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MULTI-AGENCY CHILD PROTECTION TEAM (MACPT) OPERATIONAL PROCEDURES



Cheshire East Council

DOCUMENT CONTROL & GOVERNANCE

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How to Use This Document

This document sets out both the principles and operational expectations of MACPT practice. Practitioners should use this document alongside the appendices, which provide the detailed processes, templates and tools required to deliver safeguarding activity in line with these procedures.



PARTNERSHIP OWNERSHIP STATEMENT

This operational procedure is jointly owned, endorsed, and ratified by the core members of the Cheshire East Safeguarding Children Partnership, encompassing Cheshire East Borough Council Children's Services, the Integrated Care Board (ICB), and Cheshire Constabulary. All partner agencies are bound by the statutory timescales, information-sharing protocols, family-led decision-making mechanisms, and escalation pathways defined herein. Compliance with these procedures is mandatory to ensure a unified, robust response to children suffering, or likely to suffer, significant harm.

This operational procedure assumes that all frontline practitioners and senior leads across the partnership are supported through regular reflective supervision, continuous multi-agency training, and manageable, legally compliant caseloads. Where systemic workforce pressures, capacity constraints, or institutional resource gaps compromise the safe and timely implementation of these procedures, this must be immediately escalated through the formal MACPT governance routes to the Multi-Agency Quality Assurance group.



SYSTEM DESIGN AND STRATEGIC CONTEXT

1. PURPOSE AND SYSTEM INTENT

1.1 The Cheshire East Multi-Agency Child Protection Team (MACPT) has been established to deliver a fundamental and permanent improvement to the borough's statutory response to children who are at risk of significant harm. The development of the MACPT is informed by the national Families First reform direction, including emerging legislative frameworks such as the Children's Wellbeing and Schools Act, and by learning from both local and national safeguarding pathfinders.

1.2 Learning from pathfinder activity consistently identified that children and families experienced safeguarding as disjointed and process-heavy. Families were often required to repeat their histories to multiple professionals, assessments were duplicated, and support was perceived as difficult to access due to rigid step-up and step-down thresholds. These structural features increased professional anxiety, delayed protective action and diluted accountability. This reform is designed to establish a more integrated and relational model of support, ensuring that children and families receive coordinated, proportionate help at the right time through a single multi-agency system.

1.3 Within this model, Family Help replaces the traditional distinction between Early Help and Child in Need, bringing these together into a unified level of targeted support delivered through a Lead Practitioner and a single multi-agency plan. This approach ensures that children and families experience consistent and coordinated intervention, regardless of which service is leading the work.

1.4 The MACPT sits within this system at the point where there is reasonable cause to suspect significant harm, or where risk is escalating, complex or uncertain and requires formal multi-agency safeguarding analysis and statutory decision-making. It operates within the wider system rather than as a separate tier of intervention. The MACPT brings together children's social care, health services, education and the police into a single, integrated operational safeguarding function.

1.5 The purpose of the MACPT is to ensure that children are protected from significant harm through timely, lawful and proportionate multi-agency decision-making. The team is designed to move toward a coordinated model where risk is identified, analysed and responded to collectively from the earliest point of concern through to the conclusion of statutory child protection planning.

1.6 The system intent of the MACPT is to embed a consistent network of named, senior safeguarding leads with clear responsibility for analysis, decision-making and oversight across agencies. The MACPT aims to improve information sharing, foster shared critical and analytical thinking, and deliver unified multi-agency decision-making from the start of child protection enquiries through to the long-term monitoring of child protection plans.

1.7 From a practice perspective, the MACPT model deliberately shifts away from defensive, threshold-led decision-making toward relational, strengths-based and trauma-informed safeguarding practice. The MACPT does not replace frontline practitioners, Family Help arrangements or statutory Core Groups. Within the Families First model, the Family Help Lead Practitioner retains responsibility for coordinating assessment, planning and direct work with the

child and family across the continuum of need, including where support is provided under Section 17 of the Children Act 1989.

1.8 The MACPT operates as an expert problem-solving and decision-making function that supports practitioners to manage risk confidently and ensures that Section 47 enquiries under the Children Act 1989 are timely, proportionate and consistently protective. The MACPT strengthens safeguarding oversight and enables timely access to multi-agency intelligence. It provides clear statutory decision-making at the point where the section 47 threshold is met or under active consideration. The MACPT therefore represents both a structural reform and a cultural change, rebalancing the system in a design that will not only improve the speed and quality of statutory safeguarding responses but will ensure shared accountability, collective intelligence and sustained focus on the lived experience of the child.

1.9 Decision-making within this model is relational rather than transactional. Practitioners are expected to engage in timely consultation and shared analysis, with risk considered collectively rather than through sequential or administrative processes. Children should not experience movement between services through step-up or step-down arrangements; instead, where risk escalates, the Family Help Lead Practitioner must initiate direct consultation with the MACPT so that multi-agency discussion can take place without delay.

1.10 A core expectation within the Families First model is that children and families experience one unified plan, regardless of the level of need or statutory intervention. Where safeguarding concerns escalate to Section 47 enquiries or Child Protection Planning, existing Family Help plans must be aligned and integrated rather than duplicated. Family-led decision-making should continue to inform planning, and all agency activity must be brought together into a single, coherent and outcome-focused approach.

1.11 At all stages, practitioners must ensure that plans are clearly understood by the family and their wider network, that actions are coordinated across agencies, and that there is no parallel or competing planning structure. This ensures that intervention remains consistent, transparent and focused on improving the child's lived experience.

2. SYSTEM POSITION WITHIN CHESHIRE EAST

2.1 The MACPT operates as a centralised, expert-led safeguarding function on behalf of Cheshire East Borough Council. It maintains a direct operational and governance relationship with the Cheshire East Safeguarding Children Partnership and provides a consistent line of sight between frontline practice and partnership oversight.

2.2 The team is located within the Safeguarding, Quality Assurance and Commissioning directorate and sits under the Head of Safeguarding. From this position, it provides borough-wide child protection expertise and interfaces directly with the four Locality Family Help Teams, Cared for Children services and Care Leavers services. This structure ensures that statutory child protection standards are applied consistently across Cheshire East, regardless of geography, service pathway or team configuration.

2.3 Operationally, the MACPT functions through co-working and matrix management. Statutory child protection decisions are led by Lead Child Protection Practitioners (LCPPs) who are designated

social work professionals within the team. The co-location of health navigators, education navigators and police detective sergeants enables real-time access to partner agency intelligence and professional judgement, ensuring that safeguarding decisions are informed by the fullest possible evidence base at the point they are made.

3. GOVERNANCE AND ACCOUNTABILITY

3.1 The MACPT operates within a clear multi-agency governance framework that ensures both operational effectiveness and strategic oversight. While the team provides day-to-day safeguarding decision-making at the point of risk, accountability for safeguarding outcomes remains shared across the Cheshire East Safeguarding Children Partnership.

3.2 Operationally, the MACPT is accountable to Children's Services within Cheshire East Borough Council. Strategic oversight is exercised through the Safeguarding Children Partnership governance structure, ensuring that practice within the MACPT maintains a direct line of sight to partnership priorities, performance expectations and statutory responsibilities.

3.3 The Service Manager for the MACPT holds responsibility for ensuring that the work of the team is subject to robust quality assurance, performance monitoring and continuous improvement. This includes oversight of practice standards, decision-making, timeliness and the effectiveness of multi-agency working.

3.4 Performance and learning from the MACPT feeds into the wider partnership performance framework through established reporting routes. This includes regular contribution to the multi-agency Quality Assurance group, where themes, risks and areas for improvement are identified, analysed and escalated as required. Learning from audit activity, dip sampling and case reviews is used to inform both operational practice and partnership-level improvement.

3.5 Where systemic issues, capacity pressures or risks to effective safeguarding are identified, these must be escalated without delay through the MACPT governance route. This includes escalation to senior leaders within Children's Services and, where appropriate, to the Safeguarding Children Partnership Executive to ensure that risks are addressed at the appropriate level and that corrective action is taken across the system.

3.6 All partner agencies retain clear accountability for their statutory safeguarding responsibilities within this model. The Integrated Care Board provides strategic oversight of safeguarding within health services and ensures that health partners contribute effectively to multi-agency safeguarding arrangements. Cheshire Constabulary retains responsibility for the investigation of crime, the use of police protection powers and the coordination of safeguarding responses where criminal activity is identified.

3.7 The MACPT provides a mechanism through which these responsibilities are brought together in practice, ensuring that safeguarding decisions are informed by shared intelligence and collective professional judgement. This does not dilute individual agency accountability; rather, it strengthens the clarity, timeliness and effectiveness of the overall safeguarding response.

3.8 Escalation and professional challenge form a core part of the governance framework. Where there is disagreement regarding risk, decision-making or the effectiveness of multi-agency working, issues must be addressed promptly through management oversight and, where

required, through formal escalation routes. The MACPT provides an additional route for escalation where issues cannot be resolved at a local level or where there is a risk of delay in protective action.

3.9 This governance framework ensures that the MACPT operates as part of a wider safeguarding system that is accountable, transparent and focused on continuous improvement, with a clear line of sight from frontline practice to strategic leadership across the partnership.

4. PERFORMANCE AND MEASURABILITY

4.1 The effectiveness of the MACPT is supported by a clear performance framework which enables the partnership to measure the timeliness, quality and impact of safeguarding activity. This framework ensures that decision-making is not only compliant with statutory expectations but is demonstrably improving outcomes for children.

4.2 Performance within the MACPT is monitored through a combination of quantitative data and qualitative analysis. This includes measuring the timeliness of key safeguarding processes, the quality of assessment and decision-making, and the effectiveness of intervention in reducing risk and improving the child's lived experience.

4.3 Key areas of performance measurement include:

- the timeliness of strategy discussions, including same day responses where risk is immediate
- the quality and progression of Section 47 enquiries, including the extent to which analysis is evidence-based and multi-agency
- the effectiveness of planning in reducing risk, including the identification and reduction of drift within Child in Need and Child Protection plans
- patterns of re-referral and repeat intervention, used to understand whether safeguarding activity is achieving sustained change

4.4 Performance data is considered alongside qualitative insight from audit activity, case review and practitioner feedback. This ensures that performance is not understood through data alone but is interpreted in the context of the child's experience and the complexity of safeguarding work.

4.5 Clear expectations are set for what constitutes effective practice within this framework. This includes timely decision-making, robust multi-agency analysis, purposeful planning and evidence of sustained improvement in the child's circumstances. Where performance falls below these expectations, this must be identified and addressed through management oversight and quality assurance activity.

4.6 The MACPT contributes directly to the Cheshire East Safeguarding Children Partnership performance framework, ensuring that there is a clear link between frontline safeguarding activity and partnership-level oversight. Performance information is used to identify emerging themes, areas of pressure and opportunities for system improvement.

