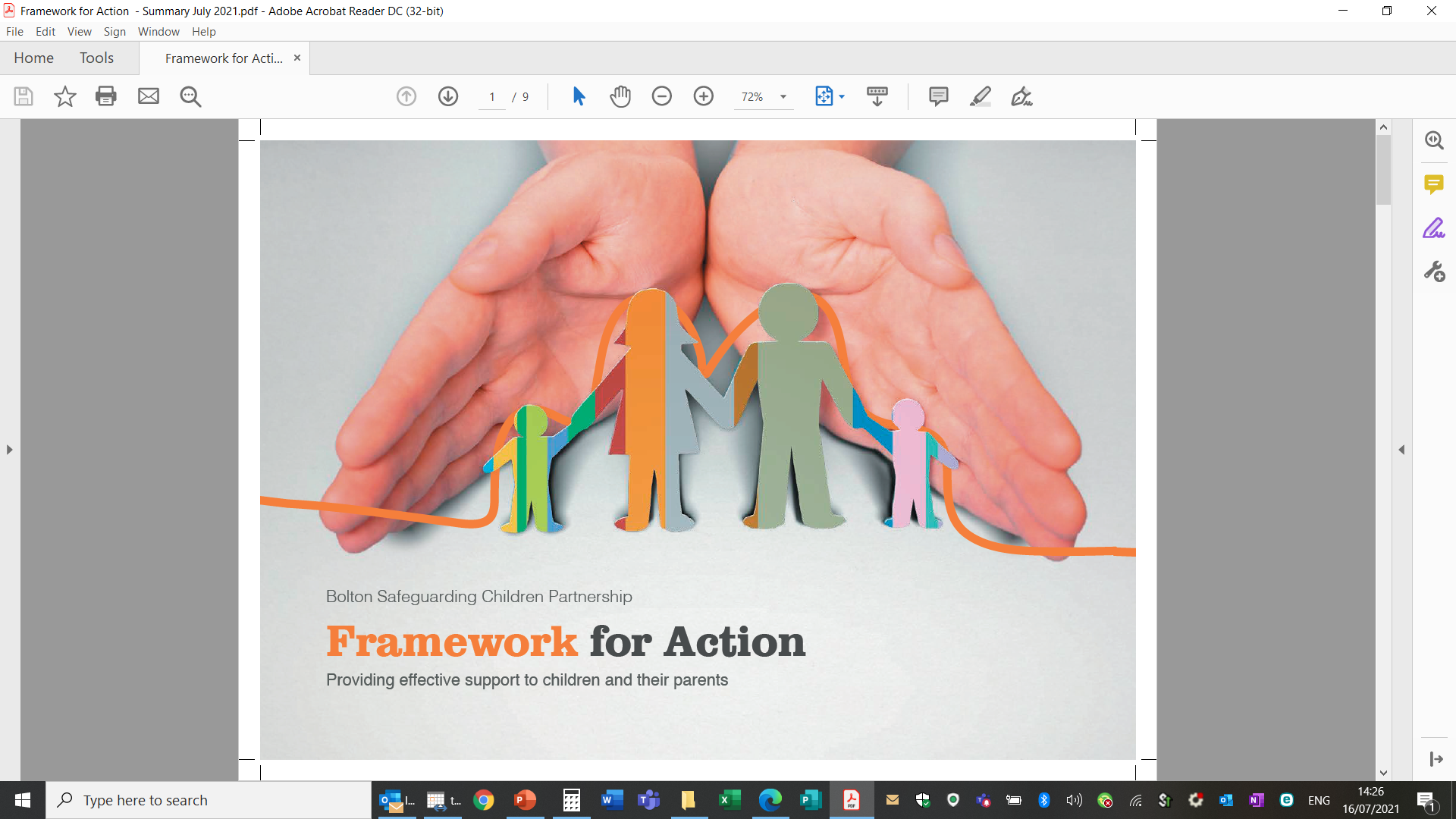
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**bolton SAFEGUARDING children partnership**

**LOCAL ASSESSMENT PROTOCOL**

**FOR CHILDREN IN NEED OF HELP OR PROTECTION**

**One Vision**

In Bolton we want to give all our children the best possible start in life, so that they have every chance to succeed, be safe and be happy.

December 2024.

To be reviewed annually.

**Executive Summary**

This document articulates all of the different types of assessment undertaken by the Local Authority with a child, young person or family. It covers all types of assessment, whether undertaken as part of an early help or statutory help offer.

The most commonly undertaken assessments are as follows:

|  |  |  |
| --- | --- | --- |
| **Type of assessment** | **Undertaken by** | **Function** |
| Early help assessment | All partner agencies | To provide support as soon as a problem emerges, at any point in a child's life, and to prevent further problems arising. |
| Child & Family assessment | Children’s Social Care | Takes place under section 17 Children Act 1989 to determine the type and level of services that are required to improve the child's outcomes. |
| Section 47 investigation | Children’s Social Care | Urgent enquiries to establish whether a child is suffering or likely to suffer significant harm. |
| Public Law Outline | Children’s Social Care | Assessments undertaken to work with parents to avoid the need to enter into care proceedings. |
| Permanence planning | Children’s Social Care | Assessment undertaken whilst a child is looked after to determine their care plan. |
| Children with disabilities | Children with Disabilities Service | Assess and review the needs of children and their families and act as a link to other services, including short breaks and transition planning. |

There are then a range of other assessments for children and families in particular circumstances. They include:

|  |  |  |
| --- | --- | --- |
| **Type of assessment** | **Undertaken by** | **Function** |
| Pre-birth assessment | Children’s Social Care | Undertaken for unborn children regarding the need for a child in need planning meeting, a Pre-Birth Child Protection Conferences, or a legal planning meeting to consider initiating Public Law Outline prior to birth and / or initiating proceedings at birth. |
| Children with Special Educational Needs (SEN) | Education settings | Assessment to determine the level of SEN support offered. |
| Children with Special Educational Needs (SEN) | Special Educational Needs (SEN) service | Education, Health and Care needs assessment is a multi-agency assessment for children and young people aged 0 to 25 years. This assessment considers a child or young person’s education, health and social care needs which may lead to an Education, Health and Care Plan (EHCP). |
| Young carers | The most appropriate professional. | The Care Act 2014 and the Children and Families Act 2014 together provide a framework to ensure inappropriate caring for young people is prevented or reduced and whole family needs are met. The assessment will consider whether it is appropriate for the child/young person to provide on-going care by considering their age and the impact of the caring responsibilities on their social and educational development |
| Harmful sexual behaviour | Children’s Social Care, alongside partner agencies | AIM (Assessment Intervention and Moving on) assessments is an assessment process is used by professionals to assess young people who have committed a sexual assault or harmful sexual behaviour. |
| Private fostering | Children’s Social Care | A Private Fostering Assessment will be undertaken to ascertain whether prospective carers and parents have made appropriate arrangements to meet the needs of the child. |
| Special Guardianship Order assessment | Children’s Social Care | The assessment of a connected person as to their appropriateness to care in the long term for a child who is unable to live with their parents. |
| Complex safeguarding, including risk of sexual or criminal exploitation | Complex Safeguarding Team | We utilise the Greater Manchester WISE (Working to Increase Safety in Exploitation) model to identify need, the source of harm, and to outline the plan to address these. |
| Homeless 16- & 17-year-olds | Children’s Social Care and Housing | The joint assessment will be completed within 5 working days to identify the young person’s needs and the level of support that is required to meet those needs. This will identify what duty, if any, is owed to the young person. |

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15. **Introduction**

In Bolton we have a clear vision for our children, that each and every one of them has the ‘best possible start in life, so that they have every chance to succeed, be safe and be happy’. While some children and their families may require more support than others, fundamentally this aspiration is for all.

Working Together to Safeguard Children (2023) sets out that local authorities, with their partners, should develop and publish local protocols for assessment. Bolton’s local protocol sets out the arrangements for children referred to the Local Authority for support, as such, is a ‘handbook’ that describes what the Local Authority will do and how the child will move through the journey of assessment and planning.

A key update of the 2023 Working Together highlights multi-agency expectations and emphasises strong partnerships among practitioners, parents, and carers; outlining expectations for effective communication and collaboration.

The local protocol aims to secure cooperative, collaborative working across agencies, and with parents/carers, children and young people that places the child at the centre of decision making both in Early Help and when a child requires a statutory social work assessment by Children’s Social Care Services.

We recognise that children and their families in need of help or protection need clear and effective processes in place, as well as clear expectations as to how practitioners will individually and collectively work together to fulfil their roles and responsibilities.

The best local safeguarding arrangements are developed from a shared vision, shared values and clear ambition to deliver the very best practice to children at risk of harm. Bolton Safeguarding Children Partnership have adopted and developed the key principles below to achieve this aim. These principles have provided the foundation for us to develop this best practice guidance.

