Multi Agency Child Protection Team Operating Protocol

Enfield Children's Services



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1. Purpose of this Protocol

This protocol sets out the operating arrangements for the Multi Agency Child Protection Team (MACPT) in Enfield. It explains the purpose of the team, how it works with children's social care and safeguarding partners to provide oversight and decision-making in relation to statutory child protection concerns, including intra-familial harm and extra-familial harm, including risks outside the home.

The protocol should be read alongside national statutory guidance, the London Safeguarding Children Procedures, the Enfield Family Help Protocol and relevant local operating procedures. The protocol should be read in conjunction with the Enfield MACPT quality assurance framework which is intended to support clear, timely and consistent practice across the partnership for children where there are concerns that they may be suffering, or are likely to suffer, significant harm.

The aim is to ensure that children receive the right help and protection at the right time, while maintaining relationship-based practice with families wherever this is safe and appropriate.

2. Vision and Core Principles

The Multi Agency Child Protection Team supports a decisive, child-centred and multi-agency safeguarding system. Practitioners should have the expertise, time, support and clear authority to identify significant harm quickly and take effective protective action.

The team works to the following principles, using a Family Safeguarding approach that is relationship-based, purposeful and focused on meaningful change:

- Children experience one joined-up safeguarding system.
- Children and families should not have to repeat their story unnecessarily.
- Relationships with families should be maintained wherever safe and appropriate.
- Child protection decisions should be timely, evidence-based and clearly recorded.
- Professional challenge should be respectful, purposeful and welcomed.
- Information should be shared lawfully, proportionately and in the best interests of the child.
- Practice should be anti-discriminatory, trauma informed and focused on the lived experience of the child.
- Family networks should be explored and strengthened wherever this can safely support the child.
- Decisions should promote safety, stability and better long-term outcomes for children, in line with the family safeguarding approach.

The DfE vision statement for the MACPT is:

> A decisive, multi-agency system where practitioners have expertise, experience, time and support to identify actual or likely significant harm quickly and accurately and take rapid and effective protective action, whether the harm is inside or outside the home. Where work and interventions are meaningful and practice feels clear and compassionate for children, their parents and their family networks.

3. Governance and Legal Framework

The Multi Agency Child Protection Team is manged within Children's Social care within the Safeguarding and Quality Assurance Service. It is accountable through Children's Services governance and the Enfield Safeguarding Children Partnership (ESCP).

The MACPT has been established in line with the Families First for Children reforms, Working Together to Safeguard Children (2026) and the Children's Wellbeing and Schools Act 2026. It provides the specialist capacity needed to support the local authority's statutory child protection duties. The work is guided by the Children Act 1989, the Children's Social Care National Framework, the London Safeguarding Children Procedures and relevant Enfield policies and procedures.

MACPT provides a specialist multi agency approach to delivering statutory child protection functions, including strategy discussions, Child Protection Enquiries, child protection conferences and child protection planning. The local authority retains statutory responsibility and accountability for child protection decision making under the Children Act 1989. Partner agencies contribute to information sharing, analysis, assessment, planning and coordinated safeguarding action.

Children's Social Care National Framework

The work of the Multi Agency Child Protection Team supports delivery of the Children's Social Care National Framework and contributes to the wider Families First reforms. The team promotes practice that strengthens multi-agency working, supports an effective workforce and creates the conditions for high-quality safeguarding practice.

The work of the team contributes to the following outcomes:

National Framework Outcome	Contribution of the MACPT
Children and families stay together and get the help they need	Supporting timely safeguarding intervention and effective family support
Children are supported by their family networks	Promoting family network involvement and Family Decision Making
Children are safe in and outside their homes	Providing robust child protection decision making and multi-agency safeguarding responses
Children in care and care leavers have stable homes	Supporting permanence planning and safe transitions where children become looked after



4. Practice Framework

Enfield practice model is Family Safeguarding Practice, which is supported by motivational interviewing and trauma informed practice. This means practitioners work with families in a respectful, purposeful and curious way, helping parents and carers to understand the concerns, consider the impact on the child, recognise their own motivation and ability to change, and take practical steps that improve safety and outcomes for children.

The Multi Agency Child Protection Team applies this framework by:

- developing a clear shared understanding of the concerns, the impact on the child, parental capacity, family context and the changes needed;
- using professional curiosity to understand the child's lived experience;
- working with parents, carers and family networks in a collaborative way wherever this is safe to do so;
- using clear analysis to understand harm, concerns, positives, parental capacity and the actions needed to reduce risk;
- making decisions that are proportionate, timely and clearly explained;
- using multi-agency information to support robust assessment and planning.

5. Role and Scope of the Multi Agency Child Protection Team

The Multi Agency Child Protection Team is a specialist multi-agency team that supports statutory child protection decision making where there are concerns that a child may be suffering, or is likely to suffer, significant harm.

The team brings together expertise from Children's Social Care, Police, Health, Education and other safeguarding partners. Its role is to support timely information sharing, clear analysis, decisive child protection action and effective quality assurance.

The team is involved where a child protection response is required because of harm within the family, harm outside the family including exploitation, serious youth violence, missing episodes, or other safeguarding concerns that may meet the threshold for significant harm.

5.1 Core Functions

The core functions of the team are to:

- chair strategy discussions;
- make statutory child protection decisions;
- oversee and quality assure Child Protection Enquiries;
- chair Initial and Review Child Protection Conferences;
- determine the need for child protection planning;
- provide child protection consultation and advice;

- promote effective multi-agency safeguarding practice;
- provide quality assurance, learning and professional challenge;
- support workforce development and improvement activity.

