

# Multi-Agency Child Protection Standards

**1<sup>st</sup> Revision September 2015**

## **Contents**

<b>Purpose of the Child Protection Standards</b>	<b>3</b>
<b>Contact and Referral</b>	<b>5</b>
<b>Assessment</b>	<b>7</b>
<b>Section 47 Enquiries</b>	<b>8</b>
<b>Child Protection Conferences</b>	<b>12</b>
<b>Core groups</b>	<b>15</b>
<b>Review Conference</b>	<b>17</b>
<b>Appendix 1 Escalation Policy</b>	<b>19</b>

## Multi-Agency Child Protection Standards

### Purpose of the Child Protection Standards

**To:**

- Ensure that local and national policy and procedures are adhered to
- Ensure all workers understand what good practice looks like
- Support workers in providing services which are of good quality and which will result in better outcomes for children and families
- Help workers to be clearer and more confident about the service they provide.
- Assist in gathering, sharing and evaluating information within and across agencies.
- Provide a clear picture for service users/carers of the process of decision-making and accountability.
- Enable service users/carers to understand and participate in the child protection process
- Enable service users/carers to know what they can expect from all agencies involved in the child protection process.
- Ensure multi agency contribution to ongoing service improvement and development.

## Standard 1

**Local Safeguarding Children Board publishes information for the public and professionals on what to do if they have concerns about a child/ren who they think may be at risk of significant harm.**

- LSCB publishes advice about who to contact when a child/ren is/are thought to be at risk/suffering significant harm.
- The advice is clear, user-friendly and accessible and can be translated into different languages/mediums if requested.

## Stage 1 Contact and Referral

### Standard 2

**The parent's permission or the child's where appropriate, should be sought before making a referral to social care, unless seeking permission may itself place the child at risk of suffering significant harm.**

**Referral information will be recorded and checked for accuracy. It will be shared with parents/carers unless to do so would jeopardise the safety and wellbeing of children and other family members, or hamper professionals in safeguarding children.**

- **Criteria - professionals/agencies**
- All referrals must be received by MASH; if information is passed verbally, it should be confirmed in writing within 48 hours using the Multi Agency Referral Form (MARF).
- The call advisors will check with the referrer that the parents/carers permission has been sought.
- The call advisor is responsible for ensuring the information is recorded accurately on ICS.
- **Criteria – parents /carers**
- Parents/carers will be informed that a referral is to be made to Knowley social care unless this places children at, or increases, risk.
- Individuals involved in the process will be given a leaflet informing them of the child protection process.
- Unless there are exceptional circumstances, parents /carers will be given the name of the professional referrer.

## Standard 3

**Staff in all agencies will contact MASH if they have concerns regarding the safety or welfare of child/children**

### **Criteria professionals/agencies**

- All staff will adhere to Knowsley's multi agency safeguarding procedures.
- All referrals received will be actioned on the same working day by the designated team manager.
- A professional referrer will be kept informed of the progress of the matter throughout the stages of the child protection process, and within 24 hours of the contact being made.
- If the referral is not to proceed, the reasons will be clearly recorded and a letter sent to the family to inform them of this within 48 hours.

### **Criteria-service users/carers**

- A letter will be sent to parent/carer informing them of the referral and action to be taken by the team who will complete the single assessment.
- Children and families will be informed of the nature of the concerns by the allocated social worker.

## Standard 4

**All professionals and agencies will co-operate in sharing information as required to facilitate evaluation of risk to children**

### Criteria –professionals/agencies

- The MASH Manager or SPL will evaluate the urgency and severity of the situation and whether immediate action is required.
- All relevant agencies will be contacted during the screening process.
- Agencies will share information held by their agency if requested by social care.

### Stage 2 Assessment

## Standard 5

- **The single assessment will evaluate; the seriousness of the situation, risks to the child, and all other children in the household, their needs and the urgency of any action required.**

### Criteria - professionals/agencies

- All assessment will be based on The Framework for the Assessment of Children in Need and their Families.
- All 3 domains of the Assessment Framework must be considered.
- The child should be seen and spoken to (alone if appropriate) as part of the single assessment. If child is not seen alone the reason will be clearly recorded
- If it becomes clear during the single assessment that a child is or is likely to be at risk of significant harm, the single assessment will cease and a strategy discussion held.
- Whatever decisions made must be endorsed by the social care team manager and recorded on the electronic social care record (ICS) **within 2 working days.**
- Single assessments should have multi agency involvement and consideration should be given to whether a **multi-agency** meeting might be helpful to plan how the assessment will incorporate the views of **all** agencies.