The principles are: -

* A culture of continuous development, improvement, and learning
* Effective, ambitious child-focussed leadership within and across partners
* Agencies understand their respective roles and thresholds
* Wide and active engagement in multi-agency safeguarding arrangements
* Good systems for information sharing which practitioners are confident and knowledgeable about
* High support and high challenge within the multi-agency system

Implementing our practice principles will lead to improved outcomes for children as:

* Early help is being used effectively to coordinate preventative responses to help meet children’s needs
* Children and their families tell us that they are able to access services at the right time from the right person and in the right place
* Children tell us they have been able to develop trust with their key workers
* Parents/carers tell us practitioners have listened and helped them
* Children tell us that they have been listened to and involved in their care and service improvement
* Practitioners tell us they are confident in local processes and understand what is out there to support children and families
* More children will remain in the care of their family unit and will not need to be supported by statutory services
* Multi-agency audit highlights that outcomes for children are being met, that there is high quality practice, a good understanding of thresholds and that people are aware of different roles and responsibilities across the partnership

Working Together to Safeguard Children (2023) identified a number of key asks from children. These are outlined below and should underpin our work across the safeguarding continuum,

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

1. **Definition of an assessment**

When a child comes into contact with services, practitioners need to understand what life is like for them so they can ensure the right support is put into place for them. An assessment gathers information from children, the adults that care for them and the agencies that support them, such as schools and health services. Assessments are completed in partnership with parents, as they usually know what is best for their children and it is their responsibility to raise their children.

All children’s needs are unique. Some children have more needs than others, such as those arising from a disability. All family systems and circumstances are different, meaning that when an assessment is completed, it aims to help professionals understand the support needs to be made available at the right level of need.

1. **Bolton’s Framework for Action and continuum of help and support**

Most children and young people living in Bolton have basic needs that are met well by their parents, wider family, support networks and universal services such as health, children’s centres and schools. All families can face difficulties from time to time, and some children need more help to achieve their potential.

Bolton’s Framework for Action is our continuum of need and threshold document that provides a framework for practitioners who are working with children and families in Bolton and aims to help identify when a child may need additional levels of support to achieve their full potential. It provides information on the levels of need and gives examples of some of the indicators that a child may need additional support.

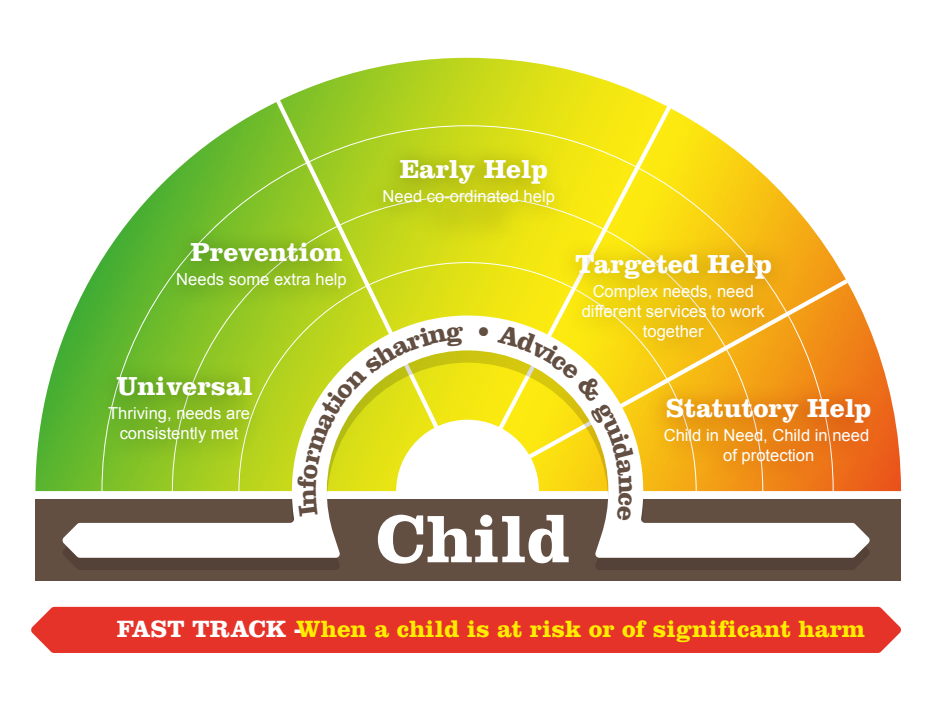


The Framework is underpinned by the following principles:

* Keeping children safe and achieving good outcomes for all, regardless of their needs, is at the heart of what we do.
* All practitioners understand their roles and responsibilities in relation to keeping children safe and use the local thresholds to provide the right help and support.
* Help and support is developed with the child and their parents, building on the strengths and solutions they identify.
* Holistic assessment is the starting point for offering help and support at any level of need and provides the evidence base to inform decisions about the right threshold.
* Help and support is offered at the earliest opportunity -the right help, at the right time from the right people.
* All agencies work collaboratively using the Framework for Action to promote co-ordinated, effective support to children and their parents and avoid duplication.
* A child centred approach is central and takes account of diverse needs of children and their families, including but not limited to gender, ethnicity, culture, special educational need or disability.
* High support and high challenge within the multi-agency system is evident and promotes the best outcomes for children.

The 5 levels of intervention are:

1. Universal
2. Prevention
3. Early Help
4. Targeted Help
5. Statutory Help



**Universal**

All children access universal services, including health, education, leisure and youth services. The vast majority of children will only need access to this level of help to grow and develop safely and healthily.

*I am thriving, my needs are consistently met as my family, or the universal services I access keep me safe, promote my welfare and help me achieve my potential.*

**Prevention**

Children, including with special educational needs or disabilities, who need some extra help. This help is accessed from universal services but will not be routinely provided to all children. Families or the child themselves will usually access this directly from the universal service, or a universal service may identify and work with the child and family to provide the help. It is important that help offered is underpinned by assessment and the effectiveness of the help is evaluated.

*I need some extra help from those already helping to keep me safe, promote my welfare and help me achieve my potential.*

**Early Help**

Children, including those with special educational needs or disabilities, or families who need co-ordinated help from a range of services. Elements of this help will be accessed from universal services or from more targeted services to meet the child’s needs. It is important that help offered is underpinned by an Early Help Assessment and Plan that takes account of the child’s family and community environment. A lead professional should be agreed and the effectiveness of the early help plan regularly.

*I or my family need co-ordinated help to be safe, promote my welfare and achieve my potential.*

**Targeted Help**

Children, including those with special educational needs or disabilities, or families who have complex needs and co-ordinated help from a range of services is needed. While elements of help will continue to be accessed from universal services, involvement from the Local Authority targeted help service is needed. Before accessing this help, the majority of children should have an existing Early Help Assessment and Plan and an identified lead professional. The targeted help offer will continue to be underpinned by the Early Help Assessment and Plan and its effectiveness regularly reviewed.

*I or my family have complex needs and need different services to work together to keep me safe, promote my welfare and help me achieve my potential.*

**Statutory Help**

Children, including those with special educational needs or disabilities, who are unlikely to achieve or maintain a reasonable level of health or development, without statutory help. Statutory help should also be accessed where there are concerns a child is suffering or likely to suffer significant harm. This risk of harm may come from within the family environment or 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. The lead professional will be a qualified social worker and all help and support will be underpinned by a child and family assessment and plan. The effectiveness of the plan should be evaluated within locally agreed or statutory timescales.

*I am a child in need or in need of being protected from neglect or physical, sexual or emotional abuse; I need help from a social worker to keep me safe, promote my welfare and achieve my potential.*

1. **Referrals**

For universal services, children, young people and their parents/carers can refer directly to the services they want to access.

For prevention services, professionals should complete the early help assessment and plan with the child and their family. Preventative help will mean that the needs of the family can be met by the service or by community resources.

For early help, services can contact the Early Help Access Point to check if an early help assessment and plan has been completed for the child or another member of their family. If this is not already in place, the referrer can complete the early help assessment and plan with the child and their family and agree outcomes and the interventions and/or services to be accessed. A Child Action Meeting (CAM) can be arranged to co-ordinate help and support with the child and family and enable progress to be tracked and outcomes achieved.

For targeted early help, the early help pathway should have been followed and the family should consent. A service request can be made and this will be screened by the Early Help Access Point.

For statutory help, referrals can be made to the Integrated Front Door.

1. **Integrated Front Door (IFD)**

The Integrated Front Door is the point of contact for enquiries and referrals relating to children and young people made by professionals, families and the public.

The Integrated Front Door is a team of multi-agency professionals including Child Protection social workers, Early Help Access Point workers, Health, Police and other partner agencies.  These agencies work together to provide advice and guidance and to jointly triage referrals made in respect of children and navigate them to the correct service.

Telephone referrals can be made for referrers that are concerned that a child who lives in Bolton is suffering or is at risk of suffering immediate significant harm. The referrer should also follow this up in writing by completing the referral form.

If the concern is not immediate, but you believe that a child and their family are in need of intensive support from Targeted Early Help Services or require protection or an assessment by a Social Worker, an Online Referral Form should be completed.

On receipt of a contact to Children’s Social Care, the Integrated Front Door has 24 hours in which to make a decision about any actions to be taken. A contact may proceed to a Referral.