4.7 There is a clear relationship between performance, quality assurance and learning. Findings from audit and performance activity are used to inform training, practice development and service design, ensuring that the system is responsive and continuously improving.



4.8 Where performance data or audit findings indicate systemic issues, these must be escalated through the governance framework. This ensures that barriers to effective safeguarding are addressed at the appropriate level and that improvement activity is coordinated across the partnership.

PRACTICE FRAMEWORK AND CORE EXPECTATIONS

5. OPERATING PRINCIPLES

5.1 All MACPT activity is underpinned by a consistent set of principles which guide decision-making across agencies:

- Safeguarding interventions must be grounded in the lived experience and voice of the child and must prioritise safety, stability and emotional wellbeing.
- Protection is achieved through collaborative, restorative, and empowering engagement with their wider family members early.
- Threshold decisions must be consistent, transparent and reached through reflective multi-agency dialogue rather than unilateral judgement, preventing inappropriate escalation or drift
- Information sharing must be lawful, proportionate and driven by the prevention of harm, independent of formal statutory thresholds or specific labels of need.
- The MACPT functions as a learning system, using consultation, audit and reflective review to strengthen practice quality across the wider workforce.

5.2 Safeguarding practice must be actively anti-discriminatory and recognise the impact of inequality, diversity and identity on children's lived experiences. Practitioners must consider how factors such as race, ethnicity, disability, poverty, language, culture, gender and other protected characteristics influence both risk and access to support. Decision-making must recognise and respond to patterns of disproportionality, ensuring that children and families are not disadvantaged by systemic bias, barriers to engagement or assumptions within professional practice.

5.3 Practitioners must demonstrate cultural competence and professional curiosity, ensuring that assessment, analysis and planning reflect a nuanced understanding of the child's identity, context and experience.

6. VOICE OF THE CHILD AND LIVED EXPERIENCE IN PRACTICE

6.1 Safeguarding practice within the MACPT is grounded in a clear and consistent focus on the child's lived experience. This requires practitioners across all agencies to move beyond process and reported information, developing a direct and evidence-based understanding of the child's day-to-day reality.

6.2 The voice of the child must not be understood as a single recorded view or statement. It is established through a combination of direct engagement, observation, professional curiosity and analysis of the child's presentation over time. Practitioners must consider both what children communicate and what is observed, recognising that children may not always be able to articulate their experiences or the impact of harm.



6.3 Within this framework, all practitioners are expected to maintain a consistent focus on the child's lived experience throughout assessment, decision-making and planning. This expectation applies equally within Family Help, Section 47 enquiries and Child Protection planning.

6.4 Minimum expectations for practice include:

- Children must be seen alone where it is safe and appropriate to do so, and practitioners must evidence direct engagement that is developmentally appropriate and responsive to the child's needs.
- Observations of the child's presentation, behaviour, home environment and interactions with caregivers must be clearly recorded and analysed.
- The child's experience must be reflected consistently within assessments, strategy discussions and child protection conferences, ensuring that decision-making is based on evidence rather than parental report or professional assumption.
- A multi-agency chronology must be initiated when safeguarding concerns are identified and maintained as an analytical tool to identify patterns of harm, cumulative impact and changes over time. The Family Help Lead Practitioner (FHLP) retains responsibility for ensuring that the integrated chronology informs assessment and safeguarding planning. Embedded Police, Health and Education partners must be enabled to input and update their relevant agency information directly in the multi-agency chronology, subject to agreed system access, information governance and recording arrangements.
- Each partner is responsible for the accuracy and timeliness of its contribution. The LCPP uses the chronology to test patterns, cumulative harm and changes in risk.
- Feedback from children and families, including their understanding of plans and experience of intervention, should be actively sought and used to inform ongoing safeguarding practice.

6.5 The role of the MACPT is to ensure that this focus is consistently maintained within multi-agency decision-making. Lead Child Protection Practitioners must test the extent to which the child's lived experience is clearly evidenced within all discussions and reports, challenging practice where this is not demonstrated.

6.6 At all points of intervention, plans must demonstrate a clear line of sight between identified risk, the child's lived experience and the actions being taken to improve safety and wellbeing. This includes ensuring that outcomes are specific, measurable and meaningful to the child's day-to-day life.

6.7 This approach ensures that safeguarding activity remains focused on the impact of harm and the effectiveness of intervention, rather than on process compliance, and supports a consistent and shared understanding of what life is like for the child across the professional network.

7. THE MACPT OPERATIONAL MODEL

7.1 The MACPT is not a case-holding service. It operates as a hybrid, networked team of highly skilled child protection lead practitioners providing a safeguarding function that wraps around frontline practice and provides senior multi-agency analysis, statutory decision-making and oversight at key points of risk and complexity.



7.2 The team is comprised of Lead Child Protection Practitioners, Education Navigators, Police Detective Sergeants and Health Navigators. Together, they provide immediate consultation on emerging risk, lead statutory decision-making within strategy discussions, oversee the conduct of Section 47 enquiries and provide independent, critically reflective review of complex or long-term child protection work.

7.3 The MACPT does not replace Family Help arrangements, statutory Core Groups or locality-based case management. It does not allocate routine casework or provide long-term family help and support. Professional accountability for day-to-day casework remains with locality teams and managers.

7.4 The team operates through clear priorities: facilitating rapid multi-agency consultation and huddles where useful (without making a huddle a prerequisite for a Strategy Discussion); chairing and recording Strategy Discussions; providing independent safeguarding scrutiny during active Section 47 enquiries; reviewing longstanding Child Protection Plans at agreed milestones; and supporting professional challenge through the established partnership escalation arrangements. MACPT does not become the operational caseholding or legal case-management service.

ROLES, RESPONSIBILITY AND PROFESSIONAL INTERFACE

8. STATUTORY ROLES AND RESPONSIBILITIES IN THE MACPT

8.1 The LCPP is a highly experienced, Social Work England-registered professional holding a senior safeguarding leadership role. The LCPP chairs Strategy Discussions and Child Protection Conferences and exercises the local authority's delegated child protection threshold and progression authority within the agreed scheme of delegation. Strategy Discussions and conferences are multi-agency processes: the LCPP records the discussion, differing views, decision and rationale and, where conference agreement cannot be reached, exercises the Chair's delegated final decision-making authority. The LCPP independently scrutinises Section 47 enquiries led by the FHLP. The LCPP does not hold operational case responsibility or authority for Legal Gateway decisions, which remain with the Operational Head of Service.

8.2 The Education Navigator serves as the vital central conduit between the MACPT, the Cheshire East Education Safeguarding Board, and Designated Safeguarding Leads (DSLs) across the full 0–19 educational continuum, including early years, schools, academies, and alternative provisions. They gather, analyse, and exchange educational intelligence, such as attendance data, elective home education status, and exclusion risks, to inform critical safeguarding decisions. The Education Navigator provides specialist consultation to school leaders, assists settings in contributing to multi-agency forums like MARAC, and participates directly in strategy discussions and conferences to ensure the child's learning environment is integrated into safeguarding decision-making and safety planning.

8.3 The Police Detective Sergeant embedded in MACPT will be PIP Level 2 qualified and have relevant child protection investigation experience. The role coordinates police intelligence and investigative contributions to Strategy Discussions, Section 47 enquiries and safeguarding reviews, including information about patterns of harm, missing episodes and exploitation. The Police Detective Sergeant provides the link to the police team or department leading any criminal investigation, ensuring effective multi-agency collaboration without assuming that the embedded

representative personally leads every investigation. They escalate MACPT safeguarding concerns through the policing chain of command and coordinate information about police protection powers and investigative actions with partners, while Cheshire Constabulary retains responsibility for police deployment, criminal investigation and use of its statutory powers.

8.4 The Health Navigator provides oversight and coordination of health information within the MACPT, ensuring that safeguarding decisions are informed by a clear and holistic understanding of the child's health, development and wellbeing. This includes bringing together information from acute, community and primary care services. They contribute to strategy discussions, Section 47 enquiries and Child Protection Conferences, ensuring that health needs, developmental concerns and patterns of unmet need are fully understood and incorporated into safeguarding analysis. The Health Navigator also supports professional challenge and escalation within health systems where safeguarding concerns are not appropriately identified or addressed.

9. INDEPENDENCE, SCRUTINY AND DECISION-MAKING WITHIN THE MACPT

9.1 The MACPT model is designed to strengthen the quality, consistency and timeliness of safeguarding decision-making through the active involvement of experienced Lead Child Protection Practitioners. In doing so, it brings together functions which have traditionally operated separately, including threshold decision-making, oversight of Section 47 enquiries and the chairing of Child Protection Conferences.

9.2 This approach reflects a deliberate design choice to ensure that safeguarding decisions are informed by the fullest available multi-agency information and are subject to senior professional scrutiny at the point they are made. It supports continuity of oversight, reduces delay in decision-making and strengthens accountability for the child's experience and outcomes.

9.3 Within this model, the Lead Child Protection Practitioner operates with a distinct role as a senior decision-maker who is not responsible for day-to-day case management. This position enables the LCPP to provide authoritative challenge, test analysis and ensure that decisions are evidence-based, proportionate and clearly focused on risk and impact.

9.4 The role therefore provides a form of independent professional scrutiny within operational practice. While the LCPP is part of the wider safeguarding system, their function is separate from frontline case holding and is designed to bring an additional layer of oversight and critical reflection to complex safeguarding decisions.

9.5 Safeguards are in place to ensure that this model maintains appropriate separation between operational decision-making and independent review. This includes the expectation that, where circumstances present exceptional complexity, high levels of dispute or potential conflict of interest, arrangements can be made for independent conference chairing or alternative senior oversight to be provided.

9.6 Where concerns arise regarding the appropriateness of decisions, the effectiveness of planning or the conduct of multi-agency processes, these must be addressed through established escalation and resolution routes. This includes the ability for professionals to seek further review, request additional oversight or escalate concerns through management and partnership governance structures.

9.7 Child Protection Conferences and review processes must continue to function as robust forums for independent analysis and challenge. The LCPP, in their role as chair, is responsible for ensuring that these forums provide effective scrutiny of risk, test the quality of multi-agency information and support clear, evidence-based decision-making. This includes creating a culture in which professional disagreement can be expressed and explored constructively.

