TOGETHER for Children and Young People

Together we will make Cheshire East a great place to be **young**

Multi-Agency Child Protection Team - Multi-Agency Roles, Responsibilities and Decision-Making Matrix



Cheshire East Council

1. PURPOSE AND APPLICATION

1.1 This matrix supports operational clarity, multidisciplinary working and shared accountability across the MACPT model.

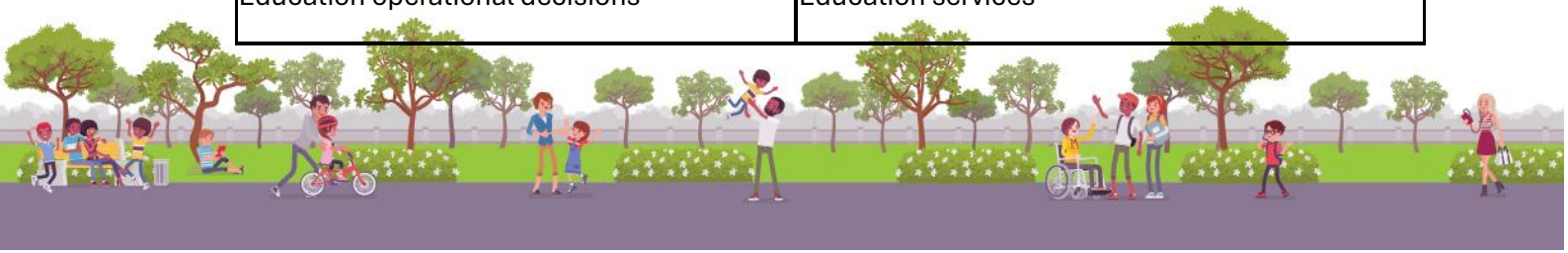
1.2 It should be used to support:

- Operational practice.
- Induction.
- Supervision.
- Quality assurance.
- Partnership working.
- Resolution of interface issues.

1.3 Child-centred practice: Throughout all stages, decision-making should be informed by the child's lived experience, strengths, risks, relationships, identity and daily reality.

2 DECISION-MAKING AND ACCOUNTABILITY SUMMARY

Function	Primary Accountability
Referral screening and allocation	Integrated Front Door (IFD)
Family Help assessment and intervention	Family Help Lead Practitioner (FHLP)
Case management and operational oversight	Locality Manager
Child Protection threshold decisions	Lead Child Protection Practitioner (LCPP)
Strategy Discussion chairing	LCPP
Section 47 enquiry activity	FHLP
Section 47 statutory outcome decisions	LCPP
Child Protection Conference chairing	LCPP
Child Protection Conference decisions	Multi-agency conference facilitated by the LCPP Chair
Child Protection Plan implementation	FHLP and partner agencies
Legal Gateway decisions	Operational Head of Service
Police operational decisions	Police
Health clinical decisions	Health services
Education operational decisions	Education services



Professional escalation	Agency safeguarding leadership and agreed partnership escalation procedures

3 KEY PRINCIPLE

3.1 The MACPT provides safeguarding leadership, independent scrutiny and professional challenge.

3.2 Operational services retain responsibility for assessment, direct work, implementation and case management.

4 ACCOUNTABILITY PRINCIPLES

- The FHLP retains allocated casework, assessment, direct engagement, coordination of the Our Family plan and implementation.
- The LCPP provides safeguarding leadership, independent scrutiny and professional challenge alongside the statutory child protection decisions, chairing and review functions specified in the operational procedures.
- Police, Health and Education contribute intelligence, analysis, challenge and agreed actions whilst retaining agency accountability.
- A huddle or consultation is not a substitute for a strategy discussion.
- Urgent protective action must not wait for a scheduled forum.
- This matrix clarifies responsibilities and interfaces; it does not create additional delegated authority, governance structures or recording requirements.

5 INTEGRATED MULTI-AGENCY PARTNER ROTA

5.1 Police, Health and Education partners operate through a single, integrated MACPT rota, with additional capacity arranged where required to respond to demand, urgency or complexity.

5.2 Embedded partner representatives contribute to Strategy Discussions, Section 47 reviews and other MACPT safeguarding functions. They coordinate relevant intelligence, information and professional contributions from their respective agencies, including where another practitioner or specialist holds direct knowledge of the child.