For further information:

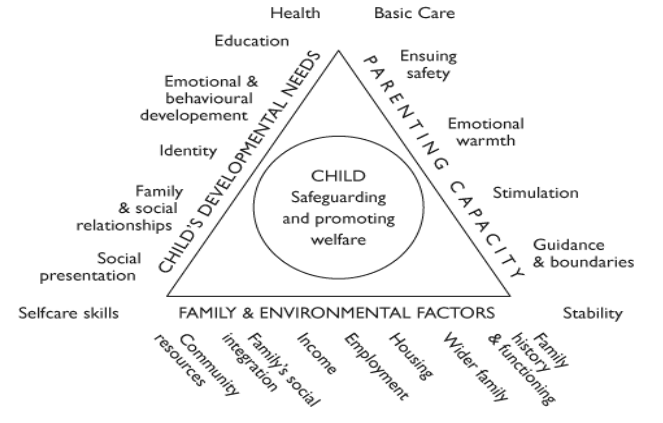


[Worried about a child? – Bolton Safeguarding Children](https://www.boltonsafeguardingchildren.org.uk/worried-child)

1. **Assessment principles**

The Framework for the Assessment of Children in Need and their Families, originally published in 2000 by the Department of Health, provides conceptual scaffolding for social work assessments of children in need and their families. The Assessment Triangle sets out three domains for assessment:

* the developmental needs of children.
* the capacities of parents or caregivers to respond appropriately to those needs.
* the impact of wider family and environmental factors on parenting capacity on children.



**Child development**

An understanding of child development at different ages and stages, attachment theory, children’s identity and of self-esteem and the factors that can impact on a child’s development and outcomes.

**Parenting capacity**

An understanding of parenting capacity, styles and approaches as they relate to individual children in family systems, basic care, discipline, parenting difficulties including learning disabilities, mental health alcohol and substance misuse, domestic abuse, offending and the impact this has on children’s safety, socialisation and development, and whether a parent has capacity to change in the child’s timescales.

**Family and environmental factors**

An understanding of socio-economic, housing, immigration and cultural/religious influences and access to community-based support and wider family systems. In using the ‘assessment triangle’ practitioners must draw on a wide range of knowledge and skills to understand a child’s unique circumstances and consider the interconnected risk and protective factors in order to make professional judgements based on careful analysis as to the level of support and protection children need.

1. **Bolton Family Framework (BFF)**

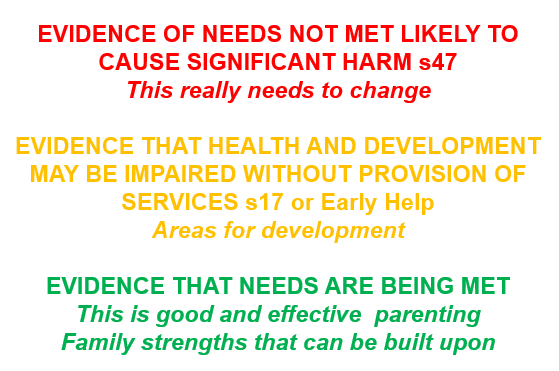
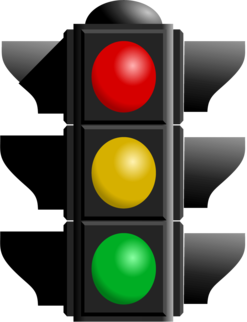
In Bolton, we believe that every child has the right to a healthy, happy childhood. We are committed to ensuring all children living in Bolton have equal opportunities to learn, have fun, participate, and thrive. To achieve our ambitions, our resilience-based approach aims to create opportunities for positive change by building on existing strengths and aspirations. The Bolton Family Framework sets out our practice framework, which we have developed for practice leaders, managers, practitioners and partners so we have a shared understanding of our approach and the various strengths-based ways of working we draw upon to improve children’s circumstances and outcomes.

The 5 principles of the Bolton Family Framework are:

1. Understand the world of the child(ren).
2. Understand the world of adults.
3. Recognise family strengths as well as concerns.
4. Engage families in the change process.
5. Measure change through actions and interventions that lead to child focussed outcomes.

Relationship building is a corner stone of the BFF along with the restorative principle of “Connect before Content”. The approach is underpinned by the principle of ‘High Support, High Challenge’ and the importance of being clear and direct with families about the worries but in a way that makes them feel heard and that there is a balance.

BFF uses a traffic light graphic to help make sense of the lived experience of the child and identify areas of significant concern:



The Bolton Family Framework is integrated into the Child & Family assessment process and the Child Protection process, including Conferences and Core Groups.

1. **Early Help Assessments (EHAs)**

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life.  Early help can also prevent further problems arising and works most effectively when agencies work together.

Early Help is a way of bringing workers together to work with children and their families when they need extra support. This could be for any reason including health, education, parenting, emotional well-being and many more. Support can be delivered from a wide range of services depending on what is needed; services already working with the family might offer additional help or requests for support could be made to specialist and targeted services.

Effective early help relies upon local agencies working together to:

* Identify children and families who would benefit from early help;
* Undertake an assessment of the need for early help; and
* Provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child.

Working Together to Safeguard Children (2023) is clear that safeguarding professionals should work closely with education and childcare settings to share information, identify and understand risks of harm, and ensure children and families receive timely support.

The provision of early help services should form part of a continuum of support to respond to the different levels of need of individual children and families.

Early Help is for children of all ages up to age 18 – as soon as problems start to stop things from getting worse. Parents (or a child themselves if they are old enough) can ask for Early Help, or a worker that is already involved with a family may suggest that Early Help support might be needed.

The Early Help Assessment should be undertaken when there are initial concerns about a child’s development and progress. A child’s strengths and areas of need can be assessed so that the right support can be provided. This should include asking parents/carers what they think, talking to professionals who work with the child, and looking at records and other information. As part of the Early Help Action Plan, you may ask for advice and further assessments, for example from a health professional or Start Well Single Point of Access.

The assessment and plan will be recorded on a standard form to make sure that everyone understands the situation and works well without the family having to repeat their information. Sometimes, if a few services are needed, it might be helpful to ask everyone to have a meeting to ensure that all the support is co-ordinated. This is called a Child Action Meeting (CAM). One person should make sure that the action plan is working and review progress with the family – they are called the Lead Professional. The Lead Professional is usually someone who knows the family well and is often the person who started off the Early Help process.

After the assessment and plan has been put together, the family, with their Lead Professional, should agree a timescale to review it. This is usually 8-10 weeks but may be sooner if this is what is best for the family. The review should include the parents and child and should support the family to identify progress and ensure actions have happened. Importantly, it should identify how things are improving. If Early Help is still needed, this should be continued or if other actions are needed they can be added to the plan. Again all this will be recorded on a standard review form. On the other hand, if things have improved, everyone will agree that it is okay to close the Early Help Assessment and Plan. Copies of the Early Help Assessment and Reviews are sent to the Early Help database, where it is recorded if an Early Help process has been started or is ongoing. This allows services to coordinate better around a family and ensures only one Early Help Assessment is ongoing at any one time. Reports are produced on how many Early Help Assessments are ongoing, but there is no reporting on individual cases.

For further information:



[Early help and working together – Bolton Safeguarding Children](https://www.boltonsafeguardingchildren.org.uk/downloads/download/12/early-help-and-working-together)

Bolton Family Hubs and Start Well Centres are places where families with children under the age of five years and beyond can share the joys and challenges of parenthood. They offer a range of activities and integrated support services to help you with every aspect of parenting, so your child gets the best possible start in life.

For further information:

[Bolton Family Hubs – Bolton Council](https://www.bolton.gov.uk/bolton-start-well-family-hubs)

1. **Child & Family Assessments (C&Fs)**

When a referral is accepted by Children’s Social Care Services, a Child and Family assessment will be undertaken. This is a multi-agency assessment under section 17 of the Children Act 1989 and in accordance with Working Together to Safeguard Children 2023.

An assessment must be carried out by a qualified social worker, or a student Social Worker under supervision of a Qualified Social Worker. All assessments are completed under the supervision of an experienced social work Team Manager. The social worker leads the assessment, which must be informed by the child and their family members and by other professionals who know them, including teachers, health visitors, and relevant key agencies. The overall aim of assessment should be to determine the level of need and or risk by ensuring a clear, robust and succinct analysis of the child and family, and any key issue and impact that they may have on children's outcomes. The assessment must be completed in a timely manner, making decisions in the best interests of children, and within a timescale which has the child’s safety as its paramount concern.

Assessments will involve a visit(s) to the child’s home and where appropriate, the child's nursery or school. During each assessment, the social worker will gather information from the child, his/her parents/careers, siblings, wider family and support systems and professionals involved in the child or family’s life. Children may be seen alone and together with their parent(s) and siblings.

At initial allocation the Referral and Assessment Team social worker, in consultation with the team manager, will consider the following as part of the planning process for an Assessment:

* reason for the referral and any alleged or suspected concerns.
* information that will be shared with the child’s parents/carers and key agencies.
* obtaining consent, where appropriate for agency checks to be undertaken.
* the child and family’s linguistic, cultural and communication needs.
* the health and education needs of the child/ren.
* access to the child and how the child’s views will be obtained.
* engaging non-resident parents.
* which professional agencies will be required to contribute to the assessment.
* effective communication with parents with learning disabilities.
* adult/child mental health and/or alcohol or substance misuse.
* violence in the home.
* specific needs of unborn children.
* contingency arrangements for emerging information, changing or new circumstances that increase risk to the child.
* social and environmental factors affecting risk, including exploitation.
* non-resident children of adults in the household.
* obtaining the family history and involvement with services.
* services that are required to immediately alleviate need, this may include interventions provided by the Children and Family Early Help Service.