6. Relationship with Family Help

Family Help and the Multi Agency Child Protection Team operate as part of one safeguarding system. The Family Help Practitioner/SW/AP remains the main practitioner working directly with the child and family and is responsible for assessment, intervention, relationship-based work and delivery of the family plan.

The Lead Child Protection Practitioner provides statutory child protection leadership, oversight and decision making where child protection thresholds are met. This supports continuity for families while ensuring clear accountability for statutory child protection functions.

The Multi Agency Child Protection Team and Family Help teams work together through:

- joint planning where child protection concerns exist;
- shared analysis of harm, protective factors, parental capacity and the changes needed to reduce harm;
- collaborative decision making while maintaining statutory accountability;
- clear escalation where professional disagreement occurs.



7. Eligibility and Referral Criteria

The Multi Agency Child Protection Team should be involved where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, and a child protection response is required.

This includes concerns about:

- physical abuse, emotional abuse, sexual abuse or neglect;
- domestic abuse and its impact on children;
- child criminal exploitation;
- child sexual exploitation;
- serious youth violence or gang-related harm;
- missing episodes where there are safeguarding concerns, or where the child has been missing for 5 days or longer;
- peer-on-peer abuse;
- harm outside the home;
- allegations or concerns involving children in care, carers or wider networks.

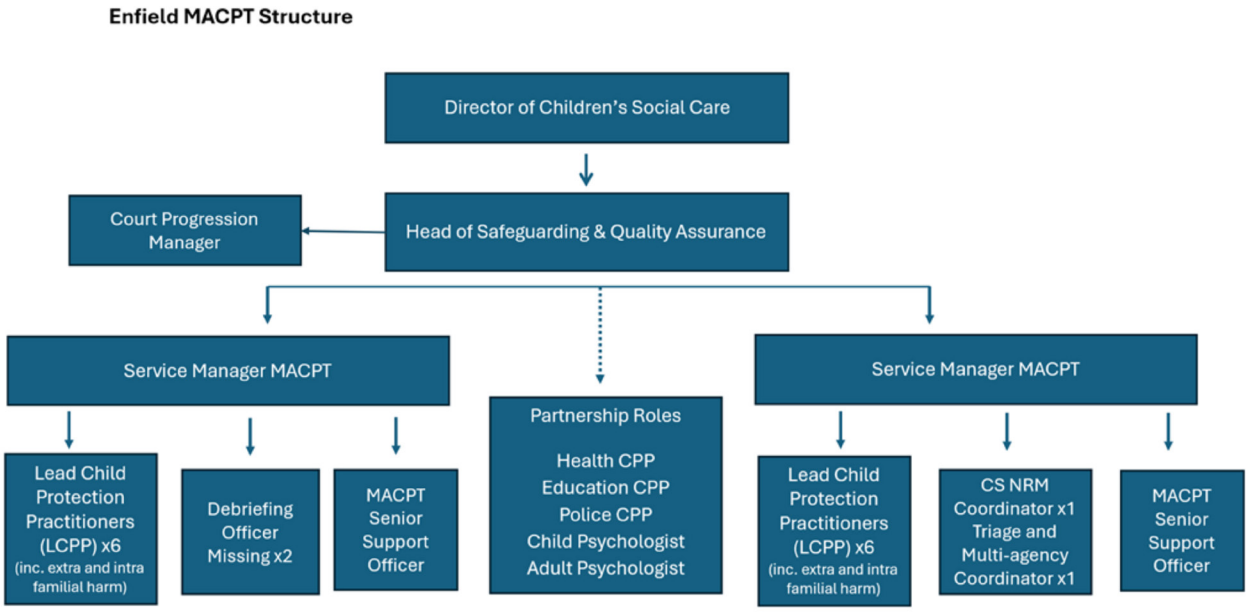
The needs of all children in the family should be considered when a child protection response is being planned. This is to avoid children being split unnecessarily across services and to support a whole-family approach.

Where the threshold for a child protection response is not met, the rationale must be clearly recorded and shared with the referrer and relevant professionals. The decision should set out the alternative pathway, including whether the child and family should continue to receive support through Family Help, Early Help, universal services or another agreed route. Step-down decisions should include clear actions, named leads and timescales so that families do not experience delay or drift.

Where there is uncertainty about threshold, the Lead Child Protection Practitioner should provide consultation, support professional discussion and agree whether further information is needed before a final decision is made. Any delay in decision making must be proportionate, time limited and must not prevent immediate protective action where this is required.



8. Team Structure and Core Roles



8.1 Service Manager

The Service Manager is responsible for the management and development of the Multi Agency Child Protection Team.

The role includes:

- management oversight of the team
- line management and supervision of Lead Child Protection Practitioners, Debriefing Officers, NRM Coordinator, Senior Support officers and Triage and Multi-agency Coordinator allocation of work to Lead Child Protection Practitioners
- co-chairing MACE with the police
- chairing SAFE panel
- chairing PLO meetings and reviews
- oversight of quality assurance activity
- resolution of operational issues and escalation with partner agencies
- coordinating working arrangements and service processes
- support for multi-agency working and co-location arrangements
- budget and resource oversight
- management oversight and decision making where required
- Producing regular reports

8.2 Lead Child Protection Practitioner

The Lead Child Protection Practitioner is responsible for statutory child protection decision making, oversight and quality assurance.