5.3 Embedded representatives do not replace investigating police officers, treating health professionals, education settings or other practitioners directly involved with the child. They ensure relevant agency intelligence, professional analysis and safeguarding advice inform timely, coordinated multi-agency decision-making.

5.4 The LCPP chairs and records safeguarding decisions within delegated authority; partner representatives contribute agency intelligence, assessment and professional challenge.



Detailed staffing, cover, capacity and escalation arrangements are set out in the MACPT Partner Capacity, Rota and Workforce Modelling document.

6 CONSULTATION AND PROGRESSION TO MACPT

6.1 Purpose

6.1.1 To provide a clear route into the MACPT safeguarding consultation and statutory child protection progression.

6.2 Consultation may be appropriate where:

- Significant harm may be present.
- Risk is escalating.
- Cumulative harm is emerging.
- Threshold is unclear.
- Professional disagreement exists.
- Contextual safeguarding concerns are increasing.
- Additional safeguarding scrutiny is required.

6.3 Following consultation, the LCPP may determine:

- Advice and guidance only.
- Further safeguarding consultation.
- Rapid-response huddle.
- Strategy discussion.
- Alternative safeguarding arrangements.

6.4 Communication

6.4.1 Consultation outcomes, rationale and agreed actions should be communicated to:

- Allocated practitioner.
- Operational manager.
- Relevant partner agencies.

1. Front Door Screening / Referral

Area	Detail
FHLP / Locality	IFD screens and allocates. FHLP receives allocation and commences assessment and direct work.
LCPP / MACPT	Consultation where threshold concerns or indicators of significant harm are identified.
Police	Urgent safeguarding intelligence, crime information and immediate protective actions.



Health	Relevant health history, developmental concerns and immediate clinical risks.
Education	Attendance, disclosures, safeguarding concerns and school context.
Decision Authority	IFD screening and allocation. LCPP where child protection threshold consideration is required.
Interface and Evidence	Referral information, chronology, urgency, ownership and recording.
Outcome to Test	Timely access to the right safeguarding response.

2. Emerging Risk / Consultation

Area	**Detail**
FHLP / Locality	Presents chronology, assessment, risks, family views and current safety arrangements.
LCPP / MACPT	Safeguarding leadership, threshold analysis, independent scrutiny and professional challenge.
Police	Contextual risk information, domestic abuse concerns, exploitation indicators and criminal intelligence.
Health	Safeguarding history, developmental concerns, clinical observations and mental health information.
Education	Attendance, behaviour, presentation, welfare concerns and disclosures.
Decision Authority	LCPP determines child protection progression.
Interface and Evidence	Consultation rationale, agreed actions, identified risk and next steps.
Outcome to Test	Shared understanding of harm and proportionate intervention.

3. Rapid Multi-Agency Huddle

Important Safeguarding Principle

A rapid-response huddle supports urgent information-sharing and coordination. It does **not** replace a statutory strategy discussion and must **not delay** one where threshold criteria are met.



Area	Detail
FHLP / Locality	Presents immediate concerns, risks and safety arrangements.
LCPP / MACPT	Convenes and facilitates urgent multi-agency analysis.
Police	Immediate risk, protection and investigation information.
Health	Urgent clinical information and safeguarding concerns.
Education	Immediate safeguarding information and protective arrangements.
Decision Authority	Huddle informs but does not replace statutory decision-making.
Interface and Evidence	Immediate risk, actions, owners, timescales and strategy trigger.
Outcome to Test	Immediate protection and coordinated safeguarding action.

4. Daily Multi-Agency Safeguarding Huddle

Selection Rule

A case should only be brought to the daily safeguarding huddle where multi-agency intelligence, independent scrutiny or professional challenge is reasonably likely to alter the protective response.

Area	Detail
FHLP / Locality	Presents selected cases, barriers and safeguarding concerns.
LCPP / MACPT	Facilitates discussion and provides safeguarding leadership, independent scrutiny and professional challenge.
Police	Significant incidents, intelligence and investigation updates.
Health	Safeguarding developments, health concerns and vulnerabilities.
Education	Attendance, welfare and contextual safeguarding information.
Decision Authority	Huddle informs safeguarding activity but does not replace statutory processes.
Interface and Evidence	Updated information, analysis, completed actions and identified barriers.
Outcome to Test	Stronger multi-agency analysis and reduced drift.