It is essential that the child remains the focus of the assessment, to the extent of identifying needs and the impact of parenting capacity and wider community influences. For instance the needs of a parent may evidence issues of alcohol, emotional or mental health problems, their lifestyle may be affected by domestic violence and abuse or substance misuse, and all these issues need to be considered in respect of the impact on the child.

The assessment should take no longer than 45 working days to complete, unless there are justified reasons for the assessment to take longer. Team managers will make a record of the reasons for extending the assessment timescale and maintain oversight to the completion of the assessment in supervision with the social worker.

In considering the domains of the assessment framework, a clear and succinct analysis of risk has to be considered. It will be expected that social workers link analysis to research and the use of wider assessment tools to ensure evidence based assessments.

It is essential that the assessment includes and reflects the wishes and feelings of a child. The child needs to remain the focus of the assessment; the analysis should explain impact of key issues on the child’s wellbeing.

No assessment should be undertaken without the inclusion of the key family members. Careful consideration should be considered when it comes to engaging families and use of appropriate challenge. Assessment should not just focus on a critical incident but consider and ensure key history and previous referrals, wider agency information is gathered and analysed. Communication with families is essential, families must understand the purpose and focus of the assessment and assessments should always be shared with families.

Assessment will also include all the relevant key agencies, such as education, health, police, etc. It is essential a holistic picture is built of the family and child to inform outcomes and analysis.

Completed assessments will determine:

* if the child is in need of services provided under s17 Children Act 1989.
* if the child is need of accommodation under s20 Children Act 1989.
* what actions, if any, are required to safeguard the child in the immediate or longer term.
* the type and level of services that are required to improve the child's outcomes.

The Assessment will be used to formulate the child's plan. Active planning at the earliest opportunity should identify and put in place services or interventions which will deliver the right help to children and families at the right time. A combined assessment and planning process should develop a robust understanding of the child’s journey to date and evidence the impact of existing plans in place at the point of referral. The use of chronologies should inform planning, interventions and the approach to assessment. Early planning will complement and inform a process of robust assessment, but changes in circumstances should, prompt a proportionate review of current interventions and not lead to an 'open ended' assessment. Professional judgement and management oversight should identify when reassessment or a change in plan should be triggered.

1. **Section 47 enquiries**

Enquiries under s47 Children Act 1989 will be triggered if a child is taken into Police Protection, is the subject of an Emergency Protection Order or there are reasonable grounds to suspect that the child is suffering or likely to suffer significant harm, i.e. the child has made a serious allegation of abuse, has incurred an unexplained or non-accidental injury or is suffering neglect.

In accordance with Working Together to Safeguard Children 2023, all child protection investigations in Bolton will:

* be planned through an initial (or review) Strategy Discussion with the Police and Health, and other agencies as relevant.
* be undertaken either jointly with the police or solely by Children’s Social Care Services
* be informed by checks and information from the Integrated Front Door and other agencies.
* identify what needs to happen to ensure the child is safe for the duration of the investigation, i.e. safety planning or temporary living arrangements away from the source of risk or harm with a relative, family friend or foster carer.
* initiate an Assessment, in which the child will be met with alone.
* where a crime has been committed against the child, obtain the child’s evidence by undertaking a video recorded interview carried out by a police officer if of an appropriate age.
* where necessary, include a physical examination of the child by a paediatrician.
* determine whether an Initial Child Protection Conference is required to develop a multi-agency plan (Child Protection Plan) for the child(ren) and where an ICPC is needed, for it to be convened within 15 working days of the strategy discussion at which section 47 enquiries were initiated.

The social worker, when conducting a section 47 Enquiry, must assess the potential needs and safety of any other child in the household of the child in question. In addition, section 47 Enquiries may be required concerning any children in other households with whom the alleged abuser may have contact.

The child must always be seen and communicated with alone in the course of a section 47 Enquiry by the Lead Social Worker, unless it is contrary to his or her interests to do so. The Strategy Discussion/Meeting will plan any interview with the child. Before a child is seen or interviewed parental permission must be gained unless there are exceptional circumstances that demonstrate that it would not be in the child’s interests and to do so may jeopardise the child's safety and welfare.

The outcome of a section 47 Enquiry must be endorsed by the team manager.

A section 47 Enquiry may conclude that concerns were unsubstantiated, concerns were substantiated but the child is not judged to be at continuing risk of suffering Significant Harm, or the concerns are substantiated and the child is judged to be at continuing risk of suffering Significant Harm.

Where immediate protective action is required, the advice of Legal Services should be sought.

1. **Public Law Outline**

The Public Law Outline (PLO) January 2023, provides a framework for the Local Authority to work with parents to avoid the need to enter into proceedings by undertaking pre-proceedings assessments, providing support and setting clear goals for families aimed at helping them to demonstrate the change needed for children to remain in their care.

If change cannot be achieved within agreed timescales, the Local Authority may issue Care Proceedings to consider alternative care arrangements for children. Pre-proceedings assessments can help to reduce the time spent in Family Court Proceedings so children can achieve timely outcomes; the usual length of Care Proceedings to conclude is 26 weeks.

The Legal Gateway panel is a weekly forum chaired by a Senior Head of Service that reviews all requests to initiate the Public Law Outline or issue care proceedings. The Local Authority also hold a monthly tracking meeting for all children subject to the Public Law Outline.

The Public Law Outline process may involve commissioning expert evidence such as hair strand drug and alcohol testing, or the production of assessments such as parenting assessments or viability assessments of wider family members.

If care proceedings are to be initiated for a child, all Local Authorities should produce their evidence using a Social Work Evidence Template (SWET)- [Social Work Evidence Template (SWET) – ADCS](https://www.adcs.org.uk/swet/).

1. **Assessing and planning for permanence**

Children who require alternative care arrangements under either s20 Children Act 1989 or as a result of Court Proceedings to determine their permanence arrangements will be tracked via the Care Proceedings Tracker Meeting.

Assessments of a child's needs in relation to his or her Permanence Plan must:

a) focus on outcomes

b) consider stability issues, including the child's and family's needs for long-term support and the child's needs for links, including contact, with his or her parents, siblings, and wider family network.

Social workers must ensure the child's Permanence Plan is clearly linked to previous assessments of the child's needs in full consultation with family and community networks to establish the child's attachments, support networks and the child’s wishes and feelings. The assessment process must ask how stability for this child will be achieved.

By the time of the second Looked After Review, the child must have a Permanence Plan that supports:

* reunification with birth or extended family.
* Adoption.
* Special Guardianship Order/ Child Arrangements Order. OR:
* long term fostering.

1. **Children with disabilities**

Our aim is that disabled children, young people and their families have the support they need to be fully participating members of the Bolton family.

We work with colleagues across health, education and social care. Services can be provided from birth up to the age of 18, to young people who have a long term disability and whose care needs are significantly and consistently greater than children and young people of the same age.

Our Children with Disabilities Social Work team will assess and review the needs of children and their families and act as a link to other services, including short breaks and transition planning.

Once this has been done, social workers will discuss with families the best way to meet their needs. This may be through universal or targeted services or may be a referral to our specialist Short Break Service - Bridges (Family Support, Bolton Shared Care, residential). If families wish to have their specialist short break needs met via a direct payment rather than through us, they can discuss this with the social worker.

Safeguards for disabled children should be the same as those for non-disabled children. However particular attention should be paid to promoting a high-level of awareness among workers to the increased vulnerability of disabled children and adapting approaches to ensure communication opportunities. This will ensure they receive the same levels of protection as other children.

Children with disabilities are ‘children in need’ and therefore require assessment of their needs to establish what kind of help and support they require, if any. An Early Help Assessment may be sufficient on its own to establish the kind of help and support needed for children with disabilities but in some cases, a specialist assessment may be required (for example an occupational therapy assessment or a health assessment). Some children with disabilities may also need a statutory social work Assessment because of concerns about their safety and welfare. The majority of such Assessments will be undertaken by the Children with Disabilities Service.

1. **Other assessments**
   1. **Pre-birth**

Research and experience indicate that very young babies are extremely vulnerable, and that work carried out in the antenatal period to assess risk and to plan intervention will help to minimise potential harm. A number of serious case reviews have been undertaken in respect of babies who became subject to child protection plans prior to birth, or in which the pregnancy was initially concealed. These have highlighted the importance of all agencies acting as early in the pregnancy as they can to assess and intervene to keep the unborn baby safe and increase the likelihood of the birth parents being able to provide safe care.

All practitioners have a role in identifying and assessing those families in need of additional support and in sharing information with other agencies where there are safeguarding concerns. Most pregnancies will not raise safeguarding concerns, but in some cases a co-ordinated response by agencies will be required to ensure that the appropriate support is put in place during the pregnancy with the aim of safeguarding the baby before, during and following birth.

