

A large, semi-transparent blue graphic of silhouettes of five people of various ages holding hands in a circle, set against a light blue background. The silhouettes are positioned behind the main title text.

# **Oldham Safeguarding Children's Partnership Multi-Agency Practice Standards**

**November 2023**

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# Foreword

## Dr Henri Giller, Independent Chair of Oldham Safeguarding Children Partnership

## Introduction

These multi-agency practice standards have been developed by Oldham Safeguarding Children Partnership (OSCP) to set out the expected standards of practice for all professionals working with children and families in Oldham, recognising that early help and safeguarding are everyone's responsibility.

The standards should be read in conjunction with the OSCP Continuum of Need "[\*Our approach to effective support and help framework for children, young people and families in Oldham\*](#)". They reflect the requirements of Working Together 2018 and Greater Manchester Safeguarding policies and procedures.

The standards take account of the following: Care Planning, Placement and Case Review (England) Regulations, the Children Act 1989 Guidance and Regulations Volume 3: Planning Transition to Adulthood for Care Leavers including the Care Leavers (England) Regulations 2010 and the IRO handbook as they relate to Children Looked After.

OSCP will regularly review the standards and audit multi-agency practice to test compliance and the effectiveness of the standards to safeguard children and young people.

## The primary purpose of our Oldham Multi-Agency Practice Standards is to ensure:

- Everyone who works with children and families demonstrates practice that is of a high standard, focusses on achieving positive outcomes and demonstrates a good understanding of the child's wishes and feelings and their daily reality or 'lived experience'.
- Local and national policies, procedures and statutory guidance are adhered to by all agencies.
- All agencies are clear about what is expected of their service and staff understand what a good standard of practice looks like and will respectfully challenge each other where this is not happening.
- Children, young people and their families know what to expect from all agencies who safeguard and promote the welfare of children
- Multi-agency collaboration is evident within every assessment and all plans for children and young people who live in Oldham.

All agencies and services should promote a culture which encourages constructive dialogue, including professional challenge, within and between organisations; acknowledging the important role that challenge can play in safeguarding children.

Where a professional believes that the expected standards outlined in this document are not being met they should follow the Safeguarding Children Partnership's [Protocol for Escalation and Resolution Conversations](#).

**Don't forget:** You may want to use different tools to help you work through this practice guide; here are a few suggestions:

- [Neglect toolkit](#)
- Child's lived experience toolkit (add link when finalised)
- Oldham Complex Safeguarding Reflective Tool (add link when finalised)
- [Information Sharing Guidance for Practitioners and Managers](#)
- [Genogram – Research in Practice](#)
- Chronology
- [Domestic Abuse risk assessment \(DASH\)](#)

## How we capture the child's lived experience in Oldham:

When undertaking an assessment of a child and their family it is crucial that it reflects as full a picture as possible of what life is like for the child and any adverse or protective factors or risk of harm.

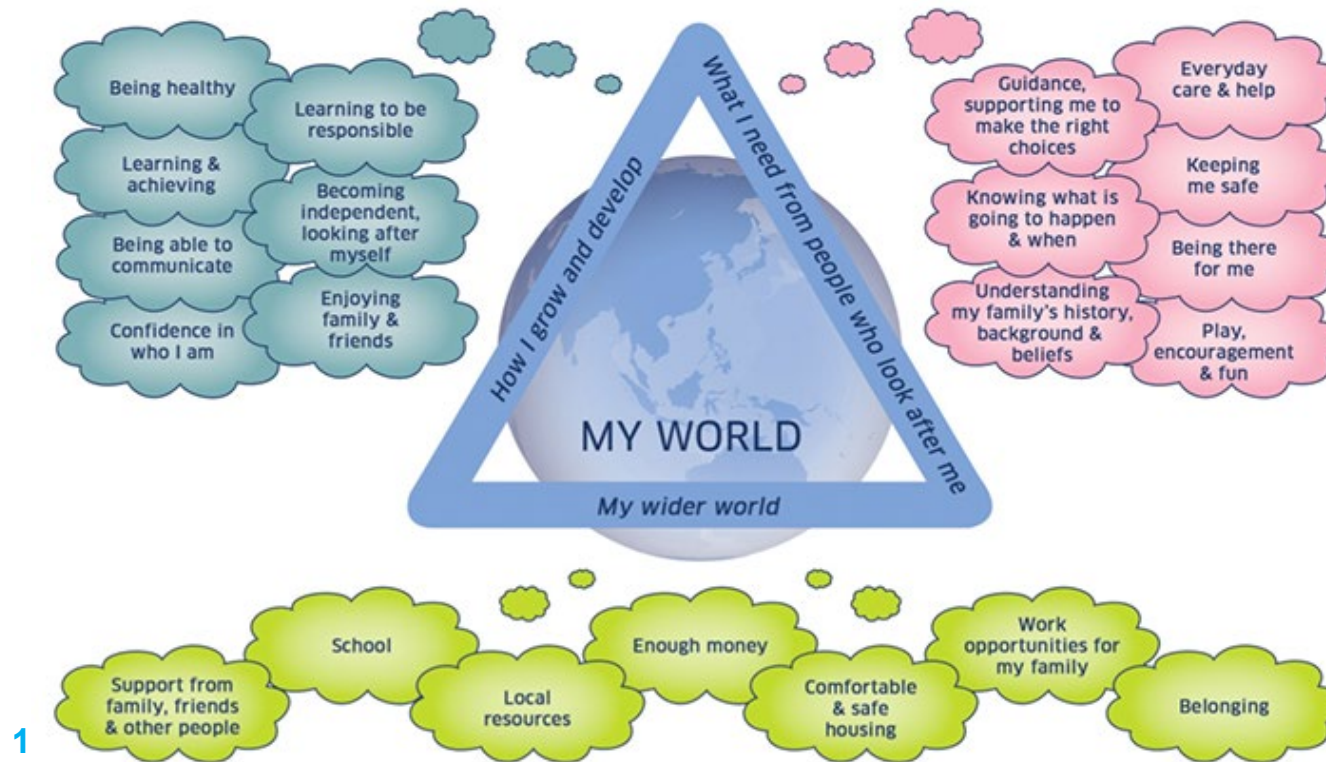
The Assessment Triangle shown here is a helpful reminder to ensure that we capture the child's development, their environment and the care they are provided by adults, not only in producing an assessment but also to inform how we plan to support the child and their family.

Whilst the majority of assessments will be undertaken by the Social Worker the elements of the triangle should also be considered when undertaking any type of assessment with a child or family including Early Help assessments and Youth Justice Assessments.

All agencies in Oldham are committed to effective communication with children and families and using interpreters as required to assist this.



7 min briefing - Use of interpreters.pdf



## Key Practice Standards 1: Universal Plus

For those children who have unmet or more complex needs which require support from more than one agency this can be provided through an early help response involving two or more agencies. It is expected that the response would be overseen by a nominated Lead Professional with the aim of putting in place a plan of support around the child and family.

