

Canllawiau Amddyffyn Plant Cymru Gyfan

All Wales Child Protection Procedures

**Cynhyrchwyd Gan Bwyllgorau Amddiffyn Plant Cymru Gyfan
ac Ariannwyd Gan Lywodraeth y Cynulliad Cenedlaethol**

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CONTENTS

PART 1	PAGE
THE CONTEXT FOR CHILD PROTECTION WORK	8
1.1 Key principles	8
1.2 Definitions of child abuse and neglect	8
1.2.1 Physical abuse	8
1.2.2 Emotional abuse	8
1.2.3 Sexual abuse	10
1.2.4 Neglect	10
1.3 Good practice in working with families	10
1.3.1 Focusing on outcomes for the child	10
1.3.2 Listening to children	10
1.3.3 Working in partnership with families	12
1.3.4 Sharing information with families	12
1.3.5 Providing support and advice to families	12
1.3.6 Race, ethnicity and culture	14
1.3.7 Human rights	14
1.4 Supporting children in need and their families - an integrated approach	14
1.5 Professionals working together	16
1.5.1 Area Child Protection Committees	16
1.5.2 Shared responsibility	18
1.5.3 Sharing information among professionals	18
1.5.4 Inter-agency training and development	20
PART 2	
ROLES AND RESPONSIBILITIES	22
2.1 The responsibilities of all those working with children and families	22

2.1.1	What everyone should do	22
2.1.2	Identifying and acting on concerns or suspicion of abuse	24
2.1.3	Making referrals	28
2.1.4	After the referral has been made	28
2.1.5	Keeping records	30
2.2	The roles of the various agencies	30
2.2.1	Social Services Departments of local authorities	32
2.2.2	Education services provided by local authorities	32
2.2.3	Youth and community services provided by local authorities	34
2.2.4	Cultural and leisure services provided by local authorities	34
2.2.5	Housing services provided by local authorities	34
2.2.6	Youth Offending Teams	36
2.2.7	Police	36
2.2.8	Health services	38
2.2.9	Day care services	50
2.2.10	Carers looking after children away from home	50
2.2.11	Independent schools and colleges	52
2.2.12	Women's Aid	52
2.2.13	Other voluntary and private sector organisations	52
2.2.14	National Probation Service	54
2.2.15	The prison service	54
2.2.16	Children and Family Court Advisory and Support Services (CAFCASS)	56
2.2.17	Armed services	56
2.2.18	Fire Service	58
2.2.19	Royal Society for the Prevention of Cruelty to Animals	58
2.2.20	Care Standards Inspectorate for Wales (CSIW)	60

PART 3

HANDLING CASES 62

3.1	The enquiry process - a summary	62
3.2	Dealing with referrals	64

3.2.1	Receiving the referral	64
3.2.2	Out of usual office hours	66
3.2.3	Keeping the referrer informed	66
3.3	The Initial Assessment	68
3.3.1	Purpose and scope of the Initial Assessment	68
3.3.2	Seeking parental consent	68
3.3.3	Requesting information from other agencies	70
3.3.4	Carrying out the Initial Assessment	70
3.3.5	Completion of the Initial Assessment and possible outcomes	74
3.4	The Strategy Discussion	76
3.4.1	Scope and purpose of the Strategy Discussion	76
3.4.2	Possible outcomes of the Strategy Discussion	76
3.4.3	Feedback to the referrer	78
3.5	The Strategy Meeting	78
3.5.1	Scope and purpose of the Strategy Meeting	78
3.5.2	Planning the Strategy Meeting	80
3.5.3	Matters to be discussed at the Strategy Meeting	80
3.6	Immediate protection	82
3.6.1	When immediate protection is necessary	82
3.6.2	The range of options	84
3.7	Section 47 enquiries and the Core Assessment	86
3.7.1	Scope and purpose	86
3.7.2	Planning and carrying out Section 47 enquiries and the Core Assessment	88
3.7.3	Working with the child and family during the enquiries	92
3.7.4	Recording	98
3.7.5	The outcome of Section 47 enquiries	98
3.7.6	The Core Assessment	104
3.8	The Initial Child Protection Conference	106

3.8.1	Scope and purpose	106
3.8.2	Planning the Initial Child Protection Conference	106
3.8.3	Quorum for the Initial Child Protection Conference	108
3.8.4	Involvement of the child in the Initial Child Protection Conference	108
3.8.5	Involvement or exclusion of those with parental responsibility/the child's carers	110
3.8.6	Reports for the Conference	114
3.8.7	Chairing the Conference	118
3.8.8	The Conference process	120
3.8.9	Confidentiality and the sharing of information at the Conference	122
3.8.10	Outcomes of the Initial Child Protection Conference	122
3.8.11	Minutes of the Conference	130
3.8.12	Complaints from families about the Conference	130
3.9	The Key Worker	132
3.10	The Core Group	134
3.11	The Child Protection Plan	136
3.12	The Child Protection Review Conference	138
3.12.1	Purpose of the Child Protection Review Conference	138
3.12.2	Planning and running the Child Protection Review Conference	138
3.12.3	Decision making	140
3.13	The Child Protection Register	140
3.13.1	Purpose of the Child Protection Register	140
3.13.2	Managing the Child Protection Register	142
3.13.3	Enquiries to the Child Protection Register	142
3.13.4	Moves of children on the Child Protection Register and children who are subject of ongoing protection enquiries	144
3.13.5	De-registration	146
3.13.6	Looked after children and registration	148
3.14	Action to be taken when a professional believes a child is not being adequately protected	148

3.15	Missing children and families	148
PART 4		
CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES		156
4.1	Introduction	156
4.2	Future risk of harm to an unborn child	156
4.2.1	Identifying the risk of harm	156
4.2.2	Action to be taken	158
4.3	Investigating organised or multiple abuse	158
4.3.1	Definition of organised or multiple abuse	158
4.3.2	Action to be taken	160
4.3.3	Strategy Meeting	160
4.3.4	Planning and running the investigation	162
4.4	Children living away from home	166
4.4.1	Circumstances in which children live away from home	166
4.4.2	Essential safeguards	166
4.4.3	Allegations of child abuse against staff in residential homes	168
4.4.4	Allegations of child abuse against a foster carer	170
4.5	Allegations of abuse against a professional, staff member or volunteer in contact with children	178
4.5.1	Responding to referrals about professional abuse	178
4.5.2	Information to staff member	180
4.5.3	Strategy Meeting	182
4.5.4	Outcomes of the Strategy Meeting	182
4.5.5	Investigation Outcomes Review Meeting	184
4.5.6	Additional guidelines on childminders	184
4.6	Abuse by children and young people	186
4.6.1	Responding to abuse by children and young people	186
4.6.2	Action to be taken	186

4.6.3	Initial Child Protection Conferences in cases of abuse by children or young people	188
4.6.4	The child who becomes a suspect	190
4.7	Allegations of abuse of Looked After children who are living outside the local authority area	192

BOXES GIVING ADVICE

Box 1	What everyone needs to know	22
Box 2	If someone tells you that they or another child or young person is being abused	26
Box 3	If the behaviour of any adult (including colleagues and members of the public) towards children or young people causes you concern	26
Box 4	Involving family members	68
Box 5	Involving children	70
Box 6	Initial Assessment and enquiries: ten pitfalls and how to avoid them	72
Box 7	Delay	84
Box 8	Focus on outcomes for the child	86
Box 9	Communicating with children	94
Box 10	Children in need	100
Box 11	Deciding who to invite to the Conference	108
Box 12	Deciding whether the child should go to the Conference	110
Box 13	Establishing significant harm	124
Box 14	Focusing too heavily on registration	126
Box 15	Best outcomes for the child	138
Box 16	Involving the child's family	138
Box 17	Specific referrals about children in need moving to other areas	146
Box 18	Noticing when a family goes missing	150
Box 19	Will the child be a child in need?	156
Box 20	Welfare of the child v. criminal investigation	162
Box 21	Abuse by children and young people and learning disability/difficulty	186

PREFACE

Purpose of the procedures

One of the fundamental ways to improve outcomes, in terms of welfare and safety, for children in Wales is for agencies to work together to keep safe the children who are most vulnerable. The publication and implementation of All Wales Child Protection Procedures marks a significant step forward in achieving this. The procedures set out common standards for all of Wales to guide work in child protection, to make clear how agencies should work together, and to make sure that practice is consistent and of high quality.

All Area Child Protection Committees in Wales have agreed to use the procedures as the basis for child protection work in their area. This means that the agencies which make up each local Area Child Protection Committee (ACPC) are in turn committed to using the procedures within their own organisation.

Who are the procedures for?

The All Wales Child Protection Procedures are for use by all those whose work involves contact with children and families, across departments and agencies, and are relevant to those working in the statutory, voluntary and independent sectors. These might be people working in health, education, police, Social Services, the probation service or voluntary sector support services, along with others whose work brings them into contact with children and families and those who have access to information about children and families.

It is the responsibility of each agency to bring these procedures to the attention of all staff who have contact with children. Individual agencies should also have detailed procedures which complement this document.

The procedures are a public document. Members of the public can have a vital role in alerting Social Services and the police to concerns about children. The procedures should be available to members of the public who want to read them.

How to use the procedures

The procedures are in four parts:

- **Part 1** gives the context for child protection work, including the key principles which under-pin professionals' work with children and families to promote and safeguard children's welfare, and definitions of child abuse and neglect.
- **Part 2** is important reading for anyone who comes into contact with children in the course of their work or voluntary activity. It describes the roles and responsibilities of those agencies and professionals whose work involves contact with children and families. It sets out what people should do if they are concerned that a child is being abused, or they suspect that there is a risk of abuse.
- **Part 3** describes the procedures to be followed once concerns about abuse or neglect have been reported. It deals with enquiries and investigations, Child Protection Conferences, the range of possible action, interagency working, and

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See section 2.2 for more on the organisations covered by the procedures.

case reviews. It is essential reading for relevant staff of the organisations (Social Services and the police) who have a statutory responsibility to take the lead in child protection. It also provides useful information for people who may at some time become involved in a particular case.

- **Part 4** gives additional information for dealing with specific or unusual circumstances.

Notes in the right hand margin alert the reader to related sections within the procedures and to other useful documents, including agencies' own procedures. Information which is there to give advice or illustration, but is not itself a procedure, is shown in boxes. Particularly important points of procedure are printed in bold type.

One agency working alone cannot protect children, and neither can procedures alone. The procedures are primarily to ensure effective inter-agency communication and to provide an orderly framework within which case decisions may be made and implemented. However, procedures cannot replace professional judgement based on thorough assessment and critical analysis. Child protection procedures require the exercise of skill and judgement to apply them appropriately to individual cases and, therefore, both *Working Together to Safeguard Children* and these procedures are complemented by the *Framework for the Assessment of Children in Need and their Families*. The following paragraph is taken from the Preface to the *Framework*:

The effectiveness with which a child's needs are assessed will be the key to the effectiveness of subsequent actions and services and, ultimately, to outcomes for the child. The *Framework for Assessment...* provides a systematic way of reaching an understanding of what is happening to children in their families and in the context of the wider community. From such an understanding, clear professional judgements can be made about whether a child is in need or suffering harm, the actions to be taken and the services required.

The Framework for Assessment also provides a common language, based on explicit values about children, to assist effective collaborative working between staff of different disciplines and agencies who might otherwise struggle to achieve a shared understanding about what is in children's best interests.

The procedures in context

These procedures are based on *Working Together to Safeguard Children*, which was issued in 1999 by the National Assembly for Wales under Section 7 of the Local Authority Social Services Act 1970. *Working Together to Safeguard Children* requires local authorities in their Social Services functions to act under the general guidance of the National Assembly for Wales. As such, the document does not have the full force of statute, but should be complied with unless local circumstances indicate exceptional reasons which justify a variation. The procedures need to be followed in conjunction with *Working Together to Safeguard Children*. They are not a replacement for that document and the reader is urged to refer to the *Working Together* guidance as well as the procedures.

These procedures are under-pinned by the principles in the *UN Convention on the Rights of the Child* and also those contained in the *Children Act 1989*. They also take particular account of the following:

- *Lost in Care, the Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974*, Department of Health, 2000
- *Framework for the Assessment of Children in Need and their Families*, Department of Health, 2000
- *Achieving Best Evidence in Criminal Proceedings - Guidance for Vulnerable or Intimidated Witnesses including Children*, Home Office, 2002
- *Practice Guide to Investigating Allegations of Abuse against a Professional or Carer in relation to Children Looked After*, National Assembly for Wales, 2000
- *Child Protection - Messages from Research*, Department of Health, 1995
- *Learning How to Make Children Safer: An Analysis for the Welsh Office of Serious Child Abuse Cases in Wales*, University of East Anglia, 1999
- *Safeguarding Children Involved in Prostitution*, Department of Health, 2000
- *Children First*, National Assembly for Wales, 1999
- *The Human Rights Act 1998*
- *Safe from Harm*, Home Office, 1993

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1 • THE CONTEXT FOR CHILD PROTECTION WORK

NOTES

1.1 Key principles

The key principles on which to base work with children and families are found in the *Children Act 1989* and the *UN Convention on the Rights of the Child*, to which the UK is a signatory.

All children deserve the opportunity to achieve their full potential. They should be enabled to:

- be as physically and mentally healthy as possible;
- gain the maximum benefit possible from good quality educational opportunities;
- live in a safe environment and be protected from harm;
- experience emotional wellbeing;
- feel loved and valued, and be supported by a network of reliable and affectionate relationships;
- become competent in looking after themselves and coping with everyday living;
- have a positive image of themselves and a secure sense of identity, including cultural and racial identity;
- develop good inter-personal skills and confidence in social situations.

1.2 Definitions of child abuse and neglect

Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency Child Protection Plan.

1.2.1 Physical abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child whom they are looking after. This situation may be described as fabricated or induced illness by carer.

1.2.2 Emotional abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional

abuse is involved in all types of ill treatment of a child, though it may occur alone.

1.2.3 Sexual abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

1.2.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.3 Good practice in working with families

1.3.1 Focusing on outcomes for the child

The overriding principle which governs all areas of work with children and families is that the child's welfare is paramount. Careful consideration should always be given to what any intervention is intended to achieve, particularly in terms of the child's long term wellbeing. In planning and implementing interventions, the aim should always be for good long term outcomes in terms of health, development and educational achievement for children about whom there are child protection concerns.

1.3.2 Listening to children

It is important to involve and empower children throughout each stage of the child protection process and to consult with them sensitively. Their wishes and feelings should always inform any decisions which are made about them. Children of sufficient age and understanding often have a clear perception of what needs to be done to ensure their safety and wellbeing. They should be helped to understand how child protection processes work, and how they can be involved, and that they can contribute to decisions about their future in accordance with their age and understanding. However, they should also be helped to understand that, ultimately, decisions will be taken in the light of all the available information contributed by themselves, professionals, their parents, other family members and significant adults.

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See sections 3.3.4, 3.7.3 and 3.8.4 and boxes 5, 9 and 12 for more about working with children.

See 'Working Together' 7.12

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See sections 3.3.2, 3.7.3 and 3.8.5 and boxes 4 and 16 for more about working with families.

1.3.3 Working in partnership with families

Family members have a unique role and importance in the lives of children, who attach great value to their family relationships. Family members know more about their family than any professional could possibly know, and well-founded decisions about a child should draw upon this knowledge and understanding. Family members should normally have the right to know what is being said about them, and to contribute to important decisions about their lives and those of their children.

Where compulsory intervention in family life is necessary, parents should still be helped and encouraged to play as full a part as possible in decisions about their child. There should be a presumption of openness, joint decision-making and a willingness to listen to families and capitalise on their strengths, but the overarching principle should always be to act in the best interests of the child.

This does not mean, for example, that parents should attend all the meetings which are held in connection with their family. There are occasions when it is appropriate and necessary for professionals to meet together without parents to reflect on their own practice in a particular case or to deal with a matter which is likely to lead to criminal enquiries. Strategy Meetings, and sometimes planning meetings, are examples of this.

Family group conferences have been developed in a number of areas as a positive option for planning services for children and families. They are an effective approach to planning and decision-making and use the skills and experience of the wider family, as well as those of professionals. Where available they should be considered as a positive approach to managing child protection.

1.3.4 Sharing information with families

This needs to be given careful consideration at each stage of the procedures. Some information known to professionals should be treated confidentially and should not be shared with families. Reasons for withholding information need to be made clear but the need to safeguard the wellbeing of the child must be the overriding consideration in such situations.

1.3.5 Providing support and advice to families

This is an essential part of working in partnership. Many families perceive professional involvement in their lives as painful and intrusive, particularly if they feel that their care of their children is being called into question. Professionals can make the child protection process less stressful for families by the way in which they approach working in partnership. Children and families may be supported through their involvement in the child protection process by advice and advocacy services and they should always be informed of them. Social Services has a responsibility to make sure children and adults have all the information they need to help them understand child protection processes. Support and advice should be available to the family in the language of their choice. Information should be clear and accessible and also available in the family's language of choice.

1.3.6 Race, ethnicity and culture

In order to make sensitive and informed professional judgements about a child's needs and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups.

Professionals should also be aware of the broader social factors that serve to discriminate against black and minority ethnic people.