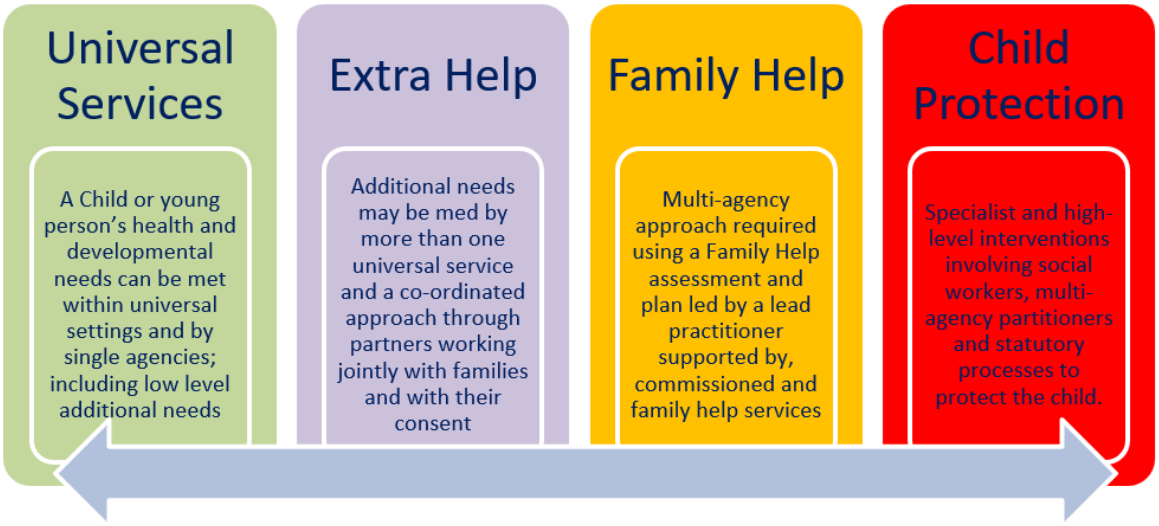
9.8 This approach ensures that the MACPT model maintains a balance between decisiveness and scrutiny, strengthening both the effectiveness and defensibility of safeguarding decisions while retaining a clear focus on the child's lived experience.

10. APPLICATION OF THE CONTINUUM OF NEED WITHIN MACPT PRACTICE

10.1 Practice within the Multi-Agency Child Protection Team (MACPT) is underpinned by Cheshire East's **Right Help, Right Time** continuum of need guidance. This provides the multi-agency framework for identifying, understanding, and responding to children's needs at the appropriate level of intervention.

10.2 The continuum describes a progression from universal services through to statutory child protection, recognising that most children's needs can be met without escalation to formal safeguarding processes. MACPT sits at the upper end of this continuum, responding where there is reasonable cause to suspect significant harm, or where lower-level interventions have not achieved sustained change.

Family Help Continuum of Need



10.3 For MACPT practitioners, the continuum is not applied as a static categorisation but as a dynamic decision-making tool. Children and families may move between levels based on changes in risk, resilience, and response to intervention.

10.4 Decision-making must remain rooted in:

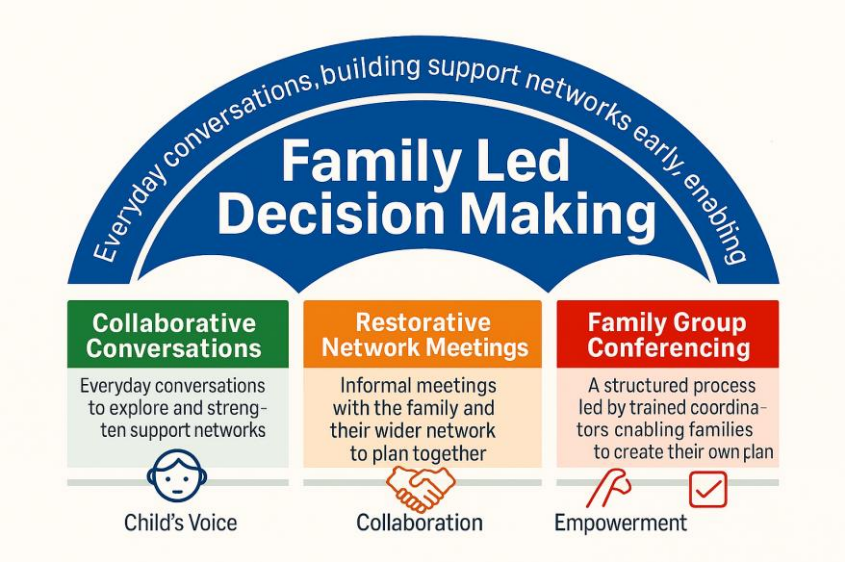
- the child's day-to-day lived experience
- the impact of parenting on safety and development
- the sustainability and consistency of change over time

10.5 Apparent compliance, reduced incident reporting, or short-term stability should not be used in isolation to justify movement down the continuum.

10.6 Family Led Decision Making underpins all levels of the continuum and should be considered at the earliest opportunity. Practitioners should actively identify and involve family networks in assessment, planning and decision-making to promote timely, sustainable change and reduce the need for statutory intervention.

11. FAMILY-LED DECISION-MAKING (FLDM) CONTINUUM AND GOVERNANCE

11.1 Cheshire East Council views family involvement as an ongoing approach rather than a single intervention. Family-Led Decision-Making (FLDM) recognises families as experts in their own lives and supports them to develop safe, sustainable solutions, reducing reliance on statutory intervention where appropriate.



11.2 The FLDM framework operates as a continuous practice model across all service pathways, with approaches becoming more structured and formal as complexity and risk escalate. At all stages, practitioners must actively identify, engage and strengthen family and community networks, ensuring that the child's lived experience remains central and that planning is grounded in real-world support.

11.3 At the foundation of this model are collaborative conversations, which form part of everyday practice across all agencies and require no formal referral. Through direct work with families, practitioners must explore strengths, understand relationships, and identify early sources of support, drawing on approaches such as motivational interviewing and tools including family trees, circles of support and the Tree of Life. This establishes a consistent expectation that family networks are recognised and mobilised early, before risks compound, in line with local FLDM guidance.

11.4 As need escalates, this work must develop into restorative network meetings, where practitioners support families to bring together wider networks of support, including extended family members, friends and trusted community connections. These meetings introduce a more structured approach to planning, enabling families to work alongside professionals to develop practical,

shared arrangements that improve safety and stability. Practitioners remain responsible for ensuring that these discussions are purposeful, clearly focused on the child, and result in realistic and deliverable plans.

11.5 Where a child enters active Child Protection planning or pre-proceedings pathway, a formal Family Group Conferencing (FGC) referral has to be made. This is a requirement to make the referral, not to compel a family to participate: engagement in the conference remains voluntary. The FGC is facilitated by an independent coordinator who has no case responsibility. The FHLP will retain responsibility for the referral and operational casework while the LCPP provides safeguarding scrutiny and sets out the minimum safety requirements against which any family-led plan will be considered.

11.6 At all points across this continuum, the role of professionals is to support, challenge and verify the effectiveness of family-led planning, ensuring that arrangements are safe, proportionate and responsive to risk.

Stage	Scenario	Expected Practice Response
Early Help	A 9-year-old child begins missing school more regularly. Parents report stress due to financial pressures, but there are no immediate safeguarding concerns.	Practitioners initiate **collaborative conversations**, using motivational approaches to explore family strengths and stressors. Early support is coordinated, and family and community networks are mapped to prevent escalation.
Targeted / Family Help	Attendance deteriorates further. The child appears withdrawn and unkempt. The family reports feeling isolated, with limited informal support.	Practitioners move to a **restorative network meeting**, supporting the family to identify and bring together wider networks. A shared plan is agreed, focusing on improving daily routines, strengthening support, and stabilising the child's experience.
Child Protection (S47)	Concerns escalate, including neglectful home conditions and indicators of emotional harm. A referral is made and threshold for significant harm is met.	A same-day Strategy Discussion is convened where required, and Section 47 enquiries are initiated. The LCPP chairs the multi-agency discussion and records the decision; the FHLP leads the enquiry and immediate operational actions. The FHLP makes the FGC referral, while family participation remains voluntary.
Pre-Proceedings / Legal	Despite intervention, risks remain unmitigated. Home conditions are unsafe, and the family is unable to sustain protective changes.	The LCPP identifies and escalates safeguarding concerns and ensures the need for legal advice is considered. The FHLP and operational management progress the case, and the Operational Head of Service exercises Legal

		Gateway decision-making authority. An FGC must be formally offered (unless contraindicated), enabling the family to develop a safe alternative plan. Operational case responsibility remains with the FHLP and operational management; the LCPP retains independent safeguarding scrutiny and challenge.

SAFEGUARDING PRACTICE AND STATUTORY PATHWAYS

12. MACPT INTERFACE WITH FAMILY HELP

12.1 Within Cheshire East, families receiving 'Family Help' as outlined in the continuum of need under Section 17 of the Children Act 1989 are held and managed by frontline Family Help Lead Practitioners (FHLPs). These practitioners retain responsibility for assessment, planning, and day-to-day statutory intervention.

12.2 Family Help planning occupies a critical position within the continuum, where children require coordinated multi-agency support but do not yet meet the threshold for child protection.

12.3 Learning from audits, reviews, and system oversight demonstrates that longer-term Family Help planning can be vulnerable to drift, professional over-familiarity, and incremental threshold escalation. This risk is particularly evident in situations where apparent parental cooperation obscures persistent neglect, inconsistent change, or unmet safeguarding needs.

12.4 The LCPP within the MACPT is positioned in the Family Help planning system as a senior practice consultant with specific responsibility for safeguarding thresholds and risk oversight. The role does not replace frontline management accountability, nor does it assume case-holding responsibility.

12.5 Instead, the LCPP operates as a targeted source of authoritative challenge and analytical scrutiny, intervening at defined points in the Family Help pathway to ensure plans remain purposeful, risk-aware, and focused on improving the child's lived experience, with appropriate use of the family's wider network.

12.6 The involvement of the LCPP in Family Help planning provides a structured safeguard against drift, disguised compliance, and untested optimism. It strengthens analytical rigour, supports consistent threshold application, and ensures that Family Help plans remain responsive to risk. In doing so, it supports a clearer and safer pathway between Extra Help, Family Help, and child protection processes, with the child's safety and lived experience at the centre of decision-making.

12.7 The LCPP has a key role in ensuring that:

- children are not maintained at Family Help level where risk meets the threshold for Section 47 intervention
- escalation decisions are timely and evidence-based

- children stepping down from child protection do so safely, with risks sufficiently reduced

12.8 This requires close alignment between locality services and MACPT, with shared responsibility for maintaining threshold integrity.

13. DIRECT PRACTICE CONTRIBUTION

13.1 When engaged within Family Help planning, the LCPP provides focused practice leadership through a range of mechanisms, proportionate to the level of concern.

13.2 In complex or longstanding Family Help arrangements for children, the LCPP may chair a time-limited Family Help review meeting. This is used to strengthen analysis, clarify expectations, and ensure that safeguarding concerns, contingency planning, and statutory thresholds are clearly understood by both professionals and the family.

13.3 The LCPP may also hold reflective conversations with the allocated FHLP and relevant manager to examine the child's daily lived experience, distinguish observed change from verbal compliance, and test the credibility of the current plan alongside alternative safeguarding options.