The role includes:

- chairing strategy discussions;
- making statutory child protection decisions;
- referring a family to the advocacy service
- lead Child Protection Enquiries, including joint and single agency enquiries, including visits to the family home
- coordinating child protection child medicals;
- chairing Initial and Review Child Protection Conferences;
- determining whether a child protection plan is required;
- providing child protection consultation and advice;
- visiting the family where appropriate to do so;
- overseeing the progress and quality of child protection plans;
- working with Family Help and partner agencies to support shared planning;
- providing information and support in relation to Public Law Outline and court work where appropriate;
- contributing to group supervision, quality assurance and learning activity.

The Lead Child Protection Practitioner retains accountability for statutory child protection decisions. The Family Help Lead Practitioner remains responsible for direct work, intervention planning and progress of the child and family plan.

8.3 Police Lead Practitioner

The Police Lead Practitioner supports the Multi Agency Child Protection Team by ensuring that police information, decision making and protective action contribute effectively to child protection work.

The role includes:

- supporting timely and high-quality police research;
- ensuring the right police representation at strategy discussions;
- supporting joint enquiries and agreed police actions;
- providing police advice and consultation;
- contributing to child protection conferences and plans;
- supporting quality assurance and escalation where required;

- maintaining links with relevant police teams and specialist services;
- participating in team meetings, group supervision and joint learning.

8.4 Health Lead Practitioner

The Health Lead Practitioner supports access to health information and health safeguarding advice.

The role includes:

- liaising with health professionals involved with the child or family, including the child's registered GP, health visitor, school nurse, midwife, acute health service, mental health service, perinatal service or any other health service currently involved;
- facilitating input from acute, community, mental health, perinatal, GP, midwifery and other health services;
- supporting attendance from the most appropriate health representative at strategy discussions and conferences;
- ensuring health-related safeguarding actions are progressed;
- supporting health reports for child protection conferences to include the child's health history, current health needs, missed appointments, parental health factors, safeguarding concerns, protective factors, analysis of harm and clear recommendations;
- advising on health concerns and safeguarding from harm;
- contributing to quality assurance, supervision and learning activity.

8.5 Education Lead Practitioner

The Education Lead Practitioner supports access to education safeguarding information and advice.

The role includes:

- providing education safeguarding advice and consultation;
- facilitating input from schools, early years settings, colleges and wider education providers;
- supporting attendance and reporting from the child's education setting;
- ensuring education information contributes to strategy discussions and conferences;
- supporting designated safeguarding leads to provide reports that include attendance, exclusions, behaviour, attainment, special educational needs, the child's presentation in school, known concerns, protective factors, parental engagement, analysis of harm and clear recommendations;
- contributing to quality assurance, supervision and learning activity.

8.6 Court Progression Manager

The Court Progression Manager supports oversight of Public Law Outline and court-related activity.

The role includes:

- tracking Public Law Outline and court work;
- providing advice and guidance on legal processes;
- supporting practitioners with documents for pre-proceedings and care proceedings;
- quality assuring key court documents where required;
- supporting timely progression and reducing avoidable delay.

8.7 Debriefing Officer

The Debriefing Officer is responsible for supporting learning following significant incidents, missing episodes, exploitation concerns and other safeguarding events where a debrief is required.

The role includes:

- coordinating and arranging return home interviews, debriefs and learning discussions where required
- gathering and recording information about risk, push and pull factors, missing patterns, exploitation concerns and the child's lived experience and upload onto the child's file
- sharing relevant information with the Lead Child Protection Practitioner, Family Help practitioner, police, education, health and other safeguarding partners;
- identifying themes, patterns and learning from debrief activity to inform safety planning and quality assurance
- supporting children and families to understand the purpose of debriefing and encouraging meaningful participation
- contributing to team learning, exploitation meetings, MACE activity and wider safeguarding improvement work.

8.8 NRM Coordinator

The NRM Coordinator is responsible for supporting effective identification, referral and oversight of children who may be victims of modern slavery, trafficking or exploitation.

The role includes:

- providing advice and guidance to practitioners about National Referral Mechanism referrals and related safeguarding processes
- supporting the quality and timeliness of NRM referrals for children where there are concerns about trafficking, modern slavery, child criminal exploitation or child sexual exploitation
- tracking NRM referrals, decisions and outcomes to support oversight and service reporting
- working with the Lead Child Protection Practitioner, Family Help practitioner, police and partner agencies to ensure NRM information informs safety planning and child protection decision making

- identifying themes and learning from NRM activity, including gaps in practice, repeat concerns or emerging exploitation patterns
- contributing to MACE, quality assurance, training and wider practice development in relation to exploitation and trafficking.

8.9 Triage and Multi-agency Coordinator

The Triage and Multi-Agency Coordinator is responsible for supporting effective multi-agency coordination, information sharing and oversight of children where there are concerns about exploitation, missing episodes or wider contextual safeguarding risks.

The role includes:

- leading on data collection, monitoring and reporting relating to child exploitation, missing children and the work of the team
- liaising with police intelligence and partner agencies to gather, map and share information about children at risk of exploitation or going missing
- collating and analysing data to support partnership reporting, service planning and decision making
- supporting the coordination of multi-agency exploitation meetings, strategic partnership groups and operational forums, including taking and circulating minutes
- contributing to relevant strategic partnership meetings and sharing information to support oversight of risk, themes and emerging patterns
- supporting team members with the planning, tracking and coordination of work programmes linked to exploitation, missing children and contextual safeguarding
- promoting the involvement of children, young people and families so that their views help inform service design, planning and delivery
- supporting quality assurance activity, performance monitoring and wider practice development in line with safeguarding responsibilities and local reporting requirements.