### Criteria –service users /carers

- The views of children and parents/carers will be sought within the single assessment.
- The outcome of the completed assessment must be fed back to the family in writing **within 10 working days.**
- Information will be provided to the parents/carer about the next stage of the process (if required).

## Standard 6

**Section 47 enquires/investigations will be conducted without delay whenever there is reason to believe that a child/ren is/are suffering, or is/are likely to suffer significant harm.**

### Criteria professionals/agencies

- As the lead agency for initiating section 47 enquires, children social care can make this decision without consultation with other agencies. However this should only be in exceptional circumstances and the reasons clearly recorded.
- Ordinarily section 47 enquires will be initiated after the strategy discussion.
- The strategy discussion/meeting will take place **within 24 hours** of the decision to hold it.
- The strategy discussion/meeting should be coordinated and chaired by the social care team manager.
  - Consideration should be given to which other agencies (paediatrician, school, midwifery, health visitor, GP, YOS, Housing) need to be involved in the strategy discussion in addition to children's social care and the police. However, while it is important to include all relevant agencies, there needs to be a balance between initiating a swift discussion and endeavouring to include all relevant agencies.
- The **Named Paediatrician** will always be sent strategy discussion minutes when a child protection medical has taken place. Midwifery will always receive minutes for unborn babies.
- In complex situations a series of meetings may be appropriate.
- The decisions of the strategy discussion and the rationale will be recorded on ICS **within 1 working day**.
- The minutes of the strategy meeting will be circulated **within 1 working day**
- 
- **Criteria –service users/carers**
  - Parents /carers must be kept informed of the progress of the investigation unless this would place the child/den at further risk
  - Written information on the investigation process, including the complaints procedure, will be given to parents/carers and children at the outset of every investigation, and will be personally explained.



## Standard 7

**The primary focus of the section 47 enquiry will be on the safety, welfare and needs of the child/ren**

### **Criteria - professionals/agencies**

- Child/ren will be seen as part of the section 47 enquiry. Such contact will be recorded on the file, and will include the record of the child's demeanour, issues discussed, what the child said and any worries the child may have.
- Child/ren will be interviewed in accordance with the multi agency child protection procedures, and the Achieving Best Evidence Guidance, and records will be kept accordingly.
- The child's communication needs and abilities, age and developmental level and understanding, and any special needs they may have, will be given full consideration in all aspects of the investigation.
- Children will only be removed from their place of residence if it is assessed as not safe for them to remain living there.
- Consideration will always be given to removing the alleged abuser/s from the household before the removal of the child/ren.
- Support/advice and guidance will be given to the non-accused carer to enable children, wherever possible, and when it is deemed safe to do so, to stay at home.

### **Criteria- service users/carers**

- Parents, carers and children (when deemed appropriate) will be kept informed of the progress of the section 47 investigation.
- The views of parents and children will be sought and taken into account.

## Standard 8

**The need for a medical will be determined by the strategy discussion. Medical examinations will be undertaken on suspicion of injury and where there is evidence of injury; including bruising. The medical should be carried out in a child-focused manner by appropriately trained professionals.**

### **Criteria - professionals/agencies**

- There will only normally be one medical examination unless there are exceptional circumstances, e.g. a second expert medical opinion may be required.
- Consideration should be given to all children/siblings within the family being medically examined.
- If a medical is felt inappropriate, the reasons for this decision should be fully recorded, as should the reasons for any subsequent medical.
- The decision for the need to undertake a medical will be made at the strategy discussion.
- Consent to a medical will be obtained prior to the examination taking place.
- Prior to the medical being undertaken, one of the police officers/social workers will contact the consultant and forensic medical examiner and provide them with full background information.
- Where a child has been subjected to a medical examination a written report will be provided by the examining doctor within 48-72 hours of the medical examination.

### **Criteria service users/carers**

- Parents/carers will receive clear explanations about the proposed medical, including the venue, time, gender of the doctor etc.
- A person with whom they feel comfortable, but not the alleged abuser, should support children during the medical.