13.4 Where appropriate, the LCPP may require activation of the family's wider support network through a Restorative Network Meeting or Family Group Conference. This ensures Family Help planning does not become overly professionalised and that responsibility for change is shared with those best placed to support the child safely.

13.5 Operational responsibility for coordinating the Family Help plan remains with the allocated FHLP. The LCPP's role is to provide safeguarding oversight and threshold assurance on behalf of the local authority, particularly where risk is complex, cumulative, or contested.

13.6 The LCPP may formally challenge proposed step-down decisions where evidence indicates that risk reduction is superficial, short-term, or based primarily on reduced professional visibility rather than sustained change.

13.7 All LCPP consultations, threshold decisions, and agreed practice directions must be clearly recorded on the child's case record within agreed timescales, ensuring transparency, accountability, and continuity of decision-making

14. MOVEMENT ACROSS THRESHOLDS

14.1 Effective safeguarding relies on timely and purposeful movement across the continuum.

14.2 Practitioners must:

- escalate without delay where there is reasonable cause to suspect significant harm
- avoid prolonged Family Help plans where impact is limited
- ensure that step-down decisions are based on demonstrable and sustained improvement

14.3 All threshold decisions must be clearly recorded on Liquid Logic, with evidence of multi-agency discussion and rationale.



14.4 Within this framework, the Lead Child Protection Practitioner (LCPP), provides focused scrutiny at key points where:

- there is ambiguity about the level of need;
- progress is limited or inconsistent, or where;
- professional views differ.

14.5 This ensures that the continuum is applied consistently and that children receive the level of intervention that reflects their actual, rather than perceived, level of risk.

14.6 The LCPP becomes actively involved in Family Help planning where one or more of the following system triggers are met:

- Where a child has been subject to a Family Help plan for a continuous period of six months without clear, evidenced progression towards resolution, safe step-down, or closure, the child's circumstances are flagged for LCPP review. This includes a focused audit of risk, impact, and trajectory, with particular attention to whether change is sustainable and measurable.
- Where multi-agency partners raise concerns that a Family Help plan is not effectively reducing risk, or where professional views differ regarding the level of need or harm, the LCPP supports re-evaluation of thresholds. This may include use of the agreed discrepancy matrix or escalation tools to test the robustness of the current planning baseline.
- Where a child's circumstances are being considered for escalation from Family Help to child protection processes, including strategy discussion or Section 47 enquiries, the LCPP provides formal threshold consultation. This ensures consistency, proportionality, and defensible decision-making across the system.
- Where progression towards Public Law Outline (PLO) pre-proceedings is being considered, the LCPP reviews the child's circumstances to ensure that family-led decision-making options have been appropriately explored, that network-based interventions have been utilised, and that the local authority's position is clearly evidenced and legally sound.

15. END-TO-END DECISION-MAKING MODEL

15.1 The MACPT model supports the child's journey from initial safeguarding concern through to resolution or statutory intervention. The IFD undertakes initial screening, and the child is allocated to the Family Help Lead Practitioner (FHLP), who retains operational case responsibility. Where a Strategy Discussion is required, the FHLP books directly into the MACPT calendar; urgent discussions are arranged by direct contact with the Duty LCPP. For children already open to Family Help, practitioners seek timely MACPT safeguarding consultation when risk escalates. Consultation supports, rather than replaces, immediate protective action and the operational management chain.

15.2 This activates a structured multi-agency discussion supported by the Cheshire East Discrepancy Matrix. This framework supports analysis of differing professional perspectives, alignment with threshold guidance, the distinction between evidence and assumption, and the cumulative impact on the child's lived experience. It ensures that decisions are transparent, defensible and consistently applied and avoids the traditional friction of the step-up and step-down process.

15.3 The Cheshire East Discrepancy Matrix comprises a structured professional discussion to consider:

- **Views of Need and Risk –** A structured mapping exercise will take place to compare the practitioner's assessment against the family's lived experience and the individual observations of education, health and police partners.
- **Threshold Alignment** - Individual viewpoints will be tested against local threshold continuums to evaluate whether concerns sit within substantial family help or meet statutory child protection definitions.
- **Evidence versus Perception** - Decisions will be based on clear, chronological and observable evidence, separating this from assumptions or historical views, while recognising that protective factors may be understood differently across agencies.
- **Impact on the Child -** Analysis will consider the cumulative impact of harm over time, rather than viewing incidents in isolation, keeping the child's lived experience central and assessing the likely outcomes if no intervention takes place.

15.4 This approach clarifies the operational framework by establishing the LCPP as the lead decision-maker for child protection thresholds and statutory progression on behalf of the local authority. While decisions are informed through multi-agency discussion and reflective practice, the LCPP is responsible for ensuring they are lawful, evidence-based and aligned with statutory duties. This sits within the wider legal framework, where the local authority retains corporate parenting responsibility and the Court ultimately determines threshold within proceedings.

15.5 Use of the Discrepancy Matrix should be considered where:

- There is disagreement regarding threshold.
- There are differing views regarding the level of risk or harm.
- Agencies hold conflicting assessments or perspectives.
- Escalation or professional challenge concerns arise.
- Step-up or step-down decisions are being considered.
- There is disagreement regarding Child Protection Conference recommendations or outcomes.
- Concerns exist regarding progress within longstanding Child Protection Plans.
- Legal intervention or pre-proceedings activity is being considered.
- Significant uncertainty remains despite multi-agency discussion.

The Discrepancy Matrix does not replace professional judgement but supports transparent analysis, shared understanding and defensible decision-making. Where disagreement remains unresolved following professional discussion and use of the Cheshire East Discrepancy Matrix, practitioners must follow the Professional Challenge and Escalation Guidance.

15.5 Across all service pathways, safeguarding practice is underpinned by a continuous golden thread, with the child's lived experience remaining the central measure of safety. Information sharing is proactive, purposeful and ongoing, ensuring that risk is understood and responded to in real time. Where thresholds are met, statutory accountability sits clearly with the LCPP, alongside a consistent focus on exploring and mobilising family networks at every layer of intervention,

ensuring statutory child protection plans do not displace family-led solutions. This approach ensures that, at any point, there is a single, coherent and unified plan in place for the child.

PRACTICE APPLICATION: USE OF THE DISCREPANCY MATRIX

Example One:

A 13-year-old young person is subject to a Family Help plan due to concerns regarding parental conflict, emotional harm, and periods of going missing from home. Police involvement has reduced over a 3-month period, and both parents report that relationships have improved. The young person is engaging more consistently with school and has expressed a wish for services to reduce.

The allocated social worker assesses that risks have stabilised and proposes maintaining the Family Help plan with a view to step-down. However, police and youth services raise concerns that while incidents have reduced, the young person continues to spend significant periods outside the home, and intelligence suggests ongoing association with older peers known to services.

The situation is brought to LCPP attention due to the differing professional views. The discrepancy matrix is used to examine the gap between:

- reduced incident reporting and perceived improvement
- the young person's actual safety, whereabouts, and exposure to risk outside the home.

Through structured discussion, it becomes clear that the reduction in reported incidents reflects **reduced visibility**, not necessarily reduced risk and the young person's presentation masks ongoing vulnerability and external influences. The matrix highlights that while presenting behaviours have altered, underlying risk factors remain active and insufficiently addressed.

The LCPP does not support step-down and advises strengthening the Family Help plan, including a more explicit focus on contextual safeguarding risks and multi-agency disruption activity.

This intervention ensures that decision-making is not based solely on reduced service demand or short-term stabilisation, and that the plan remains aligned to the young person's actual level of risk.

Example Two:

A 7-year-old child remains subject to a Family Help plan over a period of 8 months due to concerns regarding neglect, poor home conditions, and inconsistent school attendance. The family engages positively with professionals and attends all planned meetings. Home conditions show intermittent improvement prior to visits, and the parents report increased stability.

The allocated FHLP proposes a step-down to early help. Education and health professionals, however, report ongoing concerns. School attendance remains variable, hygiene is inconsistent, and the child continues to present as tired and hungry. Due to this professional difference, the concerns are escalated for LCPP input. The discrepancy matrix is used within a multi-agency discussion to test the evidence.

Through this process, it becomes evident that improvements are episodic and not maintained, the child's daily experience has not measurably improved, and risk remains cumulative rather than resolved.

The LCPP advises that the threshold for Child in Need is no longer sufficient to manage the level of risk given the cumulative impact on the child's lived experience. A strategy discussion is convened, leading to Section 47 enquiries. This intervention prevents further drift within the Family Help plan and ensures that the child's circumstances are assessed against the correct safeguarding threshold.

16. STRATEGY DISCUSSIONS

16.1 A strategy discussion must be convened immediately whenever there is reasonable cause to suspect that a child living or found in Cheshire East is suffering, or is likely to suffer, significant harm. This encompasses concerns regarding acute physical, emotional, or sexual abuse, severe neglect, or extra-familial harm, as well as situations where immediate emergency action is necessary to protect the child. Following IFD screening and allocation, the allocated Family Help Lead Practitioner (FHLP) books the Strategy Discussion directly into the MACPT calendar; the calendar booking automatically confirms the meeting. Where an urgent Strategy Discussion is required, the practitioner contacts the Duty LCPP directly, who coordinates an immediate multi-agency discussion. Protective action must not be delayed by administrative arrangements.

16.2 The embedded Police, Health and Education practitioners coordinate relevant intelligence from their respective agencies and wider professional networks to inform the Strategy Discussion. Intelligence gathering takes place promptly and in parallel with meeting arrangements. A multi-agency huddle may be used where it adds value, but is not a mandatory gateway, booking requirement or additional authorisation stage. The Education Navigator reviews local authority systems to identify attendance concerns and behavioural vulnerabilities, while the Health Lead brings together information from hospital, primary care and community services to provide a clear and coherent health summary.

16.3 The strategy discussion will be chaired by the LCPP and accountability for the child protection threshold decision remains explicitly with the LCPP as the designated local authority decision-maker. For allegations indicating an immediate and serious risk of harm, such as non-accidental injuries to non-mobile infants, severe domestic abuse, or unsafe home conditions, the strategy meeting must take place on the same day. The same applies where there are forensic opportunities to gather physical or medical evidence of abuse, where delay could result in the loss of key evidence, or where there are concerns about acute penetrative sexual abuse; in these circumstances, the Sexual Assault Referral Centre (SARC) must be invited as appropriate. Where there is risk of significant or immediate harm, discussions should take place urgently and, where practicable, within 4 hours.

16.4 Where concerns indicate potential physical abuse, neglect or sexual abuse, the need for a child protection medical must be explicitly considered within the strategy discussion. Paediatricians undertaking child protection medical examinations provide specialist clinical assessment, including identification of injury, assessment of developmental concerns, and professional opinion regarding causation and risk.

16.5 Where there is concern regarding recent sexual abuse and forensic evidence may be present; the Sexual Assault Referral Centre (SARC) must be involved without delay. Decisions regarding SARC referral must take account of forensic timescales and be coordinated with police and health partners.