Bolton has developed a Pre-birth Protocol with key partners from health services to agree how we will work together to safeguard and support pregnant women and their unborn children.

A referral must be made at the earliest opportunity when there are risk indicators identified in the Pre-Birth RAG Screening Tool. The IFD will accept referrals at any stage of pregnancy, however early that might be. Bolton enhanced midwifery service will refer following dating scan, (usually 10-12 weeks). In the case of a delayed presentation to maternity services or where concerns are identified after the booking appointment, the referral must be made as soon as is practical to allow subsequent processes to be expedited.

If the referral is accepted by Children’s Social Care, it is vital that assessment begins in the early antenatal period. Undertaking the assessment during early pregnancy provides parents with the opportunity to show evidence of change. If the outcome suggests that the baby would not be safe with the parents, then the practitioners have the time and opportunity to make clear and structured plans for the baby’s future and set up support for the parents where necessary.

The assessment should be completed within 45 days and must make recommendations regarding the need for a child in need planning meeting, a Pre-Birth Child Protection Conferences, or a legal planning meeting to consider initiating Public Law Outline prior to birth and / or initiating proceedings at birth.

* 1. **Children with Special Educational Needs (SEN)**

The first step to supporting children or young people who have, or may have, special educational needs is high quality teaching which is differentiated for individual pupils. [**Bolton's SEND Handbook**](https://www.bolton.gov.uk/sendlocaloffer/downloads/file/7/bolton-s-send-handbook) provides nurseries, schools and colleges with guidance around identifying dyslexia, dyscalculia, dyspraxia, moderate learning difficulties, speech language and communication difficulties, autism, and ADHD. The handbook also provides guidance help classrooms be set up to support children with a range of additional needs.

Through accessing good quality teaching, it may become evident that a child or young person isn't progressing as expected. A child or young person may need some additional provision or support putting in place to help them progress. This is referred to as SEN Support.

SEN support is an approach to supporting children and young people using an ongoing cycle. The cycle is referred to in the [**SEND Code of Practice**](https://www.gov.uk/government/publications/send-code-of-practice-0-to-25) as the graduated approach, using an 'Assess Plan Do Review' method.

Nurseries, schools and colleges can all access funding to support this first level of additional provision required for children and young people with special educational needs. SEN Support can provide a wide range of additional provision for children and young people depending on what their needs are.

Where a child or young person is being supported via SEN Support, it would be expected that their setting would also involve outside agencies to help identify the kinds of provision required. Agencies such as Speech and Language Therapy, Ladywood Outreach, Behaviour Support, and Educational Psychology can all be accessed while a child or young person is being supported at some support.

Nationally, the vast majority of children and young people who have special educational needs are supported under SEN Support. A small percentage of children and young people may have needs that require an additional level of funding on top of the funding that their setting is expected to provide. Where this is the case, an [**Education, Health and Care Needs Assessment**](http://www.bolton.gov.uk/sendlocaloffer/ehcp-assessment) can be requested from the local authority. This assessment may lead to a child or young person being issued an Education, Health and Care Plan.

If a parent or carer has any concerns about the identification of special educational needs, or the support a child or young person is receiving, in the first instance, they should speak to the class teacher or SENCO. For additional advice and guidance parents or carers can contact [**Bolton's Information Advisory Service**](https://iasbolton.com/home). To access parent carer workshops that include SEN Support specific workshops parents or carer can contact [**Bolton Parent Carers**](https://www.boltonparents.org.uk/).

For further information:

[SEN Support – SEND Local Offer (bolton.gov.uk)](https://www.bolton.gov.uk/sendlocaloffer/sen-support)

* 1. **Education, Health and Care Plans (EHCPs)**

The Education, Health and Care needs assessment is a multi-agency assessment for children and young people aged 0 to 25 years. This assessment considers a child or young person’s education, health and social care needs which may lead to an Education, Health and Care Plan (EHCP). Other assessments can run alongside this process, such as a Child & Family assessment or an Early Help Assessment.

Information from a child’s parent, a young person, the educational institution attended, health care professionals, an educational psychologist and where appropriate social care will be requested during this assessment.

An EHC plan will include:

* the views, interests and aspirations of the child and their parents or of the young person
* special education needs
* health needs which relate to their special education needs
* social care needs which relate to their special education needs
* the outcomes sought for the child or young person
* the special educational provision required by the child or young person
* any health provision reasonably required by the learning difficulties or disabilities which results in the child or young person having SEN
* any social care provision which must be made for a child or young person under 18 resulting from section 2 of the Chronically Sick and Disabled Persons Act (1970)
* any social care provision reasonably required by the learning difficulties or disabilities which results in the child or young person having SEN
* placement (name of school / setting attended / to be attended)
* personal Budget (including arrangements for direct payments)
* advice and Information (copies of all of the information gathered during the assessment)

Ordinarily, a setting, school or post 16 provider will request an EHC assessment, having followed a graduated response at SEN support stage. In addition, the following people can request an EHC assessment:

* the child’s parent
* a young person over the age of 16 but under the age of 25
* a health practitioner or social worker

It takes 20 weeks from the point of requesting an assessment. The possible outcomes are:

* that an assessment is not necessary
* an assessment is needed and issuing an EHCP
* an assessment is needed and then determining that an EHCP is not necessary

The decision and reasons for not issuing an EHCP will be communicated to the child’s parent or the young person within a maximum of sixteen weeks from receiving the initial request. The parents/young person will be informed of their rights to appeal.

For further information:

[EHCP Assessment – SEND Local Offer (bolton.gov.uk)](https://www.bolton.gov.uk/sendlocaloffer/ehcp-assessment)

* 1. **Young carers**

Young Carers are children and young people under the age of 18, who provide care to another family member usually an adult, who has a physical illness/disability; mental ill health; sensory disability; has problematic use of drugs or alcohol. The level of care they provide would usually be undertaken by an adult and as a result of this has a significant impact on their normal childhood.

It is estimated that there are at least 1190 young carers in Bolton (not including those caring for relatives with mental health difficulties/ substance misuse). National data tells us the average age of a young carer is 12 and they provide care for an average of 17 hours a week – some care for up to seven hours a day. Many young carers care for four years before they receive any support.

The Care Act 2014 and the Children and Families Act 2014 together provide a framework to ensure inappropriate caring for young people is prevented or reduced and whole family needs are met. The Acts give young carers similar rights to assessment as other carers have under the Care Act. For the first time carers are being recognised by law in the same way as those they care for and are eligible for assessment and support.

When the need for a young carer’s assessment has been identified, a decision will be made about the most appropriate person to lead the assessment. The assessment will consider whether it is appropriate for the child/young person to provide on-going care by considering their age and the impact of the caring responsibilities on their social and educational development, the assessment will also take into account the child/young person’s wishes. The assessment will include the young person, their parent/carer and any other person the young person identifies as significant.

In Bolton we want to identify any young person taking on care of a family member and support them through the Bolton Lads and Girls Club, who will:

* facilitate access to mainstream services for young carers
* co-ordinate services where lead professional is needed or add to an existing lead professional’s planning arrangements
* deliver direct support to young carers (eg resilience work, advocacy support, arts work, emergency planning)
* ensure young carers can access breaks from caring, including those which can be facilitated by extended family members
* raise awareness to enable professionals to identify young carers and listen to what they need
* mobilise other services to meet the needs of the young carers and their families
* provide consultation for professionals working with children and young people who are young carers
* influence local and national service delivery and strategic planning

For further information:

[Young carers – Bolton Council](https://www.bolton.gov.uk/help-carers/young-carers)

* 1. **Domestic abuse**

Effective assessment of domestic abuse requires a multiagency approach to ensure the safety and wellbeing of the survivor and any dependents, assessing their safety and well-being is essential. This includes checking for signs of physical or emotional harm and understanding the impact of witnessing domestic abuse.

Many practitioners in Bolton will find resonance with the ‘Safe and Together Model’ ™, which can be used to improve outcomes for children and families affected by domestic abuse by creating a more informed and supportive approach to intervention. The Safe and Together Model is a comprehensive framework designed to improve the response of child welfare systems and other services to families experiencing domestic violence.

The core principles of the Safe and Together Model are:

* Keeping Children Safe and Together with the Non-Offending Parent: The model focuses on ensuring the safety of children by supporting the non-offending parent. This approach recognises that the best way to protect children is often to help the survivor parent safely care for their children.
* Partnering with the Non-Offending Parent as a Default Position: Practitioners are encouraged to build strong partnerships with the non-offending parent. This includes recognising their strengths and protective efforts and providing them with support and resources.
* Intervening with the Perpetrator to Reduce Risk and Harm to Children: The model emphasises direct engagement with the perpetrator to hold them accountable for their actions and to reduce the risk they pose to the family.

For more detailed information on the Safe and Together Model:

[Domestic Violence Training Courses & Education Resources | Online DV Classes & Trainings | Safe & Together Institute (safeandtogetherinstitute.com)](https://safeandtogetherinstitute.com/)

For further information on domestic abuse services in Bolton:

[Domestic abuse and violence – Bolton Council](https://www.bolton.gov.uk/community-safety-anti-social-behaviour/domestic-abuse-violence)

* 1. **Sexual abuse**

Assessing sexual abuse involves a sensitive and multi-faceted approach to ensure that wellbeing and safety of the victim while gathering necessary information for legal and protective actions. Bolton victims of sexual abuse have access to a sexual assault referral centre (SARC), which is a multi-agency service for children and young people who have experienced any form of sexual abuse.

