

Advice and Guidance Service (AGS) Practice Standards- Updated September 2023

These practice standards have been developed to support professional working in the AGS as well as to inform professionals who may need to use AGS for making a referral about a child. The City's "Our Manchester" strategy and approach promotes a strengths-based approach to understand issues and respond to children, young people and families.

Practitioners work together in the localities, by having conversations, to agree and provide timely and safe interventions by providing **the right service, at the right time and in the right way**. This will effect positive change for our children to have safe, happy, healthy and successful lives, by shaping partnerships and working together to improve the lives of children and young people.

Threshold for completing an assessment for all families is in line with right intervention, right time. Unless a Strategy Meeting is required under Section 47 of the Children Act consent for families for an assessment is required.

Staffing structure

Each team in their locality consists of one team manager and two advanced practitioners. The core working hours for the AGS team is 8:45am to 4:30pm, as per the conversational model teams are set up as mini hubs in each locality and therefore it is important to allow for team members to be in the office. As part of Manchester's flexible working policy, AGS workers are entitles to one working from home day per week at the managers discretion.

Role of AP

AP Job Role AGS.docx

The Ap's in each team's role will be to attend drop ins, attend the DACC, support staff members and take part is data collection and dip sampling.

Supervision and development opportunities

We are now able to listen in on calls and play back calls that will support managers and Ap's being able to support and development staff on their risk and analysis skills, communication with parents, children and professionals.

The expectation is that each AGS worker has monthly supervision with their team manager, and this is recorded and stored on the electronic files for each worker, these are accessible to AGS service lead.

Practice Model:

AGS is built upon a relationship-based practice approach through Signs of Safety and restorative leadership, which is a 'natural fit' with the David Thorpe Conversational Model. Practitioners work together in each locality, by having conversations to agree effective, appropriate and timely interventions resulting in positive change for our children to have safe, happy, healthy and successful lives.

In practice, this has meant introducing and maintaining different ways of working. Changes which have seen us successfully move to a 'locality' delivery model in Children's Services.

Where a professional is unsure about contacting Children's Services - schools, family centres and health agencies all have designated (or named) professionals responsible for safeguarding children and these professionals should be your first point of contact. Ask your manager if you are not sure of your agency's safeguarding designated or named professional.

Where a case is already open to Children's Services - concerns/information should be sent to the allocated social worker. If you have information which suggests an urgent child protection matter, please speak to the allocated social worker, their team duty worker or their team manager without delay.

A Multi-Agency Approach:

The AGS service is delivered in the three locality Hubs; North, Central and South. The hubs comprise of multi-agency staff including advanced practitioners/social workers on AGS, Duty and Assessment Social Workers, Early Help and Police. The Partnership offer for those not based in the Hubs needs

to be reviewed on an annual basis and should be understood by all involved. The Hubs require consent that is clear, voluntary and continuing permission by the person before any intervention, unless overridden due to risk of significant harm. (See Appendix 4 for consent Policy)

There is a health representative based within the Central Hub, who works citywide as well as virtual health linked leads (Named Nurses). There are virtual leads from Education linked to each Hub.

Women's Aid have a named representative who attends their Hubs daily Domestic Abuse and Child Concern Triage meeting. Local Housing links, Probation, Youth Justice and Complex safeguarding Team can where appropriate and with consent be contacted as part of screenings to see if they are known to their services.

Recently partnerships have been strengthened with probation for AGS social workers to obtain information they can email GMPS.manchester.safeguardingchecks@justice.gov.uk. This has benefitted information sharing with our colleagues in probation.

The multi-agency service provides an integrated response with improved connectivity and shared understanding between the Early Help service, the Advice and Guidance service, the duty and locality teams and partnership agencies. By using professional judgement, the Advice and Guidance service ensure that children and their families receive the right level of support and appropriate interventions at the right time, and our community partners are provided with quality advice, support and consultation at the first point of contact.

Principles:

The Multi-Agency Advice and Guidance service (AGS) delivers a key service for children and families by providing a timely response when community partners and families seek guidance and share information in relation to safeguarding and child protection concern about a child/family. It is important that the practitioner raising the concern to AGS **gains consent from the parent/carers** (and where appropriate the child or young person) to contact Children's Social Care unless the following criteria apply: 'there is a concern that a child or young person may have suffered or be at risk of suffering significant harm and to do so would place the child at further risk of significant harm. (See Appendix 4).

All referrals are taken over the phone to enable social workers to gather the necessary information from the referral maker.

Contacts for Children's Services received between the hours of 8.45 am and 16:30 pm are received via Contact Manchester. From 16:30 our Contact Centre will transfer to our Emergency Duty Service for cases where a child or young person(s) needed an immediate response. If the child/family are not open to any Children's Services worker, the Contact Manchester Officer will ask for if consent has been given and take some details before they will pass the call onto a social worker in the relevant Advice and Guidance locality hub. This action prevents the repetition of information sharing and gives the referrer access to social work expertise and advice at the point of contact. It is the responsibility of the referrer before referring to ensure they have obtained consent.

The Advice and Guidance service will try to identify early interventions and support for families to build their resilience and prevent more higher-level, intrusive intervention and support the embedding of early help as everyone's business. They will also refer for immediate assessment should the information presented indicate the child is at risk of/or is experiencing significant harm.

Ideally, we will undertake live conversations but if we become busy a call back will be arranged (no longer than 30 minutes). If there is an immediate safeguarding concern the Police should be called, or the Contact Centre will call the AGS Team Manager to prevent delay.

The AGS Social Worker will record the conversation on the Early Help Liquid Logic system, in a MASH assessment. Each MASH assessment will be sent for signoff by the AGS Team Manager for consideration and oversight on the correct outcome and to ensure the right intervention, at the right time. This has resulted in a more effective response that has reduced duplication and handovers and continue to ensure a timely, proportionate and appropriate response to need and demand. This has also allowed for a focus on embedding Early Help as everyone's business - practitioners have a role to play in delivering early help.

Practice Standards:

- When receiving information that a child may require a social work assessment we will use questions to gather the best information from the caller to understand their worries (See Appendix 2), what may be working well, what the caller has already done to support and appropriate next steps,

ensuring that we obtain a full and detailed report of the incident or situation that causes the person reporting to be concerned about the child or young person;

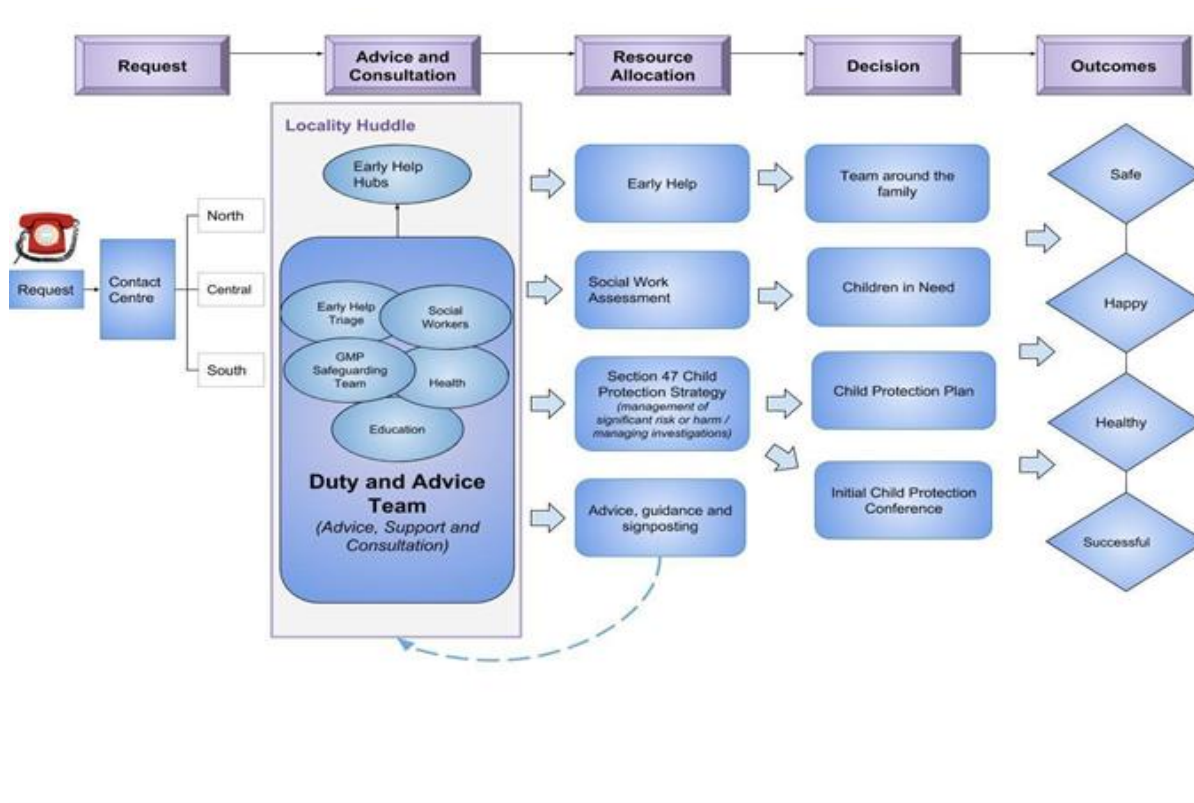
- We will ask the referrer, what it is that has made them refer on this particular day and ensure they have spoken with the parents/carers to inform them of the referral and obtain consent to share information, unless this would cause further risk to the child to do so. Consider the first time, the worst time and the last time.
- We always strive to work with the consent of parents/carers (in accordance with Information Sharing Advice for Safeguarding Practitioners, DfE) unless this will place the child/ren at risk of significant harm. If consent cannot be obtained due to carers not being available, we will consult with multi-agency partners/management to see if consent can be overridden (See Appendix 3).
- If consent is overridden, we ensure we will record a rationale to this decision is recorded clearly on the case file
- We will conduct a conversation based on the David Thorpe Model to ascertain all relevant information regarding the child and family situation to enable evidence informed decision making and consider the history and context of the referral.
- We ensure that we screen referrals against the Threshold Criteria for Children in Need and/or Early Help Assessment (EHA) and conduct internal electronic database and agency checks to establish whether the child/family is previously known and undertake multi-agency checks if necessary to inform the assessment of risk.
- We will ensure that we gather evidence of current early help assessment activity to inform our decision making
- We will review previous Children's Social Care involvement, adding to, or starting a chronology with a summary entry to allow workers to have a clear understanding of a child's family history and help them to intervene effectively.
- If there are indications that a child may be at risk of Significant Harm, the manager may authorise whatever actions are necessary to protect the child or others in the household from Significant Harm, which may result in the immediate provision of services.
- Should a case meet clear threshold for a Strategy Meeting and there is immediate risk to a child identified, the Duty Assessment Team Manager in the Hub will be informed, and the Strategy Meeting will take place as a priority to prevent delay.