5. Strategy Discussion

Area	Detail
FHLP / Locality	The allocated FHLP books directly into the MACPT calendar (automatically confirmed), presents the assessment, chronology, child's lived experience, immediate safety arrangements and proposed enquiries; retains case responsibility. For an urgent discussion, contacts the Duty LCPP directly.
LCPP / MACPT	LCPP chairs the multi-agency Strategy Discussion, coordinates partner analysis and records the decision, rationale and actions in Liquidlogic. Where views differ, LCPP makes the delegated safeguarding decision, records dissent and facilitates partnership escalation.
Police	Embedded Police Detective Sergeant coordinates police intelligence, links with the team leading any criminal investigation and escalates concerns through police command.
Health	Medical information, safeguarding concerns and clinical analysis.
Education	Attendance information, observations, welfare concerns and chronology.
Decision Point	Is Section 47 required? Are immediate safeguarding arrangements sufficient? Could family-network involvement strengthen safety, support or sustainable change?
Decision Authority	Multi-agency discussion chaired by LCPP; LCPP exercises delegated safeguarding decision authority, recording rationale and professional dissent and ensuring access to partnership escalation.
Interface and Evidence	Direct MACPT calendar booking; urgent Duty LCPP route; shared chronology with direct partner contributions subject to access controls; agreed investigation leads, safety actions, owners and timescales. Out-of-hours urgent concerns follow EDT and Police arrangements; safe deferral requires recorded rationale, interim protection and handover.
Outcome to Test	Timely, lawful and evidence-informed child protection decisions.

6. Section 47 Enquiry

Area	Detail
FHLP	Undertakes the enquiry; works directly and relationally with the child and family; provides advice, information and guidance regarding

	safeguarding concerns and processes; identifies strengths and protective networks; coordinates enquiry activity and analyses findings.
LCPP / MACPT	Provides safeguarding leadership, independent scrutiny and professional challenge; promotes effective engagement with children and families; ensures concerns, decisions and expectations are communicated clearly; and considers whether direct engagement would strengthen independent scrutiny.
Police	Embedded Police Detective Sergeant coordinates police information and links with the police team conducting any criminal investigation; investigating officers retain their operational responsibilities.
Health	Assessment findings, safeguarding interpretation and specialist advice.
Education	Information regarding attendance, relationships, presentation, disclosures and wellbeing.
Decision Authority	LCPP statutory child protection decision-making authority.
Interface and Evidence	Child's voice, family views, direct work and multi-agency chronology, to which embedded Police, Health and Education contribute directly subject to appropriate system access and information governance; safeguarding analysis, protective adults and family-network involvement.
Outcome to Test	Defensible safeguarding analysis and clear statutory outcome.

SECTION 47 REVIEW ARRANGEMENTS

Important Principle

Day Five and Day Ten are local MACPT practice checkpoints, not additional statutory deadlines. Both are LCPP-led multi-agency reviews with contributions from embedded Police, Health and Education. The LCPP records decisions, rationale, differing professional views and agreed actions in Liquidlogic. They must not delay urgent protective action or conclusion of an enquiry where sufficient evidence is available.

They must **not delay**:

- Protective action.
- Statutory decision-making.
- Conclusion of an enquiry where sufficient evidence is already available.



Review Point	Purpose	Lead
Day-Five Initial Review	LCPP-led multi-agency progress and risk review with embedded Police, Health and Education contributions. LCPP records findings, decisions, rationale, dissent and actions in Liquidlogic; FHLP progresses enquiry and protective actions. Local practice checkpoint, not a statutory deadline.	LCPP and FHLP
Structured Multi-Agency Review	Additional collective review where necessary to test evidence, risk, protective arrangements and recommendations; does not replace or delay Day Five/Day Ten checkpoints or urgent protective action.	FHLP presents findings; partners contribute analysis; LCPP provides scrutiny and challenge
Day-Ten Reassessment	LCPP-led multi-agency outcome and risk review, informed by embedded Police, Health and Education. LCPP records findings, decisions, rationale, dissent and actions in Liquidlogic; FHLP retains enquiry and case responsibility. LCPP may decide progression to ICPC; the multi-agency conference decides whether a Child Protection Plan is required. Local checkpoint, not a statutory deadline.	LCPP

Review Decision Point

Does available evidence support:

- Conclusion of the enquiry?
- Further enquiry activity?
- Progression to ICPC?
- Alternative safeguarding intervention?
- Strengthened protection arrangements?