This support can cover a range of work and a number of services working together focussing on problem solving and supporting families informed by a partner led Early Help Assessment. This type of response is referred to as “earliest possible help” and focusses on working with families and building a network of support when difficulties emerge.

<sup>1</sup> Reference [GIRFEC National Practice Model - gov.scot \(www.gov.scot\)](http://www.gov.scot)

**If during the Early Help Assessment process any safeguarding concerns are raised this must be escalated through the MASH for further discussion within 24 hours.**

Practice	Expected Standard
Initiating Universal Plus support when needs of the child are not being met by universal services by ...	<ul style="list-style-type: none"> <li>• Secure the consent of the family.</li> <li>• Identify a Lead Professional who already knows the family best.</li> <li>• Identify appropriate other agencies</li> <li>• Support is available from the Early Help Partnership Officers in the targeted Early Help district teams. They will:               <ul style="list-style-type: none"> <li>○ work with partners such as schools, colleges, health and childcare settings in their district to support and help them with the Team Around the Family process from start to finish, including appropriate escalation to MASH. They will not chair TAF meetings, however they will support and advise partners on how to chair and facilitate meetings to be productive and robust;</li> <li>○ offer best practice advice, guidance and training on Early Help processes such as how to complete Family Help Tools and other relevant assessments; and</li> <li>○ offer partners information about the various services that can provide support and resources for children and families within their district.</li> </ul> </li> </ul>
Undertake an Early Help Assessment (include link) (Family Help Tool) ( <a href="#">Family Help Tool   Oldham Council</a> )	<ul style="list-style-type: none"> <li>• Ensure the needs of the child are central to the assessment, and children over four years of age are seen and spoken to as part of the process.</li> <li>• Complete the assessment in discussion with the family, recognising their strengths as well as needs and risks</li> <li>• Consider the needs of the family as a whole including parents/carers and siblings.</li> <li>• Good practice is to complete the assessment <b>within a maximum of 30 working days</b>. Once completed, a copy of the assessment should be sent to the District Partnership Officer from the district in which the family resides, who will upload the form to Mosaic. The relevant contact details are on the bottom of the assessment template.</li> <li>• If the Lead Professional requires any advice, guidance and support with the assessment process, they should contact the District Partnership Officer from the area where the family resides.</li> </ul>
Team Around the Family (TAF) Meetings Copies of a template TAF meeting record and action plan are at: <a href="#">Oldham Team Around the Family   Oldham Council</a>	<ul style="list-style-type: none"> <li>• Meetings should be organised in a way that enables the family, including children (where age appropriate) to feel included and comfortable taking part. This includes consideration of the venue, facilities available for children, and the length of the meeting.</li> <li>• Professionals should recognise that meetings can be intimidating and stressful for families and should be planned in advance with invitations sent in writing, using families' preferred method of contact.</li> <li>• Partners should prioritise attendance wherever possible and send a representative from their service as a substitute if they are unable to attend.</li> <li>• The Lead Professional should introduce the meeting, ask everyone to introduce themselves and ensure that the language used in the meeting is clear and jargon free. They should also ensure it is focused and does not continue longer than it needs to; and that all those in attendance contribute to the meeting.</li> </ul>

	<ul style="list-style-type: none"> <li>• The meeting should focus on the strengths of the families and encourage them to meet their own needs drawing upon their own wider networks.</li> <li>• The Lead Professional should delegate another professional in the meeting to make a clear and concise record of agreed decisions and actions in the form of an Early Help Plan, with all participants including the family receiving a copy, ideally before they leave the meeting.</li> <li>• The date of the next review meeting should be agreed with the family at the meeting, allowing realistic timescales to complete actions but avoiding drift in the plan.</li> <li>• There is good practice guidance on Team Around the Family work at: <a href="#">Top tips for a strong Team Around the Family (TAF)   Oldham Council</a></li> </ul>
<p>Early Help Action Plan (link?) (the plan is integral to the Family Help Tool at <a href="#">Family Help Tool   Oldham Council</a>)</p>	<ul style="list-style-type: none"> <li>• The plan should be developed alongside the family with SMART actions agreed, with clear responsibility for actions and timescales for completion.</li> <li>• The family need to understand what is required, have ownership of the plan and must have a copy of the plan. The family should be encouraged to keep the action plan in a place where it is clearly displayed for reference.</li> <li>• The roles of each practitioner involved in the plan should be clear.</li> <li>• The plan must map progress with clear links to the actions.</li> <li>• Reasons for non-progress / goal achievement should be noted clearly.</li> <li>• The family should be asked if there is anyone else, they wish to be involved with their plan.</li> <li>• The plan must be clear and concise, with no duplication, and easy for the whole family to understand.</li> <li>• Needs and risks must be clearly identified to inform coordinated support and intervention.</li> <li>• It is good practice for the plan to be reviewed with the family every six weeks in order to make sure it is working or if anything needs to change. Support will continue until the family feels resilient enough to manage their issues on their own.</li> <li>• The plan should be reviewed at regular intervals with the family, to ensure it is working, is enabling positive change and any necessary amendments can be made and that there is no drift.</li> </ul>
<p>Closure of plans when needs are met</p>	<ul style="list-style-type: none"> <li>• When the actions of the plan have been completed and the family's needs have been met, the plan should be closed clearly noting what progress has made and copies given to all involved, ideally before they leave the meeting.</li> </ul>
<p>Escalation when outcomes for the child are not being met</p>	<ul style="list-style-type: none"> <li>• District Partnership Officers can offer advice and guidance if professionals feel a plan is failing or the family are not making suitable progress.</li> <li>• Where this level of support has not facilitated positive change for the family then a referral to Targeted Early Help should be considered.</li> </ul>



## Key Practice Standards 2: Targeted Early Help

Where a Universal Plus response has not facilitated positive change for children and families or where children have multiple and complex unmet need a Targeted Early Help response is required. A referral should be made to MASH.

If the referral is accepted, a Targeted Early Help response will retain the multi-agency team but be led by the Local Authority or Positive Steps who will provide additional support as well as access to relevant specialist services connected with the assessed need of the child and family. When supporting a family, Targeted Early Help will use whole-family approach which reduces the impact of parental/adult vulnerabilities on children.

Where support and progress are sustained, return to partner led Universal Plus can take place through a planned approach.