The assessment process should always include consideration of the way religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour and the way in which family and community life is structured and organised. Professionals should guard against myths and stereotypes, both positive and negative, but anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard a child.

When required, independent, appropriate interpreting and translation services and sign language interpreters should be readily available wherever professionals have contact with children, young people and their families. Children and young people should never be used as sole interpreters.

1.3.7 Human rights

When deciding what action to take in a particular situation, consideration will need to be given to the human rights of the child and their family; in particular, both the child's and the parents' right to a private and family life. Sometimes it may be necessary to infringe such rights. Where a course of action suggests that infringement is likely, full written reasons must be given for such infringement.

1.4 Supporting children in need and their families - an integrated approach

Working Together to Safeguard Children emphasises the integrated approach, using the *Framework for the Assessment for Children in Need and their Families* to undertake wide ranging assessments which keep a clear focus on the welfare of the child rather than a narrow focus on child protection. Any assessment should be set within the knowledge of the whole child and their network of caregivers.

Effective measures to safeguard children should not be seen in isolation from the wider range of support and services available to meet the needs of children and families. If child protection processes are to result in improved outcomes for children, then effective plans for safeguarding children and promoting their welfare should be based on a wide ranging assessment of the needs of the child and their family circumstances. Child protection enquiries may highlight significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns are not substantiated about significant harm. Equally, family support services should always be alert to potential indicators of abuse and neglect.

See 'Working Together' 7.2.4

In most cases, it should be the decision of parents when to ask for help and advice on their children's care and upbringing. Only in exceptional cases should there be compulsory intervention in family life, for example, when necessary to safeguard a child from significant harm. Such intervention should, provided this is consistent with the child's welfare, support families in making their own plans for the welfare and protection of their children.

Children with disabilities may be particularly vulnerable. They have the same rights as other children to be protected. All referrals involving children with disabilities will follow the same process as those for all other children but at each stage the child's individual needs should be taken into account.

1.5 Professionals working together

1.5.1 Area Child Protection Committees

Each local authority must have an Area Child Protection Committee covering its area. The ACPC is an inter-agency forum for agreeing how different services and professional groups should co-operate to safeguard children in that area, and for making sure that arrangements work effectively to bring about good outcomes for children.

The specific responsibilities of an ACPC are:

- to develop and agree local policies and procedures for inter-agency work to protect children, within the national framework provided by *Working Together to Safeguard Children*;
- to audit and evaluate how well local services work together to protect children, for example through wider case audits;
- to put in place objectives and performance indicators for child protection, within the framework and objectives set out in Children's Services Plans;
- to encourage and help develop effective working relationships between different services and professional groups, based on trust and mutual understanding;
- to ensure that there is a level of agreement and understanding across agencies about operational definitions and thresholds for intervention;
- to improve local ways of working in the light of knowledge gained through national and local experience and research, and to make sure that any lessons are shared, understood and acted upon;
- to undertake case reviews where a child has died or - in certain circumstances - been seriously harmed, and abuse or neglect are confirmed or suspected; to make sure that any lessons from the case are understood and acted upon;
- to communicate clearly to individual services and professional groups their shared responsibility for protecting children, and to explain how each can contribute;
- to help improve the quality of child protection work and of inter-agency work through specifying needs for inter-agency training and development, and

See 'Working Together' 4.2

ensuring that training is delivered;

- to raise awareness within the wider community of the need to safeguard children and promote their welfare and to explain how the wider community can contribute to these objectives;
- to examine complaints or concerns expressed by any professional with regard to the handling of individual cases.

1.5.2 Shared responsibility

Working Together to Safeguard Children emphasises that protecting children depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals. All agencies are expected to contribute to whatever actions are needed to safeguard the child and promote his or her welfare. This requires constructive relationships between individuals, supported by a strong lead from elected members and chief officers. One of the findings from the Department of Health research study *Child Protection: Messages from Research* was that, while inter-agency work was often relatively good at the early stages of enquiries, its effectiveness tended to decline once Child Protection Plans had been made, leaving Social Services with sole responsibility for implementing the plans.

1.5.3 Sharing information among professionals

An exchange of relevant information between professionals is essential in order to safeguard children. Although those providing services to adults and children may be concerned about the need to balance their duties to protect children from harm and their general duty towards their patient or service user, the overriding concern must always be the welfare of the child. Whenever possible, consent should be obtained before sharing personal information with third parties but the 'public interest' in child protection must always override the 'public interest' in maintaining confidentiality or obtaining consent from families. The safety of the child is always the paramount consideration.

This principle is enshrined in the *Children Act 1989* and Section 115 of the *Crime and Disorder Act 1998* also defines when information can be disclosed. The advice from the Association of Chief Police Officers of England, Wales and Northern Ireland regarding consent and sharing information is as follows:

Consent

Many of the Data Protection issues surrounding the disclosure of information can be avoided if the informed consent of the individual has been sought and obtained. Consent must be freely given after the alternatives and consequences are made clear to the person from whom permission is being sought. If the data is classified as sensitive data the consent must be explicit. In this case the specific detail of the processing should be explained, the particular types of data to be processed, the purposes of the processing and any special aspects of the processing which may affect the individual, e.g. disclosures.

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See section 3.8.9 for more about sharing information among professionals.

Public Interest

If informed consent has not been sought or sought and withheld the agency must consider if there is an overriding public interest of justification for the disclosure. In making this decision the following questions should be considered:

- Is the disclosure necessary for the prevention or detection of crime, prevention of disorder, to protect public safety, or protect the rights and freedoms of others?
- Is the disclosure necessary for the protection of young or other vulnerable people?
- What risks to others are posed by this individual?
- What is the vulnerability of those who may be at risk?
- What will be the impact of the disclosure on the offender?
- Is the disclosure proportionate to the intended aim?
- Are there equally effective but less intrusive alternative means of achieving that aim?

1.5.4 Inter-agency training and development

Inter-agency training should complement training available to staff in single agency or professional settings. Training should create an ethos which values working collaboratively with other professionals, respects diversity, is child centred, promotes partnership with children and families and recognises families' strengths in responding to the needs of their children.

The purpose of inter-agency training is to help develop and foster the following in order to achieve better outcomes for children:

- a shared understanding of the tasks, processes, principles, roles and responsibilities and local arrangements for safeguarding children and promoting their welfare;
- co-ordinated services at both the strategic and individual case level;
- improved communications between professionals including a common understanding of key terms, definitions and thresholds for action;
- effective working relationships, based on respect and an understanding of the role and contribution of different disciplines;
- sound decision making based on information sharing, thorough assessment, critical analysis and professional judgement.

See 'Working Together' 9.7

2 • ROLES AND RESPONSIBILITIES

2.1 The responsibilities of all those working with children and families

2.1.1 What everyone should do

If any person has knowledge, concerns or suspicious that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to Social Services or the Police, who have statutory duties and powers to investigate and intervene when necessary.

Box 1 • What everyone needs to know

Everybody who may encounter concerns about the well-being or safety of a child or children should know:

- The principles contained in Working Together to Safeguard Children
- What services are available locally, and how to gain access to them.
- What source of advice or expertise are available, who to contact, and how
- What is in the child protection procedures and their own internal agency procedures.
- When and how to make a referral to the Social Services Department.

In addition to the duty to make referrals, there are other ways in which all those who work with children and families can contribute to the safeguarding of children and the child protection process. The following is a list of what everyone should do:

- Treat the child's welfare as paramount
- Be alert to potential indicators of abuse and neglect:
- Be alert to the risks which individual abusers, or potential abusers, may pose to children:
- Recognise when a parent or carer has problems which may affect their capacity as a parent or carer or which may mean they pose a risk of harm to a child:
- Be aware of the effects of abuse and neglect on children:
- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances, using the Framework for Assessment:
- Contribute as required to whatever actions are needed to safeguard the child and promote his or her welfare:
- Contribute as necessary at all stage of the child protection process.

Contribute to regularly reviewing the outcomes for the child against specific

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See section 2.1.3 for details of how to make a referral.

See also your organisation's own procedures.

See the 'Framework for the Assessment of Children in Need and their Families.'

shared objectives as required:

Work co-operatively with the parents, unless this is inconsistent with the need to ensure the child's safety:

Be committed to full co-operation with other agencies in the interests of safeguarding children.

Every agency listed in section 2.2 has responsibility for the protection of children and there is a duty placed on all people working for those agencies to report concerns. This is not a matter for individual choice.

It is not acceptable to advise children or their families to self refer. It is the professional's responsibility to ensure that the referral is documented by Social Services or the Police. (Kelly Report paragraph 233.1)

Suspected abuse must be reported to Social Services or the police. These are the only agencies (other than the NSPCC) with the statutory powers to investigate suspected abuse. Agencies must not undertake their own internal enquiries but must refer on as described below. Agencies must not make their own decisions about whether a concern that involves a particular member of their own staff is a disciplinary issue or a child protection matter. Such complex considerations should only take place with the involvement of Social Services and the police.

Recruitment and selection procedures should be rigorous and create a high threshold of entry to deter abusers.

2.1.2 Identifying and acting on concerns or suspicion of abuse

Anyone who has concerns about a child's or children's welfare should write down their concerns, whether or not further action is taken. If possible, the person planning to make the referral should seek advice about their concerns from colleagues, supervisors, managers, a designated or named professional, or other agencies, **but this discussion should never delay emergency action to protect a child.** Any discussion about a child's welfare should be recorded in writing, including a note of the date and who took part in the discussion. At the close of a discussion, there should be clear and explicit agreement about who will be taking what action, or that no further action will be taken. This agreement should also be recorded in writing.

A suspicion of abuse may take the form of 'concerns' rather than 'known facts'. Concerns can and should be shared with Social Services through a referral. While concerns will not necessarily trigger an investigation in themselves, they may help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm.

Agencies represented at the ACPC have arrangements for making enquiries to the Child Protection Register to find out whether a child is already registered. An employee of one of these agencies who is worried about a child and wants to know whether the child is registered as 'at risk' and/or the subject of an inter-agency Child Protection Plan may make an enquiry to the register.

In cases of professional abuse, the action to be taken may be guided by the agency's own procedures on whistleblowing, and these should be referred to.

NOTES

See also Chapter 7 and Appendix 3 'The Protection of Children Act 1999' in 'Working Together.'

See section 3.6 for information on immediate action to protect a child.

See section 4.5 for more about suspected professional abuse.

Box 2 • If someone tells you that they or another child or young person is being abused

- Show that you have heard what they are saying, and that you take their allegations seriously.
- Encourage the child to talk, but do not prompt or ask leading questions. Don't interrupt when the child is recalling significant events. Don't make the child repeat their account.
- Explain what actions you must take, in a way which is appropriate to the age and understanding of the child.
- Do not promise to keep what you have been told secret, as you have a responsibility to disclose information to those who need to know. Reporting concerns is not a betrayal of trust.
- Write down what you have been told, using the exact words if possible.
- Make a note of the date, time, place and people who were present at the discussion.
- Report your concerns to your line manager or (if appropriate) the member of staff in your organisation with designated responsibility for child protection.
- Ensure that your concerns are immediately reported to the duty social worker at the local office. Do not delay.
- Do not confront the alleged abuser.
- Do not worry that you may be mistaken. You will always be taken seriously by Social Services. It is better to have discussed it with somebody with the experience and responsibility to make an assessment.

Box 3 • If the behaviour of any adult (including colleagues and members of the public) towards children or young people causes you concern

- Do not dismiss your concerns.
- Do not confront the person about whom you have concerns.
- If it is a person with professional responsibility for children or young people discuss your concerns with that person's line manager. If you feel that this is inappropriate, or you are not satisfied with the response that you get, contact the relevant person in your agency or Social Services. It is very important that you do not ignore or dismiss suspicions about another professional.

2.1.3 Making referrals

Referrals should be made to Social Services as soon as a problem, suspicion or concern becomes apparent, and certainly within 24 hours. Referrals may be made by telephone, in person, by letter or by fax. Outside office hours, referrals should be made to the Social Services emergency duty service or the police. All telephone referrals or referrals made in person should then be confirmed in writing within two working days, using a standard form where possible.

The duty social worker taking the referral should be given the following information:

- The reason for the concerns
- The full name, address and date of birth (or age) of the child
- The names, addresses and dates of birth/ages of family members, along with any other names which they use or are known by
- The names of all those with parental responsibility
- The name, address and date of birth of parent's partner
- The names of other professionals involved with the family, including the name of the child's school and GP.
- Any information affecting the safety of staff.

People working for organisations listed in section 2.2 should also follow their own department/agency's procedures. People working for one of these organisations as an employee, volunteer or management committee member cannot remain anonymous when making referrals. However, members of the public may remain anonymous, if they wish to.

2.1.4 After the referral has been made

The person making the referral may be asked to do any or all of the following tasks, and should be prepared and willing to do them:

- contribute to a strategy discussion
- assist with section 47 enquiries
- write a report for the Child Protection Conference
- attend the Child Protection Conference.

It is the responsibility of each individual professional to ensure that their child protection concerns are taken seriously and followed through. Each individual is accountable for his or her own role in the child protection process and if a professional remains concerned about a child he or she should re-refer the child and/or bring the matter to the immediate attention of the Social Services senior manager with responsibility for child protection for the area. In their absence the Social Services team manager responsible for the case must be notified. In all such situations, the professional's own line manager should be informed.

See section 3.4

See section 3.7

See section 3.8.6

See section 3.8

2.1.5 Keeping records

All child protection work depends on clear, accurate and complete record-keeping. Anyone with concerns about the welfare of a child should make a written record of their concerns and what they do about them, using the guidance below. This guidance should also be followed by those taking a lead in child protection enquiries and action following from enquiries. All agencies involved in child protection should have policies and procedures with regard to the retention, storage and destruction of policies, procedures and case records. These should be reviewed regularly.

The purpose of written records is:

- To focus work
- To provide a documented account of involvement with a child and/or family
- To assist continuity when a worker changes
- To provide the basis for professional judgement
- To enable managers to monitor work
- To produce essential sources of evidence for investigation and enquiries and for court cases.

Records should:

- Use clear, straightforward language
- Be concise
- Be accurate in fact and in distinguishing between opinion, judgements and hypothesis
- Be accessible
- Be comprehensive
- Clearly record judgements made and action and decisions taken
- Clarify where decisions have been taken jointly across agencies, or endorsed by a manager.

The reader should be able to track:

- The relevant history of the child and family which led to the intervention.
- The nature of interventions, including intended outcomes
- The means by which change is to be achieved
- The progress which is being made
- The author and date.

2.2 The roles of the various agencies

The following section describes agency roles within child protection. It covers the responsibilities of all staff members, including project staff. For each agency role please refer also to the responsibilities listed above which apply to all professionals. An awareness and appreciation of the role of others is essential for effective collaboration. Without this, and shared responsibility between all professionals, children will not be adequately protected.

Workers from all agencies involved in child protection require adequate supervision. Each agency should have formal procedures in place to make sure that this happens. Supervision should help to ensure that practice is soundly based and is consistent with the All Wales Child Protection Procedures. Supervision should also ensure that key decisions are clearly recorded in case files.

2.2.1 Social Services Departments of local authorities

The welfare of children is the corporate responsibility of the entire local authority working in partnership with other public agencies, the voluntary sector and service users. The *Children Act 1989* places duties on local authorities, as the lead agency in child protection, both to safeguard and to promote the welfare of children. Section 17 places them under a general duty to safeguard and promote the welfare of children who are in need. They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language.

Section 47 of the *Children Act 1989* provides that if the local authority have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm they are to set in train enquiries 'to decide whether they should take any action to safeguard or promote the child's welfare'. A child who is at risk of significant harm will invariably be a child in need. Social Services is responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote his or her welfare, and of the wider family circumstances. Where a child is at continuing risk of significant harm, Social Services is responsible for co-ordinating an inter-agency plan to safeguard the child, which will be implemented by the Core Group.

2.2.2 Education services provided by local authorities

All schools have a pastoral responsibility towards their pupils. They play an important part in the prevention of abuse and neglect through creating and maintaining a safe environment for children and young people and teaching them about staying safe from harm, and how to speak up if they have worries or concerns.

Teachers and all non-teaching staff have a crucial role to play in noticing indicators of possible abuse or neglect, and in referring concerns to Social Services. Education welfare officers have a particular role in relation to children who are not attending school.

In addition to referring concerns, education staff may contribute to child protection work by:

- contributing to Initial Assessments and Section 47 enquiries
- providing information on a child's level of understanding and the most effective means of communicating with the child
- contributing to Child Protection Conferences
- taking part in the preparation of the Child Protection Plan, and its ongoing implementation and review.

NOTES

See section 3.7

See sections 3.10 and 3.11

See sections 3.3 and 3.7

See sections 3.8 and 3.12

See section 3.11

Local Education Authority co-ordination is particularly important in the case of a child who may have attended a number of schools over a relatively short period of time, or in providing background information where there are concerns about a number of children from the same family who may attend different schools.

All schools have a designated member of staff with responsibility for co-ordinating action on child protection within the school or college and to act as a source of expertise and advice. The designated member of staff is responsible for ensuring that new and temporary members of staff know the procedures and where to obtain advice and are encouraged to share their concerns.

Where school staff are concerned that a child may have 'disappeared', or are concerned about any aspect of a pupil transfer, the designated member of staff should report the concerns to the LEA officer with designated responsibility for child protection.