Children's Participation

The child's views, experiences and lived reality should inform decision-making throughout the pathway.

The LCPP may seek direct engagement with a child or family where this would:

- Strengthen understanding of the child's lived experience.
- Support independent scrutiny.
- Clarify safeguarding concerns.
- Inform conference or review activity.



Such engagement should complement rather than duplicate the direct work undertaken by the allocated practitioner.

7. INITIAL CHILD PROTECTION CONFERENCE

Area	Detail
FHLP / Locality	Completes assessment, engages family and presents recommendations.
LCPP / MACPT	Chairs conference independently and facilitates multi-agency decision-making.
Police	Present safeguarding information, intelligence and risk analysis.
Health	Present health assessments, developmental information and safeguarding analysis.
Education	Present educational welfare, attendance and vulnerability information.
Decision Authority	Conference decisions are reached through agreed multi-agency decision-making arrangements facilitated by the LCPP Chair. Where a multi-agency decision cannot be reached, the LCPP Chair makes the final Child Protection Conference decision in accordance with the agreed operational procedures. Differing professional views, the final decision and the rationale must be clearly recorded.
Interface and Evidence	Assessment, chronology, child and family views, safeguarding analysis and partner reports.
Outcome to Test	Robust multi-agency decision-making and coherent protection planning.

8. CHILD PROTECTION PLAN AND CORE GROUPS

Area	Detail
FHLP / Locality	Coordinates the Child Protection Plan, direct work, family engagement and Core Group activity.
LCPP / MACPT	Provides safeguarding leadership, independent scrutiny and professional challenge regarding progress and intervention effectiveness.
Police	Deliver agreed disruption, investigation and safeguarding actions.
Health	Deliver health interventions and monitor outcomes.
Education	Deliver educational actions and monitor wellbeing.



Decision Authority	Locality retains case-management responsibility. LCPP retains child protection scrutiny and conference-chair functions.
Interface and Evidence	Core Group records, direct work, chronology, child and family feedback, outcome measures and safeguarding analysis.
Outcome to Test	Improved safety, reduced risk and sustainable change for the child.

9. MIDPOINT REVIEW AND REVIEW CONFERENCE

Area	Detail
FHLP / Locality	Provides updated assessment, chronology, child and family views, evidence of change, progress against safety goals and analysis of remaining concerns.
LCPP / MACPT	Leads midpoint scrutiny and chairs Review Conference. Provides safeguarding leadership, independent scrutiny and professional challenge regarding progress, risk and effectiveness of intervention.
Police	Provide updates regarding investigations, intelligence, criminal activity, disruption activity and emerging safeguarding concerns.
Health	Present information regarding health outcomes, developmental progress, treatment engagement and unresolved safeguarding concerns.
Education	Provide evidence regarding attendance, behaviour, welfare, achievement, presentation, relationships and the child's lived experience within education.
Decision Point	Has sufficient progress been achieved? Does the Child Protection Plan remain necessary? Are risks reducing, unchanged or escalating?
Decision Authority	Review Conference decisions are reached through agreed multi-agency decision-making arrangements facilitated by the LCPP Chair in accordance with operational procedures. Where a multi-agency decision cannot be reached, the LCPP Chair makes the final Review Conference decision in accordance with the agreed operational procedures. Differing professional views, the final decision and the rationale must be clearly recorded.
Escalation Triggers	Lack of measurable progress; escalating risk; deteriorating lived experience; disguised compliance; ineffective intervention; repeated incidents; agency non-attendance or non-delivery.



Interface and Evidence	Updated assessment, chronology, child and family feedback, partner reports, evidence of progress, safety-goal review and agency challenge.
Outcome to Test	Improved safety, measurable change and responsive planning informed by evidence.