**If during the Early Help Assessment process any safeguarding concerns are raised this must be escalated through the MASH for further discussion within 24 hours.**

Practice	Standard
Direct intervention by Targeted Early Help	<ul style="list-style-type: none"> <li>Targeted Early Help should recognise the strengths of families, as well as the issues.</li> <li>The roles of each practitioner from the range of agencies involved in the plan should be clear and specific with deadlines for action to be reviewed at the next Team Around the Family meeting</li> <li>The District Partnership Officers will work with partners such as schools, colleges, health and childcare settings in their district to support and help them with the TAF process from start to finish, including appropriate escalation to MASH.</li> <li>The District Partnership Officers will offer best practice advice, guidance and training on Early Help processes such as how to complete Early Help and other relevant assessments.</li> <li>The District Partnership Officers will offer partners information about the services that can provide Early Help support and resources for children and families within their district.</li> <li>The Partnership Officers will not chair TAF meetings, however they will support and advise partners on how to chair and facilitate meetings to be productive and robust.</li> </ul>
Referring to Targeted Early Help	<ul style="list-style-type: none"> <li>Targeted Early Help can only be accessed by calling the Duty and Advice Team in the MASH.</li> <li>Contact will be made with the MASH in line with the Oldham Continuum of Need where a Universal Plus response has not facilitated positive change and/or where children have multiple and complex unmet needs.</li> </ul>
Allocation process where threshold is met for Targeted Early Help	<ul style="list-style-type: none"> <li>Child MASH triage / screen all contacts and will decide the appropriate outcome and inform the referrer.</li> <li>Early Help referrals will be sent to the relevant District Duty box to be allocated to a Family Worker, with a joint allocation decision process between managers from the Family Connect service and Positive Steps</li> </ul>

	<ul style="list-style-type: none"> <li>• Referrals to be allocated to Family Connect/Positive Steps teams <b>within 3 working days of receipt (72 hours)</b> including any Step-Down cases.</li> <li>• Allocations will be clearly documented on Mosaic with any discussion and decision between referrer and service noted for reference.</li> </ul>
Initial Contact.	<ul style="list-style-type: none"> <li>• Once a case is allocated to Family Connect Workers / Positive Steps Worker, families will be contacted <b>within 3 working days</b> to arrange visit / assessment. Referrers will be contacted to notify them of the allocation and to seek any further relevant information within five working days.</li> <li>• Upon contact, families will be asked preferred visit confirmation method e.g., text, email, letter.</li> <li>• At the first visit families will be provided with the Compliments and Complaints procedure, and expectations about the duration of work, timescales and commitment from the family explained</li> <li>• Chronologies and Genograms where required will be started on initial contact.</li> <li>• Where unable to contact family i.e., no response / incorrect numbers, three additional attempts will be made. If still unable to contact family – a letter will be sent, and the referrer notified.</li> <li>• When stepping down cases to early help, social workers should invite Early Help to the final CIN meeting or step-down meeting, giving two weeks' notice. A joint visit between the social worker and family worker should also be undertaken with 2 weeks' notice provided.</li> </ul>
Early Help Assessment	<ul style="list-style-type: none"> <li>• If an Early Help Assessment has not been completed by the referrer, this will be completed by the allocated worker.</li> <li>• When a partner has completed an assessment at Universal Plus level, this will need to be sent to one of the District Partnership Officers from where the family resides, who will register the form.</li> <li>• Family Help Assessments will be completed within 30 working days of the family being allocated to the worker.</li> <li>• Each member of the household should be included in the assessment, scored 1-3 across the domains of need. Scores will be recorded to demonstrate distance travelled and service performance.</li> <li>• The child(ren) must be at the centre of the assessment. All children in the family must be included in the assessment, and children over four years of age should be included as part of the assessment with their views informing the analysis and provision. Both conversations with children and observation should be used in capturing the voice of the child.</li> <li>• Multi-agency input should be included where appropriate, in particular for babies and other children who are non-verbal.</li> <li>• Family Help Tools will be reviewed after 12 weeks alongside review of the plan.</li> </ul>
Visiting	<ul style="list-style-type: none"> <li>• For Family Connect teams, the child / family should receive the initial visit within 5 working days, and subsequent visits should be at intervals of no longer than 8 working days.</li> <li>• For Positive Steps teams, the child / family should receive the initial contact within 5 working days, there should be a visit or telephone contact at intervals of no longer than 10 working days, and the child / family should be visited at intervals of no longer than 20 working days</li> </ul>

	<ul style="list-style-type: none"> <li>• For Family Connect teams face to face visits should always be carried out, unless there is a good reason which has explained by case note and raised with the team manager in supervision.</li> <li>• If the child/family repeatedly cancels visits, the Worker must inform their Team Manager (and Social Worker if applicable) as a priority.</li> <li>• Visits or telephone contacts should be recorded on Mosaic within 5 working days of the visit taking place.</li> <li>• Recording should be factual, concise and clear</li> <li>• A case note should be recorded of visits on the same day, to identify that this took place, whether children were seen and record any significant concerns</li> </ul> <p>Evidence of decision making and / or case discussion will be recorded as management oversight. Where these standards cannot be achieved, rationale with management oversight should be clearly recorded.</p>
Escalation	<ul style="list-style-type: none"> <li>• For cases that are not open to Children’s Social Care (CSC), if at any stage safeguarding concerns are raised, workers must inform their Team Manager, and escalate through the MASH within the same working day.</li> <li>• For cases open to CSC, if any safeguarding concerns are raised at any time, workers must inform their Team Manager, and pass the concerns to the social worker within the same day.</li> </ul>
Closing Targeted Support	<ul style="list-style-type: none"> <li>• A final Closing Summary will be completed for each member of the household and the scores recorded, clearly evidencing the distance travelled.</li> <li>• Families’ needs will be summarised in the Outcome Workflow on Mosaic during the period of intervention, with the outcomes of the work recorded at case closure and signed off by Team Managers</li> <li>• The Closing Summary will be reviewed by the District Team Managers / Positive Steps manager under supervision arrangements.</li> <li>• The Early Help Closing Summary must be completed with, and include any comments / feedback from, family.</li> <li>• Other partner agencies involved, and the referrer should be informed that targeted early help involvement has ended. The closure process should identify any step-down support from universal services or community networks.</li> <li>• The Early Help Case should be closed on Mosaic</li> <li>• Step Down to community networks for all family members within 10 working days of the closure meeting taking place.</li> </ul>

## Key Practice Standards 3: Referral and Assessment

Some children may be in need of a social work intervention because there is actual or likely risk of significant harm to a child if support is not provided and Children's Social Care will need to undertake a S17 Children in Need assessment or S47 enquiries, as outlined within Working Together 2018. Where an agency identifies such a case the child should be referred to MASH.

Children's Social Care would be the lead agency in these circumstances. The information provided on the risks posed to the child will be fully considered within the MASH as to whether the threshold for intervention is met, including the need for a strategy discussion due to the risk of harm. This approach will seek to build upon the multi-agency information but be led by the social worker in ensuring a robust response. This may include a strategy discussion, s47 enquiry, assessment and plan connected with the assessed need and/or risk.

