Department for Education

Lead Child Protection Practitioner standards

Practice standards for child and family social workers in lead child protection practitioner roles

June 2026

Contents

Summary

The Lead Child Protection Practitioner (LCPP) standards from the Department for Education have been produced to support the knowledge and skills development of LCPPs. They set out the minimum knowledge and skills LCPPs are expected to have in order to effectively lead child protection processes. LCPPs sit within multi-agency child protection teams (MACPTs), which will become a statutory requirement in 2027. These standards are non-statutory, although we are considering making them statutory in future, which could include making the LCPP role an annotation on the Social Work England register.

These standards will be used to inform the content for the LCPP programme that the department plans to roll out from autumn 2027, as part of a wider social work national professional development offer.

The standards reflect the key functions and responsibilities of the LCPP role and are underpinned by Working Together to Safeguard Children, the Children's social care national framework statutory guidance and the Families First Partnership (FFP) Programme Guide.

Who this publication is for

This document is for:

- LCPPs and team managers
- training providers

The LCPP standards may also be of interest to:

- statutory safeguarding partners
- other practitioners working in MACPTs and their parent agencies (health, police, education and others)
- other practitioners working in services and settings who come into contact with children who are suffering or are likely to suffer significant harm inside or outside the home (such as family help lead practitioners)

Main points

These standards:

- build on and extend the early career standards (ECS) and reflect the level of child protection expertise required of LCPPs
- provide a clear, outcomes-focused framework describing what knowledge and skills LCPPs require to successfully deliver within the multi-agency child protection teams

- support confident, evidence-informed decision making in situations of actual or likely significant harm and working effectively with multi-agency partners
- include outcome statements, ‘learn that’ and ‘learn how to’ statements, giving employers and practitioners a structure for learning, supervision, assessment and progression
- are informed by recent evidence, Practice Guides and learning from Foundations – What Works Centre for Children and Families, alongside close engagement with sector experts

Acknowledgements

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We would like to thank the following organisations and experts who supported the standards’ development:

- Families First for Children Pathfinder areas, practitioners and leaders including LCPPs, and MACPT strategic and operational leads across local authority children’s social care, police, health, education and other agencies
- the Children’s Social Care National Practice Group which includes experts by experience
- the Child Safeguarding Practice Review Panel
- Foundations - What Works Centre for Children and Families
- Social Work England
- harm specific experts across domestic abuse, child sexual abuse, extra-familial harms, adult mental health and substance misuse

Introduction

Social workers have a vital role within children's social care (CSC), building relationships with children and families to drive change and improve outcomes. Multi-agency child protection work is complex and high-stakes, requiring significant expertise, professional judgment, authority and leadership.

Working Together to Safeguard Children sets the expectation that practitioners across agencies are skilled, experienced and have the right expertise and influence to seek, collate, share, analyse and distil complex information, and make decisions with partners in a changing context. It also reinforces that child protection activity should be led and overseen by expert, skilled and experienced social workers supported by multi-agency practitioners with child protection expertise.

The LCPP is an expert role required as part of the multi-agency child protection team duty in the Children's Wellbeing and Schools Act 2026, with regulations expected to commence in 2027.

The Families First Partnership programme guide sets the expectations for local statutory safeguarding partners to establish new MACPTs and establish and embed LCPPs within those teams. Since April 2025, local areas have been rolling out MACPTs to bring a clear, fresh, expert focus to multi-agency child protection practice, enabling a strong and decisive child protection system which identifies and protects children from actual or likely significant harm, inside or outside the home, and online. MACPTs support LAs to deliver child protection functions and make CP related decisions. LCPPs draw on the expertise and knowledge of the wider multi-agency practitioners. Every area is expected to have MACPTs in place by March 2027.

The guide also states that LCPPs should:

- have an in-depth knowledge of the statutory and legislative framework.
- be skilled at identifying and responding to all types of significant harm, including intra and extra-familial harm, and harm that occurs online.
- know how to work skilfully and confidently with families and parents in child protection, including those who have demonstrated resistant, hostile and/or deceptive behaviour.
- consult with, guide and advise multi-agency practitioners on child protection concerns; and oversee multi-agency decision-making and activity relating to child protection plans, drawing on evidence-based insights and consultations with the MACPT, family help lead practitioners and other practitioners, agencies and organisations.

Social Work National Professional Development Offer

From autumn 2027, the department will roll out a Social Work National Professional Development Offer to support a confident, skilled and resilient workforce, with clear pathways for career progression.

The Social Work National Professional Development offer is a key enabler of the CSC reform programme, underpinning the sector's shift towards consistent, high-quality practice and stronger system leadership. It is fully aligned with the national framework for CSC, supporting its ambition to strengthen practice, build workforce capability, and improve outcomes for children and families.

The Social Work National Professional Development Offer will provide five training programmes, including for Early Career Social Workers, Lead Child Protection Practitioners, Family Help Team Managers, Senior Leaders and Directors of Children's Services.