10. LONGSTANDING OR STALLED CHILD PROTECTION PLANS

Area	Detail
FHLP / Locality	Presents chronology, review history, progress to date, barriers to change, family views, previous interventions and recommended next steps.
LCPP / MACPT	Provides enhanced safeguarding leadership, independent scrutiny and professional challenge. Chairs reflective review arrangements where required.
Police	Contribute cumulative-risk analysis, recurring intelligence, disruption activity and unresolved safeguarding concerns.
Health	Present unresolved health concerns, engagement issues, barriers to intervention and ongoing vulnerability factors.
Education	Provide longitudinal evidence regarding attendance, welfare concerns, vulnerabilities, educational progress and indicators of drift.
Decision Point	Is meaningful change occurring? Is current planning sufficient? Does legal planning require consideration? Would an alternative safeguarding approach better meet the child's needs?
Decision Authority	Existing statutory decision-makers remain accountable. Reflective review arrangements inform decision-making and recommendations but do not replace statutory authority.
Escalation Triggers	12-month review trigger; 15-month review trigger; repeat Child Protection Plans; limited progress; repeated conference concerns; increasing risk; concerns regarding intervention effectiveness.
Interface and Evidence	Full chronology, review history, outcome analysis, child and family views, agency evidence, legal considerations and professional recommendations.
Outcome to Test	Reduced drift, strengthened intervention, improved decision-making and better outcomes for the child.



11. FAMILY-LED DECISIONS AND SAFE TRANSITIONS

Area	Detail
FHLP / Locality	Leads transition planning, coordinates family and network involvement, supports implementation of ongoing plans and ensures continuity of support.
LCPP / MACPT	Tests threshold integrity, residual risk, sustainability of change and effectiveness of contingency planning.
Police	Contribute safeguarding intelligence, public protection considerations and disruption activity where relevant.
Health	Provide continuity planning and health and wellbeing information relevant to ongoing support.
Education	Provide educational continuity information, attendance analysis and safeguarding considerations relevant to transition.
Decision Point	Can concerns be safely managed without ongoing Child Protection intervention? Has sustainable change been evidenced? Could increased family-network involvement strengthen safety and support?
Decision Authority	LCPP retains responsibility for child protection threshold decisions. Locality teams retain responsibility for ongoing planning and implementation.
Escalation Triggers	Breakdown of safety arrangements; deterioration in functioning; emerging safeguarding concerns; network unable to sustain protection; failed transition arrangements.
Interface and Evidence	Transition plans, child and family views, identified support networks, evidence of sustained change, contingency arrangements and risk analysis.
Outcome to Test	Safe transition with continuity of support, protection and important relationships.

12. HARM OUTSIDE THE HOME

Area	Detail
FHLP / Locality	Leads assessment, direct work, contextual safeguarding planning and intervention with the child and family.



LCPP / MACPT	Ensures contextual intelligence informs safeguarding decision-making, protection planning and risk formulation. Provides safeguarding leadership, independent scrutiny and professional challenge regarding contextual risks.
Police	Lead criminal investigations, intelligence gathering, disruption activity, perpetrator mapping and enforcement activity.
Health	Assess physical health, emotional wellbeing, trauma, vulnerability and health impacts arising from exploitation or contextual risk.
Education	Share attendance information, exclusions, peer-group concerns, welfare concerns and contextual safeguarding intelligence.
Decision Point	Are contextual safeguarding risks sufficiently understood? Is the current response reducing vulnerability and harm?
Decision Authority	LCPP retains child protection decision-making authority. MACE and other contextual safeguarding forums retain their own operational responsibilities and governance arrangements.
Escalation Triggers	Criminal exploitation; sexual exploitation; county lines indicators; gang association; online harm; repeated missing episodes; ineffective disruption activity.
Interface and Evidence	Contextual assessment, intelligence, chronology, disruption planning, direct-work evidence, child views and network analysis.
Outcome to Test	Reduced contextual harm and improved safety across home, school, community and peer environments.

13. MISSING CHILDREN

Area	**Detail**
FHLP / Locality	Coordinates assessment, direct work, return-home activity, family engagement and safety planning.
LCPP / MACPT	Chairs Trigger meetings and provides safeguarding leadership, independent scrutiny and professional challenge regarding planning, risk and progress.
Police	Share missing-episode intelligence, risk patterns, associated adults, exploitation information and safeguarding concerns.



Health	Provide information regarding vulnerability, emotional wellbeing, self-harm concerns and health-related risks.
Education	Share attendance information, exclusions, educational safeguarding concerns and indicators of vulnerability.
Decision Point	Are current arrangements reducing risk and preventing recurrence? Are wider safeguarding concerns emerging?
Decision Authority	LCPP leads Trigger meeting arrangements in accordance with agreed operational procedures.
Escalation Triggers	Repeated missing episodes; increasing frequency; exploitation concerns; escalating vulnerability; ineffective safety planning; poor engagement.
Interface and Evidence	Return-home information, chronology, intelligence, safety planning, direct-work evidence, child views and risk assessments.
Outcome to Test	Reduced recurrence, improved safety and earlier identification of exploitation or vulnerability.