Where assessment considers threshold for continued Children's Social Care intervention is not met, information, advice and guidance and/or step down to other services will be considered in line with the assessed risk and needs of the family.

Practice	Standard
Contact with Oldham Duty and Advice Service	<ul style="list-style-type: none"> <li>• Contacts should be evidenced based to demonstrate the concerns for the child, ensuring appropriate consent, unless immediate risk of significant harm would require consent not to be sought. Where relevant, a copy of the Early Help Assessment and Plan should also be provided by the referrer as evidence of work already undertaken.</li> <li>• All contacts which are made to the Duty and Advice Service must be made with parental consent or the child's consent, where the child is of sufficient age (13 years or older) and understanding to give it unless to do so would place the child at risk.</li> <li>• Where concerns relate to Complex Safeguarding, where possible the Oldham Complex Safeguarding Reflective Tool should be used.</li> <li>• Oldham Duty and Advice Service will consider the information along with relevant MASH partner information and determine the most appropriate response which may include No Further Action, Information Advice and Guidance, referral to Targeted Early Help or the Children's Assessment and Intervention Service</li> </ul>
Allocation where threshold met for Children's Social Care response	<ul style="list-style-type: none"> <li>• The referral will be sent through to the Duty Children's Assessment and Intervention Team by within <b>24 hours</b> by the Duty and Advice Team unless an immediate safeguarding response is required. Where the referral relates to an open case this will be forwarded to the allocated social worker for a response. The Duty manager will, based on the information provided, determine the response within <b>2 working days</b> of receipt of the referral.</li> <li>• This can include the completion of a Single Assessment.</li> <li>• All involved partners will be contacted as part of the assessment and the referrer will be contacted to advise the outcome where this is a professional.</li> <li>• During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> </ul>

## Key Practice Standards 4: Child in Need (CIN)

Following acceptance of a referral by Children's Social Care the social worker should lead a multi-agency assessment under section 17 of the Children Act 1989. Where Children's Social Care decides to provide services, a multi-agency child in need plan should be developed which sets out which organisations and agencies will provide which services to the child and family.

Practice	Standard
CIN Plan and Meetings	<ul style="list-style-type: none"> <li>• The Child in Need (CIN) multi-agency team will devise a CIN plan setting out clear intended outcomes for the child in each element of the plan which will be reviewed regularly by the group evidencing the impact of the plan in meeting the agreed outcomes. This plan should include clear shared responsibility.</li> <li>• The plan must be <b>individualised for each child in the family</b>.</li> <li>• The CIN plan should be reviewed through a review multi-agency CIN meeting at a <b>minimum of every 8 weeks</b>.</li> <li>• All partner agencies should contribute relevant information to the initial CIN meeting.</li> <li>• Where these standards cannot be achieved, or a specific decision has been made to deviate away from these CIN planning standards (in agreement with the multi-agency group); rationale with management oversight should clearly be recorded on the electronic case file.</li> </ul>
CIN Review and Progress	<ul style="list-style-type: none"> <li>• Partner agencies directly involved with the child must be involved throughout the CIN process.</li> <li>• Lack of attendance without apologies should prompt a discussion with the practitioner and subsequent lack of attendance prompt an escalation and resolution discussion.</li> <li>• The child in need multi-agency team will meet to review the plan <b>at least every 8 weeks</b>.</li> <li>• Minutes of the child in need meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the core group and loaded on the electronic social care record and shared <b>within 10 working days</b>.</li> <li>• All partner agencies should contribute a summary update report <b>2 working days before the review CIN</b> meeting, the contents of which should have been shared with the family. <b>This is expected whether they attend or not.</b></li> <li>• If the CIN plan has been in place for <b>9 months</b>, the plan must be reviewed by the multi-agency professional group to consider impact and risk of drift. The case will be presented to the responsible head of service for case discussion.</li> </ul>

## Key Practice Standards 5: Child Protection

Wherever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving Children's Social Care, Police, Health and other bodies such as the referring agency. The purpose of the strategy discussion is to determine the child's welfare and plan rapid future action where required.

A Section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to be suffering significant harm. This can be a joint investigation with the Police or single agency led by Children's Social Care. Following Section 47 enquiries a decision will be made regarding whether an initial child protection conference is required. An Initial Child Protection Conference brings together family members with the supporters, advocates and practitioners most involved with the child and family to make decisions about the child's future safety, health and development.

If Children's Social Care decides not to proceed with a child protection conference, then other practitioners involved with the child have the right to escalate their professional concerns as per the Oldham Safeguarding Children Partnership Escalation pathway.