Lead Child Protection Practitioner Standards

All social workers in England must meet Social Work England's professional standards. These are the threshold standards required for safe and effective practice and apply to all social workers in all roles and settings. Social workers must continue to meet these standards in order to maintain their registration with Social Work England.

The Early career standards: Professional standards for child and family social workers (ECS), build upon Social Work England's professional standards. They provide an outcome focused framework describing what social workers undertaking child and family social work should know and be able to do by the end of their first two years in practice. The ECS consist of six standards that reflect key aspects of social work with children and families, including relationships and communication, assessment and planning and intervention, along with aspects of working with other professionals and social workers' progression. They include a separate standard on anti-discriminatory practice as it is fundamental to all areas of social work.

The LCPP standards build on both Social Work England's professional standards and the ECS. They set out the specialist knowledge and skills required to lead statutory child protection activity where there are concerns about actual or likely significant harm. These LCPP standards therefore assume effective practice grounded in relationship-based, anti-discriminatory and evidence-informed practice. As such, these standards reflect a level of expertise above and beyond those set out in the ECS.

LCPPs are expected to apply the knowledge and skills set out in the standards within their own local context, including understanding their local processes and practice models, to ensure effective child protection activity.

The LCPP standards have been informed by recent evidence, working with Foundations – What Works Centre for Children and Families and drawing on Practice Guides, alongside close engagement with sector experts. Practice Guides commissioned by the Department for Education and produced by the What Works Centre for Children and Families, currently delivered by Foundations. Local authorities should look to Practice Guides for the latest evidence to help them achieve the outcomes set out in the National Framework. Practice Guides provide a high-quality deep dive into the best available evidence of 'what works' in improving service design and delivering better outcomes for children and families. The Practice Guides published as of March 2026 cover the following topics:

- Kinship care
- Parenting through adversity (children aged 0–10)
- Mentoring and befriending
- Parenting disabled children and young people
- Parenting through adversity (children and young people aged (11-18)
- Foster care

The standards are also informed by a series of rapid evidence reviews conducted by Foundations – What Works Centre for Children and Families, which looked at, the child and family social worker knowledge and skills and advanced social worker practice in domestic abuse and child sexual abuse.

National panel reports and other sources have also been used to inform the standards' development. The statements in the standards will be kept under review and updated periodically as the evidence base which underpins them evolves and improves.

There are four standards, these reflect the key functions that an LCPP is responsible for:

1. Identifying and responding to actual or likely significant harm
2. Engaging children and families during Section 47 enquiries
3. Formulating the likelihood of significant harm
4. Planning and oversight of intervention to prevent and stop actual or likely significant harm

The standards cover key knowledge of specific harms and their interaction with child protection processes, including domestic abuse, child sexual abuse, extra-familial harms, and parental complexities, including adult mental ill health and substance misuse.

Under each of the four standards are a number of outcome statements. These outcome statements define at a high level what a LCPP needs to be able to demonstrate across the four standards.

Below the outcome statements, the **'learn that'** statements set out key things that a LCPP would need to understand to achieve the outcomes, while the **'learn how to'** statements set out the key skills that a LCPP needs to be able to demonstrate in their role.

Standard 1 – Identifying and responding to actual or likely significant harm

By the end of the programme LCPPs can consistently:

- Seek and analyse information from across agencies and partners to identify indicators of actual or likely significant harm.
- Apply evidence-informed professional judgement from across agencies to develop and test hypotheses about significant harm.
- Make timely, multi-agency child protection decisions focused on the child's experience where significant harm is suspected.
- Ensure child protection concerns and professional reasoning are clearly communicated to relevant professionals and family networks where appropriate.

To be able to do this, LCPPs need to learn that:

- Analysis of the likelihood of significant harm is a dynamic process as the evidence develops and changes.
- Children can experience significant harm as victims of various types of domestic abuse, including honour-based abuse, post-separation abuse including economic abuse, immigration abuse and violence against women and girls.
- Indicators of physical abuse may include injuries that are unexplained, inconsistent with the explanation provided, or inconsistent with the child's developmental stage. Examples may include patterned bruising and bruising in protected areas, bruising in non-mobile babies, burns suggesting forced immersion, torn frenulum, ligature marks, or repeated injuries.
- Bruising colour or shape are not reliable indicators of age, but mixed age injuries may indicate repeated harm. Consideration should be given to skin colour when assessing indicators of physical abuse and bruising.
- Physical abuse has a greater likelihood of being transmitted across generations than other forms of child abuse. Parents with a childhood history of physical abuse are more likely to abuse their own children, although most parents who experience childhood physical abuse do not repeat abuse with their own children.
- Indicators of sexual abuse can be physical, emotional and behavioural:
    - Physical signs may include bruising or marks in unusual places; persistent or recurring pain during urination or excretion; genital bleeding; unexplained genital and/or oral symptoms; sexually transmitted infections; and pregnancy.
    - Emotional and behavioural signs of sexual abuse may include self-harm, wetting or soiling unrelated to toilet training, sexualised behaviour,