## Standard 9

**The outcome of the section 47 investigation will be based on comprehensive information-gathering, appropriate interviews and clear analysis of risk. The outcome of the section 47 enquiry will be clearly recorded.**

### **Criteria - professionals/agencies**

- The information recorded on the outcome of the section 47 enquiries should be consistent with the information set out in the Outcome of the section 47 Enquiries Record (Department of Health, 2002).
- The local authority children's social care record for the child should set out clearly the dates on which the child was seen by the lead social worker during the course of the enquiries, if they were seen alone, and if not, who was present and for what reasons.
- The social care team manager will sign off the outcome of the section 47 enquiry on ICS **within 3 working days**.

### **Criteria – service user/carer**

- Parents/carers and children (if of sufficient age and appropriate level of understanding )should receive feedback about the concerns raised during the assessment process in particular in advance of any initial child protection conference.
- This information should be conveyed in an appropriate way by the social worker for younger children, individuals with special needs and those people whose preferred language is not English.

## **Stage 4 Child Protection Conferences**

## Standard 10

**The Initial Child Protection Conference will be convened according to Knowsley's Multi Agency Child Protection Procedures.**

### **Criteria - professionals/agencies**

- The initial child protection conference must be convened within **15 working days** of the strategy discussion that agreed to initiate the section 47 enquiry.
- The Local Authority solicitor should be invited to all pre birth conferences and they should be invited to any other conference when it is thought appropriate.
- The conference chair will make arrangements to meet with parents and participating children prior to the conference.
- All relevant professionals will be invited to attend, and must attend unless there are exceptional circumstances. This will include Health Services, Education, Probation, Voluntary agencies, and Adult Services.
- Reports need to be shared with families at least 2 days before the conference and any comments noted.
- Reports to be sent to the Safeguarding and Quality Assurance Team 3 working days before the Initial Child Protection Conference.
- All professionals will arrive **30 minutes** before the conference begins to read all agency reports
- If the conference decide the need for a child protection plan the conference chair will determine the category of harm.
- The conference will devise an outline child protection plan with clear actions, outcomes and timescales.
- The category of emotional abuse will only be used if it is severe and persistent.
- The decisions of the conference, category of plan and lead social worker and core group membership will be circulated **within 1 working day** of the conference.
- The minutes will be circulated **within 15 working days** of the conference.
- The outline child protection plan must be completed on ICS by the conference chair **within 1 working day**.
- 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.
- Identify what further action is required to complete the single assessment and what other specialist assessments of the child and family are required to make sound judgements about how best to safeguard and promote the welfare of the child.
- Outline the contingency plan if the parents do not cooperate.
- Agree the date of the first core group meeting.
- 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.



## Criteria service user/carers

- The social worker will ensure parents/children receive information on what is a child protection conference (Leaflet).
- Children/young people of sufficient age and understanding should be invited to attend the child protection conference. The child will also be offered the support of an advocate through referral to the National Youth Advocacy Service (NYAS) who may attend the conference on their behalf or prepare a written report outlining the child's views for the conference.
- The allocated social worker will prepare the child/family for attendance at conference. This will include informing them about who will be attending, the format of the conference, how they can contribute, items to be discussed and possible outcomes. The social worker will also discuss transport and child care arrangements.
- The conference chair will meet with the family before the conference to welcome them and ensure they understand the purpose of the meeting.
- The wishes, feelings and views of children and young people will be sought by the most relevant professional, or the one who knows the child best.
- The child/family will be debriefed by the key worker or manager **within 3 working days** of the conference.
- Family members/carers attending will receive a copy of the minutes of the conference **within 15 working days**.
- Children of sufficient age and understanding who attend will receive a letter thanking them for their attendance, and will be informed that the key worker/social worker has available a copy of the minutes to discuss with them about the outcome of the conference.