Practice	Standard
Immediate Protection	<ul style="list-style-type: none"> <li>• Should an immediate safeguarding need be identified that requires a child needing immediate protection, a strategy discussion should be arranged within <b>1 hour of referring incident</b>. This can be an initial strategy to respond to immediate protection and may then be reviewed in a review strategy discussion.</li> <li>• During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> <li>• Planned emergency action will normally take place <b>immediately</b> after a strategy discussion between the Police, Local Authority Social Care and other agencies as appropriate.</li> <li>• All children in the household and the alleged perpetrators household will be considered.</li> <li>• This action will often be undertaken by the Emergency Duty Team out of hours and at weekends.</li> </ul>
Strategy Discussions/Meetings	<ul style="list-style-type: none"> <li>• The strategy discussion/meeting will take place <b>within 12 hours</b> of the decision to hold it.</li> <li>• A strategy discussion identified regarding a child already open to Children's Social Care should take place <b>within a maximum of 5 days of the decision to hold it</b> in order to promote multi-agency attendance and holistic decision making, unless an immediate safeguarding need is identified, and the above practice standard is required.</li> <li>• The strategy discussion/meeting should be coordinated and <b>chaired by the Children's Social Care Team Manager</b>.</li> <li>• Strategy Discussions will have an agenda and the discussion should be used to:               <ul style="list-style-type: none"> <li>○ <i>Share available information about what led to the concern</i></li> <li>○ <i>Agree the conduct and timing of any criminal investigation</i></li> <li>○ <i>Consider a referral to LADO if appropriate (however you do not need a strategy discussion to refer to LADO)</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ <i>Decide whether a Section 47 enquiry should be undertaken or progress to review strategy if further exploration or assessment needed to confirm threshold is met.</i></li> <li>● Partner agencies <b>must</b> be invited and involved (paediatrician, school, midwifery, 0-19 health service provider, GP, other relevant health professionals, complex safeguarding team, nursery, community or voluntary service – all as appropriate) in the strategy discussion in addition to children’s social care and the police. Key chronologies from partner agencies may be requested.</li> <li>● If partners <b>do not</b> take part in the meeting, a clear rationale must be recorded on MOSAIC.</li> <li>● The Named Paediatrician and GP should always be sent strategy meeting minutes when a medical has taken place. Midwifery should always receive minutes for unborn babies.</li> <li>● In complex situations a series of meetings may be appropriate – this is where an initial strategy discussion can be used to agree immediate actions if lack of clarity regarding threshold met to pursue section 47 and a swift review strategy planned to review next steps with conclusion as to whether decision to progress to section 47.</li> <li>● Strategy discussion minutes should be shared with all involved <b>within 5 working days</b>, however all agencies involved are responsible for noting and progressing their actions immediately.</li> </ul>
Sexual Assault Referral Centre (St Mary’s SARC)	<ul style="list-style-type: none"> <li>● The SARC is a dedicated unit providing a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children who have experienced sexual abuse. The SARC should be invited to be involved in <b>all</b> strategy discussions and meetings in respect of allegations of sexual assault/abuse.</li> </ul>
Child Protection Medicals	<ul style="list-style-type: none"> <li>● Where a child has been the subject of a medical examination a written report from the examining doctor should be provided to the social worker <b>within 48 – 72 hours of the medical examination</b>.</li> <li>● For the purposes of the strategy meeting a brief summary of the medical concerns to be provided in writing e.g., via email.</li> </ul>
Outcomes of Section 47 enquiries	<ul style="list-style-type: none"> <li>● The outcomes of section 47 enquiry document should be signed off by a team manager and will confirm the held date for the initial child protection conference (ICPC). Wherever possible, this should be completed <b>within 5 working days of strategy decision</b> recommending section 47 enquiry if plan to progress to ICPC. If decision not to progress to ICPC, this document should demonstrate clear rationale and recommendations <b>within 15 working days of strategy decision</b> recommending section 47 enquiry.</li> <li>● Outcomes of a section 47 enquiry should be noted by all involved agencies on the case file relating to the family.</li> <li>● When there are grounds to initiate a Section 47 enquiry, decisions should be made as to: <ul style="list-style-type: none"> <li>○ <i>What further information is needed and how it will be obtained</i></li> <li>○ <i>What immediate short-term action is required to protect the child</i></li> <li>○ <i>Whether legal action is required</i></li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ <i>Decide what information should be shared with the child and family (on the basis that information will be shared unless this may jeopardise a police investigation or place the child at risk of significant harm) Agree what further action is required - who will do what, and by when?</i></li> <li>○ <i>What should happen if the child is the subject of police powers of protection?</i></li> <li>● The police will: <ul style="list-style-type: none"> <li>○ Discuss the basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering; and</li> <li>○ Lead the criminal investigation (local authority children’s social care has the lead for the section 47 enquiries and assessment of the child’s welfare) where joint enquiries take place.</li> </ul> </li> <li>● Health Practitioners will: <ul style="list-style-type: none"> <li>○ Advise where possible about the appropriateness or otherwise of medical assessments and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment.</li> <li>○ Secure additional expert advice and support from named and/or designated professionals within health providers for more complex cases or when the health professional attending has not been able to advise on the point above.</li> </ul> </li> <li>● Other professionals participating in the strategy discussion will depend on the nature of the individual case but may include: <ul style="list-style-type: none"> <li>○ the practitioner or agency which made the referral.</li> <li>○ the child’s school or nursery.</li> <li>○ any health or care services the child or family members are receiving.</li> </ul> </li> <li>● All attendees should be sufficiently senior to make decisions on behalf of their organisation and agencies. <i>The purpose of their attendance is to share information and contribute to the discussion, assessment and plan of action. (Working Together 2018).</i></li> <li>● During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> </ul>
Initial Child Protection Conference (ICPC)	<ul style="list-style-type: none"> <li>● The initial child protection conference must be convened <b>within 15 working days</b> of the strategy discussion which agreed to initiate the section 47 enquiry.</li> <li>● All agencies will be given a <b>minimum of 5 working</b> days-notice to attend conference.</li> <li>● During school holiday periods contact with schools/colleges should be made to the school email, rather than individual emails to ensure the request is received and actioned, as there is no guarantee that staff will be in the school/college building.</li> </ul>



	<ul style="list-style-type: none"> <li>• Written reports will be provided by all attending agencies and <b>shared 2 days in advance of the conference</b> to support preparatory work.</li> <li>• Parents and young people (where appropriate) will receive copies of the conference reports <b>at least 48 hours in advance</b> of the conference from the relevant agency.</li> <li>• The chair will make arrangements to meet with parents and participating children <b>prior</b> to the conference.</li> <li>• If the conference decides the need for a child protection plan the chair will request every partner agency recommend the category.</li> <li>• The decisions of the conference, category of plan and lead social worker and core group membership to be circulated <b>within 1 working day of the conference</b>.</li> <li>• The minutes to be circulated <b>within 15 working days of the conference</b>.</li> <li>• The conference should establish how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them.</li> <li>• The conference should agree a date for the first child protection review conference and under what circumstances it might be necessary to reconvene the conference before that date.</li> <li>• Consideration should be given as to how to engage the child or young person in the conference and where their attendance is appropriate.</li> <li>• Early Year Providers, Schools and Colleges should ensure appropriate representatives attend during both term-time and holiday periods.</li> <li>• The Conference Chair has the authority to make the final decision. The Chair may decide to make the child subject to a Child Protection Plan where, in his/her opinion, the criteria for significant harm are met, or decide not to do so if in his/her opinion the evidence provided does not meet the criteria. More information on the role of the conference chair can be found <a href="#">here</a>.</li> <li>• If an agency does not agree with a decision or recommendation made at a conference, the dissent will be recorded in the minutes of the conference. If a professional concludes that a conference decision places a child at risk, (s)he must seek advice from her/his Designated Professional or Named Professional or manager.</li> <li>• Where the issue is not resolved, the agency may consider taking action under the <a href="#">Protocol for escalation and Resolution Conversations</a>.</li> </ul>
Core Group Meetings	<ul style="list-style-type: none"> <li>• The first core group will take place within <b>10 working days</b> of the initial conference, the date of which will be agreed at the conference.</li> <li>• Thereafter the core group will meet <i>at least every 6 weeks</i>.</li> <li>• The core group will devise a clear child protection plan setting out clear intended outcomes for the child in each element of the plan which will be reviewed regularly by the core group evidencing the impact of the plan in meeting the agreed outcomes.</li> </ul>