All school governors must be the subject of police checks. All schools and colleges should have a designated governor for child protection who is appropriately trained. School governors should exercise their child protection responsibilities, in particular in relation to allegations against head teachers, and in ensuring that there are school child protection policies in place and that they are readily accessible to all staff.

2.2.3 Youth and community services provided by local authorities

Youth and community workers work closely and supportively with children and young people and are well placed to know when a young person may be at risk. Children will often confide in those who are in a position of trust but not seen as authority figures. Staff should be aware that they may be the only person in whom the child has placed their trust. Youth and community workers may also be able to assist Social Services with an assessment by providing background information based on their knowledge of the child or young person.

2.2.4 Cultural and leisure services provided by local authorities

Cultural and leisure staff, volunteers and others contracted by local authorities should adopt working practices that minimise situations where abuse of children may occur, for example unobserved contact. Staff should also understand the importance of reporting any concerns they have that a child may be in need of protection.

2.2.5 Housing services provided by local authorities

Whilst housing department staff will not be directly involved in the investigation of alleged or actual abuse, they may have important information about families to contribute to Section 47 enquiries or Initial Assessments and must be prepared to share this information and to attend conferences as required.

They should also be prepared to assist by providing accommodation or advice, for example when women and children become homeless due to domestic abuse or where overcrowding, poor conditions or social isolation may be factors contributing to the risk of abuse for some children. Housing services may have a role in finding accommodation nearer to supportive extended families and

See also the Criminal Justice and Court Services Act 2000, Protection of Children Act 1999.

See section 4.5 for more on allegations against professionals.

See sections 3.3, 3.7 and 3.8

communities and away from negative influences. The *Homelessness (Wales) Order 2001* established a specific duty in those cases where an individual is fleeing violence. Councils also have a duty, under homelessness legislation, to priority groups including families with children. Codes of practice issued by the DTLR and the National Assembly for Wales govern the degree of duty and the circumstances where it applies.

Housing services also play a key role in the management of risk posed by dangerous offenders.

Registered Social Landlords (Housing Associations) should also co-operate in the sharing of information with the local authority, and have in place suitable and workable procedures for dealing with cases of alleged or suspected abuse of children.

2.2.6 Youth Offending Teams

Inter-agency Youth Offending Teams work with children and young people involved in offending behaviour, a number whom will be in need of protection. Youth Offending Teams also supervise sex offenders and dangerous offenders and have a public protection focus.

Members of Youth Offending Teams may be required to provide information at the initial stages of Section 47 enquiries, take part in Child Protection Conferences, implement Child Protection Plans and attend Core Groups. The *Framework for Assessment* is consistent with the youth offending assessment known as ASSET.

See sections 3.3, 3.7, 3.8, 3.10 and 3.11

2.2.7 Police

The police have a duty and responsibility to investigate criminal offences committed against children and such investigations should be carried out sensitively, thoroughly and professionally. All police forces in Wales have dedicated child protection officers to tackle the abuse of children. Ideally, child protection officers should, as a minimum, investigate all aspects of child abuse allegations within the family, or committed by a carer, where the victim is under 18 years of age. Child protection work should not be seen solely as the role of specialised officers, and all police officers should understand that it is a fundamental part of their duties.

In addition to their duty to investigate crime, the police recognise the importance of inter-agency working in combating child abuse and there are well established procedures for undertaking joint investigations and for sharing information. The fact that the police are involved does not necessarily mean that criminal proceedings will result.

The police have powers under the *Children Act 1989* to ensure immediate protection of children believed to be suffering from, or at risk of, significant harm.

See section 3.6

Police officers may come across cases of possible child abuse (including emotional abuse) when they are called to incidents of domestic abuse. Officers should always ascertain whether there are children in a house where there is

domestic abuse and they should follow their local procedures in reporting the matter.

The police have a fundamental role in the child protection process and should whenever possible attend and contribute to Child Protection Conferences and the subsequent review conferences. It is, however, unlikely that the police would contribute as part of the Core Group in developing and implementing the Child Protection Plan.

2.2.8 Health services

Because of the universal nature of health provision, health professionals are often the first to be aware that families are experiencing difficulties in looking after their children. All those working in the field of health have a professional responsibility to protect children, and their participation in inter-agency support to Social Services is essential if the interests of children are to be safeguarded. They should have basic awareness regarding child protection and be alert to physical abuse, sexual abuse (including children who abuse), emotional abuse and neglect of children and young people. They should be aware of child protection procedures and referral pathways. Health professionals who work with adult patients should also be alert to the indicators of harm to dependant children.

The following guidance is relevant to staff working in health:

- *Working Together to Safeguard Children* National Assembly for Wales, 1999
- *Child Protection Medical Responsibilities* Department of Health, 1994
- *Child Protection Clarification of Arrangements between the NHS and Other Agencies* Department of Health/Welsh Office, 1995
- *Child Protection Guidance for Senior Nurses, Health Visitors, Midwives and their Managers* Welsh Office, 1997

In addition, all health professionals must be aware of and understand current guidance from their professional bodies, defence societies and employers in respect of child protection and the sharing of information and the limits of confidentiality. Each health professional has an individual responsibility to protect children in addition to their agency role.

2.2.8.1 Local Health Boards

The National Assembly and the Local Health Boards take an overall strategic lead, on behalf of health services, for children's services and child protection, with particular emphasis on inter-agency working. Health agencies should co-operate with other agencies, especially the local authority, in planning services for vulnerable children and their families, and ensuring that local health agencies and professionals contribute fully and effectively to local inter-agency working to safeguard children and promote their welfare. This responsibility includes ensuring that there is suitable health service commitment to the work of the ACPC.

NOTES

*See sections 3.8
and 3.12*

Local Health Boards should ensure that they have service specifications for child protection and related services and that all health providers with whom they contract are fully aware of these.

Each Local Health Board is responsible for identifying a senior paediatrician (designated doctor), a senior nurse with a health visiting qualification (designated nurse child protection) and a designated midwife to take a professional lead on all aspects of the health service contribution to safeguarding children. The designated professionals will take a lead role in developing services to safeguard children, in training and case reviews. They will work closely with named and lead professionals in trust and local health boards and, with these professionals, form a network of child protection advice for health and partner agencies.

Work should be undertaken with Local Health Boards to ensure that they understand their role and responsibilities in developing appropriate service specifications which include quality standards in child protection.

The designated professionals are provided by the National Public Health Service which, through the Director of Public Health, provides a strategic lead for child protection and children looked after within the health services.

2.2.8.2 NHS Trusts

NHS Trusts are responsible for providing acute and community health services in hospital and community settings.

Each NHS Trust should appoint a named doctor and a named nurse and/or midwife child protection, who will take a professional lead within the trust on child protection matters. They will have expertise in children's health and development, the nature of child maltreatment and the local arrangements for safeguarding children and promoting their welfare. They provide an important source of advice and expertise for fellow professionals and other agencies, and also have an important role in promoting good professional practice within the trust in safeguarding children. In larger trusts it is appropriate to identify additional named or lead professionals to support the named professional and to ensure a child protection lead in all areas of the trust.

All hospital and community staff should have basic awareness regarding child protection and be alert to the possibility of child abuse and neglect. They must know how to make a child protection referral and be aware of the network of named, designated and lead professionals available for advice.

2.2.8.3 Local Health Groups/Boards

Local Health Groups commission primary care medical services, and in time are likely to take over the commissioning of acute and community services from health authorities. In Wales, Local Health Groups/Boards share local authority boundaries.

Each Local Health Group/Boards should appoint a lead health professional for child protection with appropriate experience and expertise.

See section 2.1.3 for information on how to make a referral.

Local Health Groups/Boards have a responsibility to ensure that general practitioners and their staff providing primary health care are knowledgeable about child protection and receive appropriate training.

Health authorities/successor agencies should, in agreement with Local Health Groups, ensure that the local health service's duty to contribute to inter-agency working is met.

2.2.8.4 General practitioners and primary care staff

The general practitioner and other members of the primary health care team (PHCT) are well placed to recognise when a child is potentially in need of extra help or services to promote their health and development, or is at risk of harm. They are also well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or carer, or which may mean that they pose a risk of harm to a child. While the GP has a duty to all of their patients, the child is particularly vulnerable and the welfare of the child is paramount.

The GP, members of the PHCT and all practice staff should be alert to the indicators of abuse and know how to make a child protection referral to Social Services. The GP should be kept informed of any referral, but this must not delay the referral.

The GP and other members of the PHCT should be aware of the network of named, lead and designated health professionals who are available for advice. It is considered good practice for PHCTs to identify a co-ordinator to lead and advise on child protection within the team.

The GP and other members of the PHCT have an important role in all stages of the child protection process and should be prepared to share relevant information with Social Services, and attend or supply a report for the Child Protection Conference.

GPs should take part in child protection training and have regular updates as part of their postgraduate educational programme. As employers, GPs are responsible for their staff and should therefore ensure that practice nurses, practice managers, receptionists and any other staff are given the opportunity to attend local child protection training.

It is good practice to have a clear means of identifying in records those children (together with their parents and siblings) who are on the Child Protection Register. This will enable them to be recognised by the partners of the practice and any other doctor, practice nurse or health visitor who may be involved in the care of those children.

When general practitioners are asked to undertake a medical examination where there may be child protection issues, and they are unfamiliar with the forensic requirements, they should consult with the local named or lead doctor for child protection. The examination of children in whom sexual abuse is alleged/suspected should only be undertaken by appropriately trained and skilled medical practitioners. This will need to be arranged urgently in conjunction with the police and Social Services if the alleged abuse is recent.

See section 2.1.3 for information on how to make a referral.

See section 3.8 for more on the conference.

See section 3.13 for more on the Child Protection Register.

2.2.8.5 Community nursing services

Community nursing services comprise a wide range of nurses, including health visitors, school nurses, district nurses and community psychiatric nurses. Community nurses are, therefore, well placed to recognise when a child is in need or at risk of harm. All nursing staff employed by trusts are accountable to their named nurse child protection.

Community nursing staff with concerns about a child or children should report their concerns to Social Services without delay. They should also inform the GP of their concerns as soon as possible, but this should not delay the referral process.

All community nursing staff should have training in child protection.

2.2.8.6 Midwives

Midwives provide care to all prospective mothers from early pregnancy through delivery and have continuing responsibility for mother and baby up until 28 days post-delivery. Midwives are, therefore, able to identify potential problems pre-birth and make the appropriate referrals to Social Services in order that family support and/or child protection services are in place at an early stage. The family GP should always be informed of concerns.

2.2.8.7 Paediatricians - hospital and community

Paediatricians play an important part in the assessment of child abuse. They may become aware of a child protection issue through the normal course of their work or may be asked to examine a child by the police and/or Social Services.

Paediatricians asked to examine children for child protection purposes must be fully aware of the specialist nature of the examination, and of the nature of consent needed. Reports may be needed by the police and the courts as well as by Social Services.

Where any child is admitted to hospital as a result of suspected child abuse, the paediatrician should not decide to discharge the child without prior discussion with Social Services and the police.

The relevant paediatrician should be invited to Strategy Meetings and Child Protection Conferences.

Senior paediatricians will form part of the network of expert child protection advice available to health and other agencies.

2.2.8.8 Staff working on adult wards where children are treated

Children should not normally be admitted to adult wards. Where such an admission is necessary, there should be clear standards and safeguards in place, with a written admission procedure. There should be a regular audit of the pattern of such admissions. Adult wards should have arrangements in place for children and young people, when admitted, to be placed in designated areas. Each trust should identify a liaison nurse to liaise with adult wards who admit young people under 18. Specialist paediatric advice should be available at all times to departments and wards where children receive care.

See section 2.1.3 for information on how to make a referral.

See section 3.7.2.4 for more on medical examinations.

See sections 3.5 and 3.8

2.2.8.9 Staff on Accident and Emergency and minor injury units

Staff working in local Accident and Emergency and minor injury units should be alert to the indicators of child abuse and neglect and familiar with child protection procedures and the local referral pathways. Staff should be alert to carers who seek medical advice from a variety of sources in order to conceal the repeated nature of a child's injuries.

Specialist paediatric advice should be available at all times to departments and wards where children receive care.

There should be a system in place for identifying repeat attenders. Where a child or children from the same household attend repeatedly, even with slight injuries, in a way which health staff find worrying, they should act on their concerns and make a child protection referral and/or seek advice from the named or lead child protection health professionals.

All visits by children to Accident and Emergency and minor injury departments must be notified quickly to the child's GP and health visitor or school nurse and should be recorded in the child's hospital notes, if there are any.

2.2.8.10 Child and adolescent mental health services

The professionals working in child and adolescent mental health services are child and adolescent psychiatrists, community psychiatric nurses and clinical psychologists. They provide a range of psychiatric and psychological assessment and treatment services for children and families, including post-abuse therapy. All those who provide child and adolescent mental health services will have a role in the Initial Assessment stages, input into the initial Child Protection Conference, responsibilities within the ongoing Child Protection Plan and a major contribution to make to the Core Assessment.

See sections 3.3, 3.7, 3.8 and 3.11

2.2.8.11 Adult mental health services

Adult mental health services are provided by staff working for health and Social Services. Through their involvement with adults with mental health difficulties, they may become aware of a child at risk of harm. Close collaboration and liaison between adult mental health services and children's services are essential in the interests of children. This will require the sharing of information where this is necessary to safeguard a child from harm. Adult mental health services, including those providing general adult and community services, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a role to play in the assessment process when problems in these areas have an impact on parents' capacity to respond appropriately to their children's needs.

Professionals will also need to contribute to assessments to decide whether it is in the best interests of a child to visit a patient detained under the *Mental Health Act 1983*.

2.2.8.12 Substance misuse services

Where children may be suffering significant harm because of their own substance misuse, or where parental misuse may be causing such harm, referrals to Social Services will need to be made by substance misuse services in accordance with ACPC procedures. The welfare of the child is always paramount.

2.2.8.13 Other health professionals and professions allied to medicine

Other health professionals and members of professions allied to medicine include dental practitioners, psychologists, speech and language therapists, physiotherapists, occupational therapists, chiroprodists, pharmacists and opticians. During the course of their day to day work, any of these professionals may encounter a child who is in need or has been abused or about whom the professional has concerns. Advice can be sought from the named doctor or nurse for the trust or from Social Services. However, there should be no delay in referring the matter for further attention. Discussions with colleagues must never delay the referral process.

2.2.8.14 Ambulance Services

All ambulance staff should be aware of their role in safeguarding children. They should have clear procedures for sharing child protection concerns with Social Services either directly or via their control centre.

2.2.8.15 NHS Direct

NHS Direct is a 24-hour telephone service, usually staffed by nurses, giving direct access to health information and advice. GPs, health visitors and/or school nurses should be informed of requests for advice about a particular child.

NHS Direct staff should be alert to the indicators of child abuse, and familiar with the ACPC and their own service's child protection procedures, and know how to make a child protection referral to the appropriate Social Services. They should be able to access training in child protection issues.

2.2.8.16 Private health care providers

Private health care may be provided at private hospitals, clinics, nursing homes or in the community and the home. Private hospitals should have a Child Protection Policy and a named person on site, responsible for the co-ordination of child protection, reporting, and the education of other members of staff.

Recruitment of staff to work with children should follow government guidance on rigorous interviewing, collecting references and police checks.

All private health establishments offering care for children should employ at least two children's nurses, while hospitals providing acute care **must have at least one** children's nurse on duty at all times whenever children are admitted electively for investigative procedures or surgery. It is recommended that children only be accepted when a children's nurse is on duty. Surgical lists should only be scheduled when children's nurses are available to care for the children.

NOTES

See section 2.1.3 for information on how to make a referral.

See section 2.1.3 for information on how to make a referral.

'Guidance on the care of children receiving care in Independent Sector Acute Hospitals' Independent Health Care Association March 2001.

See the Clothier Report 1994.

'The welfare of young children in hospital', Department of Health 1991.

Every child admitted to a private hospital should be under the care of a named Consultant but in addition there must be 24 hour cover by a Resident Medical Officer (RMO), who must have a minimum of 6 months dedicated paediatric experience.

A lead children's nurse must always be responsible for policies and protocols that are child and family friendly, and must be empowered to audit paediatric care on a regular basis.

In exceptional circumstances, such as unforeseen delay in discharge, if it is not possible to employ children's nurses 24 hours a day, a senior children's nurse must be on call for support and advice. A contractual agreement with a local NHS Trust can provide such support.

2.2.9 Day care services

Services include family centres, early years centres, nurseries, childminders, playgroups, holiday and out-of-school schemes and home based support services such as Homestart. Day care services can help to prevent problems from developing into abuse and neglect through supporting families and by staff recognising and acting upon potential indicators of abuse and neglect. They will have a contribution to make in one or more of the following ways:

- referring families to Social Services where there are concerns;
- assessing the needs of children or their carers and providing information for Child Protection Conferences;
- providing services which support the child's development and/or strengthen the parents' capacity to respond, thus contributing to a child's welfare and to keeping the child safe from harm.

See section 2.1.3

See section 3.8

2.2.10 Carers looking after children away from home

Carers looking after children away from home may be:

- foster carers, including local authority, agency and private foster carers;
- residential workers, including those in local authority and private residential units;
- residential school staff, including LEA and independent sector schools;
- medical and nursing staff in residential schools and health settings.