## Standard 11

**All professionals attending the conference will provide a written report which will be shared with parents/carers prior to the conference.**

### Criteria for professionals

- All agencies will provide a written report to the conference on the Knowsley multi-agency conference report template.
- The report will be shared with parents/children before the conference.
- The report will be sent to the safeguarding and quality assurance unit **3 working days** before the conference date.
- Agencies will bring **10 copies** of their report to the conference to share with other professionals.
- The conference chair will monitor whether reports are sent on time and whether they have been shared with the child and their parents. Where these standards have not been met, the conference chair will seek an explanation and if necessary refer the matter to the appropriate manager.
- The single assessment will act as the social worker's report for the initial child protection conference.
- The single assessment will be sent to the safeguarding and quality assurance unit conference chair at least **3 working days** in advance of the conference.
- The assessment should be shared with parents and children **not less than 24 hours** in advance of the conference.
- The social care team manager will quality assure the single assessment and ensure that it contains an outline plan and has been shared with the child (if appropriate) and the parents.

### Criteria for parents/children

- All reports will be shared with parents/children before the conference.

## Stage 5 Core groups

### Standard 12

**Core group meetings will take place in line with Knowley's Multi Agency Child Protection Procedures.**

#### Criteria for professionals

- The first core group will take place within **10 working days** of the initial conference, the date of which will be agreed at the conference.
- Thereafter the core group will meet at least **every 4 weeks**.
- The first core group meeting must be chaired by a social care team manager.
- The core group will devise a detailed 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.
- The plan will set out how often the child/ren will be seen. This will be at least **every 4 weeks** by the social worker or more often as agreed in the CP Plan.
- The core group should amend the plan as and when required to ensure that outcomes are monitored and achieved.
- The detailed child protection plan will therefore set out what work needs to be done, why, when and by whom and what the measures are to be used to indicate the impact of the plan on improved outcomes for the child.
- The child protection plan will be written up on the Knowsley's child protection plan Part 2 template and embedded in the child's record on ICS.
- The plan must be individualised for each child in the family.
- Minutes of the core group meeting will be taken and circulated to all members of the core group and loaded on the electronic social care record **within 5 working days**.
- Minute taking is the responsibility of all core group members, on a rotating basis, using the core group meeting minute's template. The handwritten notes on the template form should be passed to the social care representative, who will be responsible for ensuring the notes are typed up and circulated.
- The child protection plan will be endorsed by the conference chair following the first core group meeting.
- The plan to be circulated to all agencies, parents and children and young people.



- Core group attendance will be monitored by the safeguarding and quality assurance unit conference chair, through review of the core group meeting minutes. 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.
- All core group members will be responsible for providing written progress reports to each core group meeting whether they attend or not.
- 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.
- The core group will meet no less than **10 working days** prior to all review conferences.
- Where the core group is recommending the end of a child protection plan, this core group meeting must be chaired by a children's social care team manager.

#### **Criteria –service user /carer**

- Core group venues will be accessible, and any special needs of those attending will be catered for.
- Core group meetings will be held at a time and place suitable to family members and professionals.
- The membership of core groups will be kept as small as possible to facilitate family involvement.
- Family members attending a core group for the first time will be prepared by the social worker and the purpose of the meeting explained.
- The views and any disagreements of family members or professionals will be recorded in the minutes of the core group meeting. Any attempts at resolution should also be recorded before invoking the Knowsley Safeguarding Children Board Escalation procedure. See appendix 1.

## Stage 6 Review Conference

### Standard 13

**The inter-agency child protection plan will be reviewed regularly at a review conference, at not less than six-monthly intervals.**

#### Criteria - professionals/agencies

- The first review conference will be held **within 3 months** of the initial conference.
- Further review conferences will be held at intervals of **not more than 6 months**.
- A review conference will be re-convened early if significant changes to the child's circumstances occur.
- The review conference report by the social worker should be sent to the safeguarding and quality assurance unit conference chair **at least 5 working days** 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.
- All agency reports will be sent to the safeguarding and quality assurance unit **at least 5 working days** prior to the review conference. 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 agency/manager via a cause for concern letter which will be sent.
- The review conference will measure the impact of the child protection plan against clear planned outcomes.
- The conference chair will challenge gaps in social work visiting frequency and refer the matter to the social care team manager and senior manager.
- The conference chair will challenge gaps in core group meetings dates and refer the matter to the social care team manager and senior manager.
- If the child continues to be the subject of a plan for 12 months, their case will be audited by the senior manager and legal advice should be sought before the plan is in place for 18 months.
- Where children are on a plan in excess of 12 months, it is essential that they are the subject of an up dated single assessment involving all agencies to consider their future safeguarding needs.
- When an unborn child is subject to CP plan a review conference to be convened within 28 days of their birth.