	<ul style="list-style-type: none"> <li>• The core group should amend the plan as and when required to ensure that outcomes are achieved.</li> <li>• The plan must be <b>individualised for each child in the family.</b></li> <li>• Minutes of the core group meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the core group and loaded on the electronic social care record <b>within 5 working days.</b></li> <li>• Any concerns about attendance must be raised with the core group member first by the relevant team manager. If concerns persist, the matter will be raised with the safeguarding lead for that agency.</li> <li>• All partner agencies should contribute a summary update report <b>2 working days</b> before the review Core Group meeting, the contents of which should have been shared with the family. This is expected whether they attend or not.</li> <li>• During school holiday periods contact with schools/colleges should be made via email to ensure the request is received and actioned.</li> <li>• If an agreed action from the conference cannot be implemented by a core group member, they must contact the child protection conference chair to explain why this is the case.</li> <li>• The core group will meet <b>no less than 10 working days prior to all review conferences.</b></li> <li>• Where the core group is recommending the end of a child protection plan, this must have oversight of the relevant social care team manager.</li> </ul>
<p>Review Conferences</p> <p>The review conference will consider:</p> <p>(1) evidence of significant harm  (2) ensure the child continues to be safeguarded  (3) changes required to the plan</p>	<ul style="list-style-type: none"> <li>• The first review conference will be held <b>within 3 months</b> of the initial conference.</li> <li>• Further review conferences will be held at intervals of <b>not more than 6 months.</b></li> <li>• A review conference will be re-convened early if significant changes to the child's circumstances occur.</li> <li>• The social worker will prepare a report on behalf of the core group for the review conference. The report must focus on progress made and where positive outcomes achieved, include the child's voice, and the impact of parenting capacity and environment etc on the child's development in reaching a judgement regarding whether the child has or is likely to suffer significant harm.</li> <li>• The review conference report should be sent by the social worker to the child protection conference chair <b>at least 5 working days</b> before the review conference and it must evidence that the report has been shared with the child (where appropriate) and their parents. Where this standard is not met, the conference chair will seek an explanation and refer the matter to the relevant team manager.</li> <li>• The review conference will measure the impact of the child protection plan against clear planned outcomes.</li> <li>• If the child continues to be the subject of a plan for 12 months, their case will be jointly reviewed by the Head of Service for Fieldwork and Head of Service for Independent Review.</li> <li>• Early Year Providers, Schools and Colleges should ensure appropriate representatives attend during both term-time and holiday periods. During school holiday periods contact with schools/colleges should be made via email to ensure the request</li> </ul>

	is received and actioned.
Legal Gateway and Pre-proceedings	<ul style="list-style-type: none"> <li>• Partners should be kept regularly updated regarding any decisions within Legal Gateway or Pre-Proceedings processes.</li> <li>• Information shared by partners as part of assessment and planning should be included in Legal Gateway reports.</li> <li>• Any concerns about decisions made at Legal Gateway should be raised through Safeguarding Partnership Escalation and Resolution process.</li> </ul>

## Key Practice Standards 6: Children Looked After

*Note – all multi-agency partners hold corporate parenting responsibilities for children in our care, we need to ensure we work together to support them to thrive and have every opportunity to be safe, achieve well and are supported into adulthood.*

A child should only come into Local Authority care where proportionality and careful risk analysis directs there is no alternative safety plan. The decision should be evidence based, not reactionary in nature, and ensure all possible alternatives are considered.

Practice	Standard
Children Entering Care	<ul style="list-style-type: none"> <li>• Any child where there is a plan to enter care under section 20 should have <b>approval from the Assistant Director and oversight from the relevant Head of Service. Where for any reason this is not possible (e.g., out of hours or in an immediate emergency) the relevant Head of Service should provide approval.</b> This should be supported by clear rationale and recorded on the child’s electronic case file.</li> <li>• Where a child becomes the subject of an interim care order, they will be removed from the plan by the safeguarding and quality assurance unit who will write to all members of the core group to inform them of the child’s new legal status within 20 days.</li> <li>• Any application for care proceedings should have been considered through a legal planning meeting and have <b>approval from the Assistant Director.</b></li> <li>• Children should be placed by a social worker who will ensure the sleeping arrangements for the child is seen at point of placement.</li> <li>• If the child is to be placed within another LA boundary then the social worker must notify the host local authority and ICB in which the children will be placed prior to any placement being made and all partner agencies should work together around transition and stability of support and intervention offer, ensuring support and relationship is not ended without careful transition.</li> </ul>

	<ul style="list-style-type: none"> <li>• In the event that the decision for the child(ren) to enter care changes, a multi-agency meeting should be convened by the social worker to share the outcome and enable the child's plan to be updated accordingly.</li> </ul>
Care planning	<ul style="list-style-type: none"> <li>• Following a decision that the child enters local authority care, there should be a care planning meeting held <b>within 5 working days</b> including the following multi-agency professionals being invited: key involved health professionals, School/Early years provider, Fostering service, CAMHS, Parent/Carer-where appropriate. This will seek to draft the care plan which should be loaded onto the child's electronic social care record <b>within 5 working days</b> of the meeting and shared with professionals and parents.</li> <li>• Initial health assessment should be requested <b>within 48 hours</b> of the child coming into care.</li> <li>• Initial Personal Education Plan should be complete within 20 days of the child coming into care.</li> <li>• Significant changes to the overall care plan can only be made <b>at the looked after child's review or in an urgent need</b> – with the clear input of the IRO.</li> <li>• For children with additional communication needs IRO to be informed and child's preferred communication method recorded in the care plan and subsequent reviews.</li> <li>• Minutes of the care planning meeting will be taken <b>on a shared basis</b> between partner agencies and circulated to all members of the team around the child group and loaded on the electronic social care record <b>within 5 working days</b>.</li> <li>• Any concerns about attendance must be raised with the team around the child group member first by the relevant team manager. If concerns persist, the matter will be raised with the safeguarding lead for that agency.</li> <li>• All partner agencies should contribute a summary update report <b>2 working days before</b> the review team around the child group meeting, the contents of which should have been shared with the family. This is expected whether they attend or not.</li> <li>• Care planning meetings should be multi-agency and take place at a minimum frequency before each looked after child review.</li> </ul>
Placement plan	<ul style="list-style-type: none"> <li>• Placement plan should be drawn up before child is placed as a result of/following the care planning meeting agreeing a placement change (see care plan above). If not possible, within <b>5 working days</b> of the start of the placement. The plan must outline the outcomes to be achieved through the placement and state explicitly roles and responsibilities of all parties to the placement.</li> <li>• The placement plan should include: <ul style="list-style-type: none"> <li>○ how on a day-to-day basis the child will be cared for, and the child's welfare will be safeguarded and promoted by the appropriate person</li> <li>○ any arrangements for contact between the child and parents/anyone with parental responsibility/any other connected person, including, if appropriate, reasons why contact is not reasonably practicable or not consistent with the child's welfare; details of any Section 8 (Children Act 1989) order if the child is not in care/order under Section 34 if the child is in care; the arrangements for notifying any changes in contact arrangements.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ arrangements for the child’s health (physical, emotional and mental) and dental care, including the name and address of registered medical and dental practitioners; arrangements for giving/withholding consent to medical/dental examination/treatment;</li> <li>○ arrangements for the child’s education and training, including the name and address of the child’s school/other educational institution/proivider and designated teacher; the local authority maintaining any statement of Special Educational Needs.</li> <li>○ arrangements for and frequency of visits by the child’s social worker; and for advice, support and assistance between visits</li> </ul> <ul style="list-style-type: none"> <li>● Delegated authority expectations should be clearly recorded on a child’s file within <b>10 working days</b> of becoming looked after.</li> </ul>
IRO notification	<ul style="list-style-type: none"> <li>● Notification to be sent from the relevant social worker or team manager for the child who has entered care to the Safeguarding Unit <b>within 48 hours of the child coming into care.</b></li> <li>● The Safeguarding Unit to appoint an IRO <b>within 5 working days</b> and email allocated social worker and relevant team manager.</li> <li>● The allocated IRO will then write to the young person and introduce themselves and explain their role and arrange to meet with them prior to the first review.</li> <li>● The IRO will ensure multi-agency input and ownership of the care plan has been established.</li> </ul>
Statutory Review Process	<ul style="list-style-type: none"> <li>● First review meeting must take place <b>within 20 working days</b> of the date on which the child becomes looked after.</li> <li>● Second review must take place <b>not more than 3 months after the first.</b></li> <li>● Subsequent reviews must take place <b>at intervals of not more than 6 months.</b></li> <li>● Reviews can take place sooner if IRO review indicates this or if there has been changed circumstances.</li> <li>● CIC reviews must take place for children who are looked after as a result of a secure remand and this should only be considered as <b>a last resort, recognising this has a significant impact on the child/young person’s fundamental human rights.</b></li> <li>● Social worker will talk to the child about who the child wants to invite to the review and where it will be held at least <b>20 working days</b> before the review meeting (<b>10 working days</b> for initial reviews)</li> <li>● A multi—agency care planning meeting to be convened <b>before each statutory review meeting</b> and at a <b>maximum of 3 months after</b> each statutory review meeting.</li> <li>● Invitations to reviews and written consultation documents to be sent to all those participating in the review by the IRO at least <b>10 working days</b> before the review.</li> <li>● IRO to speak to the social worker at least <b>10 working days</b> before the review.</li> <li>● IRO to be provided with or have access to relevant reports/plans or background information, including the current care plan, the report from the social worker, the current health plan or medical assessment report and current PEP at least <b>3 working days</b> before the commencement of the review.</li> </ul>