- If there is suspicion that a crime may have been committed including sexual or physical assault or neglect of the child, we will request the referrer reports the incident to the Police.
- We will not share information about non-professional referrers to parents or other agencies without the referrer's consent.
- We will immediately inform professional referrers what the outcome of the discussion is via the referrer feedback.
- We will ensure we utilise all resources available to us to complete any relevant checks with parents/carers and partner agencies (police, probation, health, education, housing etc.) so we can make the best possible safeguarding decision, and that we update information on the child's record accurately with the information we gather from partner agencies.
- We will identify if the family requires an interpreter, record this, and ensure that we speak to the family with a professional interpreter and will not use family/friends to translate.
- We will use the Signs of Safety approach to understand the current risk to the family: looking at what is working well, what we are worried about and what needs to happen, if anything.
- We understand the possible outcomes for a MASH assessment are: Child and Family Assessment, Strategy Meeting, referral to Early Help, partner led support, or no further action.
- Should a decision be made that a referral requires immediate action and it is past the agreed time of day to send to the District Duty and Assessment Team (if the family is not open) or the allocated worker (if the family is open) then we will get management agreement to send the referral to the Emergency Duty Team to review and take action from 16:15. This should only be if there are no Duty and Assessment Social Workers able to deal because they are already out on safeguarding visits. The EDS on call workers or EDS Manager should be informed to ensure a handover of information and that this has been picked up.
- We are aware of and adhere to the agreed timescales in accordance with policy and guidance to ensure we work in a timely manner, understanding, that referrals can be held in AGS up to 72 hours, however, any case being held over 24 hours requires management approval and this must be for a significant reason and where obtaining additional information could impact on the outcome to the family.
- The Advice and Guidance service will undertake a daily DACC meeting to explore the risk of reported domestic abuse to children in our locality.

The Advice and Guidance service leads (Duty social work manager, MASH manager, Early Help Manager) will hold a level of need discussion for any case where the level of need is unclear or disputed on cases held within the Advice and Guidance service.

Advice and Guidance Procedures

AGS Flow Chart



See Appendix 5 or AGS Referral Flow Chart

Stage One: Contact Centre

The initial call will be answered by a Manchester Local Authority Contact Officer. All Telephone contacts will be received into Contact Manchester via 0161 2345001. The Contact Manchester officer will enquire as to the nature of the call using the crib sheet (Appendix 1). They are not a qualified social worker but will ask if consent has been obtained or if there is an immediate safeguarding concern (See Appendix 3). Initial details will then be taken from the referrer, including confirming if consent has been obtained, or if it has been deemed there is an immediate safeguarding concern. The call will be passed onto a social worker in the appropriate AGS service. Callers wishing to refer a family for additional support will be transferred to an Early Help worker in the relevant Advice and Guidance locality service.

If a child has suffered or likely to have suffered significant harm the case would be brought to the attention of the AGS Team Manager to be sent to the Duty Social Work Team Manager to prevent any delay. The Duty Assessment Team Manager can agree a plan of action with the Police.

Some cases will still require a level of screening that will be completed within the AGS Hub (checks with Police, Health, Education, Probation and Early Help) in order to progress the case and to ensure the right intervention is identified for the child/family. This should not delay any immediate safeguarding actions by the Duty Assessment Team, if an assessment has been deemed appropriate.

All other cases where consent has been obtained. Will include a full screening with partners to assess the level of need. Following the screening the AGS Social Worker will make a recommendation around the right intervention at the right time, and this will be signed off by the AGS Team Manager.

Where Early Help has been requested with consent these referrals would not go through to AGS Social Worker Team but the AGS Early Help Team. Consent is required on all these cases and a review of the support needs of the family will be completed. If during these enquiries the Early Help Manager has any safeguarding concerns these will be discussed with the AGS Team Manager, and the case may be passed to the AGS Social Work Team.

Stage Two: Advice and Guidance Social Work Team

The contact center officer will create a 'Contact' form on Liquid Logic to record the initial details of the referrers phone calls and pass the call onto the AGS SW. If any additional calls are made to Contact Manchester they will be recorded on additional contact forms and will be used to notify AGS of any new contacts. The Advice and Guidance social worker will continue the phone call and will use the David Thorpe Conversational model conversation (see Appendix 2) to gain an understanding of the child and family situation and determine the level of need for the child/family.

The AGS worker will then generate a MASH assessment and populate with details of the conversation, undertaking any additional information gathering that may be necessary. A clear analysis of the information gathered and agreed plan of actions will be recorded. The AGS Team will aim to keep cases in the Hub no longer than 24 hours. However, if additional information is required and it is deemed it does not leave a child or young person at risk of harm, they will be kept in the AGS for 48 hours. Only when agreed with the AGS Team Manager should they remain in the AGS for 72 hours without an agreed decision

Stage Three: EHM General Note for Children being kept open in AGS at the end of working day/past 24 hour mark

An EHM- General Note is required for any children being held in the AGS overnight/end of working day or after the 24-hour mark.

This will assist in timeliness as well as a clear and consistent rationale on any child's file by the close of the working day should our investigations into needs and risks continue into the next day. This will then be available for EDS and will reflect your rationale and decision making.

This should take the form of:

Summary of issues as reported

a brief overview of the referral/risks and concerns/issues raised

Outstanding tasks

Any tasks you still need to do for example awaiting call back or information from Health needed to assist with decision making

Discussion with Team Manager / what has been agreed / Safety Plans

Any agreement with manager to hold should be noted with what has been agreed. Any agreement with professionals and parents should be added and any safety plans completed at the time of recording.

Time framed or completion and decision of likelihood of further harm

Overview of how long you expect this to be held before a decision is made/any risks in holding this and worries or concerns around further harm

Outcomes from a AGS Screening

There are 4 possible outcomes for a AGS Screening. These are social work involvement, early help engagement, or no further engagement at this time, other than advice given.

1. Social work assessment; Agreement for a case to be stepped up for assessment and/or strategy discussion will be done jointly with AGS manager and the duty team manager. If it is a social work assessment that is need the decision for a social work assessment lies with the AGS manager. Once this has been agreed only a Service Manager can change the decision and this should be subject to new or additional information found by the Duty Assessment Team Manager. The AGS Team Manager should make immediate contact with the Duty Assessment Team Manager if immediate action is required to avoid any delay. They AGS Team Manager and Duty Assessment Team Manager should be sat together in the AGS Hub to prevent this.
2. Early help support; If it is agreed that this request can be met via an offer of early help the social worker will hold a conversation with an early help worker, record this outcome in the AGS screening and the Team Manager will add oversight and assign the AGS screening to the Early Help hub. Early Help will then continue to add to the AGS Screening. If the decision changes to an Early Help screening before the family is met a discussion should take place between AGS Manager/Duty Manager and Early Help Manager to agree this is appropriate at the right intervention for the family.
3. No requirement for social work assessment and/or support; If the agreed outcome is no requirement for social work assessment and support, clear information, advice and support will be provided to the referrer and the contact will be sent to the Advice and Guidance manager for sign off.
4. Financial assistance under Section 17 (see below)

For all four outcomes a clear written overview of the shared information and discussion will be emailed to the referrer and family along with a clear, agreed outcome and plan of actions. This will be the rationale and outcome for the decision that has been made.