### Criteria - service users/carers

- Children and family members will be notified in writing (or other accessible means where there are special needs) of the decision from conference, and of any further plans or continuing services.
- Complaints and appeals about the child protection process should be dealt with initially by the conference chair. If the conference attendee believes the decision to be wrong, they can appeal it using the current LSCB appeal procedure.

## Standard 14

**No longer being subject to a child protection plan is the outcome only when conference participants are satisfied that the abuse or risk of abuse/significant harm is no longer present, or is deemed manageable.**

### Criteria - professionals/agencies

- All professionals attending review conference must be prepared to express their view of whether a child should continue on a child protection plan and their reasons why.
- Any dissenting views or disagreements with the decision to remove from child protection plans must be discussed with the conference chair during the conference and the dissent recorded within the minutes of the meeting. If the professional believes the decision to be wrong, they can appeal it using the current Knowsley Safeguarding Children Board appeal procedure (see LSCB Multi Agency Child Protection Procedures).
- Removal from a child protection plan must not result in a withdrawal of services to children and families. Child/ren will be subject to a child in need plan (CIN) for a **minimum of 3 months** unless agreed by the Head of Service for Safeguarding and this is only in exceptional circumstances

### Criteria - service users/carers

- Parents and child/ren will be informed that a child in need plan will be implemented following the decision to end the child protection plan.



## ESCALATION POLICY KNOWSLEY SAFEGAURDING CHILDREN BOARD

### 1. Introduction

**1.1** This policy has been developed by Knowsley safeguarding Children Board to ensure that all agencies working within Knowsley (including Health, Education, Housing, Children's Social Care, Adult Services, Probation, Police and third sector organisations), have access to a straight forward multi-agency policy to quickly resolve and where necessary escalate professional differences where there are concerns that the welfare and safety of children and young people are at risk of being compromised.

**1.2** The aim of this policy is to promote a culture of partnership working, whereby all agencies working with children, young people and their families feel confident, able and supported to address concerns in situations where there are differences in professional judgements around the response to the well-being and safety of children and young people.

**1.3** Effective working together depends on resolving disagreements to the satisfaction of workers and agencies, and a belief in a genuine partnership and joint working to safeguard children. Problem resolution is an integral part of professional cooperation and joint working to safeguard children. Occasionally situations arise where professional disagreements occur. Disagreements can be healthy and foster creative ways of working with children and their families. However, disagreements can also impact negatively on positive working relationships and consequently on the ability to safeguard and promote the welfare of children. Disagreements always require resolution.

**1.4** The child's safety and wellbeing must be the paramount consideration at all times and professional differences must not distract from timely and clear decision making. All professionals working with children and families have a duty to act assertively and proactively to ensure that the child's welfare is seen as a priority at all levels of professional activity, as outlined in Working Together to Safeguard Children (2015) and the Knowsley Child Protection Procedures 5th Edition.

**1.5 Any significant and imminent risk of harm to a child or children need immediately escalation to line manager and the timescales will thereafter act as a guide only.**

**1.6** *This policy is not designed to replace the statutory complaints processes established within individual partner agencies.* All agencies are responsible for ensuring that their staff are supported and know how to appropriately escalate and resolve interagency concerns

and disagreements about a child or young person's well-being and the response to safeguarding needs.

**1.7** This policy and the Escalation of concerns will be monitored via the Performance Sub Group

## **2. Key Principles**

### **Professionals should always:**

- Share key information appropriately and often
- Seek to resolve the issue quickly and at the practice level rather than manager
- Ensure that professional differences do not place children at further risk by obscuring the focus on the child or delay decision making.
- Keep the focus on the child's safety and welfare at all times.
- Familiarise themselves with the escalation routes within their agency for resolution and escalation.
- Ensure accurate and contemporary recording on the child's file of key decisions and conversations in relation to the resolution process.
- Stay proactively involved; safeguarding is everyone's responsibility.
- Use the Knowsley Local Safeguarding Board resolution when necessary

## **3. Context**

**3.1** Disagreements between practitioners can arise at any stage in the safeguarding process and between any of the agencies involved. Some examples of potential areas of disagreement may include:

- Level of need/threshold
- Concerns in relation to an agency's response to safeguarding concerns
- Roles and responsibilities
- Inter-agency communication
- Step up step down decisions
- Practice case management issues

## **4. Process**

**4.1** In cases where there is a difference of professional opinion and a professional considers a child or young person is at immediate risk of significant harm, concerns must be escalated to a manager and/or safeguarding lead immediately.