14. PROFESSIONAL DISAGREEMENT AND ESCALATION

Area	Detail
FHLP / Locality	Raises concerns, evidences risk, challenges decisions where appropriate and acts on immediate safeguarding needs.
LCPP / MACPT	Facilitates professional resolution, provides safeguarding leadership, independent scrutiny and professional challenge and supports escalation where required.
Police	Escalate concerns through police safeguarding management structures where operational resolution cannot be achieved.
Health	Escalate concerns through safeguarding and clinical governance arrangements.
Education	Escalate concerns through safeguarding leadership arrangements.
Decision Point	Can concerns be resolved at practitioner or manager level? Is formal escalation required?
Decision Authority	Relevant statutory decision-makers remain accountable for decisions within their own remit.



Escalation Route	Practitioner → Manager → LCPP / Safeguarding Lead → Agency Safeguarding Leadership → Operational Head of Service (where appropriate) → Partnership Escalation Procedure. Escalation should follow the appropriate agency or partnership route, proportionate to the nature and urgency of the concern. Immediate safeguarding action must not be delayed whilst professional disagreement is being resolved.
Escalation Triggers	Threshold disagreement; inadequate safety planning; significant risk not being addressed; delayed decision-making; repeated challenge; disputed safeguarding decisions.
Interface and Evidence	Recorded concerns, chronology, safeguarding analysis, actions taken, escalation records and resolution outcomes.
Outcome to Test	Timely resolution without delay to child protection, safety planning or decision-making.

15. OUT-OF-HOURS AND HANDOVER ARRANGEMENTS

Area	Detail
FHLP / Locality	FHLP retains case responsibility, follows up EDT and emergency actions and coordinates safe interim arrangements. Where a non-immediate discussion is deferred over a weekend or bank holiday, rationale, named accountability, interim safety and handover must be recorded.
LCPP / MACPT	Duty LCPP assesses risk and coordinates urgent Strategy Discussions during operating hours. Immediate or escalating out-of-hours concerns use EDT and Police arrangements. A safely deferred discussion takes place promptly the next working day; risk changes trigger earlier action.
Police	Undertake emergency response activity and provide intelligence and safeguarding information through handover processes.
Health	Deliver urgent health interventions and support continuity of care.
Education	Contribute safeguarding information where appropriate following handover.
Decision Point	Does out-of-hours information require strategy discussion, further enquiry, escalation or review?



Decision Authority	Emergency responders exercise statutory powers and delegated authority within their own agencies. MACPT resumes daytime safeguarding functions and oversight arrangements.
Escalation Triggers	Significant overnight incident; emergency protection activity; serious injury; major safeguarding concern; inadequate handover; substantial change in risk profile.
Interface and Evidence	Recorded risk assessment and rationale for any safe deferral; interim protection, responsible professional, EDT/Police handover, escalation triggers, subsequent review and direct booking.
Outcome to Test	Safe continuity, clear accountability and effective safeguarding responses across emergency and daytime services.

Cross-Cutting Operational Interfaces

Function	Responsibility
MACPT Service Manager	Maintains oversight of operational capacity, partner participation, decision quality, unresolved barriers and service development. Recurring themes arising from safeguarding consultation, statutory decision-making, professional challenge and operational interfaces should be identified and brought to the MACPT Service Manager for consideration of wider service or partnership improvement.
Locality Managers	Retain responsibility for supervision, management oversight, resource allocation and delivery of safeguarding actions.
Business Support	Supports booking, invitations, administration, workflow management and recording arrangements.
Specialist Safeguarding Forums	MARAC, MAPPA, MACE and other specialist forums retain their own governance and statutory functions whilst interfacing appropriately with MACPT.
Partner Agencies	Retain responsibility for professional accountability, workforce management, clinical governance and operational delivery within their own services.

Final Practice Question

At every stage practitioners should be able to answer:

- What are we worried about?



- What is working well?
- What is life like for this child today?
- What evidence supports our analysis?
- What remains uncertain?
- Who is helping to keep the child safe?
- What needs to change?
- What happens next?
- Who is accountable?

If these questions cannot be answered confidently, further analysis, enquiry, scrutiny or safeguarding action is likely to be required.