Financial Assistance Under Section 17

A child is defined as being in need if:

- S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for her/him of services by a local authority (under this part of the Act); or
- Her/his health or development is likely to be significantly impaired or further impaired, without the provision of such services; or
- S/he is disabled.

The "family" in relation to such a child includes any person who has parental responsibility for the child and any other person with whom s/he has been living (s17 (10)).

The Act also makes it clear that any service provided by an authority (under this section) may be provided for the family of a particular child in need or for any family member, if it is provided with a view to safeguarding or promoting the child's welfare (s17(3)).

Services may be given in kind or in exceptional circumstances, in cash (s17 (6)).

It is possible to attach conditions as to the repayment of the assistance or of its value (s17 (7)). However, no person shall be liable to make any repayment of assistance or its value at any time when s/he is in receipt of Income Support or Family Credit under the Social Security Act 1986 (s17(9)).

Who is a Child in Need?

Children and families will be assessed under Section 17 of the Children Act 1989 after it has been determined that they cannot receive services to meet their needs by other agencies such as the Benefit Agency. Each referral will be assessed on the information presented and elicited at the point of referral to determine priority for assessment for services.

Assessment will be needed to identify the needs of the child and their family, the services required to meet those needs and a case plan, detailing which services should be provided by the local authority and which by other agencies.

Assessment will conclude whether the child's or family's remains in need or what alternative support can be provided. Workers must bear in mind that children's needs change over time, that cultural differences should be acknowledged and that not only the needs of a child but also their right to be heard on matters of concern to them must be respected in making judgements about the help to offer.

The Legal Framework

Section 17 of the Children Act 1989 states that it is the general duty of every local authority to safeguard and promote the welfare of children within their area who are in need; and so far as it is consistent with that duty, to promote the upbringing of such children by their families.

The local authority must do this by providing a range and level of services appropriate to those children's needs. It is these services which broadly are termed Section 17 support. Part 1 of Schedule 2 to the Act further details the steps that local authorities must take to help children in need to continue to live with their families and generally to prevent the breakdown of family relationships. Such arrangements should assist the parent and enhance, not undermine the parents' authority and control and should extend to work with families when a child is in care, provided it does not jeopardise their welfare.

These provisions can be summarised as:

- Identification of children in need and provision of information;
- Maintenance of a register of children with disabilities;
- Assessment of children's needs;
- Prevention of neglect and abuse;
- Provision of accommodation in order to protect children;

- Provision of services for children with a disability;
- Provision to reduce the need for care proceedings etc.;
- Provision of services for children in need living with their families;
- Provision of family centres;
- Maintenance of child's links with family.
- Offer of Early Help support
- Assessment of needs

Provision of s17 Financial Assistance

Financial assistance in terms of goods or services, or in exceptional circumstances cash, can be provided to a child, parent or carer under **Section 17(6)** Children Act 1989 to address identified needs to safeguard and promote a child's welfare where there is no other legitimate source of financial assistance.

The services provided by a local authority in the exercise of functions conferred on them by this section may include giving assistance in kind or in cash.

Assistance may be subject to conditions as to the repayment of the assistance or of its value (in whole or in part) however, consideration to being unconditional and not paid back can also be given. In order to appropriately and efficiently apply these responsibilities the Local Authorities holds clear expectations regarding practice and requires all staff who may request financial support from the s17 budget, to be fully aware of these expectations and be able to justify any application for resources accordingly.

Before giving any assistance or imposing any conditions, a local authority shall have regard to the means of the child concerned and of each of the child's parents.

No person shall be liable to make any repayment of assistance or of its value at any time when he is in receipt of income support. Part VII of the Social Security Contributions and Benefits Act 1992, of any element of child tax credit other than the family element; of working tax credit; of an income-based jobseeker's allowance or of an income-related employment and support allowance.

The management of the budget and compliance, as well as the Local Authority financial regulations, within which this guidance operates, rests with the budget holder of the Locality.

Social work staff shall be mindful of issues of risk and liability when purchasing goods.

Criteria for s17 Financial Assistance

The Criteria for s17 financial assistance are:

- The payment must be to support and promote the welfare of the child;
- An allocated worker should be actively involved and able to complete an assessment with the family at least for the duration of the payments and if the financial assistance is more than one off emergency assistance, this must be assessed as part of an assessment or through the review of a child's plan.
- All alternatives should be explored with the family to assist in accessing and utilising their existing resources to the best effect and support the family in becoming self-sustaining, prior to any application for funding. If those alternatives are an option they should be priority over s17 financial assistance, this should not be considered a long-term alternative to usual methods of receiving funds.
- Payments should be made directly to the supplier or provider of services. Monies should not be given directly to the family or carers except in exceptional circumstances;
- At point of request for financial support it should be confirmed that there are no alternate sources of finance from the Benefits Agency, Housing Benefit family, employment or friend/family contributions or support, other agencies, charities. Evidence needs to be provided by family to evidenced each of these areas by family members and recorded on the child's file under case notes.
- All financial assistance is a one-off payment. There may be exceptional circumstances where multiple payments are required; these are to be considered on a case-by-case basis at the discretion of the budget holder and must be subject to review and be time-limited. The period for which funding has been agreed must be clearly communicated by the team worker to the person in receipt of the assistance.

It is Children and Family Services policy that financial support and assistance that is provided under the Children Act 1989 should be supplementary to the benefit system or employment and not an alternative to it. Children and Families Services are not an income maintenance agency. It is therefore vitally important that steps are taken to maximise benefit income and rectify administrative problems if these are giving rise to demand on Children and Family Services funds.

This would include use of, where appropriate:

- Crisis loans, budgeting grants and community care grants especially for families under stress;
- Income Support, JSA and Housing Benefit (on interim or statutory basis);
- Child Tax Credit and Working Tax Credit (including help with child care costs);
- Guardian's Allowance for people caring for bereaved children;
- Housing Benefit and/or discretionary housing payments;
- Council Tax benefit and discounts;
- National Insurance benefits (such as Incapacity Benefit and Maternity Allowance);
- Non-contributory benefits such as Child Benefit, Disability Living Allowance and Carers Allowance;
- Care to Learn funding;
- The appeal and review systems of all of the above.
- Employment

Support around any of the above can be provided by our Early Help Teams or Citizens Advice Bureau and every evidence of attempts by families to actively seek support around this should be evidenced on the child's file. Advice can also be sought as to possible solutions to administrative and procedural problems such as non-arrival of benefit payments, recovery of alleged overpayments, benefit suspensions due to fraud investigation etc. This may include supplying contact details for liaison staff in the relevant benefit-paying agencies.

Types of s17 Financial Assistance

One off payments: These should be used to overcome a crisis, following the best assessment that can be achieved in the following circumstances:

Specific Guidance – Allowable expenditure

- Food - method of payment goods only or support to food banks, in exceptional circumstances cash;
- Gas - method of payment direct payment only, in exceptional circumstances cash;
- Electricity - method of payment direct payment only, in exceptional circumstances cash;
- Clothing - one off payment, method of payment goods only, in no circumstances cash;
- Toiletries - one off payment, method of payment goods only, in exceptional circumstances cash;

- Nappies and baby milk should be given in appropriate amounts, no cash provided.

Clothing and Equipment

The provision of clothing, furniture, bedding or safety equipment can only be provided where an assessment determines items identified as essential to meet the needs of the child and/or prevent the child suffering Significant Harm or significant need and/or the need for the child to be looked after by the local authority.

Specific Guidance

- The assessment should address where needs are identified what avenues the family have taken to address the issue themselves, including family members support, via benefits/employment and how family resources are being utilised;
- Access to community resources should be considered. Liaison with the benefits agency, advice agencies and charitable organisations locally that can be accessed, and specific grants should be sought.
- Submission for funding should include efforts undertaken to seek alternate sources of funding.

Travelling Expenses

This provision is available to support the transport of children, parents, carers or extended family member to attend assessments, activities, appointments and support groups which are essential to a child's plan or to comply with court direction.

- An assessment must ensure and agree that they could not reasonably be expected to travel using their own means due to medical, situational, financial or geographical reasons. This support is to be provided through bus tickets, train tickets or reimbursement of own, family or friend's petrol costs.
- Taxis are not the first option to be explored and will not be approved unless all other avenues of travel have been exhausted and the cost of travel has been evaluated against the benefits to the child of the appointment.