9. Referral Pathways

9.1 New Referrals into MASH

All new contacts are reviewed by MASH, with a pathway decision made within 24 hours.

If a contact is assessed as Red (Level 4) and indicates that a child protection response is required, MASH will send the referral to the relevant Family Help team. MASH will also email the designated MACPT mailbox, copying in the Family Help duty manager and the duty Lead Child Protection Practitioner. This ensures Family Help receives the referral for allocation, while MACPT is alerted early so that statutory child protection oversight and strategy discussion arrangements can begin without delay.

This ensures that children who may be at risk of significant harm receive a prompt safeguarding response.

Where a child protection response is required, there should be direct discussion between MASH, the relevant Family Help team and the duty Lead Child Protection Practitioner. System alerts should support, but not replace, professional discussion.

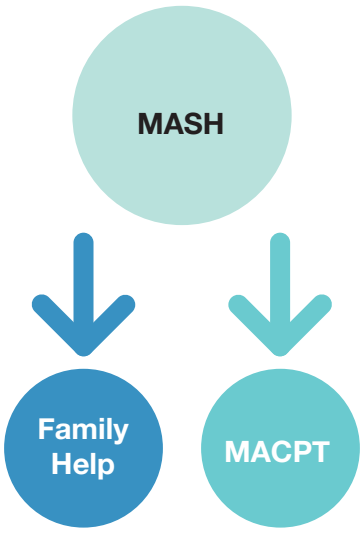
A Lead Child Protection Practitioner should be assigned as soon as the decision is made that a Strategy Meeting is required. Where an urgent response is required, this should happen within 4 hours. With the strategy discussion taken place within a maximum of 24 hours.

9.2 Open Cases in Family Help

Where child protection concerns arise on an open Family Help case, the Family Help Lead Practitioner or Team Manager should request a strategy discussion using the MACPT Request Form on Liquid Logic.

The duty Lead Child Protection Practitioner will review the request, discuss the concerns with the Family Help Team Manager, and provide feedback within 1 working day, unless a more urgent response is required. The outcome should be recorded clearly, including the rationale for whether a strategy discussion is required.

Where a child protection response is required, the Lead Child Protection Practitioner will begin coordination of the strategy discussion/meeting and be assigned to the child/ren.



10. Strategy Discussions and Child Protection Enquiries

A strategy discussion must take place whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. The purpose is to share information, analyse harm, decide whether a Child Protection Enquiry is required, agree immediate safety actions and confirm roles and responsibilities. A Child Protection Enquiry is the statutory enquiry completed under Section 47 of the Children Act 1989.

Strategy discussions and Child Protection Enquiries must be undertaken in line with national statutory guidance, the London Safeguarding Children Procedures and Enfield's local child protection arrangements.

The Lead Child Protection Practitioner is responsible for chairing the strategy discussion and coordinating the agreed actions. The discussion should include the right professionals from Children's Social Care, Police, Health, Education and any other relevant agencies.

Where a child protection medical may be needed, this should be agreed within the strategy discussion. The Lead Child Protection Practitioner will coordinate this with health, police and the allocated Family Help Lead Practitioner. MACPT Business Support will arrange the medical once agreed. The decision, rationale, family support arrangements and link to the Child Protection Enquiry and safety planning should be clearly recorded.

Relevant professionals mean the child's allocated Family Help Lead Practitioner, Family Help Team Manager, Lead Child Protection Practitioner, Police, Health, Education, and any agency currently involved with the child, parent or carer. This may include housing, probation, substance misuse services, domestic abuse services, youth justice, adult social care, voluntary sector services or any other agency involved with the child or family.

Where a practitioner from the Partnership Hub is already involved with the child or family, they should be invited to attend the strategy discussion and contribute to the multi-agency analysis. Where they are unable to attend, they should provide relevant information in advance, including current involvement, strengths, risks, family engagement and any safety planning already in place.

For missing person strategy discussions, the Debriefing Officer should be invited and available to attend wherever possible. Where they are unable to attend, they should provide relevant information in advance, including return home interview or debrief information, missing patterns, push and pull factors, exploitation concerns and any identified safety planning needs.

The Lead Child Protection Practitioner will chair the strategy discussion on the day of receipt where harm is immediate, or within a maximum of 3 working days where the harm is not immediate. If a child is believed to be at immediate risk of significant harm, arrangements to see and safeguard the child should be made the same day. Where the harm is not immediate, the child should be seen within 24 hours from the strategy discussion.

Where the outcome is a Child Protection Enquiry, the Lead Child Protection Practitioner will oversee and quality assure the enquiry. The Family Help Lead Practitioner will maintain direct work with the child and family, unless a different arrangement is agreed as part of the strategy discussion.

Children should be seen and spoken with alone where this is appropriate and safe, taking account of their age, communication needs, disability, language, culture and wishes. Practitioners should seek to understand the child's daily life, relationships, worries and hopes, and this should inform the analysis, safety planning and any child protection plan.

If a child is already allocated to Family Help, the Family Help Lead Practitioner will complete the 87a. If this is a new referral and not yet allocated to Family Help, the Lead Child Protection Practitioner will complete or ensure completion of the 87a in line with the child protection pathway. The 87a should be shared with relevant partner agencies as part of the strategy discussion request.

Where an open Family Help case is held by an alternatively qualified Family Help Lead Practitioner and a Child Protection Enquiry is required, a qualified social worker should be identified to work alongside the practitioner and complete the statutory social work tasks. The Family Help Lead Practitioner should remain involved when this supports continuity for the child and family and does not delay or weaken the statutory child protection response.