The Centre of expertise on child sexual abuse ([Home | CSA Centre](https://www.csacentre.org.uk/)) provides resources for all professionals working with children to help them understand the steps they can take to protect and support children and their families. This sets out how to respond to concerns at key points of safeguarding and criminal justice processes, focusing the response on meeting the needs of children and their families throughout. Created for professionals working with children, each with their own safeguarding responsibilities, it’s particularly helpful for social workers, teachers, police officers, health professionals and those in the voluntary sector who work with children and families.

* 1. **Harmful sexual behaviour**

Young people can become involved in sexually harmful behaviour for many reasons and a comprehensive and appropriate assessment methodology is vital to assess risk and to provide protective factors to reduce the risk of further harmful behaviour. If the behaviour is not tackled early evidence suggests that the behaviour will continue and quite possibly escalate in seriousness.

The law requires that a young person convicted of an offence has a supervising officer provided by the Youth Justice Service (Crime and Disorder Act 1998). Local authorities under the Children Act 1989 and 2004 have overarching responsibility for safeguarding and promoting the welfare of all children – including those who display sexually harmful behaviour or are victims of such behaviour.

It can be hard to determine what healthy, problematic, inappropriate or serious sexual behaviour looks like. In Bolton the AIM assessment is used to determine levels of risk and planning for the risks that are posed. AIM (Assessment Intervention and Moving on) assessments is an assessment process is used by professionals to assess young people who have committed a sexual assault or harmful sexual behaviour.

For further information:

[yp-who-display-sexually-harmful-behaviour-five-minute-facts (bolton.gov.uk)](https://www.bolton.gov.uk/downloads/file/2230/yp-who-display-sexually-harmful-behaviour-five-minute-facts)

* 1. **Children involved with the criminal justice system**

Young people who have committed an offence will receive support to help make positive changes in their lives so they do not re-offend or cause further harm to the community.

In order to understand the type and level of support required to address offending behaviour an assessment will be undertaken by a member of the Youth Justice Service (YJS), which is a multi-agency Team comprising of Youth Justice workers, some of whom may be, social workers, probation officers, police, psychologists and restorative justice/victim workers. The team is also supported by professionals with expertise in education, speech, language and communication, child and adolescent mental health and substance misuse. The team works closely with community volunteers, Housing, Community Safety, Family Services including Children's Social Care, and the local community and voluntary sector.

The team work together and support holistic assessment and interventions. The assessment will determine current and previous offending or anti-social behaviour and the current or future risk of harm, serious risk of harm and risk to the young person. The assessment is informed by personal, family and social factors such as living arrangements, parenting, family and relationship, learning, education, training and employment, patterns and attitude, resilience, goals and attitudes, opportunities, engagement and participation and factors affecting desistance.

The assessment will consider potential future behaviour, its likelihood and impact, determine the likelihood of reoffending rating and Risk of Serious Harm, making a professional judgement about the likelihood and impact of adverse outcomes in relation to the young person’s safety and well-being.

The assessment can be used to inform court at the sentencing stage and to develop a plan to reduce further offending by taking into account the nature of the offending, the young person’s personal circumstances and their attitudes and beliefs.

Further information:

[Youth offending – Bolton Council](https://www.bolton.gov.uk/youth-support/youth-offending)

* 1. **Unaccompanied asylum seeking children (UASCs)**

Children who may have been trafficked to the UK will be referred to the National Referral Mechanism (NRM), some may require a s47 enquiry and the development of a robust safety plan.

Bolton participates in the government's Unaccompanied Asylum Seeking Children: National Transfer Scheme and children are supported by our Children's Social Care Team. All unaccompanied children will be accommodated under s20 Children Act 1989 and, in parallel a child in need assessment will be undertaken to assess their full range of needs.

* 1. **Private fostering**

The law states that if a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative, and where this lasts or is planned to last for 28 days or more this is known as 'private fostering'. This is a private agreement between a parent and the private foster carer who may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage) or step-parent. Some children may be living with adults who are not classified as close relatives, but will not be privately fostered children. These include children who are subject to court orders such as Special Guardianship, Child Arrangement, or Care Orders.

The Children (Private Arrangements for Fostering) Regulation 2005 sets out the role of the local authority, the parent and private foster carer and related professionals as well as the National Minimum Standards for Private Fostering 2017.

Examples of Private Fostering include:

* Children whose parents are unable to care for them due to illness, abuse, separation or imprisonment but who are not living with a ‘close relative’.
* Children/young people living with their boyfriend or girlfriend’s family.
* Single parents who are hospitalised for four weeks or more and who arrange care for their child with people who are not classified as close relatives.
* Children and young people at boarding schools who do not return home during the holidays and stay with a host family in the UK.
* Children who are not living with close relatives due to parental – adolescent conflict.
* Children who arrive in the UK seeking asylum with adults who are not close relatives.
* Children or young people who come to the UK from abroad without their parents for medical or educational purposes.

A Private Fostering Assessment will be undertaken to ascertain whether prospective carers and parents have made appropriate arrangements to meet the needs of the child. All checks will need to be completed.

The assessment should consider:

* The suitability of the private foster carer and all family members: this should include evidence of their ability to parent competently ensuring that the health and well-being needs of the child are being met. The child should feel part of the family and should be fully integrated in the community. The child’s identity is promoted, and they are supported within education. The child can maintain links with people who are important to them.
* The property should be able to accommodate the child. There should be no health and safety concerns, the property should feel like a home and the child is able to have their own space and the availability to complete homework.
* The child’s wishes and feelings should be explored. This should include discussions around what life is like with their Private Foster carer, exploration of where they see their future and what is positive as well as challenging.
* If there are other children living in the household, it is important to explore what the impact is for both the child that is Privately Fostered as well as for the children who live in the household.
* It will also be necessary to speak to the parents to ensure they have consented to this arrangement and obtain this consent in writing, or the previous carer about what family time they have with the child and how they are involved in the arrangements and decisions that are being made, including any financial support.

The assessment needs to ascertain whether there is any additional support required for the child. To make sure that the placement is supported by everyone involved, contact should be made with health, education and any other identified services.

Further information:

[private-fostering-five-minute-facts (bolton.gov.uk)](https://www.bolton.gov.uk/downloads/file/2220/private-fostering-five-minute-facts)

[Private Fostering – Bolton Safeguarding Children](https://www.boltonsafeguardingchildren.org.uk/private-fostering)

[Looking after someone else’s child – private fostering – Bolton Council](https://www.bolton.gov.uk/safeguarding-protecting-children/looking-someone-else%E2%80%99s-child-%E2%80%93-private-fostering)

* 1. **Special Guardianship**

Special Guardianship offers an option for children needing permanent care outside their birth family. It can offer greater security without absolute severance from the birth family as in adoption. It can meet the needs of a significant group of children, who need a sense of stability and security but who do not wish to make the absolute legal break with their birth family that is associated with adoption. It also provides an alternative for achieving permanence in families where adoption, for cultural or religious reasons, is not an option.

A Special Guardianship Order offers greater stability and legal security to a placement than a Child Arrangements Order. Special Guardians have Parental Responsibility for the child and, whilst this is shared with the child's parents, the Special Guardian has the ability to exercise this responsibility without seeking permission from the parents.

The Court may make a Special Guardianship Order in any family proceedings concerning the welfare of the child and following an assessment by the local authority.

Any person making an application for a Special Guardianship Order must give 3 months' written notice to their local authority of their intention to apply. In relation to a Looked After Child, the notice will go to the local authority looking after the child. In all other cases, the notice will be sent to the local authority for the area where the applicant resides. The local authority receiving the notice will then have a duty to provide a report to the Court

In assessing the appropriateness of any potential applicants, the local authority must assess whether any option would not be consistent with the child's welfare, or, would not be reasonably practicable. Assessments should be robust, evidence-based and child-focused.

The assessment should carefully balance the strengths families may have: consider any existing relationships they have with the child; explore their parenting experience; the significance for the child of remaining within their family and network, against the carers' capacity to meet the assessed needs and the challenges that a particular child may bring on a long-term basis (including any additional needs as a result of significant harm or neglect they may have experienced), and until their 18th birthday.

In recognising that each situation will be looked at on a case-by-case basis, an interim placement with the proposed special guardians may be appropriately considered to both establish relationships between the child and special guardians and confirm the applicants' ability to carry out their parenting responsibilities, meet the needs of the child and promote their welfare and best interests. Final recommendations should not be made until the essential tasks and activities for a full Special Guardianship Order assessment are completed.

Further information:

[family-and-friends-care-five-minute-facts (bolton.gov.uk)](https://www.bolton.gov.uk/downloads/file/2237/family-and-friends-care-five-minute-facts)

* 1. **Channel & Prevent**

Prevent is a statutory requirement for Bolton Council to safeguard and support those vulnerable to radicalisation and influences towards extreme ideologies. The Prevent Duty, under the Counterterrorism and Security Act 2015, requires all specified authorities to have “due regard to the need to prevent people from being drawn into terrorism”. Bolton Local Authority, and our partners, have a core role to play in countering terrorism at a local level and helping to protect vulnerable individuals from those that may want them to harm others or themselves.