Interpreter and Translation Costs

Where English is not the first language for children and carers, workers need to ascertain if the child and/or carer is able to understand and speak English to the level that they can complete their intervention in a meaningful way.

Manchester Guidance is that MFour should be used first and that a social worker must have written response from MFour in regard when and how the service could be provided or not

Language line can be used if MFour cannot provide.

No other companies can be used without going back to MFour and asking why this may be needed and Commissioning checking the companies pricing and confidentiality terms are robust.

Social workers must ensure that

- Service Managers have agreed to the service,
- that the proposed company have the appropriate understanding of information governance / confidentiality
- we have a clear and transparent fee structure.

Even if it is an emergency i.e., they need support within an hour, we cannot enter into agreements where we are potentially putting client's privacy at risk. If we need to use another organisation, please ensure service lead is aware and a cost is agreed.

It is important that any section 47 enquiries or disclosure interviews always have an independent professional interpreter.

Other Types of Payments not Covered by this Guidance

- When a service user requests financial assistance because of a failure of arrival of benefits or tax credits.
- When the service user has been denied benefits because of her/his immigration status, particularly if Job Centre Plus staff are claiming that the person is not 'habitually resident' in the UK or the person has 'no recourse to public funds' as a condition of their stay in the UK;
- If a young person is being Accommodated under Section 20, in independent living or is being financially supported under Section 24. (The benefit position of young people and care leavers is often complex, and the detailed advice should be sought in individual cases);
- If a service user is requesting assistance with a one-off item of expenditure and is in receipt of Income Support or income-based Jobseeker's Allowance;
- Where a child with a disability is approaching her/his 16th birthday and, Looked After or not, advice is required in relation to benefits;

- Where a service user is requesting financial assistance in order to provide care for a child as an alternative to that child being looked after. West Berkshire Benefits Team can advise as to the impact of payments being made under S17 Children Act or as a Child Arrangements Order Allowance or Special Guardianship Allowance.
- Day care for pre-school and other children under section 18 Children Act 1989. Payments for the care of looked after children residing with Local Authority approved foster cares (including family and friends;
- Payments for those holding a Child Arrangements Order see Family and Friends Care Policy;
- Payments to adopters; those holding a Special Guardianship Order; Child Arrangements Order see Adoption Order, Special Guardianship Order and Child Arrangements Order Allowances;
- Payments to those in receipt of Direct Payments

Approval of s17 Financial Assistance

The schedule for authorization applicable to this budget is as follows:

£1 - £50	Team or Duty Manager
£50 - £500	Service Manager
£500 and above	Assistant Director

Recording

All payments will be recorded on child's file and tracked with the finance team.

Section 17 payments are time limited and subject to review.

Support to Intentionally Homeless Families

16 and 17 Year Olds

Southwark Judgement should be considered.

The 16 and 17 years old Pathway will be followed- **This process is being updated May 2023 and to be added.**

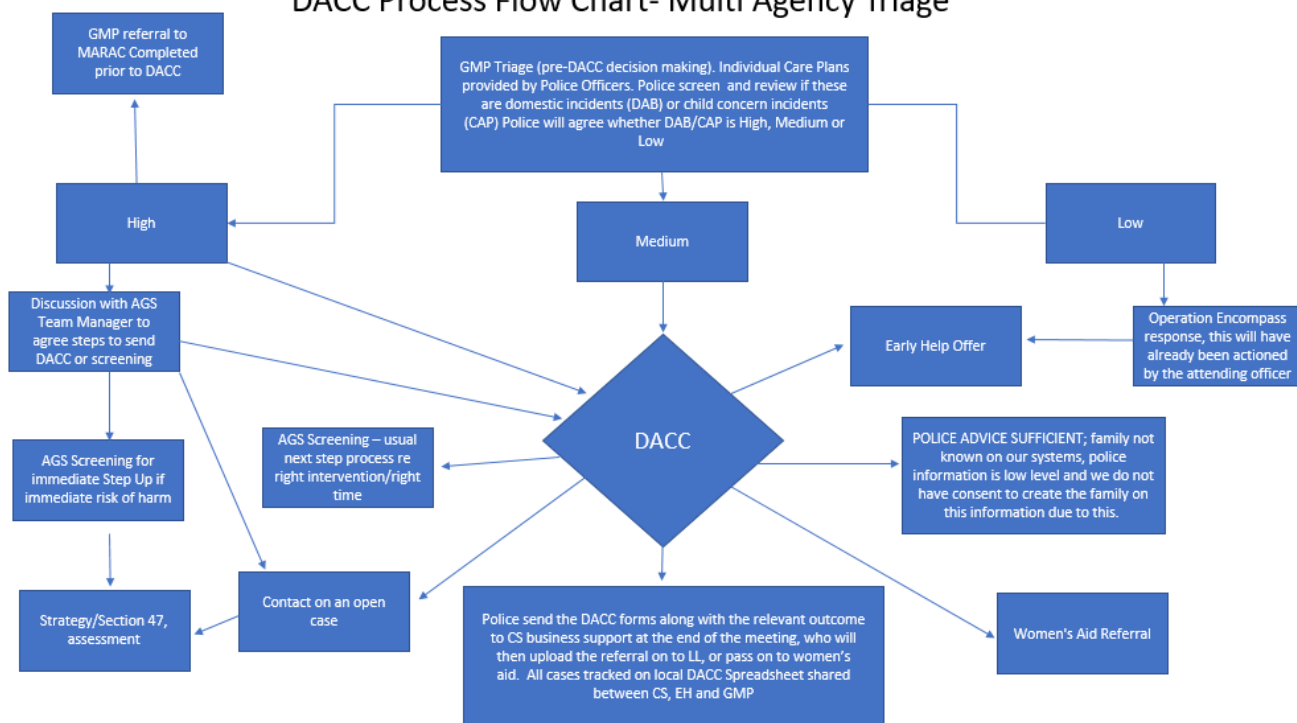
Under Section 17 of the Children Act, we are able to provide some level of financial assistance for families in relation to housing if this is assessed to be appropriate, but this cannot be reclaimed. There are certain categories where we may make payments e.g.:

- Rental payments for families with No Recourse to Public Funds (NRPF) when open to this team and assessed as in need by this team; (see guidance on NRPF)
- 1st month rent and deposit for intentionally homeless families;
but these must be carefully assessed, both in social work and financial terms, and authorised by the relevant Assistant Director before being progressed and have met with the local Homeless families team to ensure that an offer from them has been fully explored and assessed.

Rent top ups or acting as rent guarantors for individuals will not be agreed under any circumstances. If the family cannot afford the rent in the area of their choice, they may need to re-locate to an area that is within their means Families must also be able to evidence their ability to pay their rent and other utility bills in the long term if properties are found as the Local Authority is not able to offer ongoing payments to cover these costs when other options can be identified. Any issues with progressing tenancies for service users because of this veto should be brought to the attention of the relevant Assistant Director and ensure that all other options considered.

Domestic Abuse and Child Concerns (DACC)- Daily Triage Process

DACC Process Flow Chart- Multi Agency Triage



1. The DACC meeting will be held daily in each locality between CSC, Police, Early Help and a representative from Women's Aid.
2. The meeting will look at the current Domestic Abuse and Child Concerns that are sat with the Police and offer a multi-agency triage to look at safety plans and right intervention at right time.
3. The meeting will be comprised of a Police representative, social care representative and an Early Help representative and will take place around midday each day. Women's Aid will also attend the daily DACC

4. The Police will give an overview of the current concerns and history. CSC and EH will undertake system checks for any additional information regarding the family. Each case will be discussed, and a clear outcome recorded on the police system from the meeting.
5. A decision will also be made whether threshold for immediate safeguarding is met, and the case is sent to the Duty Assessment Team Manager, AGS screening is required or Early Help Support
6. At the end of the meeting the outcomes will be documented on the shared DACC form by the police and emailed AGS business support. The police will then undertake their actions and forward any relevant FWINS to partner agencies. Business support will then add the outcome of each discussion which is recorded on Liquid Logic and every case is tracked on the individual locality trackers that provide full details of the cases and outcomes.

Cases that have been deemed low risk are not discussed in DACC and are sent through to schools by Operation Encompass. Operation Encompass is an initiative enhances communication between the police and schools where a child is at risk from domestic abuse. The purpose of the information sharing is to ensure schools have more information to support the safeguarding of children. By knowing that the child has had this experience, the school is in a better position to understand and be supportive of the child's needs and possible behaviours. Operation Encompass will complement existing safeguarding procedures in place in the DACC.

The outcome of each discussion will be recorded on Liquid Logic and at the end of the meeting the outcomes will be emailed to the police who will then undertake their actions and forward any relevant FWINS to partner agencies and business support. Business support will then add the information to the system.