The Family Help Lead Practitioner completes the Child Protection Enquiry record on Liquid Logic. The Lead Child Protection Practitioner reviews and authorises the Child Protection Enquiry outcome and records the statutory child protection decision and rationale on Liquid Logic. The Family Help Team Manager retains supervisory responsibility for the Family Help Lead Practitioner and oversight of the wider Family Help intervention plan.

The Lead Child Protection Practitioner will quality assure the Child Protection Enquiry outcome and ensure the family have been offered advocacy. Where the outcome of the Child Protection Enquiry is to convene an Initial Child Protection Conference, this decision should be made by day 8 of the investigation to support timely conference arrangements and statutory timescales.

The strategy discussion should clearly record:

- the concerns and presenting harm;
- the child's lived experience and immediate safety needs;
- the analysis of the family's needs, parental capacity and the actions needed to reduce any harm identified.
- whether the threshold for a Child Protection Enquiry is met;
- who will complete each action;
- timescales for seeing the child and progressing enquiries;
- immediate safeguarding actions and any safety arrangements required;
- how parents, carers and children will be informed, unless this would increase harm;
- Referral for advocacy service has been offered to parents/carers.
- how and when outcomes of the strategy will be shared.
- whether a child protection medical is required, the rationale for the decision and confirmation that MACPT Business Support will request and organise this.

10.1 Good Practice Standards for Strategy Discussions

Invites should be sent with sufficient notice unless this would delay immediate protective action or increase risk to the child. For urgent strategy discussions, invites should be sent at least 1 hour before the meeting where this can be achieved without delay. For planned strategy discussions, invites should be sent at least 24 hours before the meeting. Invites should include the reason for the meeting, basic details of the child, presenting concerns and the rationale for the strategy discussion.

Urgent meetings should be arranged quickly and must include Children's Social Care and Police. Health, Education and any other agency currently involved with the child or family should be invited unless waiting for attendance would delay immediate protective action.

- The chair should set a clear purpose, timeframe and agenda.
- Professionals should share relevant information and be prepared to make decisions for their agency.
- The child's lived experience and the impact of adult behaviour should remain central to the discussion.
- Family's need, strengths, harm, parental capacity and motivation to change should be analysed, not simply described.
- Immediate safeguarding actions should be clear, practical and linked to what needs to change to reduce harm for the child.
- Professional challenge should be respectful and clearly recorded.
- The meeting should be anti-discriminatory and challenge bias or assumptions.
- Actions should be specific, owned and timebound.

Strategy discussion records should be shared with relevant professionals within 3 working days where the outcome is a joint Child Protection Enquiry, and within 5 working days where the outcome is a single agency enquiry.

11. Information Sharing

Timely and proportionate information sharing is essential to effective child protection practice. Agencies should share relevant information where it is necessary to safeguard and promote the welfare of a child.

Requests for information should clearly state whether a response is required the same day, within 24 hours, or before a planned strategy discussion. Requests should include the reason for the request, the presenting child protection concerns, the information required, and the timescale for response. Information must be shared securely and recorded in accordance with agency procedures and data protection requirements.

Where there are concerns that a child may be suffering or likely to suffer significant harm, information may be shared without consent where there is a lawful basis to do so. The absence of parental agreement must not delay information sharing, strategy discussions, child protection decision making or protective action. This should be clearly recorded.

Parents and carers should usually be informed about child protection concerns, strategy discussions and Child Protection Enquiries unless doing so would increase risk to the child, compromise a police investigation, place another person at risk, or undermine immediate protective action. The decision

about whether, when and how to inform parents or carers should be agreed during the strategy discussion and clearly recorded.

Children and families should be helped to understand the child protection process in clear, accessible language. Practitioners should consider interpretation, translation, advocacy, communication aids and reasonable adjustments so that children, parents and carers can take part meaningfully wherever this is safe and appropriate.

Practice must be anti-racist, culturally responsive and inclusive. Practitioners should actively consider how race, ethnicity, culture, religion, disability, neurodiversity, poverty, language, immigration status, gender, sexuality and family structure may affect the child and family's experience. Assessments and decisions must avoid assumptions, adultification, victim blaming or confusing poverty with neglect.

Partner agencies should ensure that the professional with the most relevant knowledge of the child, parent, carer or presenting concern contributes to the strategy discussion or child protection conference. Where attendance is not possible, a written contribution should be provided in advance unless the urgency of the circumstances prevents this.

Health, education and police colleagues are co-located within the Multi Agency Child Protection Team. The duty Lead Child Protection Practitioner who receives a request for a strategy discussion will notify relevant partner agencies through agreed information-sharing pathways to obtain information, support multi-agency analysis and inform statutory child protection decision making.

The existing referral mechanisms are:

- 87a / 87b to the police referral desk: SCD5Mailbox-.EnfieldCJIT@met.police.uk
- MASH checks: NAMailbox-.SafeguardingMASHNorth@met.police.uk
- NA Localised Missing Hub: nalmh@met.police.uk
- NA Child Exploitation Team: NAMailbox-.CETOLD@met.police.uk
- North London NHS Foundation Trust safeguarding team: use the MACPT email address or agreed safeguarding route.

Where health information is required, practitioners should check whether MASH health checks have already been completed. Red or Level 4 referrals may not have full MASH checks completed, so further health information may be required from the Health Lead Practitioner or relevant health safeguarding route.