particularly in younger children, sudden changes in mood or demeanour, fear of certain places or people.
    - In order to identify sexual abuse most effectively, it is necessary to build a picture of the physical, emotional and behavioural indicators in a child, and the indicators of concern in the people around the child.
- Indicators that a child is suffering significant harm as a result of exposure to domestic abuse and coercive control, can include mental health issues, behavioural problems and substance misuse (particularly in adolescents).
- Emotional and psychological abuse may present through patterns of behaviour that denigrates, terrorises or isolates a child, this can include persistent hostility, humiliation, threats, excessive discipline, preventing a child from necessities of sleep, rest, food, light, water, access to the toilet, threatening violence or abandonment, and perpetuating violence against a child's loved ones and pets.
- Family-level risks associated with physical and emotional abuse include whether the child was planned, including if the child was conceived as a result of rape, and the degree to which a parent harbours anger or resentment towards the child.
- Concealed pregnancies can be a deliberate attempt by parents to avoid further loss after previous children have been removed and is a serious safeguarding concern.
- Fabricated or induced illness may be expressed as emotional abuse, medical or other neglect, or physical abuse where illness may be induced by the parent/carer (such as, poisoning, suffocation, withholding food or medication) potentially or actually threatening the child’s health or life.
- Indicators of child maltreatment can include severe and persistent infestations such as scabies or head lice, excessive dirty and smelly presentation, and failure to administer essential prescribed medications or obtain essential health or medical care.
- Children with disabilities are at increased likelihood of suffering significant harm arising from care complexity, dependency and unmet or poorly coordinated support, where harm may develop cumulatively over time through stress, unsafe or poor-quality care, and practices becoming normalised, rather than through isolated or deliberate acts alone.
- Children with disabilities are at increased vulnerability to abuse, including sexual abuse and care-related harm (such as inappropriate restraint, misuse of medication or unjustified procedures), and that safeguarding relies on skilled professional interpretation to ensure signs of harm are not misattributed to disability, communication differences or behaviour, but are recognised and responded to as child protection concerns.
- Children can suffer extra-familial significant harm outside and inside the home (including online and in institutional settings). Gaining a deep understanding of the whole system in which children live, and associate is essential to effective identification and response.

- Children experiencing extra-familial harm may live in seemingly safe family settings yet remain unsafe, be criminalised in the context of their own abuse, appear beyond parental control, go missing or disengage from education, and be perceived as presenting risk rather than being at risk.
- Extreme belief systems or obsessive thinking can be exacerbated through social isolation and presented through evidence of “them and us thinking”, harmful online behaviour, including accessing violent, extreme content or obsessive watching of anti-authority and extreme political propaganda.
- Whether decisive action is taken should never be influenced by prejudices about a family’s background, or by discomfort in tackling issues involving people from minority backgrounds.
- Offering swift and expert case consultation when child safety concerns are raised can alleviate worries and de-escalate statutory action, as well as identify actual or likely significant harm requiring urgent action.
- A decision to hold a strategy discussion is a high-impact child protection intervention; how the threshold for section 47 enquiries is framed and applied directly shapes the child’s immediate safety and the quality of any subsequent enquiry and further protective action.
- The reasons, timings and purpose for a medical assessment of child maltreatment are multifactorial, should draw on medical expertise, and should be considered for all children whether there is a prospect of criminal proceedings or not.
- Parental consent is required if the child cannot give informed consent to a medical assessment. If consent is refused a strategy discussion should decide whether to apply for an emergency protection order and/or child assessment order.
- Whilst the police are responsible for criminal investigations, including investigative interviews with the child, this does not mean that the police should always take the lead in the interview.
- Where the police conclude that an investigation should not be pursued, this does not mean that significant harm has not occurred. A plan for supporting and protecting the child still may need to be put in place.
- All records of strategy discussions and enquiries must be maintained and retained, as they may be required in criminal or civil proceedings, and seen by the child or young person; therefore, precision and appropriate language is essential.

To be able to do this, LCPPs need to learn how to:

- Analyse information to judge when it is reasonable to suspect actual or likely significant harm, evaluating the credibility and reliability of information and identifying patterns of escalating concern.
- Identify suspected non-accidental injury and the potential physical, emotional or behavioural signs of sexual abuse, which require further investigation or are yet to be explored by a medical practitioner.