AGS managers will complete tracking of all domestic abuse cases on a weekly basis using the DA tracker, this will be fed into the quarterly AGS QAF report.

Safe and Together Screening in AGS

Manchester Children's Services have implemented the Safe and Together Model in managing and responding to domestic abuse. This model is specifically designed to focus on promoting the best interests of children including safety, wellbeing and permanence, keeping them Safe and Together with the non-offending parent; partnering with the non-offending parent as a default position; and intervening with perpetrator to reduce risk and harm to the child. It strengthens the ability to understand how the perpetrator is causing harm or risk of harm to children.

The model ensures that perpetrators of domestic abuse will be held to the same standard of parenting expectations as the non-perpetrator parent. This has the aim of providing a more comprehensive assessment of risk, safety and protection and increases the effectiveness of engaging perpetrators to become better and more responsible parents. The model also looks at the actions the adult survivor has taken to promote the safety and wellbeing of the children

All AGS Staff have received training around Safe and Together (S&T).

Domestic violence and abuse screening - S&T safety planning applied (See Appendix 2). This would be the initial safety planning to be built upon by the next worker/team. There should be a separate safety plan for the survivor which is kept on the survivors record only not on the child's record. They may identify the best and safest time or place for a social worker to contact/meet the survivor.

For some cases the AGS worker may complete a multi-agency screening and safety plan and keep the case in AGS for up to 72 hours with Team Managers oversight - this would only be on cases where advice, guidance or support are required and not a step up for assessment/strategy meeting.

- **Local Safe and Together Clinics**

All cases where domestic abuse is a factor, whereby there are repeat referrals because of domestic abuse or in need of safety planning that are either stepped up for a social work assessment or are supported by early help will be sent to the local clinics to be heard within 10 working days of step up. This will allow for assessments to have early S&T mapping and support to social workers via the local clinic.

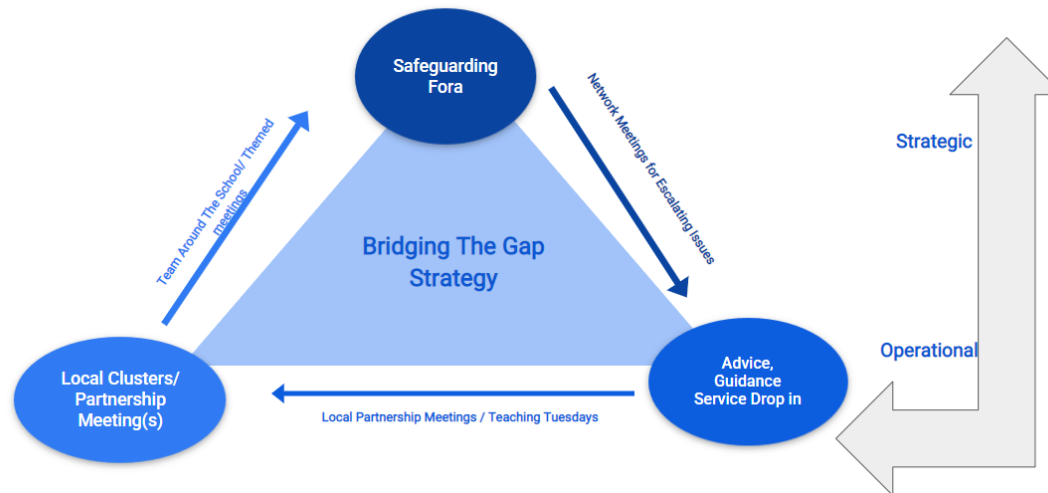
AGS Drop in

All Partners inclusive of health, youth justice, housing and education staff are invited to meet with the Team Managers of their AGS hub/Early Help Managers within the hub and Duty Social Work Team Manager to discuss any active referrals or to visit to understand the partnership arrangements. They may also be invited if there are several repeat referrals to AGS and to explore if support is needed.

Partners will also be invited to come and look at their Early Help offer and where they can support families further.

If there are any escalations, then contact should be made with the Service Leads in each area or for Health Named Nurses or Education the Local Authorities School Quality Assurance Team.

Bridging The Gap Strategy- All Partners



If the caller requires advice from a Social Worker regarding safeguarding concerns but they are not overriding consent, take the following details:

Referrer's name, role, agency, contact number, email address and area of the family, to determine the correct AGS Team. ***Then email the AGS Team Manager for the area the family live explaining the caller would like advice and a call back. Do not take details of the family. No contact is needed on Liquid Logic. -***

If they do not have consent and do not feel it is risk of harm, they need be given the details of the Drop in sessions

to book on a session -

Central - deborah.buckley@manchester.gov.uk

natalie.clive@manchester.gov.uk

North - katie.clough@manchester.gov.uk

rebecca.brooks@manchester.gov.uk

South - raheelah.jones@manchester.gov.uk

louise.kenny@manchester.gov.uk

Missing from Home Notifications:

Manchester Children's Services recognises the links between children who go missing and the risk of exploitation and extra familial harm. It is understood that there will often be push factors at home and pull factors within the community that impact on why children go missing, and that can increase vulnerability to all forms of exploitation.

Greater Manchester Police, GMP provide a daily spreadsheet to Children's Services via Contact Manchester which includes details and circumstances of all children to have been reported missing from or returned home or placement within the Manchester Local Authority area. This includes the date and time the child was last seen, reported missing and/or returned and details of the safe and well check carried out by GMP. If the young person

is a Manchester child and does not have a Manchester social worker, this information will be passed to AGS for triage.

The AGS social worker will review the missing report, speak to parent/carer and if appropriate speak to the child and complete any appropriate multi-agency enquiries. Previous social care involvement/history will be considered, this will include the outcomes of any previous Independent Return Interviews and a decision will be made with rationale as to the appropriate outcome; including consideration for a strategy meeting, Child and Family Assessment or Early Help offer. In circumstances where the risk is high – specifically but not limited to if child is still missing at the point of contact, or where a child had been missing for over 24 hours or missing 3 times in a month - this will be stepped up to social.pro

The AGS Team should refer all missing for over 24 hours to the business support team who attend the local Missing From Home Panel, to consider if this needs to be heard at the panel.

Most children who are reported missing will be offered an Independent Return Interview by the Missing from Home Team within Complex Safeguarding Hub.

Should any new safeguarding concerns arise from this interview, this will be referred into AGS for consideration.

AGS Can book onto local Missing From Home Clinics or recommend this.

Complex Safeguarding Consultation

AGS will consider exploitation risk when triaging contacts and will access the Complex Safeguarding consultation line to support decision making in relation to this. The Complex Safeguarding Hub offer a consultation service on

0161 226 4961 between 9 and 4.30pm daily. AGS will seek guidance via this particularly in examples where there are possible concerns of gang affiliation, criminal or sexual exploitation or Threats to Life.

Making referral for Local Authority Designated Officer (LADO)

There is a Designated Officer on duty every day who sits in the Safeguarding Improvement Unit, you can contact them on 0161 234 1214 and leave a message or send a referral to qualityassurance@manchester.gov.uk. The referral form is on MSP; the aim is to respond on the same day but maximum within 24 hours.

Statutory guidance makes it clear that organisations and agencies must have clear policies for dealing with allegations against adults working with children in positions of trust. Furthermore, such policies should make clear the difference between an allegation, a concern about the quality of care or practice and a complaint. An allegation relates to adults who work with children in a paid or voluntary capacity who have:

- Behaved in a way that has harmed, or may have harmed a child
- Possibly committed a criminal offence against or related to a child
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children
- Managing allegations involves those working within regulated settings. Regulated activity is defined as:
 1. Unsupervised activities such as teaching and social care
 2. Work for a limited range of establishments such as schools, children's homes and other child care premises.
 3. Relevant personal and healthcare
 4. Registered childminding
 5. Foster Care

LADO ensure that allegations against adults who work with children are not dealt with in isolation. The welfare of children remains paramount, and any corresponding actions required to safeguard children are shared where appropriate with partner agencies and accurate records of actions kept. An example of this is that in Manchester Designated Officers work closely with Education Safeguarding colleagues to ensure that there is adherence to statutory guidance 'Keeping Children Safe in Education 2019'.

While the DfE places a duty on the employer or voluntary agencies to make referrals to the Disclosure and Barring Service (DBS) where they have removed a person from their work due to them posing a risk to children, as set out in Working Together 2018 and Keeping Children Safe in Education 2019. The Designated Officers provides guidance to organisations and partners, at the conclusion of an allegation, as to the need to refer to the DBS.