Health requests should include the child's registered GP where known, NHS number where available, the 87a where relevant, a brief summary of the presenting concerns, the reason for the strategy discussion, what information is being requested, and the timescale for response. GPs and relevant health professionals should be contacted directly where their information is required for the strategy discussion or conference.

If a parent, carer or child is known to adult mental health, child and adolescent mental health, perinatal mental health or other specialist health services, information should be requested through the relevant safeguarding route. This should also happen where the child or parent is on a waiting list, as relevant assessment or safeguarding information may already be available.

Where information is needed the same day to inform immediate safety planning or a strategy discussion, secure written requests must be followed up by telephone. The outcome of any telephone discussion should be recorded clearly, including who was spoken to, what information was shared, and how this informed decision making.

Outcomes from strategy discussions should be shared with professionals who were unable to attend where their agency is expected to contribute to safety planning, Child Protection Enquiries, conference reporting or ongoing child protection planning.

12. Parental Advocacy and Family Network Support

Parents and carers should be offered a formal referral to the advocacy service after a strategy meeting has concluded that there will be a Child Protection Enquiry.

The Lead Child Protection Practitioner should make the referral to the advocacy service ensure the parent or carer's response, and any referral made are recorded clearly on liquid logic

A Family Decision Making meeting should also be considered this should be discussed with the Family Decision Making team by the allocated family help practitioner and recorded on the case file.

13. Allocation and assigning a LCPP

Children are assigned a Lead Child Protection Practitioner, when a strategy meeting/discussion is agreed by the Multi Agency Child Protection Team. The Lead Child Protection Practitioner remains involved while statutory child protection oversight is needed.

Where a child is open to Family Help, the Family Help Lead Practitioner remains the main practitioner working with the child and family. The Lead Child Protection Practitioner provides statutory child protection oversight and decision making.

Where a child is no longer subject to child protection involvement, the MACPT and Lead Child Protection Practitioner's involvement should end.

Where a child moves into care proceedings or becomes looked after, transfer arrangements should be planned carefully to avoid delay and ensure the child, family and professionals understand who is responsible for each part of the work.

Transfers to the Children in Care service should take place at the point of the initial court hearing where the plan is permanence outside the family. The Lead Child Protection Practitioner should support the transition through joint planning, sharing information and ensuring the child's safeguarding history and current risks are clearly understood.

14. Children in Care and Corporate Parenting

If a child protection concerns arise for children in care this must be referred to the Multi Agency Child Protection Team where there is concern that the child may be suffering, or is likely to suffer, significant harm.

This may include concerns about harm outside the home, missing episodes, exploitation, allegations against carers, or harm involving other children or adults in the child's network.

The MACPT will follow their procedures, and a Lead Child Protection Practitioner will be assigned to coordinate a strategy discussion/meeting. The Lead Child Protection Practitioner has responsibility for child protection decision making, while the allocated social worker and relevant care planning professionals retain their responsibilities for care planning the professional network must ensure the child's care planning and safeguarding planning is joined up.

14.1 Transfer from Child Protection Planning to Children in Care Reviewing Arrangements

Where a child who is subject to a Child Protection Plan becomes Looked After, a planned and timely handover must take place between the Lead Child Protection Practitioner and the allocated Independent Reviewing Officer (IRO). The purpose of the handover is to ensure continuity of safeguarding oversight, effective care planning and a clear understanding of the child's history, risks and unmet needs.

The handover should include:

- the child's safeguarding history and analysis of significant harm;
- current and emerging risks, including any risks outside the home;
- progress against the Child Protection Plan and any outstanding actions;
- the child's lived experience, wishes and feelings;
- family strengths, protective factors and support networks;
- any ongoing legal proceedings, Public Law Outline activity or court plans;
- professional disagreements, escalation activity or unresolved safeguarding concerns;
- any specialist assessments, reports or recommendations that remain relevant to care planning.

The allocated social worker is responsible for notifying the IRO Service that the child has become Looked After and ensuring that all relevant information is available for the first Looked After Child Review. The Lead Child Protection Practitioner should contribute to the transition process and provide any safeguarding information required to support effective care planning.

Where a child remains subject to a Child Protection Plan after becoming Looked After, safeguarding and care planning arrangements must be coordinated to ensure there is one clear plan for the child, with defined responsibilities and no duplication of activity.

All handover activity and key decisions should be clearly recorded on Liquid Logic, including the transfer of reviewing responsibility and any agreed outstanding actions.



15. Duty and Emergency Arrangements

The Multi Agency Child Protection Team operates a duty system during office hours, 9am to 5pm, Monday to Friday, to respond to requests for strategy discussions, urgent child protection concerns and consultation requests.

A daily Multi Agency Child Protection Team operational discussion should take place to review new referrals, child protection concerns, strategy discussion requests and emerging risks. The purpose of the discussion is to support timely safeguarding responses, information sharing, allocation decisions and service oversight.

This should include a daily review of cases received from the Emergency Duty Team where there are child protection concerns, immediate safeguarding actions, or decisions needed about strategy discussions, allocation or follow-up.

Where required, the duty Lead Child Protection Practitioner should liaise with Police, Health, Education and other safeguarding partners to ensure information is shared promptly and that immediate actions are progressed without delay.

Daily operational discussions should complement, rather than replace, formal strategy discussions and statutory child protection decision making.

Where immediate protective action is required, the duty Lead Child Protection Practitioner and Family Help duty arrangements should work together to ensure the child is seen and safeguarded without delay.

