Positive multi-agency relationships are integral to safeguarding children, and the key to achieving this is communication. The Child Protection service is a central and cross point for agencies, and so are an integral aspect to ensuring working together arrangements are in place. This includes the quality assurance of conference and core group effectiveness, the quality of reports and information submitted, and attendance at case conference.

The service manager has a responsibility to work with the lead professionals from agencies across Doncaster. Themes collated from quality assurance activity will be shared with leads

to ensure effective safeguarding arrangements are in place and that there is accountability across the child protection system.

Key partners include:

- DCST
- DMBC
- SY Police
- RDaSH
- DBHT
- CCG
- NHS
- Probation services
- Education/Schools

Themes and performance data are provided to the DSCB annual report for analysis and opportunity for learning and service development.

Chapter 9. Duty arrangements

The conference service should provide a duty service, available to trust staff and partners. The duty service should be available to provide:

- Safeguarding advice and guidance
- Threshold guidance for ICPC
- Support on multi-agency working arrangements
- Ofsted, DBS and risk to children checks and recordings
- LADO cover and advice (in the absence of the dedicated LADO officer)

Chapter 10. Risk to Children

The conference service is a central and crossover point for safeguarding activity with DCST local and national agencies and organisations. DCST must cooperate and provide a service for recording and management of individuals who have been identified as presenting a risk or potential risk of harm to children. (see DCSB procedures)

The chairs are in a position where they should undertake this task on behalf of DCST and DSCB. They will liaise with agencies; primarily police, probation, prison, and link in with MAPPA and MARAC; to discuss, consider and record such persons in line with the legislation relating to such individuals. It is important that 'risk to children' markers are managed responsibly and by a small pool of experienced workers to ensure legislation and policy are followed rigorously. The allocated social worker for open cases linked to MAPPA and MARAC will be responsible for the case recordings for those cases and where appropriate will liaise with the Chair with regards to a recording of risk to children marker.

Appendix

The Assessment Framework domains for assessing need