Quality Assurance Process-

The Advice and Guidance Service (AGS) will work within a quarterly pattern to ensure that there is a clear focus on the activity that demonstrates their effectiveness and provides assurance and learning across the Manchester footprint and embraces the Partnership approach. The quarterly report presented at the quarterly Close the Loop session, will reflect the quality of practice in relation to the three themes covered that quarter (refer to timetable), the findings across the Manchester footprint and any differences in practice between the Localities. A themed audit tool will be used for each month, although some questions in respect of compliance will be the same. The quality of practice and assurance will be reflected by using a cohort where the outcomes for the child will already be known and understood, so the learning and identification of Good practice is supported.

Methodology

The cohort will be identified for the theme a month in advance, local Dip Samples (10 per area (30 in total), from the previous month contacts and referrals we so can track the outcomes for child). These will be completed in **week 1**.

From the 30 sample/cohort a minimum of 10 for each district will be selected for the quarterly multi-agency audit completed in **week 2 of the third month**. The tool will reflect the theme and will be shared between locality to allow for assurance of consistency in the hubs. The audit tool will cover some questions each time but specific questions relevant for the theme, and, where appropriate, will identify specific record of observation of practice. The outcomes from audits completed will be shared with partners in the multi-agency meeting.

The audits will be reviewed and moderated by service leads in **month 2**. Where appropriate children and families will be contacted in month 3, by a trusted professional to the family, to ascertain their experience via an agreed feedback tool, the multi-agency meeting will agree who is best placed to seek the feedback from which family. The reflection will take place after the audit in a multi-agency plenary session to agree findings and learning which will be agreed in month 3.

The findings will be collated and practice changes for improvement recorded and form part of the quarterly QAF report and dissemination to front-line staff in **month 4**. (refer to report template). The shared learning on the quality of practice will include good practice, and outcomes for children.

AGS managers meet on a fortnightly basis to review data and consider themes to be reviewed. There is then a quarterly joint multi agency audit.

The findings across the 3 localities for AGS which will be reviewed and discussed between AGS managers and citywide service leads in a meeting agreed at the end of the month to ensure shared learning, patterns and themes that will inform the quarterly report.

Practitioners will be involved in the audit and reflection shared via quarterly learning events or agreed training that will be actioned- this will ensure shared learning between each locality hub inclusive of with partners and early help.

The monthly cycle will follow the thematic timetable set out below, this will be revised after 2 full quarterly cycles or if the performance data suggests a need for a different focus or the previous month audit suggests the need for further practice assurance.

The AGS quarterly QA report will be completed on the template provided for the Close the Loop session. It will set out the picture across the Manchester footprint as well as any differences in practice and learning between the 3 localities, both in terms of the compliance measures and the quality of practice and outcomes for children against the 3 themes. Any learning for partnership agencies will also be identified and this will be fed into the MSP QA sub-group to inform their activity. The report will set out what the measures of success will be in the next cycle when the theme is revisited and confirm when that will be within the timetable.

Fortnightly Referral meetings.

AGS managers meet on a fortnightly basis to review data and consider themes to be reviewed. There is then a monthly joint multi agency audit on the last month of the quarter.

The findings across the 3 localities for AGS which will be reviewed and discussed between AGS managers and citywide service leads in a meeting agreed at the end of the quarterly to ensure shared learning, patterns and themes that will inform the quarterly report.

Quarterly Multi agency Referral Meetings

A multi-agency virtual meeting will be held on the last month of the quarter. It takes place on a Wednesday from 13:30pm – 14:30pm with representatives from Children's Social Care, Health, Police and Education. The findings of which will be reviewed between AGS managers and citywide service leads to ensure shared learning.

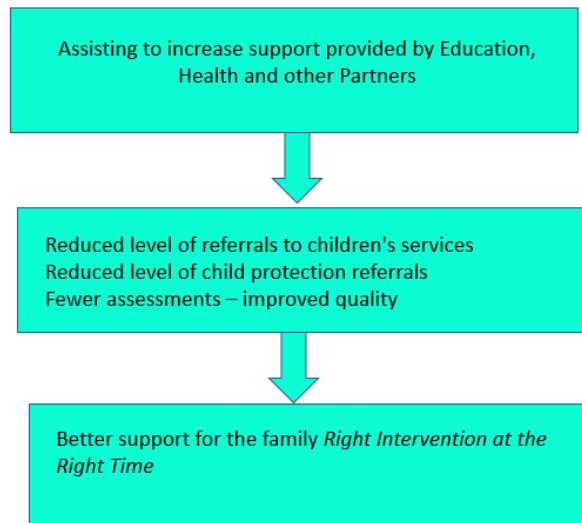
Appendix 1: Contact Manchester crib sheet below

- 'Good morning/afternoon you're through to (your name)'
- What has prompted you to call us today?
- Do you have consent to call us today? 'Are the family aware that you are making this call today?' (this should be recorded on contact)
- 'I am going to take some information from you so that I can transfer you through to the right person. Do you want to speak to a social worker today regarding the safeguarding of a child or are you calling in relation to a family that you feel are in need of some support?'
- 'Please can I take your name and name of agency, contact number and email address.'
- 'I'll just take the details of the child(ren) so I can check the system to see if they are known before I put you through'
- Hold while the system is checked. Professionals sometimes do not know if a family have an allocated worker.
- If the case is open then redirect the call to the district, allocated worker, duty worker or provide the contact numbers for the allocated worker.

- If the case is closed then follow the steps below

Appendix 2: AGS Conversational Model

Aim of the David Thorpe Model



Ten stages of the call

- 1 The greeting and introduction
- 2 identities
- 3 Record checks (pre-categorisation)
- 4 Evaluating the record
- 5 Clarification of consent
- 6 Naming the problem
- 7 The information sharers relationship with the family
- 8 what does the information sharer believe is the best outcome for the child
- 9 Formulation of an agreed plan
- 10 Writing up

Appendix 3- Ten Stages of the Call “The Conversational Model”

Stage 1 – Greeting and introduction

Basically identify and introduce yourself

Greeting – you're through to/my name is I am a social worker on the AGS team

Stage 2 - Identities

Confirm the identity of the caller

Confirm the identity of the family

Then ask ...'can you give me the reason for your call today?Can you explain your reason for calling today?

Do not ask 'How can I help you? Or What can I help you with? And do not use the word 'Why' at this stage.

Launching into a list of concerns, write them briefly down as bullet points and then thank them for the details

Stage 3 – Record checks

Ask them to bear with you while you check the family record to see if the family are known

Stage 4 – Evaluating the record

Where a record exists, briefly read it to gather some context into the family and what type of 'case' it may be. This will help you make early judgements.

Consider the chronology, previous AGS screenings and previous intervention. Remember to check both EHM and LCS and review the documents sections on both systems for information prior to Liquid Logic implementation.

Stage 5 - Consent

‘Can I ask if you have consent from the family to call us today?’

The work we undertake at section 17 (child in need) is consent based. Unless there is clear evidence that the child is suffering or at risk of suffering SIGNIFICANT harm (section 47) then we are unable to override parental consent. If a parent (or child of appropriate age) has not consented to information being shared with us, or ongoing support from us (at sec 17 or early help level) then we are unable to intervene.

For information sharers who feel they do not need to speak to parents, The AGS service should advise as to whether consent can be overridden. This decision should be made by a team manager within AGS.

We should always try and support information sharers with creative ways of gaining consent if needed.

A caller telling a family that they are ‘making a referral’ is not gaining consent

Stage 6 – Naming the problem

This is where you clarify the list of concerns the caller has shared

Research has shown that the most effective social work call takers demonstrate a capacity to CLARIFY what is usually confused, vague, suggestive, alarm-provoking and disjointed information. This clarity is achieved by slowly, carefully and patiently and above all systematically isolating and exploring the individuals issues and anxieties raised by information providers. Some of the issues may be relevant and related to others while some may be neither related nor relevant.

...Take your time about this please, we need to establish a clear picture of what is worrying you....

...You've just given me a lot of information, now can I just return you to....

...I wonder if I could just go over this bit again with you....

I am sorry, I didn't quite understand...

...I would like to know a little more detail about....

...Do you mind if we can come back to....

This will give you a clear picture of what is occurring for you to be able to answer the two key questions 'WHAT KIND OF CASE IS THIS?' and 'HOW SHOULD THIS DEPARTMENT RESPOND?'

Then ask'Now what would you like to tell me about the child' and repeat any necessary steps above

Stage 7 – The information sharer's relationship with the family

Ask the following

...How well do you know this family?

...Tell me about your relationship with it's members.

Make a note of the information and ask any required clarifying questions

Stage 8 – Desired outcome

Ask the following

...What outcome would you like to see for the child?

Again, (if necessary) ask questions to understand why this is the view of the information sharer

Stage 9 – Formulation of an agreed plan

You need to decide what type of case this is

Formulate a clear idea, summarise in a sentence and tell the caller what you think. Depending on the case type, actions will fall into one of three broad categories.

1. **The case will remain with the information provider**
2. **The case will be sent to another service**
3. **The case will be accepted as a referral to children's social care**

....'It seems from what you have told me thatwhat do you think?'