- Identify indicators that children are experiencing significant harm as victims of various types of domestic abuse which can include physical injury and the emotional, psychological or behavioural effects of living with abuse, and identify when further investigation or professional assessment is required.
- Assess the plausibility of the explanation(s) provided for injuries, incidents or concerning behaviour, including timing of injuries, delays in seeking medical attention and inconsistencies in accounts.
- Challenge any biases and anxieties in raising concerns in own and other agencies practice, which may impact on children who are at particular risk of group-based child sexual exploitation.
- Ensure that all relevant information is known by those who need to know, and that the meaning attached to this information is understood and acted upon, synthesising new information and responding to that with equal diligence.
- Decide if, and when, it is appropriate to consult, inform or involve parents before undertaking multi-agency checks - recognising situations when doing so may increase the likelihood of significant harm, compromise the child's safety, or impede timely safeguarding or criminal investigation processes.
- Provide authoritative containment for professionals and families by offering guidance, clarity and structure on next steps. Maintain open and frequent communication even in circumstances of multiple unknowns.
- Decide if there should be a joint investigation with the police. If the police do not wish to proceed, record the reasons and clarify to all interested parties why significant harm is still suspected, and the planned multi-agency response.
- Escalate when there is disagreement about pursuing prosecution where this could be in the interests of the child.
- Consider when to hold a pre-birth strategy discussion for example; where a member of the household, or a regular visitor is known to have committed sexual offences; there is a concealed pregnancy; or when another child within the household is, or has been, the subject of a child protection plan or removal.
- Distinguish between historic concern with sustained change versus unresolved or recurring patterns and ensure engagement with the family and planning reflects this.
- Anchor initial multi-agency decisions (and subsequent enquiries, formulation and planning) in the child's specific context and avoid that becoming obscured by family, community and system complexity.
- Identify whether and when a medical examination should take place, accounting for the risk of losing physical evidence through delay, the urgency of the child's health needs, the child's wishes and concerns, and the practical arrangements required, such as intermediaries or interpreters.
- Decide when Family Help Lead Practitioners or others who have a strong relationship with the family could facilitate effective family engagement.
- Identify how the MACPT will engage in any visit and/or interview at each relevant juncture, alongside the Family Help Lead Practitioner, considering how to

minimise distress to the child and strategies to ensure that families are treated sympathetically and with respect and ensure respective roles are not confused or compromised.

- Prepare for difficult or sensitive parts of the planned conversation and rehearse where necessary.
- Set the objectives for interviews and determine the structure, including the techniques to be used, the method of recording and the people who should be present at each session, who should be seen alone and how, recognising that this needs careful planning and could put family members in danger without proper preparation
- Ensure that all issues will be covered and key questions framed and asked, since the opportunity to do this may be lost once the interview has been concluded.

Standard 2 – Engaging children and families during Section 47 enquiries

By the end of the programme LCPPs can consistently:

- Conduct purposeful, child-centred engagement with children and families during Section 47 enquiries.
- Build safe and trusting engagement with children to understand their views, wishes and experiences.
- Undertake sensitive and analytical engagement with parents and carers to understand risk, harm and protective factors.
- Gather information that supports accurate recording of evidence and minimise the risk of influencing accounts.
- Ensure that engagement with children and families is clearly recorded and informs multi-agency child protection analysis and decision-making.

To be able to do this, LCPPs need to learn that:

- Significant harm, when not immediately apparent, may emerge over a series of contacts and conversations, and when the chronology of a case is analysed.
- Families are not typically willing participants in a section 47 enquiry, and this can affect engagement. LCPPs must consider this power dynamic consciously and engage families with transparency and care.
- When subject to statutory child protection action, children and families may suffer from various forms of anxiety through feelings of guilt or hopelessness or fear of authority, exposure or retribution or previous negative interactions. Fear may result in phobias, panic attacks or fears of persecution.
- Certain children may face additional barriers to telling or informing about sexual abuse because of their age, gender, disability, neurodiversity, culture, race and/or sexual orientation, or because reporting sexual abuse can heighten shame and guilt.
- Body language, physical proximity and the orientation of individuals can all influence how safe children and adults feel when sharing information. Invasion of a person's personal space can be emotionally disturbing and may well result in tension, distress and non-engagement.
- Use of drawings, pictures, photographs, figures and props with children may help demonstrate what happened/is happening rather than explaining in words. Their use allows two models of communication so children can both show and tell, may mean detailed information can be collected with fewer questions, and can provide retrieval cues or memory triggers.

- Human figure drawings can help children of all ages to provide clearer information about body parts but not necessarily about touch-related actions.
- Independent advocacy is critical to protecting children, particularly in cases of domestic abuse. Independent Domestic and Sexual Violence Advisors provide a specialist, independent voice that helps ensure children's experiences are understood within multi agency decision making and planning and reducing the impact of coercion and harm.
- Parents experiencing mental ill health may show changes in social interaction or emotional availability or display behaviours that differ from their usual presentation. These factors can, at times, influence parent–child relationships and engagement with services.
- Parental substance misuse, or periods of withdrawal, can be associated with difficulties such as impaired concentration, memory or reasoning. These difficulties may affect how information is communicated, processed and understood, particularly during periods of instability.
- Failure to adapt communication style (language, pace, format, expectations) for parents with complex needs, including neurodivergent parents and carers, or parents with learning disabilities, can undermine relationship-building and distort planning to strengthen parenting capacity.
- Learning disabilities and cognitive difficulties may not be immediately apparent, and individuals may conceal or minimise these difficulties because of past experiences of stigma or discrimination.
- Leading questions imply the answer or assume facts that may be in dispute. To be construed as leading, it depends not only on the nature of the question but also on what the child or family member has already said. These types of questions can compromise future civil or criminal proceedings and should be avoided, while recognising the need to talk directly to children about concerns, and that children need help to tell.