16.6 Clear agreement must be reached within the strategy discussion regarding:

- whether a child protection medical is required
- who will make the referral
- timescales for examination
- how outcomes will inform the Section 47 enquiry.

16.7 Where concerns relate to Induced or Fabricated Illness or complex presentations involving multiple children, practitioners must ensure that safeguarding responses are coordinated with health partners and informed by relevant national and local guidance. These situations require careful multi-agency analysis, robust chronologies and clear coordination of professional roles. Additional guidance is provided in Appendix A.

16.8 Strategy Discussions must be convened without delay where there is immediate or escalating risk of significant harm. Outside normal MACPT operating hours, urgent safeguarding concerns must be managed through established Emergency Duty Team (EDT) and Police arrangements, with timely information sharing and protective action. In other circumstances, Strategy Discussions should be arranged as soon as practicable, normally within 24 hours during operational service hours. Where a referral is received close to a weekend or bank holiday and an individual risk assessment establishes that a discussion can safely be deferred, it must be held promptly on the next working day. The Duty LCPP or responsible out-of-hours manager must ensure the rationale, interim safety arrangements, named accountability, handover between IFD, MACPT and EDT as relevant, and escalation arrangements are clearly recorded. Deferral must never be based solely on staff availability; a change in risk requires an earlier response.

16.9 The Strategy Discussion must determine whether a Section 47 enquiry is required; agree the respective lead and contribution of children's social care, police and other agencies; and identify immediate, practical protective actions. All Section 47 enquiries are informed by multi-agency information and decision-making, with the nature of investigative activity and lead responsibilities agreed in light of the circumstances and applicable statutory guidance. Where legal action is being considered or police protection powers may be required and have not already been exercised, partners should coordinate the prospective response. Emergency police protection decisions may be taken dynamically, including outside normal working hours, and must never be delayed pending a Strategy Discussion. The LCPP chairs and records the agreed safeguarding decisions, actions, owners and any professional disagreement in Liquidlogic.

16.10 The chairing LCPP records the Strategy Discussion decisions, rationale, actions, timescales and agency responsibilities in Liquidlogic promptly following the discussion, with parallel recordings entered onto police and health internal platforms.



Practice Example: Strategy Discussion (Immediate Risk / Same-Day Response)

A referral is received from the hospital regarding a 4-month-old non mobile infant presenting with unexplained bruising. The history provided by the parents is inconsistent. The Duty LCPP coordinates an immediate Strategy Discussion, with embedded partners obtaining relevant intelligence without delay, recognising the need for urgent safeguarding action and forensic opportunities to gather physical or medical evidence of abuse, where delay could result in the loss of key evidence.

At the strategy discussion, police, health and children's social care share all available information. The LCPP leads the discussion, ensuring that risk is clearly understood and that decision-making is evidence-based and focused on the child's safety.

A **Section 47 enquiry is initiated**, with agreement for joint police and social care investigation. Immediate actions include safeguarding the infant, arranging a forensic medical examination, and identifying any other children in the household. Clear roles, timescales and next steps are agreed and recorded. The LCPP provides oversight throughout, ensuring that actions are investigative, proportionate and aligned to statutory duties.

17. Allegations against Adults and Interface with the Local Authority Designated Officer (LADO)

17.1 Safeguarding arrangements within Cheshire East must give full consideration to situations where concerns arise that an adult working with children may have caused harm, may pose a risk of harm or may have behaved in a way that indicates they may be unsuitable to work with children. In these circumstances, the Local Authority Designated Officer (LADO) is responsible for managing and overseeing the allegations process in line with statutory guidance.

17.2 Where such concerns are identified, practitioners must make a referral to the LADO without delay. This applies irrespective of whether the adult is employed, volunteering or acting in any position of trust. The role of the LADO is to ensure that allegations are managed consistently and that appropriate action is taken to safeguard children while also ensuring fair and proportionate processes for the adult concerned.

17.3 The MACPT and LADO functions operate as complementary components of the safeguarding system. Where concerns indicate that a child may have suffered, or is likely to suffer, significant harm, the MACPT must be engaged to consider the need for a strategy discussion and Section 47 enquiries. In such circumstances, there must be clear coordination between the LADO process and child protection processes to ensure that both the child's immediate safety and the management of the allegation are addressed.

17.4 Where a strategy discussion is convened in response to an allegation against an adult, the LADO must be involved to ensure that decisions reflect both safeguarding and allegations management requirements. This includes consideration of:

- the safety and wellbeing of the child
- the need for a criminal investigation
- employer responsibilities

- information sharing and confidentiality.

17.5 LADO Allegation Management meetings must be convened within prescribed timescales in line with local allegations management procedures. Where a strategy discussion is required alongside the LADO process, coordination must ensure that safeguarding and allegations management processes run in parallel without delay or duplication. Further operational guidance is set out in Appendix B.

17.6 The LCPP is responsible for ensuring that strategy discussions involving allegations against adults are appropriately informed by LADO input and that safeguarding decisions are aligned with the wider allegations management process. This includes ensuring that parallel processes do not result in delay, duplication or gaps in safeguarding activity.

17.7 The MACPT does not replace the role of the LADO and does not assume responsibility for managing allegations processes. Clear professional boundaries must be maintained, with the LADO retaining oversight of allegations management and the MACPT retaining responsibility for child protection decision-making and intervention.

17.8 All decisions relating to allegations against adults must be clearly recorded, including the rationale for decisions, the outcome of discussions and the agreed actions across agencies. This ensures transparency, accountability and continuity of safeguarding practice.

18. OUT-OF-HOURS ARRANGEMENTS

18.1 The MACPT operates as a core daytime multi-agency function. Outside of standard operating hours, including evenings, weekends, and bank holidays, responsibility for urgent safeguarding responses transfers to the Emergency Duty Team (EDT) alongside police partners. Where a strategy discussion is required out of hours, this will be chaired by EDT in line with existing statutory arrangements. The decision-making rationale, actions taken, and safeguarding outcomes must then be formally handed over to the MACPT at the start of the next working day, at which point the LCPP assumes ongoing oversight and decision-making responsibility. This ensures continuity of safeguarding practice while maintaining legal clarity regarding operational authority.

18.2 Out-of-hours safeguarding responses must meet the same standards of quality, timeliness and recording as those delivered within core operational hours. Decisions taken by the Emergency Duty Team must be evidence-based, clearly recorded and demonstrate a focus on the child's immediate safety and lived experience. Where information is limited or action is taken in response to urgent risk, this must be explicitly documented, including the rationale for decisions, any uncertainties and actions taken to mitigate risk.

18.3 All out-of-hours safeguarding activity must be subject to timely review by the MACPT on the next working day. Wherever practicable, handover between the Emergency Duty Team and MACPT should include direct face-to-face communication between responsible managers. This ensures clarity regarding risk, decision-making rationale, and outstanding safeguarding actions, and strengthens continuity of oversight.



18.4 The Lead Child Protection Practitioner is responsible for reviewing the decision-making, confirming that actions taken are appropriate and proportionate, and determining whether further safeguarding intervention is required. Where practice concerns, gaps in information or inconsistencies in decision-making are identified, these must be addressed through management oversight and, where appropriate, escalated through governance and quality assurance processes to ensure learning and improvement.

19. SECTION 47 ENQUIRIES AND INTERFACE WITH THE LCPP IN THE MACPT

19.1 A Section 47 enquiry must be undertaken with thoroughness and urgency, moving at a pace that reflects the level of risk while maintaining a relational, trauma-informed approach with the family. Social workers must have direct, face-to-face contact with the child and any siblings, gathering clear observations of their presentation, interactions, and home environment.

19.2 The enquiry should follow a multi-agency framework and must go beyond a single visit, building a comprehensive understanding of the child's daily lived experience. This requires active input from the core MACPT network.

19.3 The Our Family Assessment provides the primary analytical record of the Section 47 enquiry, bringing together multi-agency information, analysis and findings. The Outcome of Enquiry record provides a formal statutory record for data and reporting purposes and must align with the assessment and clearly reflect the decision-making rationale.

19.4 The Police Detective Sergeant provides the link to the police team conducting any criminal investigation and coordinates relevant intelligence, updates and actions with MACPT. The Health Navigator coordinates relevant health information and clinical contributions from appropriate health professionals. The Education Navigator coordinates information from education providers and safeguarding leads about attendance, presentation, learning and wellbeing. Embedded partners obtain and test information from wider agency colleagues; their MACPT role does not replace the responsibilities of investigating officers, treating clinicians, education settings or other professionals directly involved with the child.

19.5 Paediatricians undertaking child protection medicals also play a critical role within the safeguarding process. Their responsibilities include the clinical assessment of injury or neglect, identification of developmental concerns, and provision of professional opinion regarding causation and risk. Their findings must inform strategy discussions, Section 47 enquiries and Child Protection Conferences.

19.6 Where a Section 47 enquiry indicates that legal intervention or pre-proceedings may be necessary, the FHLP and operational management must seek timely legal advice and progress the matter through the established Legal Gateway arrangements, with the Operational Head of Service exercising the relevant decision-making authority. The LCPP identifies, scrutinises and escalates safeguarding concerns and ensures that statutory protection decisions are not delayed, but does not assume responsibility for legal case management or Legal Gateway authorisation.

19.7 The LCPP leads the locally agreed Day Five Section 47 progress and risk review where the enquiry remains active. Embedded Police, Health and Education partners contribute relevant



intelligence, professional analysis and outstanding actions. The FHLP remains responsible for undertaking the enquiry and implementing agreed actions. The LCPP records the review, safeguarding decisions, rationale, actions, responsible agencies and timescales in Liquidlogic, including any differing professional views and the route for partnership escalation where required. Day Five is a local practice checkpoint, not a statutory deadline; urgent protective decisions must not wait for it.

19.8 The Day Five review tests enquiry progress, the child's lived experience, emerging evidence, outstanding investigative activity, the effectiveness of interim safety and contingency arrangements, and whether further specialist enquiries or immediate protective action are required. The LCPP provides independent scrutiny and direction on safeguarding concerns without assuming FHLP caseholding responsibility. Where partners disagree, the LCPP makes the safeguarding decision within delegated authority, records dissent and rationale, and ensures access to established partnership professional challenge and escalation arrangements.

20. DECISION TO PROCEED TO AN INITIAL CHILD PROTECTION CONFERENCE (ICPC)

20.1 The LCPP leads the locally agreed Day Ten Section 47 outcome and decision review where the enquiry remains active, with contributions from embedded Police, Health and Education partners and the FHLP. The review considers the available evidence, partner analysis, the child's lived experience, risk and protective factors, and the proposed outcome. The LCPP records the review, decision, rationale, actions, timescales and any dissent in Liquidlogic. Where professional views differ, the LCPP exercises delegated safeguarding decision-making authority and established partnership escalation remains available. Day Ten is a local practice checkpoint, not a statutory deadline, and must not delay decisions reached appropriately at an earlier stage.