Where emergency legal action is required, the Family Help Lead Practitioner will usually complete the application where the case is open to Family Help. The Lead Child Protection Practitioner will support by quality assuring the child protection information, clarifying harm and ensuring the immediate safeguarding arrangements are clear. Legal planning arrangements should be followed through the Family Help legal planning process and relevant senior management oversight.

16. Consultation and Advice

The Multi Agency Child Protection Team provides child protection advice and consultation to support earlier decision making, strengthen safeguarding practice and improve outcomes for children.

Consultation may be requested where:

- harm is escalating;
- there is uncertainty about threshold;
- there is professional disagreement;
- progress is limited despite intervention;
- a significant safeguarding incident has occurred;
- practitioners require specialist child protection advice.

Where the consultation identifies immediate child protection concerns, the matter should be progressed through the strategy discussion pathway without delay. Consultation does not replace MASH advice and decision making for new contacts. The consultation advice should be recorded on the child's file as case note and uploaded by the senior support officer. A tracker will be kept up to date with relevant information including timeliness of response and outcome.

17. Decision Making

The Family Help Lead Practitioner is responsible for day-to-day work with the family and delivery of the family plan. The Family Help Team Manager remains responsible for line management and day-to-day case direction within Family Help.

The Lead Child Protection Practitioner is responsible for statutory child protection leadership, decision making and quality assurance, including decisions about strategy discussions, Child Protection Enquiry outcomes, Initial Child Protection Conferences and child protection planning. This does not replace the Family Help Team Manager's responsibility for case supervision, line management and oversight of practice within the Family Help service.

The Family Help Team Manager retains responsibility for management oversight of the allocated Family Help Lead Practitioner and the day-to-day direction of the case within Family Help. This includes ensuring that assessments, direct work, visits, family plans and management oversight are progressed in line with agreed timescales. Where child protection concerns are identified, the Team Manager is responsible for ensuring these are escalated to the Multi Agency Child Protection Team without delay and that any agreed safeguarding actions are followed through. Decisions should be made collaboratively with the Family Help team and partner agencies, but statutory accountability for child protection decision making sits with the Lead Child Protection Practitioner and the Multi Agency Child Protection Team.

All decisions must be clearly recorded, within the child's file with a rationale that explains the evidence, analysis, threshold decision, actions and timescales.

18. Escalation and Resolving Professional Disagreement

Professional disagreement should be addressed early, respectfully and in the best interests of the child. Where there is disagreement about whether child protection intervention is required, the matter should be discussed with a Lead Child Protection Practitioner or partner MACPT representative first.

If agreement cannot be reached, the matter should be escalated to the MACPT Service Manager. If agreement is still not reached, the Head of Safeguarding and Quality Assurance should make a final decision about child protection involvement within 24 hours. In exceptional circumstances where the matter remains unresolved, it should be escalated to the Director of Children's Social Care for a final decision.

Partner agencies should also follow their own escalation policies, the Enfield Safeguarding Children Partnership escalation arrangements and the London Safeguarding Children Procedures for resolving professional differences where appropriate.

Where there is disagreement about child protection planning decisions, this should be escalated to Service Managers in the first instance and then to Heads of Service if agreement is not reached. All disagreement, escalation and final decisions should be recorded clearly as management oversight on Liquid Logic.

19. Child Protection Conferences and Planning

The Lead Child Protection Practitioner Chairs Initial and Review Child Protection Conferences. The purpose of the conference is to consider the evidence, analyse risk and decide whether the child requires a child protection plan.

Where a child protection plan is made, the plan should be clear, specific and focused on reducing harm, increasing parenting responses, strengthening protective factors and supporting the practical changes needed to improve outcomes for the child.

The Lead Child Protection Practitioner provides oversight and quality assurance of the implementation of the child protection plan. The Family Help Lead Practitioner remains responsible for delivering the direct work and intervention plan with the child and family.

Initial and Review Child Protection Conferences should be convened and reviewed in line with statutory guidance, the London Safeguarding Children Procedures and Enfield's local child protection arrangements.

Where an Initial Child Protection Conference is required, it should be convened within 15 working days of the strategy discussion that initiated the Child Protection Enquiry. Where a child protection plan is made, the first core group should take place within 10 working days of the Initial Child Protection Conference.

The first Review Child Protection Conference should take place within 3 months of the Initial Child Protection Conference. Further Review Child Protection Conferences should take place within 6 months, or sooner if the child's circumstances, risk or plan require this.

20. Public Law Outline and Court Work

Where concerns are escalating and legal planning may be required, the Family Help Team Manager and Family Help Lead Practitioner should discuss the case with the Lead Child Protection Practitioner.

The decision to request a legal planning meeting sits with the Family Help Team Manager. The Family Help Lead Practitioner should complete the required paperwork in discussion with the Lead Child Protection Practitioner. An initial pre-legal planning consultation should be held with the Family Help Service Manager, and where agreed, a legal planning meeting should be arranged.

The Family Help Lead Practitioner will usually complete the required paperwork for legal planning and court applications. The Lead Child Protection Practitioner will support by quality assuring child protection information, clarifying evidence of significant harm, identifying gaps and supporting the analysis of immediate safeguarding arrangements.

The Lead Child Protection Practitioner should quality assure relevant child protection information, evidence and analysis where care proceedings or Public Law Outline activity begins. The MACPT service manager will chair PLO meetings. The Family Help Lead Practitioner remains the lead practitioner for filing applications and completing required court documents, unless an alternative arrangement is agreed in urgent circumstances.