Formulate an agreed action plan with the caller although if advice and reassurance has been sufficient then no plan is needed. Advise the caller that they will receive an email detailing the plan/decision.

IF THERE IS NO CONSENT (AND NO REASON FOR CONSENT TO BE OVERRIDDEN) THEN WE CAN NOT MAKE A PLAN, WE CAN ONLY PROVIDE ADVICE FOR THE CALLER'S OWN PLAN.

Close the call by advising that they can call us back should they have any further worries.

Stage 10 – the write up

All professional referrers other than NWS and NSPCC should receive written feedback in relation to their contact. This should be provided within 24 hours and should be provided in the below format

Re: NAME OF CHILD
Date:

Thank you for calling Manchester Advice and Guidance Service (locality name) today in relation to the above child. Please see below overview of our conversation.

COPY AND PASTE RECORD OF CONVERSATION (that is documented in your EHM MASH assessment)

As a result of the conversation, we agreed that

COPY AND PASTE THE AGREED ACTIONS (from the MASH assessment)

If you need any further advice regarding this referral then please call me back on the above telephone number

Regards

Appendix 4- The Consent Policy

Consent, Confidentiality and Sharing Information Policy

1. Consent and Information Sharing

1. When making a referral to Children and Education services it is expected that professionals seek consent from the family under GDPR and Data Protection 2018 except in exceptional circumstances. Those circumstances would be that by sharing the information with parents it would risk significant harm to the child/young person or jeopardise a potential police investigation.

2. Consent is the clear, voluntary and continuing permission of the person to any intervention or information sharing based on adequate knowledge and information of the purpose, nature, likely effects and risks of that intervention or information sharing, including the likelihood of its success and any other options and their consequences. Consent can be given orally or in writing.
3. To get a better understanding of consent under the GDPR, the definition laid out in Article 4 of GDPR is

*“‘consent’ of the data subject (user) means any **freely given, specific, informed** and **unambiguous indication** of the data subject’s wishes by which he or she, by a statement or by a clear affirmative action, signifies agreement to the processing of personal data relating to him or her”*

- **Freely given:** Users must be presented with an actual choice and not coerced with negative consequences e.g., “we are referring you to children’s services”
 - **Specific:** Consent should only be given to specific actions/explain why you need the consent
 - **Informed:** Explain why you need to consent, it should be made clear that consent is being requested, and for what specific purposes.
 - **Unambiguous:** It needs to be made obvious that the user is giving their consent.
4. It is important all information shared with Manchester Children and Education Services Social Work and Early Help Teams about any family, parent, child or young person is done so lawfully and securely and that consent is considered and obtained where needed before information is shared and the appropriate intervention is agreed.
 5. When making a new referral/contact with Children and Education services it is expected that professionals seek consent from the family under GDPR and Data Protection 2018 except in exceptional circumstances.

6. The starting point in relation to sharing information where a child is not deemed to be at risk of harm by the information being shared is to be open and honest with families and raise concerns directly to them about their child(ren) (24. Working Together to Safeguard Children 2018)
7. If you are unsure, you should have a conversation with your local named safeguarding lead if you are concerned about the possibility of abuse or neglect, but do not believe that the child(ren), young person(s) or any person(s) is at risk of significant harm. Ask yourself;
Is the intended disclosure proportionate to the intended aim?
What is the vulnerability of those who are at risk?
What is the impact of disclosure likely to be on the individual?
Is there another equally effective means of achieving the same aim?
Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public;
Is it necessary to disclose the information, to protect other vulnerable people?
8. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share this information and gain consent. Always consider do you need to share this information
9. As previously identified consent will have been considered before the individual's case is brought to Advice and Guidance. In cases where consent has been granted individuals will have a legitimate expectation of how their data is going to be used and with whom it may be shared and why.
10. The sharing of information is covered in Working Together 2018 Section 24
11. All referrals to Early Help require consent for their service.

In relation to children:

- The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. The threshold criteria is that the nature of the harm / likelihood of the harm alleged is: ill treatment / neglect / impairment to the child's physical, intellectual, emotional, social and behavioral development / Impairment to the child's physical health
- Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in Section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, "for example, impairment suffered from seeing or hearing the ill treatment of another".
- Suspicions or allegations that a child is suffering or likely to suffer Significant Harm. Do not delay disclosing information to obtain consent if that might put children or young people at risk of significant harm.
- The Local Authority's Children's Social Care have a statutory duty to carry out a Section 47 Enquiry in any of the following circumstances:
 - Where there is information to indicate that a child has suffered or is likely to suffer [Significant Harm](#);
 - Where a child is subject to an [Emergency Protection Order](#);
 - Where a child is subject to [Police Protection](#).
- The responsibility for undertaking Section 47 Enquiries lies with the local authority for the area in which the child lives or is found, even though the child is ordinarily resident in another local authority's area.
- Where a Section 47 Enquiry is to be conducted in relation to a child who is ordinarily resident in the area of another local authority, her/his home authority should be informed as soon as possible, and be involved as appropriate in the [Strategy Discussion](#). In certain cases, it may be agreed that the home authority should undertake the Section 47 Enquiry (for example where the child is [Looked After](#)) and in all cases,

the home authority should take responsibility for any further support of the child or family identified as necessary.

2. New Referrals: Immediate Safeguarding Concerns and why you might override consent

1. A telephone call to our Social Work AGS Team for new referrals or allocated worker/team if case is open should be made when threshold has clearly been met and an immediate response is necessary. This should never be before contact to the Police if any Person, Child or Young Person is at immediate risk.
2. This would be where a child is likely to suffer significant harm Section 47 enquiries where a child is at immediate risk of harm or when a same day response is needed to accommodate a homeless young people or asylum-seeking young person(s).
3. The principles of confidentiality and consent should still be followed as highlighted in 1. consent and information sharing
4. In the event of a child having suffered or likely to have suffered Significant Harm our AGS Team Manager will be made aware immediately to ensure the Team Manager of the Duty and Assessment Team is aware to see if a Strategy Discussion is required. This decision will be made by the AGS Team Manager. r
5. Section 47 does not necessarily mean consent should be overridden and consideration should be given by the referrer when safe to do so to discuss any referral with parent(s)
6. All other referrals or contacts under Section 17 Child in Need or Early Help require consent.

3. Open Cases: Immediate Safeguarding Concerns and why you might override consent

1. The Partnership should agree with any parent(s) or young person(s) that consent to share information between the support network on open cases to children's services as part of Child in Need Meetings, Child Protection/Core Groups Meetings.
2. Information on open cases should be shared via the contact center (0161 234 5001) or by contacting the social worker or the duty social worker from the team, it is the responsibility of the person holding the information to ensure this has been shared and you should not assume an email has been received or a voicemail heard.
3. If the immediate safeguarding concern is a Section 47 a strategy discussion will be arranged where information can be shared
 - A Strategy Discussion will occur under Section 47 of the Children Act 1989, if a child is taken into Police Protection, is the subject of an Emergency Protection Order or there are reasonable grounds to suspect that a child is suffering or is likely to suffer Significant Harm, a Section 47 Enquiry is initiated, this is a multi-agency decision at the strategy meeting as to whether a Section 47 is initiated.
 - This is to enable the local authority to decide whether they need to take any further action to safeguard and promote the child's welfare.
 - Section 47 does not necessarily mean consent should be overridden and consideration should be given by the referrer when safe to do so to discuss any referral with parent(s)
4. All other Safeguarding Concerns- where consent should be obtained
 1. Consent should always be obtained, and consideration given for all other concerns before information is shared with AGS Team for new referrals. This will assist in decision making to determine whether there is

need for social work interventions or another outcome is more appropriate to provide the family with the right intervention at the right time.

2. If consent has been refused under Working Together to Safeguard Children states *where practitioners need to share special category personal data, for example, where information obtained is sensitive and needs more protection, they should always consider and identify the lawful basis for doing so under Article 6 of the GDPR, and in addition be able to meet one of the specific conditions for processing under Article 9. In effect, the Data Protection Act 2018 contains 'safeguarding of children and individuals at risk' as a processing condition that allows practitioners to share information, including without consent (where in the circumstances consent cannot be given, it cannot be reasonably expected that a practitioner obtains consent or if to gain consent would place a child at risk). However, practitioners should be mindful that a data protection impact assessment for any type of processing which is likely to be high risk must be completed, and therefore aware of the risks of processing special category data*^[1]
3. *It is one way to comply with the data protection legislation but not the only way. The GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child provided that there is a lawful basis to process any personal information required. The legal bases that may be appropriate for sharing data in these circumstances could be 'legal obligation', or 'public task' which includes the performance of a task in the public interest or the exercise of official authority. Each of the lawful bases under GDPR has different requirements.¹⁵ It continues to be good practice to ensure transparency and to inform parent/ carers that you are sharing information for these purposes and seek to work cooperatively with them.*^[2]
4. *It continues to be good practice to ensure transparency and to inform parent/ carers that you are sharing information for these purposes and seek to work cooperatively with them.*^[3]

5. If professionals, consider it justifiable to override the refusal in the interests of the welfare of the child then they can and must do so. This decision must be proportionate to the harm that may be caused by proceeding without consent and they will be asked by the Social Worker to explore this with the family before information is shared. It is always good practice to record you think it is appropriate to override consent
6. Individuals have a right to know their information has been shared. If a decision is made that information is going to be shared regardless of the individual's consent, you must seriously question and record the purpose and rationale. They should know this before discussions with children's services take place.