To be able to do this, LCPPs need to learn how to:

- Explain clearly the purpose of the engagement and any ground rules including the need to see the child alone, helping to identify and limit distractions that will impede ability to retrieve detailed information and hold considerable concentration.
- Elicit a brief account of what is alleged to have taken place/is taking place as part of initial questioning, building to a more detailed account as the relationship develops, and as more information emerges over time.
- Provide comfort and reassurance if the child or adult becomes distressed using supportive gestures, impartiality and flexibility.
- Promote conditions for engagement with empathy, curiosity and persistence, identifying when fear, shame, guilt or coercive control can obscure vulnerability, looking beyond surface behaviours and consider the broader context.

- Use drawings, pictures, photographs, or other props with children to help keep children calm and settled in one place, to support a child's recall of events, or allow a child to clarify body parts or demonstrate abusive acts, describe the environment in which an incident took place or help a child separate out events or put them into sequence. At the same time register the pitfalls and risks of using these tools as they can result in distortions or inaccuracies.
- Use open questions to gain good quality information and framed in such a way as to enable unrestricted answers and enable the child (factoring in age and development) or adult to control the flow of information.
- Adapt communication style, language, pace, and format when engaging with parents and carers with complex needs, including neurodivergence, learning disabilities, trauma, or substance misuse, to support clearer assessment and understanding of parenting capacity and risk.
- Adapt engagement and communication to overcome barriers to disclosure, including fear, shame, intimidation and communication differences, enabling children - including those who are non-verbal or experiencing child-on-child abuse - to safely express their experiences of harm.
- Work with cognitive distortions such as denial, minimisation, justification by offering the facts, alternative explanations, allowing for silence with sensitive and thoughtful challenge to support people to change their position.
- Recognise resistance or denial and when/if there is a need to shift strategies. Continue to demonstrate empathy and openness to listening, acknowledging shame, guilt or fear (of professional intervention, family network or influences outside of the home), or deliberate attempts to conceal/minimise harm or abuse.
- Recognise and assess denial, minimisation, and justification as common self-protective responses, differentiate them from harmful intent, and evaluate how these responses may reduce a caregiver’s capacity to act protectively, using respectful challenge while keeping the child’s safety central.
- Assess the current emotional state of the child or adult, including distress, shock, depression, fears of intimidation, recrimination, and likely impact of recalling traumatic events as well as previous contact with public services.
- Explicitly name, discuss and explore concerns of all forms of abuse, including domestic abuse and child sexual abuse, with children and their families, including in situations where the child has not verbally reported abuse but there are other signs and indicators of concern.
- Remind children or parents that “don't know”, “don't understand” or “don't remember” are welcome responses, avoiding asking multiple questions at once or moving rapidly between topics, as this is not helpful for remembering and may confuse the child or adult.
- Explain and encourage the principle of “report everything” even if the child or adult thinks the details are not important or trivial or cannot remember them completely.

- Close the session, being careful to maintain neutrality and not imply disbelief, check whether anything has been misunderstood, and introducing neutral topics to wind down.
- Consider and explore how children and their families are to be supported in the hours immediately following engagement, particularly where new information has been shared which means concerns are escalating and/or non-abusing adults as well as children, may need protection.

Standard 3 – Formulating the likelihood of significant harm

By the end of the programme LCPPs can consistently:

- Demonstrate rigorous critical thinking and triangulation of multi-agency, multi-disciplinary information and analysis of likelihood of significant harm, including in cases of complex or contextual cumulative harm and where information is ambiguous.
- Ensure ongoing multi-agency, multi-disciplinary consultation, analysis and formulation which focus on the child's experience, context, identity, development stage and needs.
- Produce a robust multi-agency, multi-disciplinary formulation that integrates analysis of likelihood of significant harm, level of risk, need and protective factors into clear hypotheses.
- Review and update the formulation dynamically as new information emerges.

To be able to do this, LCPPs need to learn that:

- Multi-agency information sharing does not automatically result in shared analysis: purposeful multi-agency assessment and testing of information is needed to identify and build a full picture of significant harm which leads to action.
- Different agencies and professionals hold partial and sometimes conflicting information or might ask families to take conflicting actions; without coordinated synthesis through a child-centred, holistic lens, patterns of significant harm may remain invisible.
- A single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning) but more often, significant harm is a combination or accumulation of events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
- Cumulative harm involves patterns over time rather than single incidents and often emerges through the interaction of multiple adversities and harm types.
- Quick decision-making, assumptions and emotional responses, such as mental shortcuts, an overly optimistic view, empathy, professional anxiety, drift or becoming less sensitive over time, can affect professional judgement and quality of assessments.
- Multi-agency, multi-disciplinary formulation moves beyond assessment to hypothesis about why and how significant harm is likely or occurring and the ways

in which it is being maintained. This assists in any subsequent planning and decision making.