**4.2** When there is a disagreement over a significant issue, which potentially impacts on the safety and welfare of a child but the child is not considered at immediate risk, the respective workers must identify explicitly the issue they are concerned about, the risk to the child, the nature of the disagreement and what the respective workers aim to achieve.

**4.3** The professionals involved in the conflict resolution process must contemporaneously record each inter-agency discussion they have, approve and date the record and place on the child's file together with any other written communication and information. The agreed outcome of discussions and how outstanding issues will be pursued must be recorded.

#### **4.4 Stage 1**

In the first instance the professional with concerns should raise the matter with the relevant practitioner/decision maker verbally or in writing within 2 working days or a timescale that protects the child from harm (whichever is less) of the disagreement or receipt of a decision.

The professional with concerns should provide clear evidence based reasons for their disagreement. The receiving practitioner / decision maker must read and review the case file and must speak to the concerned professional within 3 working days and attempt to find a mutually agreeable way forward sought via discussion or meeting.

#### **4.5 Stage 2**

If the professionals are unable to resolve the matter satisfactorily within the timescale, the concern or difficulty should be escalated to their respective line managers within the same working day and a resolution should be achieved within a further 5 working days or a timescale that protects the child from harm (whichever is less). These first line managers should where necessary seek advice from their agency's designated safeguarding children professional.

At this stage and where relevant consideration should be given as to whether Commissioners be notified as issue could be resolved by the intervention of the commissioner who can refer to contract compliance.

Where a resolution is reached the receiving line manager will confirm the outcome with his / her counterpart in writing to the agency raising concerns within a further 2 working days.

#### **4.6 Stage 3**

If agreement cannot be reached following the involvement of first line managers the issue must be referred to the relevant senior manager (e.g. Child Protection and Assessment

Head of service/ Detective Inspector / head teacher or other designated senior manager)  
Alternatively (e.g. in health services), input may be sought directly from the named safeguarding children doctor or nurse in preference to the use of line manager

Referral should be escalated within the same working day and a resolution should be achieved within 5 working days or a timescale that protects the child from harm (whichever is less).

The Knowsley Safeguarding Board Manager should be copied into disagreements that have escalated to this level. If the comparable line managers cannot achieve resolution and the issue remains unresolved, then an Escalation Notice (see [Appendix 1: Escalation Notice Template](#)) will be necessary.

The senior managers dealing with the issue will involve the Assistant Directors/Director in their agency. Where a resolution is reached the senior manager in the agency receiving the concerns will confirm the outcome in writing with his / her counterpart in the agency raising concerns within a further 2 working days.