Radicalisation is the process by which someone comes to support extreme ideologies. In this context we refer to extremism that is harmful and hateful. This can sometimes be the precursor to terrorism which involves serious criminal acts for advancing a political, religious or ideological cause.  Extremism and radicalisation can have a devastating effect on individuals, families and communities.  Helping to protect people from extremist influences is an important part of our overall safeguarding role.

At the heart of Prevent is safeguarding adults and children by providing early intervention to protect and divert people away from being drawn into terrorist activity. Prevent addresses all forms of terrorism but continues to ensure resources and effort are allocated based on threats to our national security.

Bolton takes a proportionate response to Prevent as part of its overall cohesion work. In Bolton we pride ourselves on a long tradition of strong and resilient communities, good relationships and positive partnerships.  However there are some individuals and groups that might advocate or promote harmful extreme views including for example, hatred, divisions and the use of violence.  There are many varied ideologies that motivate people and groups, and we take a balanced approach acknowledging the right to free speech, human rights and equality.

Channel is one part of Prevent.  It is an early intervention multi-agency safeguarding scheme that supports people who are at risk.  Channel provides practical help tailored to individual needs. Consent from the individual (or parents and guardians in the case of children) must be given before any Channel support is put in place. The process is a voluntary agreement.

Further information:

[Safeguarding Against Harmful Radicalisation – Bolton Council](https://www.bolton.gov.uk/community-safety-anti-social-behaviour/safeguarding-radicalisation)

* 1. **Female Genital Mutilation (FGM)**

The World Health Organisation (WHO) states that female genital mutilation (FGM):

*“Comprises of all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons”*  
WHO Fact sheet No. 241 (February 2014)

FGM is also known as Female Circumcision (FC) and Female Genital Cutting (FGC). The reason for these alternative definitions is that it is better received in the communities that practice it, who do not see themselves as engaging in mutilation.

FGM is included within the revised (2013) government definition of Domestic Violence and Abuse.

Under the Female Genital Mutilation Act 2003 it is an offence in England, Wales and Northern Ireland for anyone (regardless of their nationality and residence status) to:

* perform FGM in the UK.
* assist the carrying out of FGM in or outside of the UK.
* assist a girl to carry out FGM on herself in or outside of the UK.
* assist FGM on a UK national or permanent resident by a either a UK or non-UK person – this would cover taking a girl abroad to be subjected to FGM. Even in countries where the practice is not a criminal offence.

The Serious Crime Act 2015 introduced a legal duty for specific professional groups to report to the police any girl who has had FGM. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

If FGM is suspected or identified by any professional or member of the public a referral to the Integrated Front Door must be made, and this includes health professionals who identify an expectant mother who has experienced FGM. A decision will be made as to whether a referral for a statutory social work assessment is required to assess risk, prevent a crime from taking place or investigate a crime that has already taken place (FGM Act 2003).

If a child is at risk or has been exposed to harm, Children’s Social Care will hold a Strategy Discussion to agree a joint investigation with the Police under s47 Children Act 1989. This may occur on the same day depending on risk levels. Consideration will be given to all female children in the household including unborn female children.

Investigation of referrals regarding the risk of FGM requires a sensitive and multi-agency response. Experience has shown that often parents themselves can experience pressure to agree to FGM for their children and may view this as the best thing they can do for their daughter’s marriageable status. It is also important to recognise that those seeking to arrange the cutting are unlikely to perceive it to be harmful and on the contrary, believe it to be legitimised by longstanding tradition. Therefore, it is essential that when first approaching a family about issues of FGM a thorough assessment should be undertaken with a particular focus on:

* Parental/carer attitudes and understanding about the practice and where appropriate;
* Child/young person’s understanding and views on the issue.

Every attempt should be made to work with parents/carers on a voluntary basis to prevent FGM, however the child’s best interests are always paramount.

Consideration should be given to where the assessment is undertaken e.g. speaking with children/families outside of the family home to encourage them to talk freely and discuss the impact that FGM would have.

As good practice, wherever possible a female interpreter should be used in all interviews with the family and children where English is not their first language. The interpreter must not be a family relation and should not be known to the family.

The strategy meeting should reconvene to discuss the outcomes/recommendations from the assessment and continue to plan the protection of the female. At all times the primary focus is to prevent the female undergoing any form of FGM by working in partnership with parents, carers and the wider community to address risk factors. However, where the assessment identifies a continuing risk of FGM, the first priority is protection and the Local Authority should consider the need for:

* Proceeding to initial child protection conference;
* Seeking legal advice/planning;
* Immediate Police intervention.

Following all referrals relating to FGM, regardless of the outcome, consideration should be given to the therapeutic/counselling needs of the female(s) and family.

Further information:

[Female Genital Mutilation Multi-Agency Protocol (trixonline.co.uk)](https://greatermanchesterscp.trixonline.co.uk/chapter/female-genital-mutilation-multi-agency-protocol#section-a:-background-information)

* 1. **Complex Safeguarding, including Child Criminal Exploitation (CCE), Child Sexual Exploitation (CSE) and Modern Day Slavery (MDS)**

Complex Safeguarding is an approach and term used to describe a different way of working with children and families to address non-traditional safeguarding issues. It articulates the recognition that the current child protection system, legislation and practice does not adequately address the extra-familial harm and risk facing many young people. Complex safeguarding is specifically focused on keeping children and young people safe from any form of exploitation.

Complex Safeguarding is included within the wider concept of contextual safeguarding which recognises that as young people grow up and become more independent of their families, the risks that they face change. This can include and be influenced through relationships formed in their neighbourhoods, schools and online and can feature violence and abuse. Contextual safeguarding offers an approach for working with contexts and communities by understanding, and responding to, young people’s experiences of significant harm beyond their families. Parents and carers often feel they have little influence over these contexts, and young people’s experiences of extra-familial abuse can impact parent-child relationships.

Contextual safeguarding, of which complex safeguarding is one aspect (exploitation) therefore expands the objectives of child protection systems in recognising that young people are vulnerable to abuse in a range of social contexts, and therefore requires an approach that engages with the extra familial dynamics of risk in adolescence. Alongside traditional safeguarding, complex safeguarding responsibilities are overseen by the multi-agency Safeguarding Partnership made up of key statutory partners specifically police, health, and the local authority.

Bolton’s Complex Safeguarding Team (CST) operates as part of the wider Complex Safeguarding & Youth Justice Service and sits within the authorities Children Social Care & Early Help Services department. The team specifically assists in the safeguarding and investigation of concerns surrounding CSE, CCE & Modern Slavery.

Professionals within the EXIT team will co-work all child exploitation cases with statutory social workers who remain overall case responsibility. The statutory social worker remains responsible for safeguarding visits, assessments under S.17 and S.47 and ensuring any strategy meetings are convened. The allocated CST worker will complete a comprehensive specialist assessment tool (WISE) and aim to develop a trusted relationship with the child using a strength-based approach.

We utilise the Greater Manchester WISE (Working to Increase Safety in Exploitation) model to identify need, the source of harm, and to outline the plan to address these. WISE is a strength-based approach and takes a two-pronged approach to protecting children, by Operational Guidance Page 10 increasing the stability and safety in their lives. The model was developed through the GM Complex Safeguarding Hub based on evidence around what works to safeguard children at risk of exploitation, utilising the views of children themselves, and experience of professionals working in the field.

The functions of Bolton’s Complex Safeguarding Team are:

* To support children and their parent/carers where exploitation is known or strongly suspected to increase the stability in their lives.
* To disrupt, catch and convict the perpetrators of exploitation, utilising a contextual safeguarding approach to disrupt people, places, and spaces of concern to increase the safety of children.
* To promote the early identification and prevention of exploitation across the borough by the provision of information and advice, training, and awareness raising events.
* To work in a coordinated way with GMP and the children’s professional network under Bolton’s Safeguarding Children’s Partnership.

Bolton operates a monthly Child Exploitation Action Meeting (CEAM) chaired by the HOS for CSYJS. Bolton CST also convenes a monthly child exploitation disruption action meeting (CEDAM). There is also a Daily Governance Meeting (DGM) which scans intelligence regarding vulnerable young people from police sources and incidents recorded by other agencies. This daily research supports the tracking of young people, the provision of live intelligence about the actions of perpetrators and places of concern. It contributes to the daily assessment of harm. Response is in real time and via a daily morning meeting actions are agreed to mitigate new threats and allow for the exploration of approaches to disrupt or intervene. Information is shared by and with relevant agencies. Recommended actions are discussed and disseminated. This process also enables a preventative approach to exploitation by highlighting the early signs of potential exploitation.