What information should be shared, why not obtain consent, who should be asked for consent, when do you not need consent

7. Clear oversight around consent and information sharing must be recorded on the Children's Liquid Logic.
8. As highlighted earlier if a case is already open then agreement for how information is shared should be done with any parent(s) or young person before sharing unless any person, child or young person is at risk of significant harm.

5. Sharing information about a third party

1. The disclosure of personal information without consent is legally justifiable if it falls within one of the defined category of public interest:

The administration of justice;

Maintaining public safety;

The apprehension of offenders;

The prevention of crime and disorder;

The detection of crime;

the protection of vulnerable members of the community.

2. When judging the public interest, it is necessary to consider the following:

Is the intended disclosure proportionate to the intended aim?

What is the vulnerability of those who are at risk?

What is the impact of disclosure likely to be on the individual?

Is there another equally effective means of achieving the same aim?

Is the disclosure necessary to prevent or detect crime and uphold the rights and freedoms of the public;

Is it necessary to disclose the information, to protect other vulnerable people?

3. As previously stated a proportionality test must be applied to ensure that a fair balance is achieved between the public interest and the rights of the data subject.

4. Clarification should be sought when disclosures are being made about what information the person calling wishes to share. For example, if a phone call is made about a neighbour but they wish to remain anonymous to prevent further fall out.
5. Information is shared initially within AGS with or without consent where justified in order to assess risk and harm which in turn identifies the proportionate level of response required.
6. When overriding the duty of GDPR/Data Protection to the Advice and Guidance Service must seek the views of the organisation that holds the duty of confidentiality and take into account their views in relation to breaching confidentiality. The organisation may wish to seek legal advice through its own legal services route.
7. Advice and Guidance processes if followed correctly are relevant in relation to the determination of consent. Advice and Guidance comprises a closed and controlled environment, this being a factor a practitioner can weigh in the balance to some extent in an appropriate case as one factor that can add to the conclusion that it is proportionate not to seek or to dispense with consent. It is not, however, a single overriding reason in the determination concerning consent.
8. All disclosures must be relevant and proportionate to the intended aim of the disclosure. Relevant and proportionate disclosure can however only proceed if the data controller is given enough information with respect to the issues/line of enquiry being considered by Advice and Guidance.
9. The sharing of the information by partners fulfil a duty upon the provided by statute law (Children Act 2004) i.e., co-operation to safeguard or promote the wellbeing of children. (Section 10 and Section 11)
10. For police it can reasonably be assumed that the persons from whom information is obtained will legitimately expect that police will share it appropriately with any person or agency that will assist in fulfilling the policing purposes.

6. Human Rights Act 1998- Article 8: The Right to Respect for Private and Family Life, Home and Correspondence.

1. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.
2. Consent is relevant to the rights of those to whom confidential information relates, and thus to legal obligations such as the Human Rights Act 1998.
3. The sharing of information with children's services may engage Article 8 however there will be no contravention provided that an exception within Article 8(2) applies.
4. The benefits of effective sharing of information for the purposes set out in this agreement are to the direct benefit of the citizen and so in the public interest. This agreement is: -
5. In pursuit of a legitimate aim:

The promotion of the welfare and wellbeing of children and ensuring they achieve all five outcomes is, by virtue of s.11 of Children Act 2004, a legitimate aim and major responsibility of the signatories to this agreement. The sharing of information under this agreement is also in line with Articles 2 and 3 of the Human Rights Act 1988, namely the right to life and the right to prohibition of torture or inhuman or degrading treatment.

Proportionate:

The amount and type of information shared will only be that necessary to achieve the aim of this agreement. Information is always to be considered in terms of its proportionality in each set of circumstances, but it must always be remembered that the right to life is paramount.

An activity appropriate and necessary in a democratic society:

The police are obliged to do all that is reasonable to ensure the welfare of the most vulnerable of citizens and this is something that is necessary and appropriate in a democratic society. Other signatories to this agreement such as Clinical Commissioning groups and Children's Services also have similar obligations, which are necessary and appropriate in a democratic society.

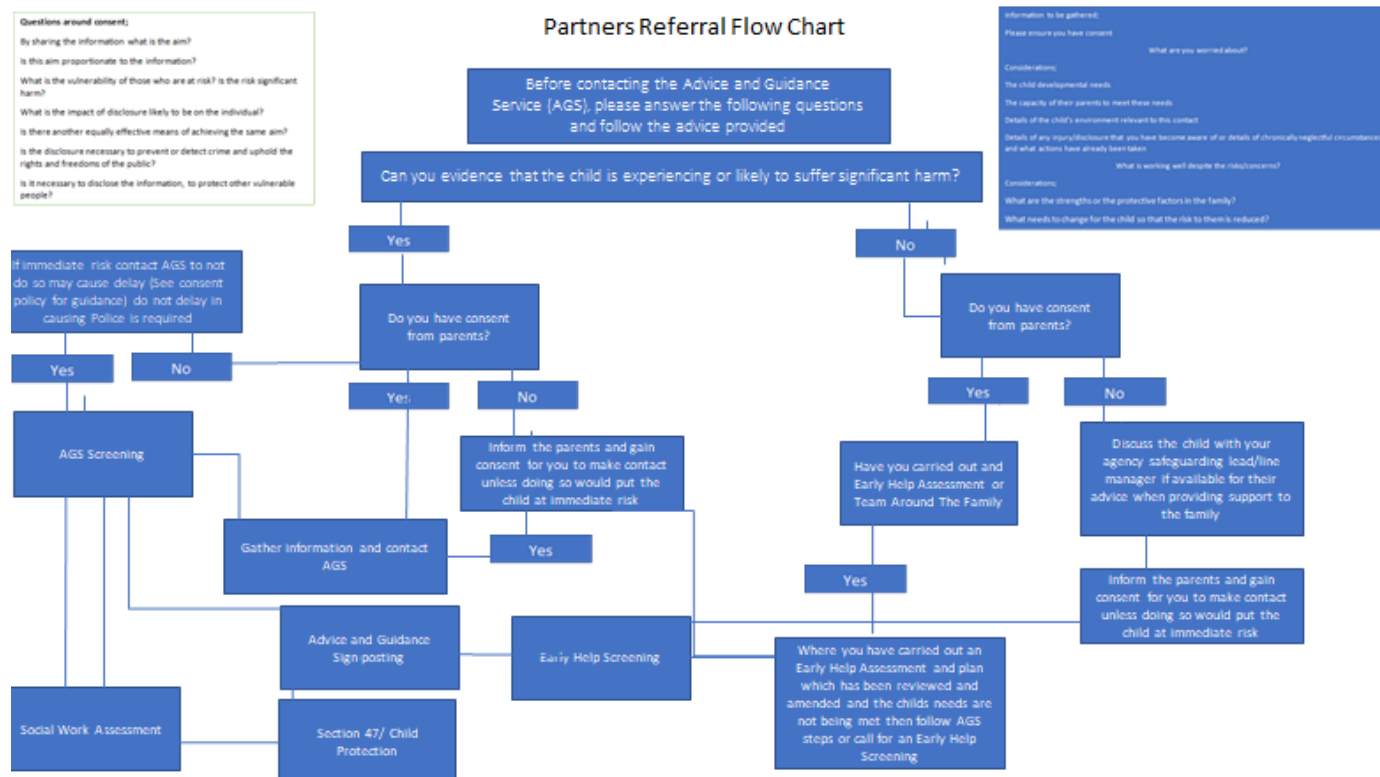
[\[1\]](#) Working Together to Safeguard Children 2018: A guide to inter-agency working to safeguard and promote the welfare of children: Myth-busting guide to information sharing, Page 20

[\[2\]](#) Working Together to Safeguard Children 2018: A guide to inter-agency working to safeguard and promote the welfare of children:

Myth-busting guide to information
sharing, Page 21

[\[3\]](#) Working Together to Safeguard
Children 2018: A guide to inter-agency
working to safeguard and promote the
welfare of children: Myth-busting guide
to information sharing, Page 21

Appendix 5- AGS Referral Flow Charts for Partners



Please see below in which the duty rules across districts are to be used: [Duty Rules.docx](#)