The Lead Child Protection Practitioner may provide support by helping to clarify evidence, identify gaps, quality assure child protection information and contribute to planning. The Family Help service retains responsibility for legal planning decisions in line with local governance arrangements.

21. Supervision and Reflective Learning

Lead Child Protection Practitioners receive supervision in line with Enfield's supervision policy. Case supervision should take place 4 weeks from allocation followed by every 8 weeks and professional development supervision every 4 weeks. Supervision should include reflection on decision making, risk analysis, child protection plans, motivational interviewing practice, work with family networks, workload, wellbeing and professional development.

Monthly clinical group supervision should take place within the Multi Agency Child Protection Team as the formal model for complex child protection practice. This will provide a structured space to support deeper risk analysis, decision making, professional curiosity, anti-discriminatory practice, trauma-informed reflection and clinical challenge. It should be informed by themes from audits, strategy discussions, Child Protection Enquiries, child protection conferences, child protection plans and quality assurance activity. Partner agencies remain line managed by their employing agencies but should contribute to clinical group supervision and shared learning when the discussion relates to their agency role, information, actions or learning.

During the implementation phase, fortnightly reflective learning discussions may also be used where needed to support consistency, confidence and shared learning across MACPT. These discussions should be lighter touch than monthly clinical group supervision and may focus on emerging practice issues, recent consultations, threshold questions, implementation learning and live practice themes. They should not become operational allocation meetings and do not replace individual supervision, management oversight or statutory decision making.

Supervision decisions and management oversight should be recorded clearly on the child's record where they relate to case direction or child protection decision making.

Group supervision should be recorded on Liquid Logic using the case supervision case note option where it relates to a specific child. The case supervision template should be used to record both individual and group supervision and attached to the relevant case supervision case note.

Co-located partner agency arrangements should be supported by service level agreements or written working agreements. These should set out day-to-day working arrangements, attendance expectations, sickness or absence cover, escalation routes, information sharing expectations, recording responsibilities and contribution to quality assurance and learning. These agreements should be reviewed every 12 months, or sooner if there are changes to staffing, operating arrangements or information sharing requirements.

22. Quality Assurance and Learning

The Multi Agency Child Protection Team has a central role in promoting child protection practice that is timely, well-evidenced, child-centred and effective. Quality assurance activity should support learning, accountability and continuous improvement.

Quality assurance activity may include:

The team's quality assurance role includes child protection work, Public Law Outline activity and court work where the child remains at home. This supports a clear line of sight to safeguarding practice and promotes timely, decisive and well-evidenced child protection decision making.

- dip sampling of strategy discussions and Child Protection Enquiries;
- reviewing the quality of child protection conference records and plans;
- tracking timescales and decision making;

- reviewing the quality and impact of partner agency contributions;
- identifying themes from audit and performance information;
- sharing learning with Family Help and partner agencies;
- supporting practice development activity.

A standalone quality assurance framework will be used to set out the full approach to practice review, performance monitoring, learning and impact measurement.

23. Workforce Development

The Multi Agency Child Protection Team contributes to workforce development across Children's Services and the wider partnership. This includes strengthening knowledge, confidence and consistency in child protection practice.

Workforce development may include:

- multi-agency learning events;
- reflective group supervision;
- case consultation;
- practice development sessions;
- learning from audits and reviews;
- joint training with partner agencies;
- development of child protection knowledge and skills across the workforce.

The team should work with the Enfield Centre of Excellence and safeguarding partners to support continuous improvement and child protection practice that is consistent, evidence-based and focused on the child's lived experience.



24. Recording and Case Management

All work undertaken by Lead Child Protection Practitioners should be recorded on Liquid Logic using the relevant child protection pathway record, MACPT Activity case note, Management Oversight case note or Case Supervision case note as appropriate.

Records should include the reason for involvement, information shared, analysis, decisions, actions, timescales, management oversight and outcomes. The rationale for child protection decisions must be clear and easy to understand.

Child Protection Enquiry records should clearly show that the Family Help Lead Practitioner completed the enquiry record, the Lead Child Protection Practitioner reviewed and authorised the statutory child protection outcome, and the Family Help Team Manager retained oversight of the wider Family Help intervention plan.

Partner agencies are responsible for recording their involvement on their own agency systems in line with their policies.

25. Data Protection and Information Governance

The Multi Agency Child Protection Team will operate in accordance with data protection legislation, local information sharing agreements and agreed information governance arrangements. Information must be handled lawfully, securely and proportionately. Information sharing should be based on the need to safeguard and promote the welfare of children.

The Multi Agency Child Protection Team will work within agreed information sharing protocols, including existing Pan London and local arrangements where applicable. Partner agencies should continue to record information on their own agency systems in line with their own policies and procedures.

26. Evaluation and Review

The effectiveness of the Multi Agency Child Protection Team should be reviewed through performance reporting, quality assurance activity, audit findings, feedback from families and practitioners, and evidence of impact on child protection outcomes.

Key areas for review should include timeliness of responses, quality of decision making, effectiveness of multi-agency working, quality of Child Protection Enquiries, quality of child protection plans, and impact on children's safety and wellbeing.

Performance and impact data should be reviewed through Children's Services governance arrangements. This may include monthly Senior Leadership Team performance reporting, bi-monthly practice and performance forums, and quarterly departmental management review, in line with agreed reporting arrangements.

This protocol should be reviewed every 12 months, or sooner if there are changes to national guidance, the London Safeguarding Children Procedures, local learning, operational arrangements, information sharing requirements or feedback from practitioners and partners.

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People Department
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