See section 4.4 for more on children living away from home.

Children living away from home are particularly vulnerable to abuse and neglect as highlighted by the report *Lost in Care*. Staff and carers should be alert to the risks to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

All those who care for children living away from home should:

- create and maintain a safe environment for children, one which enables the child to share any worries they may have and in which the child feels valued and respected;
- adopt working practices that minimise situations where abuse of children may occur;

- know how to implement child protection procedures and be trained in all aspects of safeguarding children;
- promote the use of complaints procedures and ensure that children have ready access to a trusted adult outside their living environment.

2.2.11 Independent schools and colleges

The role of independent schools and colleges in relation to child protection is the same as that of any other school. They should have in place their own child protection policies and procedures which are compatible with the All Wales Child Protection Procedures.

Independent schools and colleges should establish and maintain channels of communication between designated staff and Social Services, LEAs and ACPCs.

All staff will need access to training and advice on child protection. All pupils in these establishments are entitled to the same level of support and protection as children in any other form of education.

2.2.12 Women's Aid

This service, provided through voluntary agencies, works directly with women and children who are exposed to domestic abuse. Women's Aid provides safe accommodation in the form of a refuge as well as support with emotional and practical problems. Once a family has been rehoused, Women's Aid will also offer support in the community. Workers understand the negative impact of domestic abuse and can assist the children to deal with the consequences as well as enable the adult victim to regain her parenting role.

Women's Aid may be asked to contribute to the assessment and any Child Protection Plan.

2.2.13 Other voluntary and private sector organisations

Voluntary organisations should follow the government guidance for voluntary organisations *Safe from Harm*, which highlights good practice for voluntary organisations in relation to child protection.

Voluntary organisations working with children and families may be:

- sporting, religious or recreational children's organisations. The main role of these organisations in relation to child protection is to provide a safe and supportive environment and to be alert to signs of abuse and make referrals as appropriate.
- providing supportive services, such as family support, day care or home visiting. These services may help to reduce the risk of harm to children within families under stress, and are often provided as part of the Child Protection Plan.
- providing services directly related to child protection, such as advocacy, helplines, public education and campaigning services for children who are victims or witnesses of crime, and therapeutic work with children who have been sexually abused.

NOTES

See 'Working Together' 6.5

See also section 3.13.4.2 on what to do when a child on the child protection register moves into the area.

See 'Safe from Harm' 1993, Home Office.

The voluntary sector also makes a significant contribution via services for children abused through sexual exploitation and for children who abuse other children.

In some parts of Wales the NSPCC provides a 24 hour service for the protection of children. Its officers are required to initiate procedures that provide an appropriate response to any complaint or request for help which concerns children.

2.2.14 National Probation Service

Probation services have a statutory duty to supervise offenders effectively in order to reduce offending and protect the public. The risk posed by these offenders may relate to children in the community or to specific children with whom offenders are living.

Probation services should work closely with the police, Social Services and others to assess the risk posed to children by known and suspected offenders.

The *Sex Offender Act 1997* requires sex offenders to register with the police. Inter-agency case conferences, often known as risk management meetings or panels, focus on the action necessary to manage the risk posed by offenders and also agree action plans for those who fall outside the remit of the *Sex Offender Act 1997*.

In any case where an imprisoned offender is considered to pose a risk to children, Social Services in the area where the offender lives should be alerted and an interagency approach adopted.

During the period of a child's registration, the probation officer involved for the duration of probation supervision must discharge any agreed element of the Child Protection Plan, including membership of Core Groups, promptly record contact and contribute to any review conferences which may be convened.

2.2.15 The prison service

The prison service works closely with other agencies to identify any prisoner who may represent a risk to the public on release.

Governors are required to notify Social Services and the probation service of plans to release prisoners convicted of offences against children and young people so that appropriate action can be taken by agencies in the community to minimise any risk.

Governors have the discretion to disallow any visit to an inmate by a person under 18 years of age if such a visit would not be in the best interests of the visitor. Social Services should assist the prison by assessing whether it is in the interests of a particular child to visit a named prisoner.

The prison service has a duty to protect and promote the welfare of those children in its custody. Each prison service establishment which holds young people under 18 years of age is required to establish its own child protection committee and to appoint a child protection co-ordinator. It should also establish, in consultation with local ACPCs, a local child protection policy, detailing

NOTES

See section 4.6 for more on children who abuse other children.

See sections 3.10, 3.11 and 3.12

arrangements for acting on allegations or concerns that a young person may have suffered, or is at risk of suffering, significant harm.

2.2.16 Children and Family Court Advisory and Support Services (CAFCASS)

The service combines the former Family Court Welfare Service, the children's branch of the Official Solicitor's Department and the Guardian ad litem and Reporting Officer services. It is responsible for advising the courts on the needs and interests of children who are the subject of family court proceedings.

Experienced social workers or probation officers working for CAFCASS are appointed by a court to investigate the circumstances of a particular child, to prepare a written report and to advise the court about the needs of the child and what action would be in the interest of that child. The generic term for all practitioners is now Family Court Adviser, but when they are appointed, they can take on one of the following six roles:

Children's Guardian; Children and Family Reporter; Reporting Officer; Guardian ad litem (in private law only); Litigation Friend; Parental Order Reporter.

The purpose of the service is to safeguard and promote the interests of children who are the subject of proceedings by providing independent social work advice to the court. This would involve the Children's Guardian attending any Child Protection Conferences held about such children in order to obtain information but not to become involved in the decision making.

In the course of their work, court officers may encounter situations where they are concerned about the welfare of a child and it is essential that they refer these concerns to Social Services without delay.

2.2.17 Armed services

Armed services will co-operate with statutory and other agencies in supporting families where there are child protection concerns.

Local authorities have the statutory responsibility for the protection of children of service families based in the UK. When service families are based overseas, the Ministry of Defence is responsible for the protection of their children. Procedures exist in all three services for the registration of children and the monitoring of their protection.

A designated person may make application for an Emergency Protection Order (EPO) under the *Armed Forces Act* to a commanding officer. While an EPO is in force, a Child Protection Conference might decide that it is not in the child's best interests to return to his/her family. In these circumstances the child will be removed to the care of the appropriate Social Services in the UK. Should this occur, the EPO made in the overseas command remains in effect for 24 hours following the arrival of the child in the UK. During this period the local authority must decide whether to apply to the UK court for a further EPO. In such cases it is the duty of the responsible person (through the service

NOTES

See section 3.12 for more on Child Protection Conferences.

See section 3.6 for more on immediate protection.

See section 3.13.4 for more on moves by children on the register.

authorities) to assist the parents to return to the UK so that they can be involved with all proceedings and decisions affecting their child.

When a service family with a child in need of protection is about to return to the UK, SSAFA or the NPFS (Naval Personal Family Services) is responsible for informing the appropriate local authority and for ensuring that full documentation is provided to assist in the management of the case.

Local authorities should ensure that SSAFA is made aware of any service child on the Child Protection Register whose family is about to move overseas from the UK. Full documentation should be provided to SSAFA, who will forward it to the relevant SSAFA social worker overseas. The SSAFA social worker can then check that appropriate resources exist in the overseas location to meet identified needs.

Child protection records for Army and RAF families serving or who have served overseas will be held at SSAFA Forces Help central office. Requests for information from child protection records of Army or RAF, or ex-Army or ex-RAF families, should be sought from:

The Director of Social Work
SSAFA Forces Help
19, Queen Elizabeth Street
London
SE12LP
Tel. 020 7403 8783 Fax. 020 7403 8815

2.2.18 Fire Service

Fire Service officers will encounter situations where they have concerns about the welfare of children. These concerns might be about levels of supervision of children, their general care or the condition of the property. Concerns may be due to repeated incidents at the same address.

Officers should be aware of child protection procedures and the need to refer any concerns for the welfare of children to Social Services or the police.

2.2.19 Royal Society for the Prevention of Cruelty to Animals

The links between child and animal cruelty and domestic abuse are now well-established. In the light of this there is now a written protocol and reporting procedure for RSPCA staff on the exchange of information between the police, Social Services and the RSPCA, with the aim of improving prevention and detection in relation to child and animal welfare. Each RSPCA group inspector must initiate contact with local police and social services to “kick-start” the working liaison. This protocol to make a referral.

In some areas, Animal Welfare Programmes are run for young offenders convicted of cruelty to animals or where the Youth Offending Team identifies animal harming as a significant aspect of the overall offending behaviour.

Where the child welfare concern includes domestic abuse, the RSPCA will use this protocol to make a referral.

See section 2.1.3 for information on how to make a referral.

2.2.20 Care Standards Inspectorate for Wales (CSIW)

The CSIW has a regulatory role in a wide range of child care settings from residential care to childminders. It is important therefore that the role of the CSIW within child protection is incorporated in local ACPC procedures throughout Wales. In particular, where strategy meetings involve professionals, volunteers or carers providing a service that is regulated by the CSIW, the CSIW should be notified and invited to attend the meeting. Cf 4.5.1 Responding to referrals about professional abuse.

NOTES

3 • HANDLING CASES

3.1 The enquiry process - a summary

The enquiry process can be broadly divided into five stages. At any stage in the process, it may be stopped if it seems that no further action is necessary; alternatively, the process may move on to the next stage. **At every stage of these procedures consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken.**

The five stages of the enquiry process are:

- **Receipt of Referral** – The referral is received by either a member of Social Services staff or a police officer. The person receiving the referral records comprehensive details on the appropriate form and seeks further information. The police should be notified as soon as possible if it is suspected that a criminal offence has been committed against a child. (All Wales guidance is planned in relation to sexual offences in respect of sexually active young people).
- **Initial Assessment** - Social Services undertakes an Initial Assessment to establish whether the child is in need and also in need of protection. This may involve gathering more information from other agencies and should be completed as soon as possible. A strategy discussion may be required following this assessment.
- **Strategy Discussion** - Following the completion of the Initial Assessment, it may be decided that a Strategy Discussion needs to take place. Police and Social Services should share and discuss all information received/gathered and decide on the next course of action within 24 hours or without delay if there is immediate concern for the child.
- **Strategy Meeting (where appropriate)** - During the Strategy Discussion, it may be agreed that a Strategy Meeting should be held. Those attending should include both police and Social Services staff, together with other professionals or persons who can assist in the planning process of the investigation. This meeting should be held as soon as possible and no later than 8 working days from the receipt of the referral.
- **Section 47 Enquiries by Social Services and/or the Police** - At the Strategy Discussion/Meeting, a decision will be made on whether the enquiries will be undertaken as a single agency or jointly depending on the seriousness and type of abuse.

The enquiry process may be followed by a Child Protection Conference and the preparation and implementation of a Child Protection Plan. These will be based on the Core Assessment of the child's needs, which runs in parallel with the Section 47 enquiries.

NOTES

See section 2.1.5 for information on record-keeping throughout the process.

See section 3.6 for more on immediate action.

See section 3.2

See section 3.3

See section 3.4

See section 3.5

See section 3.7

See sections 3.8 and 3.11

3.2 Dealing with referrals

3.2.1 Receiving the referral

All referrals alleging that a child has been abused or is at risk of abuse must be regarded as serious and enquiries made by the local authority where the child is placed or is found with the minimum of delay. All referrals should be treated in the same way, whether the alleged abuse has taken place inside or outside the family.

Child abuse referrals should be taken by, or referred to, an experienced officer knowledgeable in child protection procedures. In Social Services the relevant manager should also be informed about the referral without delay. The person taking the referral should try to gather all of the following information from the referrer, and write it down, along with the date, time and method of referral:

- **the name and address of the person reporting the information** which is leading to the referral and whether they are an adult or a child. Professionals making referrals cannot choose to remain anonymous, though members of the public may, if they wish to;
- **the relationship of the referrer to the child** and/or the agency employing the referrer;
- information on **whether the parent or carer is aware** of the referral being made;
- the **name, age and address of the alleged or suspected abuser** and whether he/she is aware of the referral;
- details of the **nature of the alleged abuse**, suspected abuse or general concerns;
- the **name, date of birth and address of the child** alleged to have been abused and of other children in the household and their current location/ address;
- if **other children may have had contact with the alleged abuser**, their names, addresses and dates of birth;
- the name, age and address of the **person who has direct knowledge** of the alleged or suspected abuse;
- details of the **date, time and place** where the abuse is alleged to have occurred;
- the **name, age and address of the child's parent/main carers** and the names of all those with Parental Responsibility;
- the names and ages of **all other members of the household**, both adults and children;
- details of **significant family members** who are not members of the child's household;
- the name, age and address of **any other person known to have information** on the alleged or suspected abuse;
- information on whether the child has been recently **medically examined** and, if so, by whom;

NOTES

See section 2.1.3 for guidance on making a referral.

- the name and address of the child's **GP, the health visitor/school nurse and any other health professional** involved with the family, including the adults;
- **any other information** which could be relevant, e.g. school/playgroup the child attends and any involvement with educational social worker/welfare officer, police etc;
- the child's **ethnic origin, language of choice of the child and any difficulties the child has with communication.**

It is essential that information regarding allegations or suspicions of abuse is recorded as fully and as accurately as possible in accordance with these procedures, as this also forms the first phase of assessment. Where possible the officer receiving the referral should read back to the referrer the written record of the referral, together with any interpretations being made of the information that has been given.

Any social worker receiving a referral should check the Social Services Department's own records and the Child Protection Register to see what information, if any, is already known about the child. Whenever Social Services becomes aware of a case which constitutes or may constitute a criminal offence against a child, then the police should always be informed at the earliest opportunity.

Even if some of this information is not immediately available, the strategy discussion should still go ahead.

3.2.2 Out of usual office hours

Out of usual office hours, referrals may be made to the Social Services Out of Hours service/ Emergency Duty service or to the police. All referrals made to Social Services will be communicated by the out of hours staff (verbally and in writing) to the relevant Social Services manager the following day, together with the action taken. In taking the referral, the social worker or police officer must be alert to any indications of an immediate risk to the child or other children's safety and must be prepared to take urgent action to ensure this child's or other children's safety, including necessary medical attention. Where a referral is of a serious nature requiring an immediate response, then appropriate action in accordance with these procedures will be carried out without delay.

Staff of the Out of Hours service/Emergency Duty service should check the Child Protection Register for information on the child, but are unlikely to be able to make any other checks. **However, not being able to make other checks should not prevent taking action to safeguard the child.** The Out of Hours service/Emergency Duty service staff should not start Section 47 enquiries or hold a Strategy Meeting; these should be left to the specialist child protection social workers and police officers, once they are back on duty.

3.2.3 Keeping the referrer informed

Any person making a referral of child abuse should be made aware that any subsequent enquiries might be conducted jointly by the Police and Social Services. The referrer should also be informed that he or she will be given information about the outcome of the referral, in a way which is consistent with respecting the confidentiality of the child and family.

See section 3.6 on immediate action.

See also 'Working Together' pages 42 and 43.

3.3 The Initial Assessment

3.3.1 Purpose and scope of the Initial Assessment

An Initial Assessment will be made by Social Services to establish whether a child is in need and whether the child is in need of protection. The Initial Assessment should be carried out as soon as possible, and must be completed within seven days of the referral being received, though it may take much less time than this. The focus of the Initial Assessment should be the safety and welfare of the child. Even if the reason for a referral was a concern about abuse or neglect which is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development.

Where a referral is received about a child already known to Social Services, a great deal of information will already be available. Decisions made following the new referral must take account of all the known information and the work currently being undertaken.

A decision to gather more information constitutes an Initial Assessment. An Initial Assessment is deemed to have commenced at the point of referral to Social Services. The Initial Assessment period may be very brief if Section 47 enquiries are started.

3.3.2 Seeking parental consent

A parent's consent should normally be obtained before discussing a referral concerning their child or children with other agencies. However, where there are child protection issues which may put the child at increased risk, the police and/or Social Services may wish to conduct enquiries and speak to a suspected child victim without the knowledge of a parent or carer. Other circumstances where enquiries can take place without the knowledge of the parent include the possibility of threats or coercion, the loss of important evidence, and the child's wishes that the parent was not aware, providing the child is competent to take that decision.

Box 4 • Involving family members

- Explore various ways to engage with family members in assessment.
- Working in partnership with one or more family members is likely to have long term beneficial outcomes for the child.
- Listen carefully to what parents have to say, offer advice and support and services, if appropriate.
- Remember to take account of family's strengths as well as their difficulties.
- Keep parents informed about the purpose, process and progress of the assessment and provide written information to them.
- Ensure that parents understand that the first consideration of the professionals involved is making sure their child is safe.
- Provide an opportunity for parents to write down their views as part of the assessment record.

NOTES

See section 3.7 for more on Section 47 enquiries.

3.3.3 Requesting information from other agencies

The social worker co-ordinating the Initial Assessment may approach other agencies with requests for information. He or she should make clear the nature and purpose of the request, and record the request and the response in writing.

The safety of the child takes precedence over the need to maintain professional confidentiality. It is the responsibility of each agency or individual professional to contribute all the relevant information when requested and not just edited highlights.