- Parental mental ill health and substance use often fluctuate. Short-term improvement should not lead to premature closures of cases, inadequate support and children undergoing cyclical reassessment and intervention.
- Understanding parent trauma should shape engagement but should not remove challenge, limit understanding of significant harm, or delay timely and purposeful intervention.
- Parenting support and mental health support can occur at the same time and do not need to wait for one referral to be complete prior to starting another. Significant harm may be experienced simultaneously, within and across families, peer groups, communities, institutions and online.
- All abuse types can have an online dimension; online manifestations of abuse can be as harmful as other forms, can be harder to assess and must be actively investigated and followed up.
- Extra-familial significant harm requires a statutory child protection response. This should use multi-agency information and knowledge sharing to build comprehensive understanding of children's lives and the threats they face, including where these overlap with intra-familial harm, cumulative harm and key indicators such as going missing
- Looked after children's significant vulnerability to child criminal exploitation (CCE) and child sexual exploitation (CSE) can relate to unmet emotional and economic needs, and trauma stemming from intra-familial harm. Children in care face higher likelihood of sexual exploitation particularly those with multiple placements or unstable relationships.
- A child who goes missing from home or local authority care is at increased likelihood of suffering significant harm, that likelihood may increase with repeated episodes; missing episodes can signal harm within the home or community and increase vulnerability to CSE, CCE, and gang involvement. Children may go missing to seek safety or a sense of belonging.
- Barriers to children sharing their experiences including: threats and intimidation, fear, shame, feeling responsible, not recognising that what they are experiencing is abuse, including in cases of child-on-child abuse, prior negative experiences of disclosing and not having the language or words to describe the harm they are experiencing, or being non-verbal.
- Retraction is common, particularly when children report sexual abuse, and rarely indicates that the child is not at ongoing likelihood of suffering significant harm. Retraction may be driven by fear, loyalty conflicts, adult pressure, repeated questioning, or system delays, rather than lack of harm. In cases of extra-familial harm, retraction might be linked to fear of consequences, especially when linked to organised crime.
- Coercive control can be insidious and continue post separation, manifesting through vexatious behaviours and the manipulative use of legal or statutory

processes. These patterns can increase likelihood of suffering significant harm and cause ongoing harm by weaponising children and, at times, resulting in professionals being unknowingly weaponised within collusive dynamics.

To be able to do this, LCPPs need to learn how to:

- Analyse likelihood of significant harm in conditions of uncertainty, including where information is incomplete, contradictory or retracted, managing professional anxiety without placing pressure on children to resolve professional uncertainty.
- Avoid assumptions that likelihood of significant harm arises solely from parents with complex needs and lead a considered analysis of patterns of behaviour and their sustained impact on the child over time.
- Consider the severity of maltreatment, the degree and the extent of harm, its duration and frequency, the extent of premeditation, and the presence or degree of threat, coercion, sadism or unusual elements. Analyse longitudinally, building a coherent picture across time, contexts, agencies and separate episodes of intervention.
- Identify patterns of behaviour or events with the use of critical incident chronologies and case histories, ensuring incidents are not seen in isolation to each other.
- Analyse how and why adult behaviours, circumstances and patterns translate into significant harm for the child, and how likely these are to be maintained.
- Translate contradictory or incomplete information into a coherent analysis of significant harm that avoids false reassurance, confirmation bias and diffusion of responsibility.
- Remain vigilant to signs and indicators of sexual abuse without placing undue pressure on the child to report, including where information is contested, partial or retracted.
- Build a picture of the child's day to day life, contexts and influences and assessing the quality of family relationships through a high warmth/low criticism lens, establishing what triggers and maintains any cycle of maltreatment, and what is likely to interrupt those patterns temporarily or for sustained periods.
- Explore with medical practitioners the likelihood of non-accidental injury or sexual abuse, ensuring they have all relevant information, including where physical examination or photographic evidence is inconclusive, or where there is a difference of view.
- Draw on other specialist expertise and at what stages, to help analyse parental capacity and potential for change.
- Assess the impact of domestic abuse on the child separately from the parent, as well as understanding that their need for safety is enmeshed.

- Assess likelihood of extra-familial harm using contextual safeguarding approaches, recognising risk located in environments, peer groups and online, as well as within families.
- Identify and analyse the specific drivers of a child going missing from home or care, including unmet needs, relational harm or environmental risks; recognise the heightened likelihood of significant harm linked to repeated missing episodes and institutional or placement settings; and ensure concerns are clearly articulated and addressed through multi agency planning and targeted interventions.
- Take a reflective and open-minded approach by avoiding early certainty, allowing initial hypotheses to be questioned and adapted as new information becomes available, refining assessments as new information emerges.
- Use evidence-based tools and measures, being clear about their specific purpose, validity, the procedures and process for their use and the skill set required to use them effectively.
- Examine how race, class, sex, gender identity, sexuality, mental and physical disability, neurodiversity, immigration status, cultural and community dynamics shape both significant harm and professional responses to significant harm. Initiate these conversations with colleagues where necessary and hold the system to account for acting when needed.
- Identify and challenge discriminatory responses and biases amongst the professional network, particularly where exploited children are perceived as responsible, complicit, resilient or able to withstand maltreatment.
- Analyse power, control and influence within families and communities, including gender roles, authority structures and consequences of reporting abuse or being perceived to be co-operating with professionals representing authority.