#### **4.7 Stage 4**

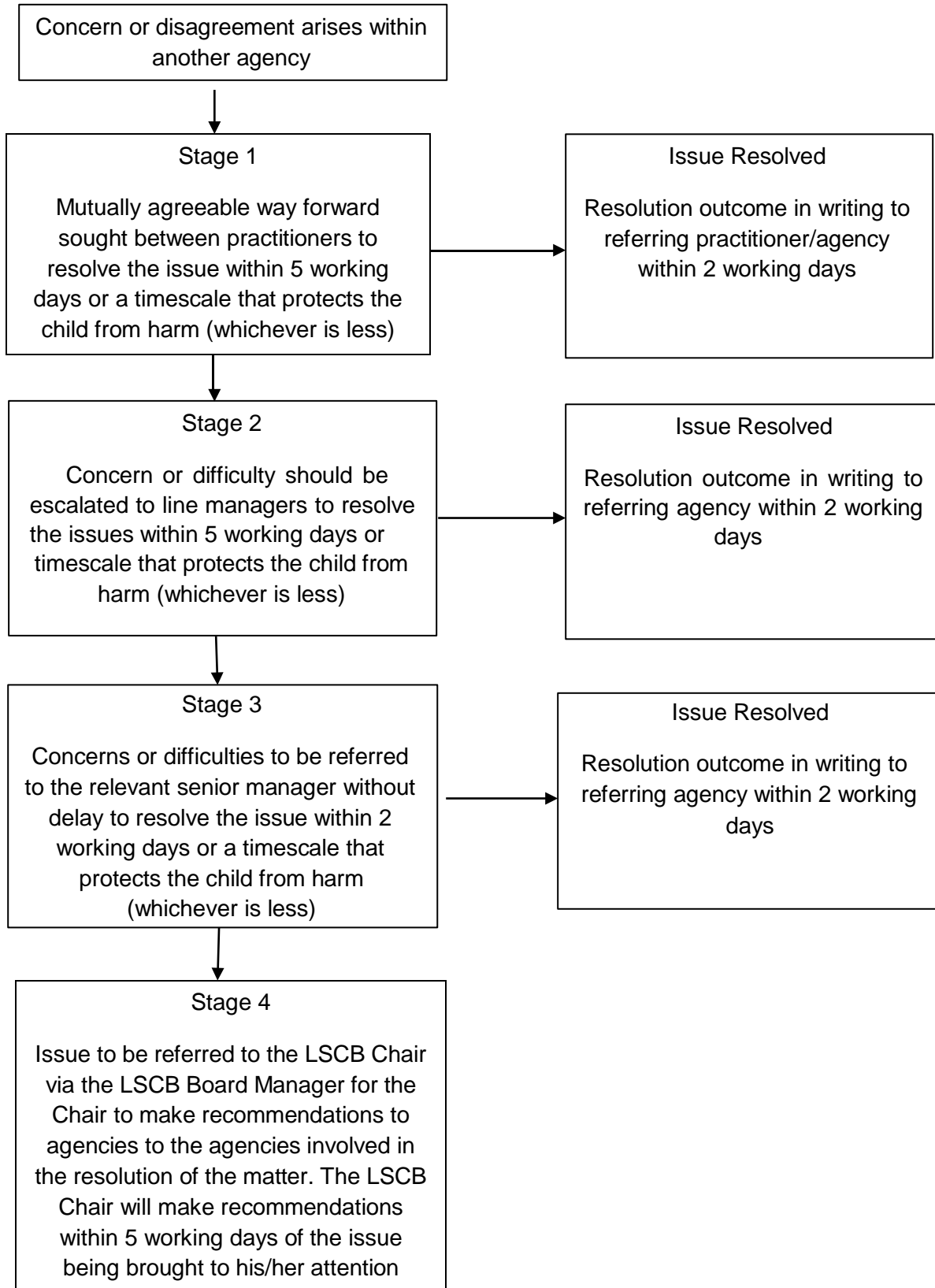
In the unlikely event that the professional disagreements remain unresolved following discussions between respective senior managers and/or the discussion raises significant policy issues, or the matter unresolved within the timescale, then the matter must be referred directly to the Chair of the Knowsley Local Safeguarding Children Board via the Knowsley Safeguarding Children Board. In the absence of the LSCB Chair, the matter will be dealt with by the Vice Chair of the LSCB.

The LSCB Chair may seek further written information and will confer as necessary with senior managers / named / designated professionals in the agencies involved, and others as required, and will make recommendations to the agencies for the resolution of the matter. The LSCB Chair will make recommendations within 5 working days of the issue being brought to his/her attention.

The LSCB is not an operational body and cannot direct the actions of partner agencies. However the LSCB as a body has a strong expectation that the recommendations of the LSCB Chair will be acted upon.



# Escalation Process



Appendix 1

## Escalation Template

<b>RECORD OF DISCUSSION re Escalation</b>		
<b>Date of Escalation:</b>		
<b>NAME OF CHILD</b>	<b>Date of Birth:</b>	
	<b>I.D No.</b>	
<b>Address</b>	<b>Person with PR</b>	
<b>Between (Agency)</b>	<b>And</b>	<b>(Agency)</b>
<b>Discussion: Key Issues:</b>		
<b>Options Considered:</b>		
	<b>By Whom</b>	<b>Date</b>
<b>Decision</b>		
<b>Actions</b>		
<b>Recommendations</b>		
<b>Signed</b>		