3.3.4 Carrying out the Initial Assessment

The information obtained during the Initial Assessment stage will be used to analyse the causes for concern as part of any Section 47 enquiry and also form the basis of the Core Assessment. The Initial Assessment should include:

- interviews with child and family members, as appropriate
- consideration of the need for a medical assessment
- contact with other agencies, as appropriate, to gather relevant information
- consultation with supervisor/manager
- record of initial analysis, including analysis of historical information
- a decision on whether to take further action, and, if so, what
- record of decisions and the reason for decisions
- informing other agencies of the decisions
- statement to the family of decision made and, if a child is in need, the plan for providing support.

Box 5 • Involving children

- Children often have a clear perception of what needs to be done to ensure their safety and well-being.
- Children should be helped to understand how child protection procedures work, how they can be involved and that they can contribute to decisions about their future.
- Children should also be given information about how to access advocacy services and other sources of support.
- Children need to be listened to at every stage of the child protection process and informed of the decisions being made.
- **At all stages, consideration should be given to the immediate safety of the child and any other children. Make sure the child is seen by a social worker competent to make an assessment of the situation and who can take any immediate action needed to protect the child.**

The Initial Assessment should consider the following questions:

- Is this child in need?
- What are the needs of the child?
- Is there reasonable cause to suspect that this child is suffering or is likely to suffer significant harm?
- Are the parents able to respond appropriately to the child's needs?
- Is the child being adequately safeguarded from significant harm and are the parents able to promote the child's health and development?
- Is action required to safeguard and promote the child's welfare and the welfare of any other children who may have had contact with the alleged abuser?

NOTES

Box 6 • Initial Assessment and enquiries: Ten pitfalls and how to avoid them

- 1. Not enough weight is given to information from family, friends and neighbours.** *Ask yourself:* Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family is in need of some help or support?
- 2. Not enough attention is paid to what children say, how they look and how they behave.** *Ask yourself:* Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her? How should I follow up any uneasiness about the child/ren's health or well-being? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than English, or alternative non verbal communication, have I made an effort to enlist help in understanding him/her? What is the evidence to support or refute the young person's account?
- 3. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated.** *Ask yourself:* What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?
- 4. Pressures from high status officers or the press, who express fears that a child may die, lead to over-precipitate action.** *Ask yourself:* Would I see this referral as a child protection matter if it came from another source?
- 5. Professionals assume that they have explained something clearly, and the other person will have understood it.** *Ask yourself:* Have I double checked with the family and the child/ren that they understand what will happen next?

6. **Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted.** *Ask yourself:* What, if any, is the hard evidence which refutes the observations?
7. **Parents' behaviour, whether co-operative or unco-operative, is misinterpreted.** *Ask yourself:* What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child?
8. **When the initial enquiry shows that the child is not at risk of significant harm, the family is not referred to other services which they need to prevent longer term problems.** *Ask yourself:* Is this family's situation satisfactory for meeting the child's needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?
9. **When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.** *Ask yourself:* Did I feel safe in this household? If not, why not? If I, or another professional, should go back there to ensure the children's safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.
10. **Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.** *Ask yourself:* Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take and what action all other relevant people have taken/will take?

3.3.5 Completion of the Initial Assessment and possible outcomes

Within a maximum of 7 working days of the receipt of the referral, a decision must be made about the next course of action. This decision must be taken by the appropriate personnel in Social Services with responsibility for child protection, in consultation with the police, and must take account of the results of the Initial Assessment.

The decision about what should happen next, the reasons for this decision and the subsequent action taken, should be clearly recorded and the record signed by the person making the decision.

A discussion should also take place at this stage with the child and family about what will happen next, unless such a discussion would, in the view of the responsible manager, be likely to place the child at risk of significant harm.

Social Services will need to record the decision about this with reasons.

Whatever decisions are taken, they should be endorsed at a managerial level agreed within Social Services and recorded in writing, with the reasons for them.

The outcome of the Initial Assessment may be one or more of the following four possibilities:

- **A Core Assessment** if the Initial Assessment indicates that a child may be in need but that there are no substantiated concerns that the child may be suffering, or at risk of suffering, significant harm.
- **A Strategy Discussion/Meeting** which will determine whether a Section 47 enquiry is required.
- **A Section 47 enquiry** immediately preceded by a Strategy Discussion/Meeting where the Initial Assessment indicates that the child is suspected to be suffering or likely to suffer significant harm. The purpose of Section 47 enquiries is to determine whether any action is needed to promote or safeguard the welfare of the child or children who are the subject of the enquiry.
- **Planned Emergency Action** if the Initial Assessment indicates that there is a risk to the life of a child or a likelihood of serious risk of immediate harm. Such action should, where possible, take place following a Strategy Meeting, but where the police or Social Services have to act immediately to protect a child a Strategy Meeting should take place as soon as possible after such action to plan the next steps.

3.4 The Strategy Discussion

3.4.1 Scope and purpose of the Strategy Discussion

Following the Initial Assessment, where there is reasonable cause to suspect that a child is suffering, has suffered or is likely to suffer significant harm, then a Strategy Discussion should be held. This discussion should take place between appropriate personnel with responsibility for child protection in police and Social Services and can take place either in person or over the telephone. It should happen within 24 hours of the decision to hold it.

The purpose of the Strategy Discussion is to share and discuss in detail all information gathered, as well as the nature of the concern. A decision should then be made as to the course of action to be taken and time-scales set for those actions to be carried out.

3.4.2 Possible outcomes of the Strategy Discussion

The Strategy Discussion may result in the decision to take one of the following five courses of action:

- **No further action** if it transpires that the allegation is without substance and there are no other concerns.
- **Referral for support services** if preliminary enquiries have revealed significant unmet needs for support and services.

NOTES

See section 3.4

See section 3.7

See section 3.6

- **Core Assessment**, if more information is required about the child's needs and circumstances, to be completed within 42 working days from the date of referral, as set out in the *Framework for the Assessment of Children in Need and their Families*.
- **Immediate Strategy Meeting** to plan the Section 47 enquiry and/or criminal investigation where there is continuing cause for concern. This would also form the basis of any future Core Assessment.
- **Emergency actions** to safeguard the child if he or she is thought to be at imminent risk of significant harm.

All decisions made during this initial Strategy Discussion and the reasons for those decisions should be clearly recorded and signed by the people making the decisions.

3.4.3 Feedback to the referrer

Feedback should be provided to the referrer. If the referral has been received from a member of the public, this feedback should be given in a manner consistent with respecting the confidentiality of the child and the family.

In some cases, referrers may wish to challenge the outcome of the Strategy Discussion. Professionals should make representation via their own line manager and also by reporting their concerns to the senior manager in Social Services responsible for child protection, asking for the process to be re-opened. Service users or members of the public should use the agency complaints procedure, having first re-referred their concerns to the relevant team manager. Each ACPC should ensure that they have a local protocol in place for dealing with challenges to decisions.

3.5 The Strategy Meeting

3.5.1 Scope and purpose of the Strategy Meeting

During the Strategy Discussion, it may be agreed that a Strategy Meeting should be held. The Strategy Meeting should decide whether the enquiries should proceed and if so, plan the management of the enquiries and co-ordinate the gathering of necessary information.

A Strategy Meeting should always take place in the following cases:

- cases of sexual abuse;
- cases of serious neglect;
- cases of serious physical injury;
- alleged abuse by carers;
- alleged abuse by a person having professional contact with a child.

During the Strategy Meeting the police and Social Services will decide who should investigate the referral. The decision will either be for a joint investigation or alternatively a single agency investigation by either the police or Social Services. There should never be separate and unrelated investigations.

NOTES

See section 3.5

See section 3.6

Where it is agreed that one agency will investigate, that agency will determine the strategy for its investigation in consultation with the other agency. The reason for deciding that one agency alone will investigate should be carefully recorded. If at any point during a single agency investigation, it becomes apparent that the criteria for a joint enquiry have been met, then immediate contact must be made with the other agency with a view to convening a further Strategy Discussion/Meeting.

3.5.2 Planning the Strategy Meeting

The Strategy Meeting will always be attended by both police and Social Services staff, together with other professionals or persons who can assist in the planning process of the investigation. It is important to ensure that these other people are invited to attend any Strategy Meeting in order that they are able to share information and assist in the decision making process.

Where an Initial Assessment has been undertaken, the Strategy Meeting will take place no later than a maximum of 8 working days from the receipt of the referral **and sooner if there is cause to suspect significant harm at an earlier stage.**

3.5.3 Matters to be discussed at the Strategy Meeting

The Strategy Meeting should be used to:

- share all available information;
- agree the timing of Section 47 enquiries;
- agree what action is needed immediately to safeguard the child, and/or provide interim services or support while enquiries are taking place;
- decide whether Section 47 enquiries and/or criminal enquiries should be started or continued if they have already begun;
- agree a plan for Section 47 enquiries as part of the Core Assessment, including deciding what further information is needed about the child or children and family and how it should be obtained;
- agree who will form the investigating team;
- plan how enquiries should be handled, including the need for a medical examination/assessment and treatment. This should be planned with appropriately trained medical staff;
- decide who is to be interviewed, by whom, when, where and with what purpose. This will include interviewing the original informant if this has not already been done;
- agree whether or not any investigative interview with the child should be video recorded, with reasons for this decision. Agree who else needs to be present at the interview with the child;
- decide whether or not it is in the child's best interest to seek consent from the parents for interviewing the child;
- if appropriate, decide who is to contact the parent(s) and obtain consent for interviewing the child, any video recording and medical examination;

See section 3.7.2.4

See section 3.7.2.3

- consider what steps should be taken if a parent or child refuses consent for interview or medical assessment;
- consider the child's level of development, any disability or any language issues, and what arrangements might be needed to offer the child an interview in his/her language of choice;
- consider the needs and safety of other children who may be affected, e.g. siblings and other children in contact with the alleged abuser and whether to extend the investigation to include any of these other children. It is often appropriate to have medical assessments of all siblings;
- agree who will interview the alleged abuser and when;
- determine what information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s);
- agree which professionals not present at the Strategy Meeting should be informed at this stage;
- decide to whom the investigating team will report, with what frequency and how progress will be reviewed. It is important to decide whether to reconvene a Strategy Meeting in order to check on progress, to gather more information or to assess new information or examine the results of the enquiry prior to a child protection case conference. More than one Strategy Meeting/Discussion may be appropriate depending on the circumstances of the case.

All decisions reached and the basis for those decisions should be clearly recorded and agreed by the parties to the meeting.

If there is a disagreement on the appropriate response to a referral, the unresolved issues should be reported to senior officers in Social Services and the police in order to seek a consensus decision. These steps must be taken quickly and must not introduce undue delay into the process.

3.6 Immediate protection

3.6.1 When immediate protection is necessary

Where there is a risk to the life of a child or a likelihood of serious immediate harm, action should be taken quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process. However, planned emergency action should normally follow immediately on the Strategy Discussion or Strategy Meeting, taking account of legal advice and the views of all the children involved. Where a single agency has to act immediately to protect a child, a Strategy Meeting/Discussion should take place as soon as possible afterwards. Emergency action addresses only the immediate circumstances of the child. It should be followed quickly by Section 47 enquiries as necessary. **The safety of any other children to whom the risk/danger might also apply (e.g. children in the same household) must always be considered at the same time.**

The need for action to secure the child's safety should always be considered if:

- access to the child is being unreasonably refused;
- parents refuse consent to the medical examination of child suspected of being abused or a child who, it is believed, needs urgent medical attention;
- parents deliberately frustrate an investigation in other ways.

Box 7 • Delay

Nothing in the procedures must be allowed to delay any action necessary to secure the safety of a child who is at imminent risk of significant harm. Response to any indication that a child is in danger takes priority over other requirements in the procedures.

Although there must be no delay, the child's welfare is paramount in conducting the criminal investigation. It is also important to avoid subjecting children to avoidable trauma as a result of unnecessary haste and disruption to their routines.

If it is felt that there could be risk of significant harm to the child if a full investigation, including medical examination or treatment is not carried out, advice will need to be sought from the appropriate manager. When refusal relates to medical examination and/or treatment, the examining doctor should also be consulted. Legal advice should be available to Social Services from a representative of the local authority's legal department. Consideration should be given to use of a Child Assessment Order in circumstances where the child is not considered to be at immediate risk. The results of these consultations should be carefully recorded in writing.

The need to seek advice must not delay any necessary action to secure the safety and well-being of any child believed to be at imminent risk of significant harm.

Where consideration is being given to interviewing a child, the Home Office Guidance should be followed.

3.6.2 The range of options

Protective action to secure the child's safety may be one of the five options described below; the first three should always be considered before removing a child using compulsory powers:

- **the alleged abuser agrees to leave the household;**
- **those with parental responsibility make safe arrangements for the child to be cared for within the extended family;**
- **the local authority provides accommodation for the child** under Section 20 of the *Children Act 1989* so that the child becomes "looked after" with the agreement of those with parental responsibility;
- **the police use their Powers of Protection;**

See also section 3.7.3.6

- **Social Services applies for an Emergency Protection Order.**

Any of the last four options might take the form of arrangements to place the child with extended family. Where it is necessary to use compulsory powers to remove a child, a local authority should, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO) and should not seek to use police Powers of Protection for this purpose. This is based on the principle that only a court should decide on removal of a child from home.

If the police do have to use their Powers of Protection, a Strategy Meeting must be held as soon as practicable and in any event within 72 hours, and a decision made as to whether or not to apply for an EPO. The court may also be asked to add a requirement for a medical examination as an EPO does not include this automatically. Legal advice should be available and the decisions taken, together with their reasons, should be carefully recorded. All available information from the current enquiry as well as any historical information should be considered.

3.7 Section 47 enquiries and the Core Assessment

3.7.1 Scope and purpose

The purpose of enquiries carried out under Section 47 of the *Children Act 1989* is to determine whether action is needed to promote and safeguard the welfare of the child. Where relevant, the police will need to establish the facts about any offence which may have been committed against a child, and to collect evidence.

Section 47 enquiries will include gathering information from those who are professionally involved with the child or the family. This may involve interviews with staff from other agencies in order to gather the relevant information systematically. Their knowledge of the family, the status of their knowledge and the details of their direct involvement should be clearly established.

A Core Assessment starts at the point the Initial Assessment ends, or Strategy Meeting decides to initiate enquiries under Section 47, or new information obtained on an open case indicates a Core Assessment should be undertaken. Section 47 enquiries form the beginning stages of the Core Assessment.

The guidance for carrying out a Core Assessment is contained within the *Framework for the Assessment for Children in Need and their Families*. It provides a structure for helping to collect and analyse information obtained in the course of Section 47 enquiries. It involves assessing the needs of a child and the capacity of their parents or wider family network adequately to ensure their safety, health and development.

Box 8 • Focus on outcomes for the child

Consider what interventions are intended to achieve and what will be the benefits to the child's long term well-being.

Aim for good long-term outcome in terms of health, development, and educational achievement.

3.7.2 Planning and carrying out the Section 47 enquiries and the Core Assessment

3.7.2.1 Timing

The Core Assessment should be completed within 42 working days from beginning the Initial Assessment, which means that this process will extend beyond the completion of Section 47 enquiries.

3.7.2.2 Gathering information from other agencies

It is important to have a detailed history of a child and his or her family to ensure accurate decision making. Detailed information will be available within the records of agencies who know the family. It is the responsibility of each agency or individual professional to contribute all the relevant information held in the records when requested and not just edited highlights. A chronology should be prepared by each agency involved, to take account of all the background information available.

3.7.2.3 The investigative interview with the child

The Home Office Guidance will be followed for all investigative interviews of children for criminal proceedings, and conducted by those specifically trained and experienced in this specialist area of work.

A child should never be interviewed in the presence of an alleged or suspected perpetrator of abuse, or somebody who may be colluding with a perpetrator, including a parent.

If the child is of sufficient age and understanding, his or her consent should be obtained before any interviews take place. Consent to video interviewing needs to be made on video at the start of the interview. In most circumstances, a person with parental responsibility should be consulted before the interview with the child, and their views listened to. If there is no one with parental responsibility, another permanent carer should be consulted and legal advice sought. In cases where a video interview is to be undertaken, the investigating officer should give a pro-forma/information sheet to the parent/carers.

In certain circumstances it may be considered in the child's interests to undertake a full or video interview without first consulting with a parent/carers. In such cases, except where the young person is 16 years or over, legal advice should be sought by Social Services. In exceptional circumstances, where seeking such advice will cause a delay in the investigation, the police reserve the right to proceed with the investigation on their own.

In cases where the child is at school at the time of concern, the head teacher can consent to school premises being used for the interview.

3.7.2.4 The medical examination

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. The person co-ordinating the investigation should discuss the need for a medical examination with a suitably qualified paediatrician or forensic medical examiner, and agree the timing and

See 'Achieving best evidence in criminal proceedings - Guidance for vulnerable or intimidated witnesses including children' - Home Office 2002.

location of the examination. Although a medical examination is not a requirement in every investigation, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. The medical examination should be dispensed with only if those managing the investigation are satisfied that they can achieve the purposes of the investigation without it. **Those reasons will need to be clearly recorded.**

The purpose of any medical examination or assessment is:

- to ensure the child's condition is medically assessed and treatment given as appropriate;
- to re-assure the child as to his or her well-being;
- to obtain an assessment about possible indications of abuse;
- to ensure that any injuries or signs of neglect or abuse are noted for evidential purposes;
- to secure forensic evidence.

The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of abuse of the child.