	<ul style="list-style-type: none"> <li>• The current care plan and social work report should also be made available to all other review participants in advance of the review.</li> <li>• IRO to speak to the child in private prior to the 1<sup>st</sup> review and before every subsequent review.</li> <li>• IRO to explain to the child their rights to apply for an order or seek discharge of an order, an advocate and make a complaint/compliment.</li> </ul>
Health assessments	<p>It is the responsibility of the local authority to ensure that health assessments are carried out and the duty of the ICB to comply with requests for such assessments and ensure the report is available within required timescales.</p> <ul style="list-style-type: none"> <li>• Social worker should, before or within 48 hours a placement is made, notify the child’s registered practitioner, parents (in most cases) and those caring for the child. When the child starts to be looked after, changes placement or ceases to be looked after the local authority should, as a legal requirement: <ul style="list-style-type: none"> <li>○ Notify the ICB for the area in which the child is living and the Child Looked After Health (CLA) team for Oldham</li> <li>○ Notify the ICB and the local authority for the area in which the child has been placed.</li> </ul> </li> </ul> <p>Health assessments should take place:</p> <ul style="list-style-type: none"> <li>• Initial looked after child health assessment should be completed prior to the first statutory looked after child review <ul style="list-style-type: none"> <li>○ Request for IHA should include the following documentation, inclusion of health referral and consent to be shared with the CLA health team to ensure the appointment can be made.</li> <li>○ SW should attend the IHA with the child and carer</li> </ul> </li> <li>• Review health assessment at least <b>every 6 months</b> for children aged 5 years and under</li> <li>• Review health assessment at least <b>every 12 months</b> for children aged 5 years or over</li> <li>• On completion of the health assessment the CLA health nurse to send the health plan to the social worker for the child’s file and to the independent reviewing officer within <b>5 working days</b>. A copy of the assessment is also shared with the GP.</li> </ul>
Personal Education Plans (PEP)	<ul style="list-style-type: none"> <li>• The PEP should be completed within <b>20 working days</b>. PEP should be developed and available for the 1<sup>st</sup> review meeting of the care plan.</li> <li>• The PEP should be reviewed by virtual school <b>on a termly basis</b> in partnership as part of the statutory review of the wider care planning process.</li> </ul>

	<ul style="list-style-type: none"> <li>• With regard to young people aged 16 years and over, Section 3.7 in Volume 3 of the Regulations states that the personal education plan should be maintained while the young person continues to receive full or part-time education however one is not required if the young person is in training or employment.</li> </ul>
<p>Statutory visits (minimum frequency)</p>	<ul style="list-style-type: none"> <li>• <b>Within 1 week</b> of the start of the child's 1<sup>st</sup> placement and <b>within 1 week</b> of the start of any subsequent placement.</li> <li>• Thereafter, statutory visits should be undertaken <b>minimum of every 6 weeks</b> for the 1<sup>st</sup> year of placement and in subsequent years of placement unless the placement has been formally agreed as a permanent placement intended to last until the child is 18 years old.</li> <li>• Statutory visits in the <b>2<sup>nd</sup> and subsequent years</b> of placement must be <b>minimum frequency of every 3 months</b>. The frequency should be determined by the circumstances of the child's situation and whenever reasonably requested by the child or carer.</li> <li>• On each statutory visit, the social worker <b>must see and speak to the child alone</b>. A strong relationship with the social worker is an important protective factor for the child. The standard of care to be observed and child's bedroom seen. Some visits must be unannounced to provide a balanced perspective. The content and outcome of each visit clearly recorded with the child's voice recorded in <b>bold</b>.</li> </ul> <p><u>Oldham Practice Expectations for visiting frequencies for children in care as follows: -</u></p> <p><u>Child Placed with Parents</u></p> <ul style="list-style-type: none"> <li>• When a child is subject to an Interim Care Order (ICO) and is placed with parents, the child must be visited <b>at least weekly until the first LAC Review</b>. Subsequent visits must take place at intervals of minimum <b>every four weeks</b> until the Final Hearing has been completed in the Care Proceedings.</li> <li>• When a child is subject to a Care Order and is rehabilitated back to their parents' care, the child must be seen <b>weekly for the first four weeks and minimum six weekly frequency thereafter</b>.</li> </ul> <p><u>Regulation 24 Placements</u></p> <ul style="list-style-type: none"> <li>• Where a child is placed under Regulation 24 arrangement, the child must be visited at <b>a minimum two weekly frequency until the first Statutory Review</b>. Thereafter visits must take place <b>every six weeks for the first twelve months of the placement</b>.</li> </ul> <p><u>Child Placed for Adoption</u></p> <ul style="list-style-type: none"> <li>• When a child moves to their prospective adoptive placement, they must be visited weekly for the first four weeks of their placement and a minimum of <b>six weekly thereafter until the making of an Adoption Order</b>.</li> </ul>