Specified public authorities, such as Bolton Council, are required to notify the Home Office about any potential victims of modern slavery they encounter. These authorities are classed as ‘first responders’ and have a statutory duty to make a referral to the National Referral Mechanism where there is ‘professional suspicion’ of Modern-Day Slavery Referral to NRM enables the following:

* Official recognition as the victim of modern-day slavery – ensures children are recognised as victims rather than willing participants.
* Can lead to more appropriate service provision supporting effective safeguarding.
* Use of Section 45 defence in court proceedings.
* Launch of a police investigation into the incident of Modern-Day Slavery.
* Enables children who have been trafficked from overseas to be returned home.
* Contributes to national and regional data collation around exploitation, enabling the targeted distribution of funding and services to address this.
* Access to Barnardo’s ICTG service.

Further information:

[YOT Policy Template (trixonline.co.uk)](https://trixcms.trixonline.co.uk/api/assets/boltoncs/d85b7e29-278c-44d6-84c1-44c2074b044a/complex-safeg-operational.pdf)

[Child exploitation – Bolton Safeguarding Children](https://www.boltonsafeguardingchildren.org.uk/homepage/11/child-exploitation)

* 1. **Children and young people that go missing**

The reasons why children go missing include push factors such as problems at home, family break-up, mental and emotional health problems, problems at school and bullying; and pull factors such as running to be near friends or family, grooming for exploitation, or adolescent development – when the young person pushes against boundaries making their own decisions.

When missing, children may experience physical / emotional abuse, or may take part in risk taking and self-harming behaviour. They may feel fear and loneliness or put themselves in dangerous situations such as sleeping rough, committing crime to survive, or trusting unknown adults for their care. Children who go missing can be vulnerable to being exploited, trafficking, violent crime, or drug and alcohol misuse.

When a child is found or returns home, they are visited by police (to check they are safe and well and no crimes have been committed). Following that, all children are offered a return home interview to get a better understanding of what led to the missing episode, what happened when they were away and what support that can be given to stop them going missing again.

Children who are reported 3 times in a 28 day period, or for 72 hours or more should have a strategy discussion held.

* 1. **Homeless 16- & 17-year-olds**

Bolton Council recognises that it has a clear responsibility towards young people who are homeless and wishes to effectively discharge those responsibilities. The Council has several responsibilities under both the Children Act 1989 and under Part 7 of the Housing Act 1996 (as amended by the HRA 2017) in circumstances where there are young people aged 16-17 who require accommodation

Bolton Council seeks to apply the above legislation in a way which recognises that different young people have varying needs and require graduated responses. Unless there is clear safeguarding evidence to the contrary, it is generally accepted that it is in the best interest of most young people aged 16-17 to live in their family home or to live with responsible adults within their wider family or friend network. The Corporate response to a 16 or 17-year-old seeking assistance due to homelessness should fundamentally recognise the need to work proactively with young people and their families to identify and resolve the issues which have led to the homelessness crisis, and for the young person to return home where possible.

Where the Initial Investigation and Screening Assessment identifies that the young person has unmet needs and a decision is made that a Children and Families Assessment is to be completed, the IFD will allocate to an Assessment Service Social Worker who will commence a joint assessment with Housing Options.

The joint assessment will be completed within 5 working days to identify the young person’s needs and the level of support that is required to meet those needs. This will identify what duty, if any, is owed to the young person. If, following the joint assessment and the provision of all necessary information to enable the young person to make an informed decision, it appears they require continued accommodation, discussions will be had as to whether the young person wishes to remain in accommodation under S20 of the Children Act 1989 or Part VII of the Housing Act 1996.

Further information:

[homeless-protocol.pdf (trixonline.co.uk)](https://trixcms.trixonline.co.uk/api/assets/boltoncs/f4010b03-f62d-4aa4-9005-5b3510496297/homeless-protocol.pdf)

* 1. **Fabricated or Induced Illness (FII), including Perplexing Presentations**

Fabricated or Induced Illness by parents occurs when a parent or carer invents or induces physical symptoms in a child. The child is taken to healthcare personnel who undertake unnecessary investigations and treatment which main themselves carry risks. It is often accompanied by neglect of the child’s healthcare needs at other times. This form of abuse is both emotionally and physically abusive; risks include death and severe emotional trauma resulting in long term damage.

All professionals who have concerns about a child's health should discuss these with their line manager or their agency's nominated safeguarding lead and the GP or paediatrician responsible for the child's health. If the child is receiving services from Children's Social Care, the concerns should be discussed with them immediately.

A Health Professionals meeting should be arranged by the lead Paediatric Consultant following the collation of chronologies. All professionals involved with the child and family who have produced chronologies will be invited to review and discuss the case and contribute to the decision making process around future management.

In cases of suspected FII, discussing concerns with parents or carers prior to making a referral may place the child at increased risk of Significant Harm. It is in the child's interests that the parents/carers are not informed of the referral at this stage. The multi agency decision of when and how parents/carers will be informed of concerns will be made at a later stage.

Following the receipt of the referral, Children's Social Care has lead responsibility for undertaking an Assessment. This will include circumstances in which FII by the carer is suspected. Children's Social Care will conduct the assessment in conjunction with the doctor who has lead responsibility for the child's health care (usually a consultant paediatrician) and other relevant agencies.

Further information:

[Fabricated or Induced Illness (trixonline.co.uk)](https://greatermanchesterscp.trixonline.co.uk/chapter/fabricated-or-induced-illness#referral)

* 1. **Forced marriage**

In a forced marriage, one or both parties do not consent to the marriage and some element of duress is involved. Where a forced marriage involves a child under the age of 18 it constitutes child abuse. A clear distinction must be made between a forced marriage and arranged marriage. In an arranged marriage there is always a final element of choice.

Information about a forced marriage may be received from the victim, from a friend or relative, or from another agency. Forced marriage issues may also become apparent through careful questioning in the course of investigating other incidents/crimes such as domestic violence and abuse, assault and abduction or missing persons.

Reports of forced marriage, including reports from victims who fear they may be forced to marry, must be taken seriously. For young people under the age of 18 years, it will be appropriate to deal with the situation as a child protection issue.

It is essential that whichever agency receives the first contact regarding an allegation of forced marriage as much information as possible is obtained regarding the situation and the individuals involved. This may only be the only opportunity to speak freely with the individual.

Any individual or agency who receives information, or has reason to believe that a child/young person is at risk of or subject to a forced marriage, should also refer the child to Children's Social Care.

If a referral is received concerning one child in a family, consideration must be given by Children's Social Care as to whether siblings or other family members are at similar risk.

Owing to the complex and sensitive issues involved in relation to forced marriage, investigation of such cases requires a co-ordinated, multi-agency response. Forced marriage places children and young people at considerable risk of rape and possible physical harm, including murder. Under no circumstances should any individual or individual organisation conduct an initial investigation or assessment of suspected cases of forced marriage.

Further information:

[Forced Marriage (trixonline.co.uk)](https://greatermanchesterscp.trixonline.co.uk/chapter/forced-marriage#procedures-for-safeguarding-children-and-young-people-from-incidents-of-forced-marriage)

* 1. **Abuse linked to spiritual and religious beliefs**

The belief in "possession or "witchcraft" is widespread. It is not confined to particular countries, cultures or religions.

A number of faith groups have beliefs which affect how they use health services and specifically treatment and immunisations for children. A number of churches and faith groups believe in the power of prayers and faith in God and as a result may refuse medical interventions and treatments including assistance at child births, health checks and immunisations. Where a practitioner becomes aware of a belief held by the parents, where it may impact on the health and development of the child, the practitioner should consult with other professionals to assess the potential risks of significant harm to the child.

Section 47 of the Children Act 1989 empowers local authorities to investigate a referral that a child may have suffered or is at risk of suffering harm. Whilst the Children Act 1989 does not mention the terms witchcraft or spirit possession, it does clarify what constitutes child abuse, which can include harm through witchcraft or spirit possession.

The number of known cases of child abuse linked to accusations of "possession" or "witchcraft" is small, but children involved can suffer damage to their physical and mental health, their capacity to learn, their ability to form relationships and to their self-esteem. Such abuse generally occurs when a carer views a child as being "different", attributes this difference to the child being "possessed" or involved in "witchcraft" and attempts to exorcise him or her.

Careful assessment is needed at all stages and close communications with key people in the community, especially when working with new immigrant communities, and with all the various faith groups, are essential. However, whilst important to consider the community impact and involve those who may understand more about the cultural practices of the community, staff must bear in mind that there may be concerns about the place of worship - and some members of a community or group - including their leaders - may be involved or have reason to conceal practices and mislead professionals, meaning that safeguarding concerns are not addressed. The safety of the child must come first and thorough investigations should be made to assure professionals that practices are safe.

All agencies in the child's network should understand the situation so that they are in a position to support the child appropriately.

In assessing the risks to the child, the siblings or any other children in the household must also be considered as they may have witnessed or been forced to participate in abusive or frightening activities.

In view of the nature of the risks, a full health assessment of the child should take place to establish the overall health of the child, the medical history and current circumstances.

Practitioners should consider whether the beliefs are supported by others in the family or in the community, and whether this is an isolated case or if other children from the same community are being treated in a similar manner.

Further information:

[Abuse Linked to Spiritual and Religious Beliefs (trixonline.co.uk)](https://greatermanchesterscp.trixonline.co.uk/chapter/abuse-linked-to-spiritual-and-religious-beliefs#introduction)