The need for forensic evidence to be obtained should always be considered as secondary to the need for medical treatment of a child.

If the referral concerns physical injury or severe neglect a medical examination should be arranged, if possible, the same day. In cases of any alleged sexual abuse, which is reported to have occurred within the previous 5 days, a medical examination should be considered, as a matter of urgency. This will be to protect the health of the child and to secure and preserve evidence. Where a medical examination is required but not immediately, this can be arranged to suit the child, family and relevant professionals.

Consideration must also be given to the need for any other connected children in the household to be medically examined.

The examination is both clinical and forensic and should only be undertaken by a suitably qualified paediatrician and/or forensic medical examiner. A joint examination may be necessary in some cases.

There should be liaison with police and Social Services to avoid the need for repeated medical examination. The investigating team/social worker will fully brief the examining doctor if he or she has been unable to attend the Strategy Meeting. The social worker will ensure that the appropriate consent for examination has been obtained and will be available for the examination.

The doctor should explain the purpose of the examination to the child and parents. The child (unless he or she has given an informed refusal) should have a parent or supportive adult present during the examination. The child needs to be told that information gained by examination will be shared with others and may also be read out in court. The child and parents should always be offered the opportunity of discussing any health issues with a doctor experienced in this work.

If the medical examination is of a child under 16 and concerns physical or

emotional abuse or neglect, it is strongly recommended that the consent of the adult with parental responsibility is obtained. This consent must be informed and in writing. A young person of sufficient age and understanding can give his or her own consent but in the face of a refusal from a parent, care must be taken on accepting this consent. Where consent is not readily available or where it is refused by a parent, the matter should be discussed with the Social Services Department regarding the need for legal advice and action to obtain a valid consent.

If the medical and forensic examination concerns sexual abuse of a child under 16, the informed consent of the person with parental responsibility and, where appropriate, that of the child/young person must always be obtained in writing.

Where the child is already the subject of proceedings in a court, the consent of the same court is required. If the child is under a local authority Care Order, the consent of the Director of Social Services is required.

Young people aged 16 to 18 are able to give their own consent. However when police statements are provided care should be taken that this is informed consent and there should also, preferably, be consent obtained from a person with parental responsibility.

In the case of a medical emergency, consent is not required. In exceptional circumstances where it would not be in the best interests of the child to seek the consent of a parent or carer before the medical examination, legal advice must be sought.

3.7.3 Working with the child and family during the enquiries

3.7.3.1 Removing barriers to involvement

The child and family should always be enabled to participate fully in the enquiry process, where appropriate, and the following may need to be provided to remove barriers to involvement:

- where a child or parent is disabled, it may be necessary to provide help with communication to maximise their opportunity to participate in the process;
- an interpreter should be provided where the child or parent's first language is not the same as that of the interviewer;
- if the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's perspective should be used.

Enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect.

3.7.3.2 Explaining the purpose of the Section 47 enquiries

Social Services should explain the purpose of Section 47 enquiries to the parents and child (having regard to age and understanding) and be prepared to answer questions openly, unless doing so would affect the safety and welfare of the child. It is particularly helpful for families if Social Services provides written information about the purpose, process and potential outcomes of Section 47

See the Family Law Reform Act.

enquiries. This should be general information and information specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources and how to access complaints procedures.

It is essential that the child is consulted and informed about what is taking place and helped to understand the reasons why. It is equally important, provided it is not contrary to the welfare of the child, that parents/carers are kept informed of all action being taken, its implications and consequences.

3.7.3.3 Considering the child

As part of the enquiry process, the child's wishes and feelings must be established. This should include the wishes of the child about the conduct of the investigative interview including any preferences for interview support. The process must be explained to the child in a way appropriate to his or her age and understanding. The child must be seen separately and listened to carefully. The child should never be interviewed in the presence of the alleged offender. All joint investigation staff should be conversant with the guidance provided within Achieving Best Evidence in Criminal Proceedings. Note: In cases involving persons under 17 years of age, there is a presumption that evidence will be presented to the court by way of video "The Primary Rule under s21 (3) of the YJCE Act 1999. This section of the legislation is currently under review by the office of Criminal Justice Reform.

Box 9 • Communicating with children

- Children are the key, and sometimes the only, source of information about what has happened to them.
- Accurate and complete information is essential.
- Even initial discussions with children should be conducted in a way that minimises any distress caused to them.
- Talk to the child separately from the parents or carers.
- Avoid leading or suggestive questions.
- Write down what the child tells you, and what you said to the child.
- Children may need time to develop sufficient trust to communicate any concerns they have. This may mean you need to talk to them on more than one occasion.

In some cases, it may be appropriate to speak to a suspected child victim without the knowledge of the parent or carer. However, this should only be done if:

- there is a possibility that a child would be threatened or otherwise coerced into silence
- it is likely that evidence would be destroyed
- the child in question did not wish the parent to be involved at this stage and is competent to take that decision.

- The child must always be kept informed of the process and outcome of the investigation where there is a criminal enquiry, subject to their age and level of understanding.

3.7.3.4 Considering the parents or carers

The parents or carers should be involved throughout the investigation as far as possible, **subject to this being in the best interests of the child**. The investigating social worker/police officer should explain to them the reasons for concern about the child, and what actions are proposed and why. In most cases, the parents or carers will be asked to give written consent for any medical examination or interview with the child. The Strategy Meeting should decide on the most appropriate timing of parental participation.

Where appropriate, non-abusing parents/carers should be encouraged to accompany the child for interview and medical assessment. However, care should be taken to avoid action which might prejudice any criminal investigation, particularly where the parent/carer is a witness.

Parents or carers should be told that relevant information may have to be shared with professional colleagues who also have responsibility for the child's welfare.

Parents/carers must always be kept informed of the process and outcome of the investigation. As the police lead all criminal investigations, it will be their responsibility to inform parents/carers.

3.7.3.5 Considering other children

Those making enquiries should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. Enquiries may also need to cover children in other households with whom the alleged offender may have had contact.

3.7.3.6 Where parents or carers refuse to co-operate

At every stage of these procedures consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken. This may be because parents/carers refuse to co-operate with the investigation, or they may take particular action, such as removing a child from hospital.

Where there is a risk to the life of a child or a likelihood of serious immediate harm, action should be taken quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process.

- **A Child Assessment Order** can be used if parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns about the child's safety are not so urgent as to require an Emergency Protection Order. The order enables the court to direct the parents to co-operate with an assessment, the details of which will be specific, but does not allow for the removal of the child from home. The order does not take away the child's own right to refuse an assessment. The parents should be informed of the legal steps which could be used.

- **An Emergency Protection Order** should also be considered when access to a child is refused and should be applied for when there is an urgent need for protective action. Reasons for decisions to apply for the order should be clearly recorded. An Emergency Protection Order also needs to specify the directions for the medical examination.

Only the police have statutory authority to use reasonable force in order to gain entry to premises. The police must therefore be involved in discussions about any case where access to the child has been refused.

3.7.3.7 Where families move during child protection enquiries

In the event of a family moving during child protection enquiries, a strategy discussion should take place. It must include the new authority in order to establish roles and responsibilities. This must be recorded.

3.7.4 Recording

Case notes should be written immediately and as fully as possible. They should fully reflect the enquiry process, including all events leading to the investigative interview, the timing, setting and personnel involved in all discussions. All records must be signed, or the author identified, and dated. Records of contact with the child should record what the child says in the child's own words.

3.7.5 The outcome of Section 47 enquiries

3.7.5.1 Making the decision

The Social Services manager who originally invoked the child protection procedures will make the decision about future action **after taking into consideration the views of other agencies** involved in the investigative process. Reasons for the decision must be clearly recorded.

Social Services should decide how to proceed following Section 47 enquiries only after discussions between all those who have conducted, or been significantly involved in, those enquiries. This will include relevant professionals and agencies as well as foster carers, if involved, and the child and parents.

The manager may come to one of three possible decisions:

- concerns are not substantiated;
- concerns are substantiated but the child is not judged to be at continuing risk if significant harm;
- concerns are substantiated and the child is judged to be at continuing risk of significant harm.

In the case of the first two options, the child may or may not be a child in need. Support services may be needed, and these should be co-ordinated by an inter-agency meeting, including the family.

The original referrer should be notified of the outcome of enquiries in line with respecting the confidentiality of the family. The family will be kept informed throughout the process.

NOTES

See section 2.1.5 for more on recording.

*See 3.13.4.1 for more on ongoing child protection enquiries.
See 3.15 and Box 18 for more on unsuccessful contacts and welfare concerns.*

See section 3.7.5.2

See section 3.7.5.3

See section 3.7.5.4

The outcome of Section 47 enquiries must be recorded and a copy given to the parents and to the referring agency. All agencies who have been involved in the Section 47 enquiry should be informed of the outcome.

If a referrer wishes to challenge the outcome of a Section 47 enquiry:

- professionals should make representation via their own line manager and also by reporting their concerns to the senior manager in Social Services responsible for child protection;
- service users or members of the public should use the agency complaints procedure, having first re-referred their concerns to the relevant team manager.

3.7.5.2 Concerns are not substantiated

Where enquiries do not substantiate the original concerns about the child suffering significant harm or being at risk of significant harm, no further action under the child protection procedures will be needed. Reasons for a decision that no action is required should be clearly recorded.

Social Services and other agencies should, however, consider with the family whether there is a need for support and/or services. This decision should ideally be made at an inter-agency meeting and will be informed by the outcome of the assessment so far. In these circumstances, the Core Assessment should continue and be completed within 35 working days of its commencement.

Box 10 • Children in Need

Many children who are the subject of child protection enquiries will fall within the definition of children in need.

The provision of help to these children and their families should not be dependent on the presence of abuse and neglect.

Where the enquiries reveal no substance to the cause for concern, parents/carers, the child and the referrer, as appropriate, should be informed in writing. Letters should acknowledge the distress and anxiety caused by the enquiry process, but draw attention to the legal duty of statutory agencies to make enquiries.

In some cases concerns about significant harm may remain but with no evidence. In such circumstances, the family can be offered services. If, however, the family refuses, agencies who continue to be involved with the family should remain vigilant and report any concerns in the usual way. In such circumstances, a Core Assessment should be considered.

3.7.5.3 Concerns are substantiated but the child is not judged to be at continuing risk of significant harm

In cases where there are substantiated concerns that a child has suffered significant harm but it is clear from enquiries that there is no continuing risk of significant harm, it may be agreed that there is no need for a Child Protection Conference or a Child Protection Plan even though there may still be a need for a

criminal investigation. In these circumstances, all those involved need to be sure that any plan for ensuring the child's future safety and well-being can be developed and implemented outside child protection procedures. **It will always be important to seek children's views before making this decision, in a way that is commensurate with their age and level of understanding.** The decision itself and the reason for it must be recorded by the social worker and include the names of all those involved in the decision-making.

A decision not to hold a Child Protection Conference in such circumstances must be taken carefully, analysing the available evidence and the views of other agencies who have been involved in the Section 47 enquiry. The decision must be based on the clear view that there is no continuing risk of significant harm. Examples of when this may apply include where circumstances have changed such as when an alleged abuser has permanently left the household or where significant harm has occurred as a result of an isolated abusive incident (eg. abuse by a stranger). In making this decision, Social Services may consider arranging an inter-agency meeting to include the family.

The purpose of the meeting will be to:

- agree with other agencies and the family what actions should be undertaken by whom, and with what intended outcome for the child's safety and well-being;
- draw up a plan which should be informed by the assessment findings and ensure that the Core Assessment has been or will be completed within the required time;
- set out in the plan who will have responsibility for what actions;
- clarify what actions will be taken if the plan cannot be successfully implemented;
- set out a timescale for review of progress;
- consider the appropriateness of a family group conference.

Social Services should take carefully any decision not to proceed to a Child Protection Conference where it is known that a child has suffered significant harm. A suitably qualified and designated person within the department should endorse the decision. Those professionals and agencies who are most involved with the child and family, and those who have taken part in enquiries, have the right to request that Social Services convene a Child Protection Conference if they have serious concerns that a child may not otherwise be adequately safeguarded.

3.7.5.4 Concerns are substantiated and the child is judged to be at continuing risk of significant harm

In these circumstances a Child Protection Conference should be convened by Social Services within 15 working days of the Strategy Discussion which initiated the Section 47 enquiry. A Child Protection Conference is needed to make a decision about further action under the child protection procedures.

There are five types of situation which may make a Child Protection Conference necessary:

See local protocol for guidance on resolving differences of opinion.

See section 3.8 for more on Child Protection Conferences.

See section 4.2

- **An investigation under Section 47** into an incident or suspicion of child abuse indicates that concerns are substantiated and that further action under the child protection procedures is necessary to safeguard the child's welfare. This includes situations where suspicions of the likelihood of neglect (or abuse) have developed over time based on a variety of concerns and a decision has been made to move the case into the child protection system, or another agency requests a Child Protection Conference. It is essential to make this decision via a strategy discussion/meeting, with the Conference following within 15 working days. (Reference: P54 of Working Together 2000).
- **Before a child is born**, family history suggests the likelihood of significant harm occurring
- A child is found to be living in a household which includes or is visited by a person who is a **Schedule One offender** or who is believed to have abused a child.
- A child in a **family moves into the area** and is the subject of registration in another area.
- **Another agency requests** that a conference is convened.

In the first three circumstances, the Child Protection Conference should always be preceded by a Section 47 enquiry.

If, prior to the child protection conference it is thought that the child may require immediate protection, such action must not be delayed because a Child Protection Conference is pending.

3.7.6 The Core Assessment

A Core Assessment must be started for each child who is the subject of Section 47 enquiries; both start at the same time. The purpose of the Core Assessment is to enable sound professional judgements to be made about how best to intervene to safeguard and promote a child's welfare. **Information gathered during the Core Assessment should inform decision-making and the Child Protection Plan.**

The Core Assessment should be completed within 42 working days of the beginning of the Initial Assessment. It should build on all the information obtained in the course of the Initial Assessment and the Section 47 enquiries. It should provide evidence on which to base judgements and plans on how best to safeguard a child, promote his or her welfare and support parents in promoting their children's welfare.

The Core Assessment is the responsibility of all professionals who are members of the Core Group and this responsibility will be reflected in their full contribution to the process.

The Core Assessment will include an analysis of:

- the child's developmental needs;
- the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm;
- the wider family circumstances.

NOTES

See section 3.13.4

The assessment will take into account the ethnic and cultural needs of the child and family. The family should be encouraged and enabled to participate in the assessment and the Key Worker should explain the process throughout.

3.8 The Initial Child Protection Conference

3.8.1 Scope and purpose

The initial Child Protection Conference brings together family members, the child where appropriate, and those professionals most involved with the child and family, following a Section 47 enquiry.

Its purpose is:

- to objectively analyse, in an interagency setting, all the concerns and the information which has been obtained from the Initial Assessment, the Section 47 enquiry, the Core Assessment to date and from previous knowledge of the family;
- to make judgements about the likelihood of a child or any other connected children suffering significant harm in the future i.e. the level of continuing risk;
- to decide what future action is needed to safeguard the child and promote his or her welfare and how to take this forward with what intended outcomes (the need for a Child Protection Plan and registration).

3.8.2 Planning the Initial Child Protection Conference

All Initial Child Protection Conferences should take place within 15 working days of the Strategy Discussion/Meeting when the Section 47 enquiry was initiated. However, the conference should only take place following adequate preparation and assessment.

Those attending conferences should be there because they have a significant contribution to make arising from professional expertise, a knowledge of the child or family or both. Attendance should be limited to those who need to be there.

The appropriate Social Services manager, in conjunction with the case worker, will decide who to invite. All those who have been invited should give priority to attending and they should be told who else has been invited to the conference.

When care proceedings have started and a Children's Guardian has been appointed, the Guardian should be invited to the conference.

Consideration should be given to inviting the following:

- the child, carers and family members, including all those with parental responsibility
- Social Services staff who have undertaken an assessment of the child and family
- the police
- a representative of the child's school (where the child is of school age)
- any other education staff involved with the child e.g. Education Welfare

- Officer/ Educational Social Worker, educational psychologist or youth worker
- the community paediatrician and/or examining doctor
 - the child's GP
 - the health visiting service/school nurse/midwife/senior nurse child protection and other relevant health professionals
 - Child and Adolescent Mental Health Services
 - the probation service
 - Youth Offending Team
 - the NSPCC (when operational in the area)
 - local authority legal services (child care)
 - adult mental health services/substance misuse services
 - family support services/day care services
 - Women's Aid or any other voluntary organisation involved
 - a representative of the Armed Services, in cases where there is a service connection.

Box 11 • Deciding who to invite to the conference

Consider those professionals involved with the child **and** with the parents.

Family members, including the wider family, may have a relevant contribution to make. Consider their attendance also but ensure that their involvement is discussed with the Chair before the conference.

3.8.3 Quorum for the Child Protection Conference

A minimum of three agencies or professional groupings will normally need to be present before a conference can proceed. However, situations may arise whereby only two agencies or professional groupings are present. In these circumstances, the Chair of the conference has the discretion for the conference to go ahead as long as he or she is satisfied that all essential information is available, particularly from the key agencies involved. All professionals and agencies who are invited to attend a Child Protection Conference should submit a written report, whether or not they are able to attend. If key personnel do not attend or provide written reports, consideration should be given to postponing the conference.