20.2 The FHLP retains responsibility for conducting and progressing the Section 47 enquiry and implementing agreed actions. The LCPP determines, within delegated local authority and informed by multi-agency contributions, whether an Initial Child Protection Conference should be convened. The decision whether a Child Protection Plan is required rests with the multi-agency Child Protection Conference; the LCPP's decision to convene a conference does not predetermine that outcome.

20.3 Where an ICPC is required, it must be convened within 15 working days of the strategy discussion at which the decision to initiate a Section 47 enquiry was made. If risk has reduced significantly or protective family networks have effectively mitigated concerns, the LCPP may step down or redirect the plan, ensuring that statutory intervention remains proportionate.

Practice Example: Section 47 Enquiry (Cumulative Harm and Escalating Risk)

A 10-year-old child is referred due to ongoing concerns about neglect, poor home conditions, and chronic school absence. Previous early help interventions have not sustained change. Following a strategy discussion, a **Section 47 enquiry is initiated**. The social worker undertakes direct work with the child and siblings, observing their presentation, home environment, and daily routines. It becomes clear that harm is **cumulative**, with long-standing unmet needs impacting the child's development and emotional wellbeing.

Multi-agency information is actively gathered. Health identifies missed appointments and developmental concerns, while education reports persistent absence and deteriorating engagement. Police information highlights repeated callouts for domestic incidents.

At the Day Five local practice checkpoint, the LCPP leads a review with the FHLP and embedded Police, Health and Education partners. The partners contribute their respective evidence and analysis, and the LCPP records in Liquidlogic that the current safety plan is insufficient, together with further enquiries, responsible agencies and timescales. The FHLP progresses the actions and makes the mandatory FGC referral; family participation remains voluntary.

At the Day Ten local practice checkpoint, the LCPP leads a further multi-agency review of the evidence, the child's lived experience and continuing risk. The LCPP records the partners' views, the rationale and the decision to convene an Initial Child Protection Conference. The FHLP progresses the enquiry and agreed actions. The subsequent multi-agency conference determines whether a Child Protection Plan is required.

21. LCPP ROLE IN CHILD PROTECTION CONFERENCES AND REVIEW

21.1 Child Protection Conferences are a formal multi-agency decision-making forum used to determine whether a child is suffering, or likely to suffer, significant harm, and whether a Child Protection Plan is required.

21.2 Conferences must not function as procedural events. They are a critical point of analysis and decision-making, where all available information is brought together to form a clear, evidence-based understanding of risk, harm, and the child's lived experience.

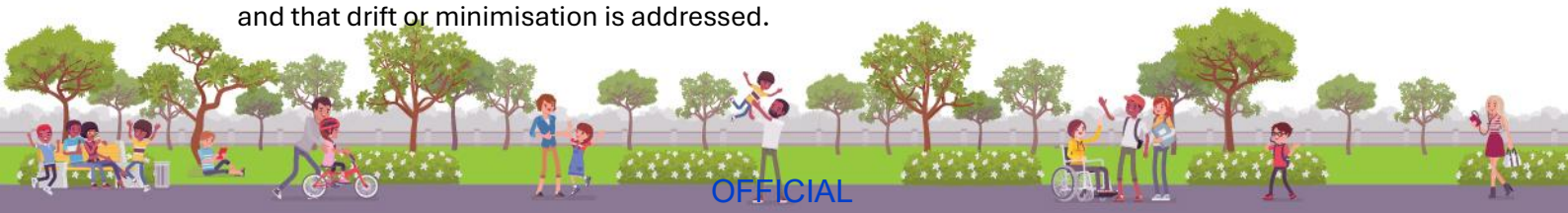
21.3 At all times, there must be **one coherent, multi-agency plan** for the child, with clear actions, ownership, and timescales.

21.4 The LCPP chairs the Child Protection Conference and holds responsibility for ensuring that the process is purposeful, analytical and focused on safeguarding outcomes.

21.5 In this role, the LCPP must:

Lead analysis of harm and risk - Ensure that the conference moves beyond information sharing to clear analysis of whether the child is experiencing, or is likely to experience, significant harm, including the impact of cumulative harm over time.

Test evidence and challenge assumptions - Act as a constructive challenge within the professional network, ensuring that conclusions are based on evidence rather than perception, and that drift or minimisation is addressed.



Maintain focus on the child's lived experience - Ensure that the child's voice remains central, and that decision-making reflects their daily experience across home, school and community contexts.

Determine threshold and outcome - Facilitate and record the multi-agency conference decision on whether a Child Protection Plan is required. Where there is no multi-agency agreement, exercise the LCPP Chair's delegated final decision-making authority, recording the differing professional views and rationale.

Ensure one clear plan -Confirm that the Child Protection Plan is coherent, specific and actionable, with clearly defined roles, timescales and contingencies.

21.6 The conference must reach a clear decision on:

- whether the child is at continuing risk of significant harm
- whether a Child Protection Plan is required
- the category of abuse or neglect
- what immediate and longer-term actions are required to safeguard the child.

21.7 Decisions must be clearly recorded, with a transparent rationale linked to evidence and the child's lived experience.

21.8 Where the threshold for a Child Protection Plan is not met, the LCPP must ensure that there is a clear alternative plan in place, with appropriate oversight and review.

22. INTEGRATION WITH ONGOING PLANNING

22.1 The Child Protection Plan must bring together all relevant assessment activity, planning and intervention into a single, coherent plan. This includes the outcomes of Section 47 enquiries, any family-led planning such as Family Group Conference outcomes, and disruption or safety planning in response to contextual safeguarding risks.

22.2 A safety plan should be maintained that outlines the immediate actions required to reduce identified risk and ensure the child's safety.

22.3 In addition, a contingency plan must be explicitly agreed which sets out the actions that will be taken if risk escalates, if agreed actions are not implemented, progress is not achieved, or if circumstances change. This should support timely decision-making and reduce the risk of drift.

22.4 Both the safety plan and the contingency plan must be clearly defined, proportionate and understood by all members of the professional network and the family.

22.5 There must be a clear line of sight between identified risks, the changes required, and the actions being taken. Plans should evidence measurable outcomes linked to improving the child's lived experience, alongside clearly defined roles, responsibilities and timescales for all professionals.

22.6 Plans must be recorded on Liquid Logic in a timely way and be accessible to all professionals working with the child and family as well as the family themselves. A Core Group must be established without delay to coordinate delivery, maintain focus and ensure that progress is consistently reviewed.

23. LCPP OVERSIGHT, GRIP AND PREVENTING DRIFT

23.1 The LCPP is responsible for maintaining oversight of the Child Protection Plan and ensuring that there is sustained grip on both delivery and impact. This includes a clear focus on whether risk is reducing and whether there is demonstrable improvement in the child's lived experience.

23.2 Midpoint reviews must be undertaken between Child Protection Conferences. These reviews should provide a structured opportunity to assess progress against each element of the plan, evaluate the impact of interventions, and identify any drift, delay or lack of effectiveness. Where progress is not evidenced, plans must be strengthened, with clear and timebound actions.

23.3 Ongoing oversight should ensure that Core Group activity is purposeful, timely and focused on impact. Delays in progressing actions must be actively challenged, and plans should be updated in response to new information or emerging risk. The child's voice and lived experience must remain central to all review activity and inform any changes to the plan.

23.4 Where there are concerns regarding lack of progress, ineffective multi-agency working, or delay in decision-making, the LCPP must initiate challenge through the Resolution Protocol. This should begin with timely, reflective discussion and move to formal escalation where issues are not addressed within required timescales. The use of the protocol should be proportionate but decisive, ensuring that concerns are progressed and resolved without delay and that actions remain focused on achieving improved outcomes for the child.

23.5 Where progress remains insufficient or risk increases, contingency arrangements must be enacted immediately, and consideration given to whether further escalation or review of the plan is required.

24. REVIEW CONFERENCES AND ONGOING OVERSIGHT

24.1 Review Child Protection Conferences must take place within statutory timescales and provide a further opportunity to evaluate progress.

24.2 The LCPP must:

- review whether the plan is achieving measurable change
- challenge drift or lack of progress
- reassess risk, including any new or emerging concerns
- facilitate the multi-agency decision on whether the child continues to require a Child Protection Plan, exercising delegated Chair authority where agreement cannot be reached and recording the rationale.

24.3 Where the Review Conference determines that a Child Protection Plan is no longer required, the FHLP coordinates the appropriate continuing or step-down arrangements. Where risk remains or escalates, the conference agrees the safeguarding response; the operational team and managers progress any legal planning through the established Legal Gateway arrangements.

24.4 In addition to operational oversight by the LCPP, children subject to Child Protection Plans must be subject to structured senior management oversight where risk is sustained or progress is limited.

24.5 Mandatory senior review points apply as follows:

- Where a child has been subject to a Child Protection Plan for 12 months and there is insufficient evidence of sustained improvement, the child's circumstances must be formally reviewed by the Service Manager. This review must consider the effectiveness of intervention to date, the credibility of parental change, and whether escalation to pre-proceedings is required.
- Where a child remains subject to a Child Protection Plan at 15 months, a further multi-agency reflective review must be undertaken (as set out in Section 26), with explicit consideration of legal planning and permanence options.
- Where a child remains subject to a Child Protection Plan beyond 18 months, or where there are repeated Child Protection Plans, the child's circumstances must be escalated for review by the Head of Service. This review must provide clear direction regarding next steps, including progression to Public Law Outline (PLO) where risk remains unresolved.
- Director-level oversight must be sought in any situation where there is sustained risk with no clear trajectory toward safety, significant delay in decision-making, or where permanence planning is unclear or contested.

24.6 At all stages, escalation to senior leaders must be proactive and must not be delayed by incremental or episodic progress. The focus must remain on the child's lived experience and whether intervention is achieving meaningful and sustained change.

25. FAMILY LED DECISION MAKING INTERFACE WITH CHILD PROTECTION AND MACPT

25.1 While collaborative conversations underpin all frontline practice to identify and strengthen family and community networks, entry into the Section 47, active Child Protection planning or pre-proceedings pathway requires a formal Family Group Conferencing (FGC) referral. The referral is mandatory; participation by the family is voluntary. Where a family does not engage, the FHLP must record the offer, response and any implications for safeguarding planning, and continue necessary protective action without delay.

25.2 The FHLP or allocated practitioner makes and coordinates the FGC referral, remains responsible for operational casework and works with the independent FGC coordinator. The MACPT, through the LCPP, provides safeguarding scrutiny, clarifies known risks and identifies the minimum safety requirements that any proposed family-led plan must address.