	<p><u>Child placed in Foster Care/Residential Placements</u></p> <ul style="list-style-type: none"> <li>• When a child is subject to an Interim Care Order, Section 20 agreement of Full Care Order they must be <b>visited weekly for the first four weeks of their placement and a minimum of six weekly thereafter.</b></li> <li>• Once a child is 'matched' long term with carers or if they are over 12 years of age and their placement is deemed long term – the visiting frequency becomes a <b>minimum of eight weekly.</b> (NOTE: If a child moves to a new long-term placement the Statutory Visiting Frequency for new placements must be adhered to).</li> </ul>
Placement with Parents	<ul style="list-style-type: none"> <li>• A child must not be placed with parents if that would be incompatible with an order as to contact under Section 34 Children Act 1989.</li> <li>• The social worker and team manager should consider whether the care order is still required, taking the child's circumstances to legal planning for consideration as to the proportionality of continuation of the care order.</li> </ul> <p><u>Decision to place child with parents</u></p> <ul style="list-style-type: none"> <li>• A decision to place the child with the parents must not be put into effect until it has been approved by the nominated officer (Director of Children's Social Care and Early Help).</li> <li>• The nominated officer must be satisfied that: <ul style="list-style-type: none"> <li>i) the child's wishes and feelings have been ascertained and given due consideration;</li> <li>ii) the assessment of parents' suitability to care for the child has been completed;</li> <li>iii) the placement will safeguard and promote the child's welfare;</li> <li>iv) the IRO has been consulted.</li> </ul> </li> </ul> <p><u>Immediate placements with parents:</u></p> <p>There is a provision that, where the nominated officer considers it necessary and consistent with the child's welfare, the child may be placed with parents before the <u>Assessment of Parents' Suitability to Care for the Child</u> has been completed, provided:</p> <ul style="list-style-type: none"> <li>• arrangements are made for the parents to be interviewed to obtain as much of the assessment information as can be readily ascertained at that interview;</li> <li>• the assessment and the review of child's case are completed within <b>10 working days</b> of the child being placed;</li> <li>• Within a further <b>10 working days</b>, a decision must be taken as to whether the placement is confirmed</li> <li>• the decision on placement if made and approved within 10 working days of the assessment being completed, and <ul style="list-style-type: none"> <li>i) if the decision is to confirm the placement, to review (and if appropriate amend)</li> </ul> </li> </ul>



	<p>the placement plan; ii) if the decision is not to confirm the placement, to terminate the placement.</p> <ul style="list-style-type: none"> <li>Practitioners should also seek to meet with all other members of the household before placing the child. This is particularly relevant to identifying issues such as domestic violence and substance misuse which may impact on the child's safety</li> </ul>
Temporary approval of a connected person	<ul style="list-style-type: none"> <li>An authority may approve a connected person as a local authority foster carer for a period <b>not exceeding 16 weeks</b>. It can be extended for a further 8 weeks as an exception requirement.</li> </ul>
Pathway plans	<ul style="list-style-type: none"> <li>Pathway plans should be initiated when an eligible young person is 15.5 years of age and must be completed <b>within 3 months of the young person's 16<sup>th</sup> birthday or after the young person has been looked after for 13 weeks, if that is later.</b></li> <li>The pathway plan should be completed prior to transfer to the After Care team</li> <li>The pathway plan must include the child's care plan and personal education plan and the IRO to be provided with an updated pathway plan <b>20 working days</b> before the child's 18<sup>th</sup> birthday and to be satisfied that it includes the care plan and is informed by a good quality assessment.</li> <li>For relevant children the pathway plan must be prepared prior to the young person ceasing to be looked after and considered at a statutory review chaired by the young person's IRO. Where a relevant child moves to unregulated accommodation, then the first review of the pathway plan must take place as soon as is practical after 28 days.</li> <li>In circumstances where young people move in a planned way, the first review will need to decide whether it will be necessary to review the pathway plan in a further three months or whether a review at six months is more appropriate.</li> <li>Throughout the pathway plan transitions must always be considered and planned for following OSCP and OSAB Preparing for Adulthood: Oldham's Transitions Policy.</li> </ul>
Personal Advisers	<ul style="list-style-type: none"> <li>Once a young person ceases to be looked after and they are a relevant child, or once they reach adulthood at age 18 and are a former relevant child, then the local authority will no longer be required to provide them with a social worker to plan and co-ordinate their care. However, the local authority must appoint a personal adviser to support them.</li> <li>When a care leaver moves to new accommodation, the personal adviser must see them at that accommodation <b>within 7 days</b> of the move. On each occasion the personal adviser must consider whether this accommodation continues to be suitable for the young person. Subsequently they must see the care leaver at the point at which the pathway plan will be first reviewed- namely after 28 days- and then they must visit the care leavers at <b>no less than 8 weekly intervals (unless specific management oversight with rationale for other frequency of contact)</b>. These are minimum requirements.</li> </ul>

If a child in care is placed in custody	<ul style="list-style-type: none"> <li>• IRO to be informed immediately and given details of where they are placed and the relevant order.</li> <li>• Social worker to visit <b>within 1 week</b> of the child being sentenced and detained. Subsequent visits must be at a minimum frequency of <b>every 6 weeks</b>.</li> <li>• A statutory review should be held within the last month of the sentence to ensure that an effective plan is made for the child's release from custody and appropriate accommodation and support identified, including health and educational needs.</li> </ul>
Care leavers in custody	<ul style="list-style-type: none"> <li>• Where a relevant or former relevant child enters custody, pathway planning should continue. The young person must be visited on a regular basis, and it is good practice for the first visit to take place <b>within 10 working days</b> of their being placed.</li> <li>• It is good practice wherever possible to carry out a review of the pathway plan at least a month before release in order to give sufficient time for pre-release planning.</li> <li>• <b>No later than 14 days before release</b>, a care leaver must know where they will be living, sources of support, arrangements for education or employment, for meeting continuing health needs, arrangements for financial support etc</li> </ul>
For children in care with an Education Health and Care Plan (EHCP)	<ul style="list-style-type: none"> <li>• IRO to be satisfied transition planning being actively undertaken from the age of 14 years and is linked to the child's care plan.</li> </ul>

## Glossary

OSCP	Oldham Safeguarding Children Partnership
CLA	Child Looked After
EH assessment	Early Help Assessment
Targeted EH	Targeted Early Help
MASH	Multi Agency Safeguarding Hub
TAF	Team around the Family
CAT	Childrens Assessment Team
SARC	Sexual Assault Referral Centre
LADO	The Local Authority Designated Officer