Standard 4 – Planning and intervening to prevent and stop actual or likely significant harm

By the end of the programme LCPPs can consistently:

- Develop clear, evidence-informed, multi-agency child protection plans that directly address the causes and likelihood of significant harm and set out purposeful protective action.
- Lead and implement timely, multi-agency protective action to strengthen the child's immediate and long-term safety, including drawing on family networks and wider support services.
- Apply own and multi-agency professional judgement and legal knowledge to escalate protective action where likelihood of harm is not reducing, including the appropriate use of statutory processes.
- Coordinate and sustain multi-agency protective action to prevent and reduce significant harm and maintain a coherent and accountable response to it.
- Undertake consistent multi-agency monitoring of progress, testing change and reviews of child protection plans, taking decisive further protective action where sustained safety for the child is not being achieved.

To be able to do this, LCPPs need to learn that:

- Focusing exclusively on parenting behaviours is rarely sufficient for preventing or stopping abuse and neglect. This is because maltreating behaviours are predicted by additional risks, inside and outside the home, which must also be addressed for caregiving interventions to be effective.
- Intensive, wrap-around family support is often necessary when there are concerns about significant harm. These interventions combine behavioural management strategies with systemic family therapy, to help families develop new strategies for engaging more positively with each other and reduce abusive and violent behaviours.
- Child Parent Psychotherapy, Child First and Multisystemic Therapy - Child Abuse and Neglect, are examples of three interventions which can improve known risk factors associated with the recurrence of child maltreatment and improve outcomes such as parent-child relationships and therapeutic recovery.
- Sibling sexual abuse occurs within the family context, and interventions should address the whole family, not just the individuals directly involved, recognising the influence of other forms of abuse and maltreatment.

- Meaningful and realistic safety plans can clarify expectations but cannot be relied upon as a safety measure.
- Children and families may struggle to advocate for themselves within complex multi-agency systems, and their voices may be marginalised in professional forums without active leadership from advocates.
- Family group conferences and decision making is an integral part of multi-agency child protection planning and decisions, with the child's safety and best interests remaining paramount.
- Addressing and preventing harmful behaviour and associated social norms is key to ending domestic abuse, as is co-ordinated support and action to protect and advocate for victims. LCPPs should take a whole-system approach that combines early intervention and prevention with targeted action against high-risk, high-harm perpetrators, focusing on reducing likelihood of harm and increasing victims' safety through coordinated disruption, accountability, and protective measures.
- Civil orders for violent and sexual offending can reduce or prevent re-victimisation and increase feelings of safety. Multi-Agency Public Protection Arrangements show promising good practice for managing sexual offenders.
- Some psychological perpetrator programmes have promise for short-term outcomes, however they need embedding in a coordinated child-centred multi-agency response and they do not replace professional judgement and assessment or protective action.
- For some victims of domestic abuse and sexual abuse, psychotherapeutic interventions can reduce PTSD, anxiety and depression and improve self-esteem.
- Family-focused interventions can improve the mental health of children and parents reducing trauma-related behaviours in children, intimate partner violence, the risk of sexual abuse, and re-victimisation in adults, to support the well-being of victims and survivors.
- Parental mental ill health, substance use and wider behavioural change can be cyclical, fragile and variable; continuous assessment, parenting support and planning should explore whether safe parenting can be reliably sustained over time.
- Engaging with parents and carers with complex needs can be emotionally intense and overwhelming, increasing the risk of optimism bias, empathy drift, and loss of professional focus on the child.
- Public Law Outline (PLO) pre-proceedings work can only be commenced if the threshold for issuing care proceedings is met. The purpose of the PLO is to continue to offer family help and encourage families to make changes sufficient to reduce the likelihood of significant harm within specific timescales, whilst providing clarity that proceedings will be issued should this not be possible.
- Children and families can feel over-questioned or be re-traumatised when roles across the multi-agency network are unclear or poorly coordinated. LCPPs have an important leadership role in mitigating this.

- Fragmented services, unclear roles, responsibilities and accountability and inconsistent professional involvement increase the likelihood of inaction, drift, false reassurance, missed cumulative harm and can undermine trust with families and increase confusion.
- Drift and diffusion of responsibility amongst multi-agency, multi-disciplinary networks often develop gradually through repeated delays, re-assessments and lack of clear, shared thresholds for protective action.
- Professional anxiety, hierarchy, organisational culture and perceived authority shape whose voice is heard and influence constructive challenge within multi-agency groups.
- Multi-agency agreement does not necessarily mean effective decision-making; consensus can mask unresolved risk and unchallenged assumptions, managing this requires continuous professional curiosity.
- Care, placement and permanence decisions are interventions with lifelong consequences; their impact depends not only on planning, stability and professional follow-through, but also on the quality of the caregiving relationships around the child, which shape whether these experiences compound trauma or support healing.
- When a child enters care, the likelihood of significant harm leading to care may reduce. However, without purposeful support and intervention, the likelihood of other forms of significant harm may increase.