Any necessary protective action to secure the safety of a child at risk of significant harm must not be delayed because a case conference is pending.

3.8.4 Involvement of the child in the Child Protection Conference

The child's voice should always be heard at the conference, whether this is through attending in person or through having their feelings and wishes presented on their behalf. Children should be encouraged to attend conferences

provided they have the capacity to benefit from the attendance. The child should not be encouraged to go if the experience would be harmful to them. It may be more appropriate for a child to put their feelings in writing, and they should be given help with this, if needed.

The role of the conference Chair is critical in enabling the child to have a positive experience which is not damaging in any way. A child attending a conference should be given the opportunity to bring an advocate, friend or supporter. Account must be taken of the child's language of choice, communication difficulties or any other special needs. The conference Chair should meet with the child beforehand, in the conference room before other people arrive, to ensure that they understand what will happen at the conference, how they can contribute and how they can complain, if they wish to.

After the conference, the Chair should offer the child an opportunity for immediate debriefing. This should be followed up with a visit by the Key Worker within 72 hours. If a child disagrees with the conference decisions, he/she should be advised about ACPC complaints procedures.

Any decision to exclude a child from the whole or part of a conference must be recorded in the minutes with reasons.

Box 12 • Deciding whether the child should go to the conference

If a child expresses an interest in attending the conference, discuss the advantages and disadvantages of attending with them. Consider what attendance means in each situation, and what will be in the child's best interests. Some children will wish to be present just to hear what is said, while others will wish to contribute to the conference. Use what the child tells you to help you decide whether they should attend.

3.8.5 Involvement or exclusion of those with parental responsibility/the child's carers

3.8.5.1 Purpose of involvement

Parents should be encouraged to attend the conference because they have an important contribution to make. The importance of working in partnership with parents and family members underpins all child protection work and there is a need to establish openness and honesty between professionals and families from the outset of the enquiries.

However, parents should not be encouraged to attend at the cost of excluding a child who wishes to be present. Adults (and any children) who wish to make representations to the conference may not wish to speak in front of one another, for example or information regarding another family or other highly sensitive information may need to be shared. It may not always be possible to accommodate all family members at all times, particularly if one parent is the alleged abuser.

NOTES

See section 3.9 for more on the Key Worker.

3.8.5.2 Exclusion

The social worker should discuss the attendance of parent or carers with the conference Chair at least 24 hours before the conference, and preferably earlier. The Chair will exercise discretion and may exclude parents or carers from all or part of the conference where one or more of the following criteria apply:

- There is a strong risk or evidence of intimidation of the child or anybody else by a family member at or after the conference, and their presence may seriously disrupt the conduct of the conference.
- There are implications for criminal proceedings of an alleged perpetrator attending where one parent is the alleged perpetrator. However, the fact that a person may be prosecuted is not in itself a reason for exclusion and the Chair should take advice from the police and Crown Prosecution Service before making a decision.
- Children of sufficient age and understanding state that they do not wish their parents/carers to be present.

Reasons for exclusion of parents must be noted in the minutes. The Chair's decision to exclude is final, and should only be made in exceptional circumstances. If the parents are excluded or unable or unwilling to attend, the reasons for this should be included in the minutes. They should have the chance to discuss their exclusion with the Chair, and to communicate their views to the conference by another means.

Any professional can request the exclusion of a parent/carers from the conference. The request must be made to the conference Chair at the earliest opportunity. The Chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

3.8.5.3 Preparing the parents or carers

The social worker initiating the conference should inform the parents/carers of the process that will be followed and ensure that they understand the purpose of the conference and who will attend. **Attendance is not the same as participation.** Parents/carers should receive adequate preparation prior to the conference to enable them to participate as fully as possible. Parents should receive a written invitation to the conference and a leaflet explaining the purpose of conferences and of registration as well as the complaints leaflet. A social worker should then discuss these with them who is likely to be present and why, and what sort of concerns will be discussed.

If the involvement of parents is to be successful, they may need help in preparing for the conference (for example, in making written notes of what they want to say) as well as practical assistance with any child care or transport difficulties. Parents should be encouraged to bring to the conference a friend, a relative or other supporter, provided the person concerned is not a suspected or known abuser. This should, however, be subject to respect for the child's wishes and feelings. The solicitor may attend as a supporter.

The conference Chair should meet parents beforehand, preferably in the

conference room before the other people attending arrive, and explain to them how the meeting will be conducted and what the ground rules are.

If the conference decides to register a child, parents should be told what they need to do, and how they will be involved in further case planning and review. If parents disagree with the conference decision, they should be told about the ACPC complaints procedures.

Whether the parents attend the conference or not, they should be sent the conference decisions and recommendations in writing within 10 days of the conference. The Key Worker should discuss the recommendations with the parents.

The Child Protection Conference minutes should also be sent, as soon as they are available, to parents and, where appropriate, the child **except where the child or any other person could be put at risk as a result**. The decision about whether or not to send minutes should be made by the Chair of the conference in conjunction with the relevant Social Services manager and the police. Reasons for a decision not to send minutes to relevant family members should be carefully recorded in the minutes.

3.8.6 Reports for the conference

Each agency invited to attend the conference should provide, in advance, a written report which summarises their involvement with the family and their knowledge of the child's health and development as well as their view of the parents' capacity to safeguard the child and promote the child's welfare. Written reports should be given to the conference Chair before the conference. Each of the authors of the reports should arrange to explain and discuss them with families at least 24 hours before the conference. Agency representatives must come to the conference expecting to read the report they have prepared and highlight all important points.

Report writers should address the needs of each child within the family separately even though only one report is produced. They should check their records for factual data such as immunisation history, clinic attendance, school attendance etc. Relevant adult records should also be scrutinised.

Any particularly sensitive information or information which may be confidential should be drawn to the attention of the Chair. Similarly, any professional concerns about possible violence or intimidation should be communicated in advance to the Chair.

3.8.6.1 The social worker's report

The social worker's report summarises and analyses the information obtained in the course of the Initial Assessment and Section 47 enquiries, guided by the *Framework for the Assessment of Children in Need and their Families*. The report should include:

- the Initial Assessment and information from the work that has been done on the Core Assessment so far;

- a case history of significant events and agency and professional contact with the child and family, including a list in date order of the events which brought the case to the Child Protection Conference. Areas where more information is needed should be highlighted;
- significant aspects of the child's current and past state of health and development;
- report of the Section 47 enquiry and brief description of events;
- information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development;
- the expressed views wishes and feelings of the child, parents and other family members;
- assessment of risk and any child protection action taken;
- an analysis of the implications of the information obtained for the child's future safety, health and development;
- recommendations for future work with the child and family.

The report should distinguish between fact, observation, allegation and opinion.

3.8.6.2 Medical report

Medical Personnel will collate all relevant medical information including imaging, e.g. x-ray, and provide written reports. Where medical advice is crucial to the conference deliberations, the conference should be scheduled to ensure that the examining doctor(s) or community paediatrician can attend. If, due to exceptional circumstances, the doctor cannot attend, he or she must submit a report and the Chair of the conference should read the medical findings in full to the conference. Any further interpretation of the report should only be undertaken by a medical practitioner. If conference is not clear as to the contents or the interpretation of the report, arrangements should be made by the Chair to seek clarification. Any delay should not prejudice the safety of the child.

In cases of conflicting medical opinion, the Chair should request that the doctors involved review their findings jointly with the interests of the child in mind. If they are unable to establish common ground, they should be asked to explain their differences. Their views must be considered in the context of the other information available. If resolution is not possible, a further expert opinion should be commissioned to review the medical findings in order to offer a definitive opinion.

3.8.6.3 Other professionals

Other professionals will be required to provide reports that should be consistent with the domains and dimensions of the Assessment Framework. Professionals must be prepared to interpret, analyse and explain their information for the benefit of other conference attendees.

- **Health personnel** will provide reports which will collate all the other relevant health information appropriate to that professional, including that pertaining to

parents (and carers) as it affects parental capacity to adequately provide for the health, safety and welfare of the children.

- **Education personnel** will collate and check all relevant records, including school attendance and pastoral information and provide a written report.
- The **police** will check records of all known adults who have a significant involvement with the child and also check domestic abuse records. Their report needs to contain all previous convictions relating to drugs or alcohol, violence including domestic abuse, sexual offences or dishonesty where relevant to the child's welfare.
- The **Probation service** will check records including licence conditions and provide a written report.
- **Representatives of other agencies** will prepare and provide written reports as appropriate.

Reports from all agencies should include:

- basic information
- nature of involvement with the family
- knowledge of involvement in current incident/cause for concern
- frequency of contact and date last seen for each child
- development details of each child
- background /previous concerns
- assessment of current issues/family strengths and risk factors to the child or children.

3.8.7 Chairing the conference

The conference Chair must be:

- a professional who is independent of operational or line management responsibility for the case;
- trained in chairing Child Protection Conferences;
- someone with a good understanding and professional knowledge of child protection, children's welfare and development, and best practice in working with children and families;
- able to look objectively at and assess the implications of the evidence on which judgements should be based;
- skilled in chairing meetings in a way which encourages constructive participation while maintaining a clear focus on the welfare of the child.

The role of the conference Chair is to:

- meet the child and family members in advance, to ensure that they understand the purpose of the conference and what will happen;

- decide whether or not there are valid reasons for excluding any family members from attending the conference if this request is made;
- ensure that the conference agenda is followed;
- enable **all** those present, including children and family members, to make their full contribution to discussion and decision making.
- ensure that the conference makes the decisions required of it in an informed, systematic and explicit way;
- enable conference members to share all appropriate information and evaluate risks;
- ensure that the conference focuses on the child;
- ensure that the conference is conducted in an anti-discriminatory manner and gives proper consideration to issues of race, culture, language, religion, gender and disability;
- ensure that dissenting views and reasons are recorded in full;
- clearly differentiate between fact, observation, allegation and opinion;
- establish the opinions of lead persons (from professional groupings) about placing the child's name on the Child Protection Register;
- draw together the views of the conference members and arbitrate where different views are being expressed, in line with ACPC protocols;
- be available after the conference to explain decisions to parents and children;
- take responsibility for the accuracy of the conference minutes.

3.8.8 The conference process

The Child Protection Conference will follow an agenda to include:

- the purpose or reasons for the particular conference and the tasks of the conference
- introductions, apologies, confidentiality, agency roles with the family
- circulation of reports
- details of the events leading up to the initial Child Protection Conference
- information from the Initial Assessment, Section 47 enquiries and Core Assessment to date
- background information from all agencies, including past and present involvement
- a summary of all the main information provided by the Chair
- the views of children and family members, to be established by the Chair
- an analysis of the implications of all the information shared for the child's future safety, health and development (i.e. is the child at continuing risk of significant harm?)

- consideration of the risks of harm if the child remains at home, and explicit recommendations for how the risks can be managed
- consideration of the need for legal advice.

3.8.9 Confidentiality and the sharing of information at the conference

The success of interagency co-operation in the protection of children is rooted in the exchange and sharing of relevant information. Rules of confidentiality are **not** intended to prevent the sharing of information, the purpose of which is to protect children. In **all** cases where child abuse is alleged or suspected, there is a duty to share all relevant information. In all such situations the protection of the child must take precedence. It is vital to the decision-making process that professionals contribute all the relevant information held on their records.

Information obtained through any part of the child protection process must be treated in strict confidence. Anyone obtaining information through the child protection process should not disclose it for any purpose other than the protection of children without the express consent of the professionals or any family member who provided it. If there is any doubt about sharing information this should be discussed with the Chair before the conference.

3.8.10 Outcomes of the Initial Child Protection Conferences

3.8.10.1 The decision making process

The **only decision** which can be made at the conference is whether or not the child's name should go on the Register, and, if so, under which category. Discussion at the conference can contribute to making this decision, as well as providing a basis for future planning for the child. The conference needs to establish as far as is possible the cause of the significant harm or of the likelihood of significant harm to the child.

The decision as to whether or not a child's name should be placed on the register depends on the answer to the question, '**Is the child at continuing risk of significant harm?**'. The child is at continuing risk of significant harm if *either*:

- The child can be shown to have suffered ill-treatment or impairment of health or development as a result of physical, emotional, or sexual abuse or neglect, and professional judgement is that further ill-treatment or impairment are likely; *or*
- Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill-treatment or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect.

The conference will go through the following process of decision making:

- The decision whether or not to include a child's name on the Child Protection Register will be arrived at via a process of information sharing and discussion which includes all persons present at the conference and any written reports provided, including reports from those unable to attend.

Box 13 • Establishing significant harm

To understand and establish significant harm, consider:

- the family context
- the child's development within the context of their family and wider social and cultural environment
- any special needs, such as a medical condition, communication difficulty, or disability that may affect the child's development and care within the family
- the nature of harm, in terms of ill treatment or failure to provide adequate care
- the impact on the child's health and development and the adequacy of parental care
- the child's reactions and his or her perceptions, according to the child's age and understanding.

- The Chair will establish the opinion of each agency/professional grouping about placing the child's name on the Child Protection Register.
- The decision should reflect the consensus view of the conference. The views of all individuals present at the conference will be taken into account. The views of parents and children are important to the conference but it is professionals who make the decision about registration.
- Where consensus cannot be achieved, the conference should make a decision on a majority basis to allow progress to be made. **The ACPC must have a protocol in place for the resolution of professional differences.**
- In very exceptional circumstances it may be appropriate to defer a decision about registration. The Chair must make this decision. A decision to defer must never be made on the grounds that further assessment is required. The Chair must ensure that clear reasons are given for any decision to defer and are carefully recorded. The Child Protection Conference will need to be re-convened within 10 working days in order to make the decision, and, in the meantime, an inter-agency plan to safeguard and promote the welfare of the child must be set out.
- The members of the initial Child Protection Conference must ensure that the welfare and protection of the child/children is the primary focus.

Where the child is considered to be at continuing risk of significant harm and is to be put on the Child Protection Register, safeguarding the child will require inter-agency help and intervention delivered through a formal Child Protection Plan, to be outlined in the conference.

Even where the child is not considered to be at continuing risk of significant harm, the child may be in need of help to promote his or her development. The

Core Assessment may need to be continued, in line with eligibility criteria, and inter-agency arrangements made to draw up a plan for provision of appropriate support or services.

3.8.10.2 Registration

Box 14 • Focusing too heavily on registration.

Working Together to Safeguard Children warns against focusing too heavily on decisions about registration at the Child Protection Conference. It is also important to look at future plans to safeguard the child and support the family in the months after the conference.

The Chair should determine under which category of abuse the child's name should be registered. The category used in registration will indicate to those consulting the register the primary presenting concerns at the time of registration. This can be one or more of the following:

- physical abuse
- emotional abuse
- sexual abuse
- neglect.

The categories should reflect all the information obtained in the course of Section 47 enquiries and subsequent analysis and should not just relate to one or more abusive incidents.

Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and appropriate intervention. Often it is the interaction between a number of factors which serve to increase the likelihood or level of actual significant harm. In each case it is necessary to consider any ill treatment alongside the family's strengths and support.

3.8.10.3 The outline Child Protection Plan

Where a child's name is placed on the register, the act of registration itself confers no protection on a child and registration should always be accompanied by a Child Protection Plan.

The outline plan will be agreed at the initial Child Protection Conference but a detailed Child Protection Plan will be produced later by the Core Group.

The initial Child Protection Conference should discuss and agree the following elements of the Child Protection Plan:

- the risks of significant harm to the child and the way in which an inter-agency plan can protect the child;
- shorter and longer term outcomes to be achieved, clearly linking them to reduction in the risks of harm to the child and promotion of the child's welfare;
- who will have responsibility for what actions, within what specified timescales;

NOTES

See section 1.2 for definitions.

See section 3.11 for more on the Child Protection Plan.

- how to monitor and evaluate progress against the plan;
- which professionals will monitor the child's progress, development, welfare and safety, and how.

3.8.10.4 Other tasks of the conference

In addition to making the decision about registration and, if appropriate, preparing an outline Child Protection Plan, the conference should carry out the following tasks:

- agree arrangements for communicating the decisions and recommendations of the conference to the parents or carers and, depending on age and understanding, the child/children, if they are not present at the conference;
- appoint a Key Worker and set out their role;
- identify the membership of a Core Group of professionals and family members who will develop and implement the detailed Child Protection Plan as a working tool;
- establish how children and families will be involved in the planning and implementation process and identify the sources of support and advocacy available to them;
- set timescales for the meetings of the Core Group and the production of the Child Protection Plan. The Core Group should meet within 2 weeks of the date of the initial Child Protection Conference and thereafter at no more than 6 weekly intervals;
- set timescales for review conferences i.e. 3 monthly as a maximum time from the date of the initial child protection conference and thereafter at no more than 6 monthly intervals;
- identify in outline the areas to be covered by the continuing Core Assessment with timescales for completion within 35 days of the date of the start of the Section 47 enquiries;
- identify in outline which professionals will contribute to the Core Assessment and in what way;
- outline the Child Protection Plan, including identifying what needs to change in order to safeguard the child and the arrangements for monitoring the health, development and progress of the child;
- consider the need for a contingency plan under certain circumstances e.g. in cases where the abuser receives a custodial sentence;
- clarify the different purpose and remit of the initial Conference, the Core Group and the Child Protection Review Conference;
- recommend, if appropriate, that Social Services gives consideration to the need for legal action to protect the child;
- plan any health assessment or care needed.