25.3 The LCPP provides independent safeguarding oversight of family-led planning and may challenge the adequacy of proposed protective arrangements. This does not transfer case responsibility, implementation or legal case management from the FHLP and operational management structure to MACPT.

25.4 The independent FGC coordinator is responsible for facilitating the family group conference and maintaining neutrality. The role of the LCPP in this process includes:



Clarifying bottom lines - The LCPP will support the allocated social worker to define the non-negotiable safety expectations that the family's plan must meet. These should be clear, specific and communicated in plain language during preparation, so families understand what must change.

Safeguarding endorsement of the family-led plan - Following the FGC, the LCPP reviews whether the proposed plan adequately addresses the identified safeguarding concerns and minimum safety requirements. The LCPP may endorse the plan for safeguarding purposes or decline endorsement and require further protective planning. The FHLP coordinates implementation and records the agreed arrangements in Liquidlogic. Where the child is subject to a Child Protection Plan, incorporation of the family-led arrangements must be considered through the appropriate multi-agency planning and conference processes; LCPP endorsement does not replace conference decision-making.

25.5 The LCPP determines safeguarding acceptability of the family-led plan, while the FHLP retains responsibility for coordinating implementation, monitoring the effectiveness of actions with the family and partners, and escalating any renewed or unresolved concerns.

Practice Example: Family Led Decision Making within Child Protection

An 8-year-old child is subject to a Section 47 enquiry due to emotional harm and physical neglect linked to parental substance misuse and ongoing domestic conflict.

During early network mapping, the FHLP identifies a maternal aunt living locally who has not previously been involved due to strained family relationships. In accordance with the mandatory referral pathway, the FHLP makes an immediate FGC referral and coordinates an interim safety plan; the LCPP scrutinises the adequacy of protective arrangements.

Through preparation, the independent FGC coordinator works with the family and network to establish safe communication and engagement. The LCPP clarifies the minimum safeguarding expectations, including consistent school routines, supervision from a safe adult overnight, and contingency arrangements if conflict escalates.

During the family meeting, the network agrees a practical plan. The aunt commits to providing overnight care during the week, with additional support from a trusted family friend to maintain routines. A Family Network Support Package is agreed to equip the aunt's home and support the arrangement.

The LCPP reviews the proposed family-led plan and endorses it as addressing the identified safeguarding concerns. The FHLP coordinates its implementation and brings the arrangements into the relevant multi-agency Child Protection planning process. The FHLP and partner agencies deliver and monitor actions, while the LCPP maintains independent safeguarding scrutiny.



SPECIALIST SAFEGUARDING AND SYSTEM FUNCTIONS

26. REFLECTIVE REVIEWS OF LONGSTANDING CHILD PROTECTION PLANS

26.1 The MACPT provides an enhanced level of oversight for children who remain subject to Child Protection Plans over an extended period through a reflective review with the allocated Family Help Lead Practitioner. It is intended to strengthen grip where progress is limited, offering additional challenge, reflection and multi-agency scrutiny to support improved outcomes for children.

26.2 The reflective review does not reconsider the threshold for child protection, which remains the function of the Review Child Protection Conference. Its purpose is to identify barriers to progress, challenge drift, and support the development of more effective, solution-focused multi-agency planning.

26.3 The reflective review applies at defined points where there are concerns regarding lack of progress:

- At 12 months, where a child has been subject to a Child Protection Plan and there is insufficient progress to indicate that the plan can step down, and where pre-proceedings have not been initiated.
- At 15 months, a reflective review is required for all children who remain subject to a Child Protection Plan. The review must be convened within six weeks of the 15-month Review Child Protection Conference.

26.4 The review is undertaken as a structured, multi-agency reflective panel. It is chaired by the Service Manager of the MACPT or an LCPP independent of the case and attended by the allocated social worker, team manager, the LCPP, and relevant senior partners including police, health and education where possible. Additional specialist input should be included where this reflects the primary concerns, for example neglect.

26.5 The focus of the review is to critically examine the effectiveness of planning and intervention. This includes evaluating the impact of actions taken to date, identifying barriers within the system or professional network, and considering whether different or enhanced approaches are required to reduce risk.

26.6 Analysis should be grounded in the child's lived experience, with consideration given to patterns of harm, family history and context, and the extent to which current intervention is achieving meaningful change.

26.7 In preparation for the review, the allocated Family Help Lead Practitioner is expected to provide an up-to-date multi-agency chronology and relevant analytical tools to support understanding of the family context. Partner agencies should be prepared to reflect on their own involvement, including whether service responses have been sufficient to meet identified need.

26.8 The voice of the child must be clearly evidenced and inform the review. Parents should be supported to contribute their views, including what they consider has been helpful and what needs to change to support progress.



26.9 The review must result in a clear and strengthened set of multi-agency actions. These should be specific, outcome-focused and timebound, with a clear link to reducing risk and improving the child's lived experience.

26.10 Actions must be recorded on Liquid Logic and incorporated into the Child Protection Plan without delay. The Core Group is responsible for progressing these actions and evidencing impact.

26.11 The LCPP retains oversight of the implementation of review outcomes, ensuring that actions are progressed, drift is addressed, and that the plan is reviewed and strengthened where required.

27. HARM OUTSIDE THE HOME, CONTEXTUAL RISKS AND CHILDREN WHO GO MISSING

27.1 Safeguarding responses must recognise that harm to adolescents often occurs outside the family home, within peer groups, neighbourhoods and online environments. Practice must reflect this, moving beyond a sole focus on parenting capacity to include the active identification and disruption of extra-familial risk.

27.2 In line with the Pan-Cheshire Exploitation Strategy and Missing Protocol, practitioners must adopt a whole-system approach. This includes combining direct support to the young person with coordinated multi-agency action to disrupt perpetrators and reduce environmental risk. Practice is informed by local contextual safeguarding guidance and must remain focused on the child's lived experience across all contexts.

27.3 Where extra-familial harm is severe, persistent or escalating, it must be recognised as **significant harm in its own right**. This includes:

- child sexual exploitation
- criminal exploitation and county lines
- repeated missing episodes
- peer group or community-based harm.

27.4 In these circumstances, child protection processes must be initiated regardless of parental capacity. Practitioners must not rely solely on parental protection where the primary source of harm sits outside the home.

27.5 The use of Child Protection Planning provides the necessary structure, authority and multi-agency coordination to address these risks, ensuring clear accountability and a consistent safeguarding response.

28. ROLE OF THE LCPP IN HARM OUTSIDE THE HOME

28.1 Where there are concerns about harm outside the home occurring, the LCPP provides active oversight and challenge to ensure that risk is fully understood and appropriately managed. This includes:

Strategy discussion and Section 47 escalation

The LCPP must test the multi-agency analysis, ensuring that peer, place and network risks are clearly identified and not overshadowed by a focus on family factors alone.



Pre-conference scrutiny

The LCPP ensures that assessments and reports properly reflect experiences of exploitation, trauma and coercion, avoiding an over-focus on behaviour or compliance.

Missing trigger meetings

Following identified trigger points when children go missing, the LCPP chairs multi-agency meetings to review the effectiveness of safeguarding arrangements. These meetings focus on oversight, alignment and escalation, ensuring that disruption activity is active and that there remains one coordinated plan for the child. These forums do not replace core groups or operational planning meetings and do not allocate case-holding responsibility.

Challenging normalisation of risk

The LCPP must actively challenge drift and the normalisation of repeated harm, ensuring that patterns such as frequent missing episodes or ongoing exploitation are not accepted as routine.

28.2 The MACPT provides statutory child protection oversight where contextual harm meets the threshold of significant harm. It does not replace criminal investigations, youth justice processes, or enforcement activity led by the police or local authority services.

28.3 Clear boundaries must be maintained to avoid duplication and to ensure that each agency retains responsibility for its statutory functions.

29. THE ROLE OF MACPT IN MACE AND EXPLOITATION FORUMS

29.1 MACE and exploitation panels remain operational forums responsible for:

- mapping local risk and emerging threats
- sharing intelligence
- coordinating disruption activity.

They do not hold statutory responsibility for individual case management.

29.2 Where a child meets the threshold for significant harm, the child protection process provides the primary safeguarding framework. The LCPP must ensure that disruption activity agreed through MACE or other forums is integrated into a single, coherent Child Protection Plan. This ensures a unified safeguarding response with clear practitioner accountability and prevents the risk of drift between parallel processes.

30. CHAIRING TRIGGER MEETINGS FOR CHILDREN WHO GO MISSING

30.1 The LCPP has a key role in maintaining oversight of children and young people who go missing, particularly where there are repeated episodes or escalating risk. This includes ensuring that concerns are responded to in a timely, coordinated and child-focused way, and that planning is sufficiently robust to reduce risk and prevent recurrence.

30.2 Where a child meets the threshold for a Trigger 2 meeting, the LCPP will chair the meeting or delegate to an appropriately senior manager where required. This reflects the expectation that escalating risk and repeat missing episodes are subject to increased scrutiny, independent oversight and strengthened multi-agency challenge.

30.3 In chairing trigger meetings, the LCPP is responsible for ensuring that there is a clear and shared understanding of risk, including the frequency, context and impact of missing episodes. This includes ensuring that return interview information, disruption activity, and any indicators of exploitation are fully considered and inform ongoing planning.

30.4 The LCPP must maintain a clear focus on impact. This includes testing whether previous actions have reduced risk, whether multi-agency responses have been effective, and whether planning remains proportionate to the level of concern. Where this is not evidenced, the LCPP must ensure that plans are strengthened and that specific, timebound actions are agreed.

30.5 The LCPP should ensure that meetings are purposeful and lead to clear outcomes. This includes strengthening danger statements and safety goals, ensuring that the child's lived experience is central to discussion, and confirming that both the child and their family are appropriately engaged in planning wherever it is safe to do so.

30.6 There is an expectation that trigger meetings result in a refreshed and coherent plan which is understood by all agencies and is implemented without delay. The responsible operational practitioners and partner agencies deliver the agreed actions. The LCPP scrutinises progress and timeliness through existing planning arrangements and challenges or escalates drift.

30.7 Where there is evidence of drift, delay or insufficient multi-agency response, the LCPP must take decisive action to challenge and escalate concerns. This includes the use of the Resolution Protocol where actions are not progressed, where professional disagreement impacts delivery, or where risk is not reducing.

30.8 The LCPP retains oversight beyond the meeting itself. This includes scrutinising whether responsible practitioners and agencies have delivered agreed actions, whether risk is actively monitored, and whether further escalation is considered where missing episodes continue or increase. Where required, this should include consideration of additional strategy discussions, review of placement stability, or wider disruption activity to address contextual risks.

31. PRACTICE DIRECTION – THRESHOLD TIPPING POINTS FOR HOTH ESCALATION

31.1 The following indicators should prompt timely multi-agency consideration of escalating harm outside the home and whether there is reasonable cause to suspect significant harm. Where that statutory threshold is met, a Strategy Discussion and consideration of Section 47 enquiries are required. An indicator alone does not automatically establish the statutory threshold:

1. Velocity of Missing Behaviour: Missing episodes are accelerating in frequency, duration, or occurring across expanding geographical areas, with a clear resistance to return interviews.