To be able to do this, LCPPs need to learn how to:

- Design a realistic and tailored multi-agency, multi-disciplinary child protection plan that is closely aligned to the causes of significant harm, responds to all identified forms of harm, and the context of where the child is unsafe, is tailored to the needs of the child in question, and supports recovery and change.
- Use best evidence to inform the plan, ensure timeliness of intervention and identify necessary multi-agency, multi-disciplinary expertise input, while avoiding an over optimistic view of plan effectiveness.
- Identify where local systemic issues are impacting on the ability to reduce significant harm for specific children and collaborate with relevant multi-agency colleagues to flag and resolve on a case-by-case basis.
- Distinguish, and continue to distinguish, the threshold for significant harm, in particular sexual abuse, from the criminal burden of proof.
- Lead conferences and multi-agency meetings with clarity of purpose, ensuring meetings and plans remain focused on the child's experience and best interest, safety, needs and outcomes.
- Share professional thinking, concerns, and analysis of significant harm transparently with children and families where safe to do so, maintaining honesty even where there are disagreements or high levels of emotion and distress.

- Work with families who have demonstrated resistant, hostile and/or deceptive behaviour by offering support and services, repeating key expectations consistently, avoiding threats while making possible consequences clear.
- Identify where actual or likely significant harm is not reducing and where the child protection plan is not supporting the family to make sustained change.
- Present coherent, child-centred and legally literate multi-agency child protection analysis in written reports and in court that synthesises complex, ambiguous and contested information into clear, robust professional reasoning; and articulate how information and uncertainty were weighed to reach decisions.
- Where appropriate act as an expert witness in court or support other practitioners to do so. Clearly articulate what happened, what did not happen and where asked, your professional interpretation of events. Answer only what is asked, avoiding arguing the case and being prepared to be tested for consistency in your evidence and accept sensible concessions.
- Oversee the review and closure of child protection plans, ensuring input to onward planning from multi-agency partners for children and families, including into pre-proceedings and the Public Law Outline (PLO), private and public law proceedings, continued support from Family Help or supporting reunification.
- Ensure continuity in multi-agency child protection processes and the sharing of information with and across relevant organisations and agencies when children and families move across local borders or travel abroad.
- Lead, navigate and negotiate complex multi-agency relationships, including when facing disagreement across the multi-agency, multi-disciplinary network, high-stakes scrutiny, or challenging systemic constraints.
- Collaborate across the multi-agency and multi-disciplinary networks, making sure these are effective through defined organisational responsibilities and hold groups and individuals to account where drift and diffusion occurs.
- Challenge professional anxiety, hierarchy, organisational culture and perceived authority which can shape whose voice is heard and impact constructive challenge when working with multi-agency and community partners.
- Contain professional anxiety by slowing down decision making where necessary; surface bias and assumptions, making professional reasoning explicit; strengthen confidence by being open to challenge.
- Actively manage professional dynamics by ensuring marginalised or dissenting perspectives are heard; facilitating debate and challenging professional avoidance, minimisation, or over-optimism constructively and proportionately, including where other agencies hold greater perceived authority.
- Use supervision, reflective spaces, and peer challenge to test multi-agency assumptions; recognise bias, empathy drift, or over-identification; help with the emotional and ethical demands of complex inter-professional work.
- Sustain multi-agency momentum and accountability over extended timescales, particularly where change is slow, contested, or non-linear by giving explicit direction and timelines for specific completion of tasks across agency

representatives, checking feasibility and proportionality, and using regular check-ins to review progress and address barriers.

- Prepare self and family for transitions out of child protection activity, including skilful, considered closure/discharge of child protection plans and ‘ending(s)’ of LCPP and wider multi-agency child protection involvement with the child and family working collaboratively with the relevant Family Help practitioners.

Definitions of key terms

In this document we define a number of key terms as follows:

Children

The words ‘child’ or ‘children’ are used when referring to anyone who is under the age 18. When focusing on particular groups with this category (for example, adolescents), we state this in the document.

Families

This term means anyone connected to or important to, a child. This might include:

- birth parents
- foster parents
- adoptive parents
- kinship carers
- special guardians
- blood relations
- people linked by life experience
- anyone else a whom child considers to be important

Child maltreatment

Refers to the abuse or neglect of a child by a parent, caregiver, or another person, which results in actual or potential harm to the child. It includes physical abuse, sexual abuse, emotional abuse and neglect. It can occur through both action (e.g. physical harm) and inaction (e.g. failing to provide care) and is concerned with the overall quality of care a child receives.

Mental ill health

Refers to various conditions that impact mood, thinking, and behaviour, such as depression and anxiety. These conditions can significantly disrupt daily life and relationships. This can refer to both medically/professionally diagnosed conditions and self-diagnosed conditions.

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