

A Layman's Guide to the Child Protection Process in Social Care

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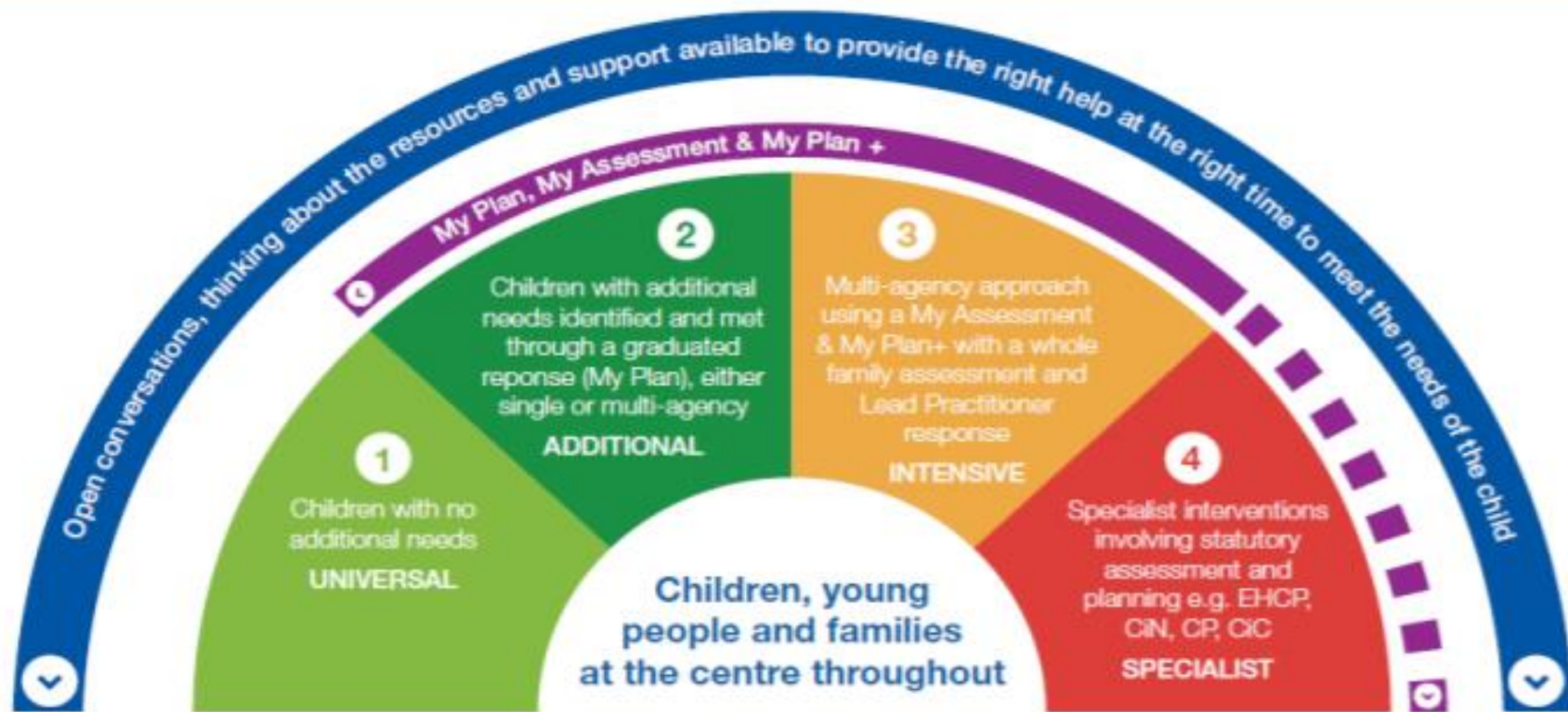
How it feels to have a social work intervention:-

An open, honest and transparent approach to supporting children and their families

Asking for help should be seen as a sign of parental responsibility rather than a parenting failure. Support is often more effective when parents feel they are listened to and respected by practitioners. All practitioners need to work honestly and openly with families, having clear conversations about concerns and making sure that they are involved in decision making. [From Glos. Level of Intervention Guidance, 2020.]

The Windscreen

A diagram to demonstrate the Continuum of Need



Consent to share information is required unless there are concerns that to do so would place the child at greater risk of harm

If you think a child or young person is at immediate risk of significant harm, contact The MASH on 01452 426565 - in an emergency always call 999

The Referral

- Made on MARF via new online portal or via phone.
- If referrer is a professional, they should discuss referral with parent and explain procedure before submitting.
- Get consent to share unless to do so could harm the child or impact on a police investigation.
- Only 'Level of Need 4' children get a social work service.
- Ideally, social worker from the Children's Services Helpdesk will contact parent/carer to discuss referral and further seek consent for assessment or intervention.

Immediate Decision Making

- Passed to appropriate area or specialist team where immediate social work intervention is required.
- Passed to early help if clear social work criteria is not met and need can be met by early help.
- Sent to MASH (Multi Agency Safeguarding Hub) where there is uncertainty about how to respond. Review of records held by (social care, police, health, education, domestic abuse and drugs services) to enable the appropriate decision of level of intervention.

Assessment

- Allocated to a social worker from an assessment team (or a specialist team such as the CYPDS).
- Completed within 45 days.
- Carried out under Section 17 CIN. CIN Multi agency group is established, parents (and young people are included).
- Carried out under Section 47 after a Strategy Discussion decides there is a likelihood of significant harm. Strategy discussion can also be initiated during the assessment process if concerns are increased as more information is gathered.
- When concerns are substantiated CP conference is called 15 working days after the Strategy discussion.
- Initial Child Protection held, chaired by independent chair, includes family, child, and key professionals working with the family.
- Child protection plan agreed if concerns are substantiated.

Outcomes

- NFA - Case closed
- Referral to other agency- child and/or family to be supported by another agency e.g. GDASS (for DA), CGL (for substance misuse)
- Early Help - case transferred to Early Help service (no social work participation)
- Children in Need - CIN plan, Social Worker, Multiagency meeting held once a month, children seen monthly by a social worker.
- Child protection - CP plan, Social Worker, multi agency meeting held once a month, children seen every 10 working days.
- Legal advice/action can be sought at any time during the period of intervention if concerns are significant or there is an escalation of worry about the child's welfare. <https://www.parentandcareralliance.org.uk>

PLO (Public Law Outline)

- Takes place when care proceedings are necessary.
- Last chance to avoid care proceedings after the CP plan has failed to address concerns.
- Agreement between social work manager, LA solicitor, parents and parent's solicitor.
- Key change elements agreed and given strict timescales, reviewed every six weeks.
- Concluded after 26 weeks.

Care Proceedings

- Parents legally represented.
- Children have their own legal representative and court officer (Guardian).
- Duty to assess family members as potential carers.
- Decisions made by Judge (or Magistrates).
- Orders given when significant harm is proven, care order, supervision order.
- Possible No Order when significant harm threshold is not met.

Making an effective complaint

- Try addressing concerns with the people responsible.
- Use the published complaint policy, especially the correct point of entry.
- Stick to the timescales specified.
- Understand how the poor practice has impacted on you.
- Write an introduction that lays down in summary form what your complaint amounts to.

- Avoid repetition.
- Avoid personal feelings or judgements about those you are complaining about.
- Give as much, but no more, detail that you need to explain your complaint (including dates, report titles, types of meetings).
- Include towards the end a paragraph on how the poor service has impacted on you.
- Finish with a couple of sentences to say what you want from the complaint, an apology, the reinstatement of a service, recognition of hardship caused, some financial compensation can all be included.