2. Coercive Indicators: Observable evidence of debt bondage, unexplained possession of high-value goods/cash, physical branding/injuries, or verified threats of violence toward the child or family.

3. Network Clustering: Identification that multiple peers from the same school or social network are experiencing parallel exploitation vectors under a common suspected locus of threat.

4. Disruption Failure: Localised voluntary safety interventions or Family Help plans have struggled to disrupt the context of danger or reduce adolescent vulnerability over a defined 6-week window.

5. Weapon or Severe Violence Exposure: Direct involvement in, or exposure to, weapon-carrying, serious youth violence, or active criminal forcing by older peers or community networks.

Practice Example: Contextual Safeguarding in Action

A 15-year-old young person is repeatedly reported missing and is increasingly linked to a peer group associated with criminal exploitation and suspected county lines activity. There are concerns about escalating risk, including unexplained money, changes in behaviour, and possible coercion by older individuals.

The parents are engaged and cooperative and actively attempt to keep the young person safe. As a result, the case has previously been managed at a lower level through youth support and partnership forums.

However, the pattern of missing episodes becomes more frequent, and intelligence from police and community partners indicates that the young person is being targeted and exploited outside the home.

A referral is made, and at the multi-agency discussion the LCPP challenges the initial analysis, ensuring that the focus shifts from parenting capacity to the **nature, persistence and severity of extra-familial harm**. It is agreed that the risk meets the threshold for significant harm.

A strategy discussion is convened, and a Section 47 enquiry is initiated, recognising that the source of harm sits within peer networks and the local environment rather than the family home.

Through the enquiry, information from police, education and youth services confirms ongoing exploitation and coercion. Mapping of peer, place and network risks is completed, alongside direct work with the young person to understand their lived experience. A Child Protection Plan is implemented, focusing on:

- coordinated disruption of perpetrators through police and partnership activity
- targeted work with the young person to reduce vulnerability and strengthen protective factors
- structured safety planning with the family
- clear multi-agency accountability for managing risk across contexts.

The LCPP maintains oversight throughout, ensuring that risk is not normalised and that the professional network remains focused on active intervention. Disruption activity agreed through MACE is incorporated into the single Child Protection Plan, with clear roles and timelines.

SYSTEM ASSURANCE, CHALLENGE AND INFORMATION

32. ESCALATION AND PROFESSIONAL CHALLENGE

32.1 Professional challenge is a core component of effective safeguarding practice within Cheshire East. Practitioners are expected to act with professional curiosity and integrity, using constructive

challenge to test assessment, decision-making and service delivery. Differences of opinion must be addressed promptly to ensure that risk is properly understood and that decisions remain focused on the child's needs.

32.2 Challenge should be timely, evidence-based and focused on the impact on the child. It is the responsibility of all practitioners to both offer and respond to challenge in a way that supports reflection, clarity and improved outcomes.

32.3 Protective action for children must not be delayed due to professional disagreement. Where there are concerns regarding immediate or escalating risk, issues must be resolved without delay through line management and, where required, senior escalation.

32.4 Principles of escalation:

- All escalation activity must remain focused on the child and the need to reduce risk. Disagreement should not result in delay or inaction, and practitioners must be clear about the evidence underpinning their concerns.
- Where there is immediate or imminent risk to a child, escalation must take place urgently and be resolved within timescales that reflect the level of risk.
- Professional challenge must be undertaken and received in a constructive and non-defensive way. The focus should remain on achieving a shared understanding of risk and agreeing the most effective course of action.

32.5 The MACPT can provide safeguarding consultation, reflective discussion and challenge where professional disagreement or system barriers affect progress; it does not replace or create a separate mandatory stage in the established partnership escalation pathway. Escalation must take place in line with the Cheshire East Safeguarding Children Partnership Escalation and Resolution Procedure. Practitioners must follow the agreed multi-agency process where concerns cannot be resolved at practitioner or manager level, ensuring that issues are progressed without delay.

32.6 Where disagreement remains unresolved following appropriate practitioner and management discussion, practitioners must follow the Cheshire East Safeguarding Children Partnership Escalation and Resolution Procedure. Concerns about an LCPP decision may also require management consideration by the MACPT Service Manager, consistent with delegated decision-making arrangements.

32.7 Where a multi-agency discussion would assist resolution or safeguarding decision-making, the appropriate LCPP or manager may coordinate one without delaying protective action or displacing the established escalation process. This will include identifying any barriers within the system and confirming actions required by each agency.

32.8 Outcomes of the escalation must be clearly recorded, with specific, measurable and timebound actions. Where issues remain unresolved or concerns persist, escalation must continue through senior management routes to ensure that a clear decision is reached and that risk to the child is addressed.



33. INFORMATION SHARING

33.1 Effective information sharing is central to safeguarding children and must take place in a timely and proportionate way. Practitioners must share relevant information where it is necessary to assess or reduce risk, regardless of whether statutory thresholds have been met.

33.2 Decisions to share information must be clearly recorded, including what has been shared, with whom, and the rationale for doing so. Recording should demonstrate how information sharing has supported safeguarding activity and informed decision-making.

34. CONSENT AND DECISION-MAKING

34.1 Practitioners should consider whether it is appropriate and safe to seek consent prior to sharing information. However, consent is not required where there is reason to believe a child is at risk of harm or where seeking consent would increase risk or compromise safeguarding activity.

34.2 Practitioners must also consider parental capacity to understand and engage with safeguarding processes. Where capacity is in question, decisions should be made in the child's best interests, with a clear rationale recorded.

35. MACPT ROLE IN INFORMATION SHARING

35.1 The MACPT supports effective information sharing by facilitating timely access to relevant multi-agency information and identifying gaps or barriers within the system.

35.2 The team has a role in providing oversight, ensuring that information is shared appropriately and that patterns of risk are understood across agencies. Where barriers to information sharing are identified, these must be addressed promptly to ensure that safeguarding responses are not compromised.

36. THE ROLE OF THE MACPT IN QUALITY ASSURANCE AND LEARNING

36.1 The MACPT contributes to the wider quality assurance framework through oversight of practice, performance and multi-agency working. This includes identifying areas of strength and areas requiring improvement to support better outcomes for children. This activity forms part of the performance and learning framework set out in Section 4, ensuring a clear relationship between performance monitoring, quality assurance and continuous improvement.

36.2 Quality assurance activity should take place at each point families encounter the MACPT. This should include a review of case records, analysis of performance information and multi-agency audit activity. This is to ensure that practice is timely, decisions are clearly recorded, and planning is effective in reducing risk and improving the child's lived experience.

36.3 The LCPPs within the MACPT will contribute to routine monthly collaborative audits and will undertake monthly dip samples of the work of the MACPT in line with the Quality of Practice Framework. Findings from quality assurance activity must be used to strengthen practice and address themes relating to drift, delay, quality of intervention and the effectiveness of multi-agency decision-making.



36.4 Quality assurance activity must also consider the consistency and equity of safeguarding practice across the partnership. This includes identifying patterns of disproportionality and ensuring that decision-making reflects an anti-discriminatory approach, with appropriate consideration of race, ethnicity, disability, poverty, culture and other factors which may impact the child's experience and access to support.

36.5 Quality assurance activity should support a reflective learning culture across the partnership. Learning should be shared in a way that is accessible and relevant to practitioners, using examples from practice to improve understanding and application. This includes ensuring that learning is informed by both performance data and direct insight into children's lived experiences.

36.6 The focus must remain on strengthening practice, improving decision-making and ensuring that children experience timely, proportionate and effective safeguarding responses.

37. ROLES AND RESPONSIBILITIES

37.1 The following outlines the key roles within the MACPT structure and their contribution to safeguarding, decision-making and oversight.

Role	Employing Agency	Core Function	Decision-Making Responsibility	Oversight and Practice Contribution
Service Manager, MACPT	Children's Services	Provides strategic and operational leadership for MACPT. Leads quality assurance, performance monitoring and service development. Maintains oversight of multi-agency practice and resource allocation.	Holds overall accountability for service delivery, including management oversight and escalation in accordance with the agreed scheme of delegation; statutory decisions remain with the designated LCPP, conference or Operational Head of Service as applicable.	Provides supervision and practice oversight to LCPPs and Education Navigators. Drives improvement through audit, learning and partnership working.
Lead Child Protection Practitioner (LCPP)	Children's Services	Chairs Child Protection Conferences and oversees Child Protection planning. Ensures robust assessment, analysis and coordination of multi-agency safeguarding activity.	Chairs and records multi-agency Strategy Discussions and Child Protection Conferences; exercises delegated child protection threshold and progression authority and, where conference agreement cannot be reached, the Chair's delegated final decision-making authority. Scrutinises FHLP-led Section 47 enquiries and Child Protection Plans. Does not assume caseholding, operational delivery or Legal Gateway authorisation.	Maintains oversight of Child Protection Plans, provides challenge where required and contributes to practice development and multi-agency learning.

Education Navigator	Children's Services	Acts as the link between MACPT and education settings. Provides analysis of attendance, exclusion and education-related risk factors.	Advises on the safeguarding implications of education information and supports decision-making within strategy discussions and planning forums.	Supports schools and settings to strengthen safeguarding practice and contributes to multi-agency understanding of the child's daily experience.
Police Detective Sergeant	Cheshire Constabulary	Coordinates police intelligence, investigative links and safeguarding contributions within MACPT; liaises with the police team leading any criminal investigation.	Determines police response and deployment through the appropriate policing command arrangements in line with identified risk, including consideration of police protection powers where required.	Provides police intelligence for multi-agency decisions, follows up actions with investigating teams and escalates MACPT concerns through the policing chain of command.
Health Navigator / Lead Nurse	Health (ICB / Trust)	Brings together health information to inform safeguarding assessment and planning. Provides analysis of health needs, development and risk factors.	Advises on health-related risk and safeguards, including escalation within health systems where required.	Supports improved engagement with health services and ensures health information is effectively integrated into multi-agency planning.

Appendix A: Child Protection Medical Guidance (linked to Pan-Cheshire / RCPCH guidance)

Appendix B: Strategy Discussion Agenda and calendar booking guidance (no mandatory request/authorisation form)

Appendix C: Initial & Review Child Protection Conference Agendas

Appendix D: LADO / Position of Trust (PoT) Meeting Agenda

Appendix E: Key Statutory Guidance (DfE links – current Working Together statutory guidance (verify operative edition and link before approval), Keeping Children Safe in Education, etc.)

Appendix F: MACPT Quality Assurance Framework (linked to Section 4 & 36)

Appendix G: Operational processes (booking conferences, admin standards, recording expectations)