3.8.11 Minutes of the Child Protection Conference

The written record of the conference is a crucial working document for all relevant professionals and the family. All Child Protection Conferences, both initial and review, should have a trained person to take notes and produce minutes of the meeting. The minute taker should have no other role in the conference and no involvement in the case.

The minutes should include:

- the essential facts of the case;
- a summary of the discussions at the conference which accurately reflects contributions made and clearly distinguishes between fact and opinion;
- a clear analysis of risk to the child;
- all decisions reached, with information outlining the reasons for decisions;
- an outline or revised Child Protection Plan enabling everyone to be clear about their tasks;
- any dissension from the conclusions, decision or recommendations of the conference.

Minutes should be taken in the language of the conference and a translation provided for participants who require one. Minutes should be prepared to a consistent format, in line with the agenda, recording contributions, decisions and recommendations in a clear and concise manner allowing them to be traced and justified.

The conference Chair should agree the minutes before they are distributed. A copy should be sent as soon as possible after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded. Conference participants who think that something in the minutes is incorrect may send their comments to the Chair within ten working days of receiving the minutes.

The minutes are confidential and should not be passed by professionals to third parties without the consent of the conference Chair except where transfer is made to another office of the same agency. Child Protection Conference minutes and other records associated with the registration process should be retained by the agencies receiving them in accordance with their record retention policies. In cases of criminal proceedings, the Police may reveal the minutes to the Crown Prosecution Service in accordance with the *Criminal Procedure and Investigation Act 1996*.

3.8.12 Complaints from families about the Child Protection Conference

Parents or children may complain about the functioning of a conference in terms of process or outcome. Complaints about the functioning of conferences should be addressed to the conference Chair. The Chair will pass the complaint on to the senior manager for child protection in Social Services.

In considering and responding to complaints about functioning and decision making processes of the conference, the local authority should form an inter-

agency panel made up of senior representatives from ACPC member agencies. The panel should consider whether the relevant inter-agency protocols and procedures have been followed and whether the decision that is being complained about follows reasonably from the proper observations of the procedures.

Complaints about individual agencies, their performance and provision/non-provision of services should be responded to in accordance with the relevant agency's complaints procedures.

3.9 The Key Worker

Each child placed on the Child Protection Register should have a named Key Worker to carry future professional responsibility for the case. The Key Worker should be identified by the Chair at the initial conference. The Key Worker is always an employee of Social Services with appropriate qualifications and/or experience.

Should it prove impossible to appoint a Key Worker, the relevant senior manager responsible for child protection in Social Services must be informed immediately.

The Key Worker should:

- ensure that the outline Child Protection Plan is developed by the core group into a more detailed inter-agency Child Protection Plan;
- co-ordinate the completion of the Core Assessment of the needs of the child and the family;
- take the lead in inter-agency work with the child and family;
- co-ordinate the contributions of family members and other agencies to the implementation of the Child Protection Plan;
- review progress in outcomes for the child's safety and welfare in relation to the Child Protection Plan;
- provide a focus for communication between all professionals and family members;
- ensure that the children and parents have a clear understanding of the objectives of the plan, and that they know of their right to make a complaint and how to do so.

All professionals have a duty to inform the Key Worker of significant events or changes of circumstance relevant to the child. The Key Worker should notify the custodian of the Child Protection Register immediately, so the register can be updated. The Key Worker should also keep professionals informed of changes.

Any change of Key Worker must be notified verbally and confirmed in writing to all relevant agencies and the family. Registration records must also be amended promptly.

3.10 The Core Group

The Core Group is responsible for developing and implementing the Child Protection Plan as a detailed working tool within the outline plan agreed at the initial Child Protection Conference. Membership is decided at the time of registration and will include the Key Worker, relevant family members (including children) and professionals or foster carers who have direct contact with the family.

The first meeting of the Core Group should take place within 10 working days of the initial Child Protection Conference and be chaired in line with local arrangements. The Core Group should continue to meet regularly at least once every 6 weeks.

Although the Key Worker has the lead role, all members of the Core Group are jointly responsible for preparing and implementing the Child Protection Plan, and members of the Core Group can undertake specific work as part of the plan.

The tasks of the Core Group:

- agree objectives and timescales at the first meeting;
- develop and expand the outline Child Protection Plan;
- decide what steps need to be taken, by whom, to complete the Core Assessment on time;
- assist the Key Worker in the preparation of the Core Assessment of the child and family;
- plan and implement the inter-agency work in accordance with conference recommendations;
- monitor progress against the objectives specified in the plan and refine the plan as needed;
- ensure that parents, and children where appropriate, are fully engaged in the implementation of the Child Protection Plan, and understand the expectations and objectives of each agency involved;
- produce written reports for the Child Protection Review Conference outlining the work which has been undertaken by family members and professionals and with what degree of success, as measured against the objectives and in terms of positive outcomes for the child.

All Core Group meetings should be minuted, including notes on the action agreed and decisions taken to inform the review conference. The minutes should be distributed to Core Group members.

If the Core Group is unable to implement the plan agreed, for whatever reason, the conference should be reconvened by the Key Worker in consultation with the relevant team manager.

Any necessary protective action to secure the safety and well-being of any child at risk of significant harm must not be delayed because a Core Group meeting is pending or imminent.

NOTES

See Section 3.11 for more on the child protection plan.

See Section 3.12 for more on the core group

3.11 The Child Protection Plan

Each child who is registered will have an individually written inter-agency Child Protection Plan in line with his or her individual needs. The initial Child Protection Conference agrees the outline plan and the Core Group develops the details of the plan at its first meeting. The plan is then written down and distributed to all members of the Core Group. The child's family should receive a copy of the plan in the language of their choice.

The aim of the Child Protection Plan is to:

- safeguard the child from further harm;
- promote the child's health and development;
- support the family and wider family members in promoting the welfare of the child, provided that this is in the best interests of the child.

The Child Protection Plan should set out what work needs to be done, why, when and by whom.

The plan should:

- describe the identified needs of the child and any therapeutic services which are required;
- include specific, achievable, child-focused objectives intended to safeguard the child and promote his or her welfare, together with timescales for achieving these objectives;
- make clear the part to be played by parents, the expectations they may legitimately have of agencies and what expectations agencies may reasonably have of them;
- include realistic strategies and specific actions to achieve the objectives;
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- state when progress will be reviewed and the means by which progress will be judged;
- set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family.

All members of the Core Group have equal ownership of and responsibility for the Child Protection Plan and should co-operate to achieve its aims. **All professionals working with children and/or families under a Child Protection Plan must be alert to indications that the plan may be failing to protect the child.** Any professional who is concerned about this should promptly inform the Key Worker and a re-appraisal of the case by the Core Group should be undertaken without delay. In all such circumstances the Key Worker's line manager should be informed.

Box 15 • Best outcomes for the child

Decisions about how to intervene, including what services to offer should be based on evidence about what is likely to work best to bring about good outcomes for the child.

Box 16 • Involving the child's family

Family members should be clear about the plan even if they do not agree with it. Parents should be clear about the causes of concern which resulted in the child's name being placed on the Child Protection Register, what needs to change and what is expected of them as part of the plan for safeguarding the child.

3.12 The Child Protection Review Conference***3.12.1 Purpose of the Child Protection Review Conference***

All children on the Child Protection Register will be the subject of regular reviews which should consider including any other children in the household.

The tasks of the Child Protection Review Conference are:

- to review the safety, health and development of the child against intended outcomes set out in the Child Protection Plan
- to consider how the current plan has affected the perceived concerns
- to ensure that the welfare of the child continues to be adequately safeguarded
- to consider whether inter-agency co-ordination is functioning effectively
- to consider whether the Child Protection Plan should continue in place or should be changed
- to consider the membership of the Core Group
- to consider whether the child's name should remain or be removed from the Child Protection Register or the category of registration changed.

3.12.2 Planning and running the Child Protection Review Conference

The first Child Protection Review Conference should be held within three months of the initial Child Protection Conference. Further reviews should be held at intervals of not more than six months for as long as the child's name remains on the Child Protection Register. If there is a significant change of circumstances, the appropriate Social Services manager must be informed and he or she will then decide whether to bring forward the date of the review. The manager should normally agree to any such request from another agency supported by a senior manager or named or designated professional.

Participants in the conference should include **all** members of the Core Group,

See section 3.12 for more on the child protection register.

including family members and the child, and any other relevant agencies such as those present at the initial Child Protection Conference. The Key Worker is responsible for ensuring that the appropriate people are invited. Where key professionals are absent from the conference and written information is not available, consideration should be given to postponing the conference. A review will then be reconvened so that they can attend and their respective agency will be informed in writing of any failure to comply.

The required quorum for attendance is the same as that for initial Child Protection Conferences, that is, a minimum of three agencies or professional groupings, or in exceptional circumstances and at the discretion of the conference Chair, two agencies or professional groupings.

3.12.3 Decision making

The Child Protection Review Conference will consider whether the child continues to be at risk of significant harm and therefore whether or not their name should stay on the Child Protection Register and they should continue to have a formal Child Protection Plan to safeguard their welfare. The review conference decision must be based on a careful and thorough analysis of all the available information, including the written reports provided by the Core Group, and a discussion involving all members of the conference.

Before deciding to de-register, members of the conference must be satisfied that the significant harm or risk of significant harm is no longer present or is no longer at a level to warrant registration, and the child no longer needs a Child Protection Plan. Clear reasons for the decision should be given and recorded.

Conference participants should base their judgements on:

- whether the risk of harm has been reduced by action taken through the Child Protection Plan;
- whether the child and family's circumstances have changed;
- whether re-assessment of the child and family indicates that a Child Protection Plan is not necessary.

The role of the Chair is to draw together the views of conference members. The decision about de-registration should reflect the consensus view of the review conference. Where consensus cannot be achieved, the review conference should make a decision on a majority basis. The views of parents and children are important to the conference but it is the professionals who make the decision about registration.

3.13 The Child Protection Register

3.13.1 Purpose of the Child Protection Register

The register lists children in a local authority area who are considered to be suffering or likely to suffer significant harm and who are currently subject of an inter-agency Child Protection Plan.

The purpose of the register is:

NOTES

See Section 3.12 for more on the child protection register.

See section 3.10 for more on the core group

- to make agencies and professionals aware of those children who are judged to be at continuing risk of significant harm and in need of active safeguarding;
- to provide a record of all children in the area for whom there are unresolved child protection concerns and who are currently the subject of an inter-agency Child Protection Plan;
- to ensure that Child Protection Plans are formally reviewed at three months and every six months thereafter;
- to provide a central point of speedy enquiry for professionals who are concerned about a child and need to know whether he/she is the subject of an inter-agency Child Protection Plan;
- to provide statistical information about current trends in the area and to contribute to national collation of statistics concerning child protection.

3.13.2 Managing the Child Protection Register

The Child Protection Register is administered on behalf of the Area Child Protection Committee by Social Services. Following registration of a child, it is the responsibility of the custodian of the register to ensure that all details are entered onto the Child Protection Register. Each ACPC must have a mechanism in place to ensure that the custodian of the register is notified of all additions or changes to the register. The register should be kept up to date and its contents should be confidential other than to legitimate enquirers.

A child's name can be entered on the Child Protection Register only as a result of a decision at a Child Protection Conference, except where it is a child on another register who moves into the area. In this case, the child will be registered immediately and the registration reviewed at the first Child Protection Conference in the new area.

3.13.3 Enquiries to the Child Protection Register

Access to the Child Protection Register will be restricted to professionals from agencies represented on the ACPC who have a need to know. Their identity will be checked. It is essential that police and health professionals have access to the register both in and outside office hours. If a child's name is on the register, the enquirer will be given the name of the Key Worker. It is the responsibility of the enquirer to notify the Key Worker of the enquiry. A record is kept of the names of children about whom enquiries are made.

Enquiries to the register should not be seen as a substitute for appropriate discussion of concern with Social Services but as part of background information gathering.

If an enquiry is made about a child at the same address as a child on the register, the custodian should ensure that this information is passed on to the registered child's Key Worker.

If an enquiry is made but the child's name is not on the register this should be recorded together with the advice given to the enquirer. In the event of there being a second enquiry about a non-registered child:

- the later enquirer should be told about the earlier enquiry;

- the first enquirer should be notified of the later enquiry;
- the custodian should refer the child to Social Services as a child who may be in need.

3.13.4 Moves of children on the Child Protection Register and children who are subject of ongoing protection enquiries

Anyone working for an organisation represented on the ACPC should notify Social Services if they become aware that a family with a child whose name is on a Child Protection Register moves into or out of the area. Social Services should notify all other involved agencies, including the custodian of the register.

3.13.4.1 Where a family moves out of the area

If a child whose name is on the Child Protection Register moves to a known address in another local authority area whether permanently or temporarily, it is the team manager's responsibility to ensure that Social Services in the new area is informed immediately. This should be done by telephone, and must also be confirmed in writing within 3 working days, providing full information, including a social history, Core Assessment and minutes of relevant Child Protection Conferences etc. A summary is not sufficient. The team manager should request a written acknowledgement.

The Key Worker will immediately inform the custodian of the register who will then, in turn, inform the custodian for the receiving authority. The child's name will be temporarily included on the receiving authority's Child Protection Register. Where the child and the family have moved permanently to another area, the receiving local authority should convene a Child Protection Conference within 15 working days of being notified of the move. Transfer of the case will take place at that conference whether or not registration takes place. The Key Worker should be prepared to attend, accompanied where appropriate by members of the Core Group. Only after the Child Protection Conference has taken place in the new area may the child's name be removed from the Child Protection Register in the original local authority area.

The existing Key Worker should inform the relevant agencies in the area from which the family has moved. If the move is known in advance, the Key Worker is responsible for informing the family that information will be passed on to the new authority.

It will be the existing team manager's responsibility to inform their child protection co-ordinator of the outcome of the conference without delay. Where a child is the subject of ongoing child protection enquiries, the social will immediately inform their line manager and will be responsible for notifying the new authority in writing, providing relevant documentation. The social worker will also inform the relevant agencies in the area from which the family has moved. If the move is known about in advance, the social worker will be responsible for informing the parents that a referral will be made to the new authority. A strategy discussion should take place to include the new authority to establish roles and responsibilities. This should be recorded.

NOTES*See 3.7.3.7**see section 3.13.4.1**3.13.4.2 Where a family moves into the area*

Where a family moves into the area (including into a Women's Aid Refuge) and the child or children's names are included on another ACPC's Child Protection Register, whoever first receives the information should inform the Custodian of the Register in the new area. The Custodian of the Register should inform all other relevant agencies. The Custodian will add the child/children's names temporarily to the Child Protection Register, pending the convening of an initial Child Protection Conference.

If it becomes clear that the child is to remain in the area, an initial Child Protection Conference will be called within 15 working days. In addition to the people who would normally be invited, the Key Worker and relevant members of the Core Group from the previous area should be invited to attend and should provide a report.

Following the conference, case responsibility will transfer to the new authority, irrespective of the decision about registration.

The new Custodian of the Register should be informed of the outcome of the conference, in order to amend the records accordingly and confirm in writing, to the Custodian of the Register of the former authority, that the name of the child/children can be removed from that Child Protection Register.

3.13.4.3 Movement of families with children in need

Whenever families with children in need move across the geographical boundaries of responsible agencies, the professionals concerned will decide whether to alert colleagues in the new area. This would normally be done with the consent of the family. It may be done via routine transfer of records or a specific referral raising particular issues or concerns.

Box 17 • Specific referrals about children in need moving to other areas

Specific referrals are important in order to alert receiving agencies where there is a history of concerns about a child or children, even though they are not currently on the register. Everybody working with a family needs to think carefully about whether to make a specific referral about a child moving to another area. Take account of issues of consent. Don't make assumptions about the children's needs being met, or assume that concerns will be systematically addressed. It is never safe to assume that other agencies involved either know about the change or will take the appropriate action.

3.13.5 De-registration

The decision to de-register may be agreed by the appropriate Social Services manager, without the need to convene a Child Protection Review Conference, in any of the following circumstances:

- the child has reached the age of 18 years;

- the child has permanently left the U.K.;
- the child has died.

In all other cases the decision to de-register can only be made at a Child Protection Review Conference.

Parents should always be informed in writing when their child's name has been removed from the Child Protection Register.

De-registration should not automatically lead to services being stopped, as a child whose name is removed from the register may still require additional support and services. The Key Worker should discuss with the parents and the child what services might be wanted and needed.

3.13.6 Looked after children and registration

Where looked after children are also subject to a Child Protection Review Conference, the two systems must be fully integrated. This means that a review of the child's care plan held under the Looking After Children System should have all the information available to it from the review of the Child Protection Plan held under the child protection procedures. Careful consideration should be given to the timing of the two reviews as well as to who should be involved. Both reviews should be inter-agency processes.

Where a child cannot live at home and has a care plan which meets their care and protection needs, a review should normally recommend de-registration.

3.14 Action to be taken when a professional believes a child is not being adequately protected

If any professional attending a conference considers that a child is not being adequately protected, this must be brought to the immediate attention of their line manager and their designated child protection professional as well as the Social Services senior manager responsible for child protection. In their absence, the Social Services team manager responsible for the case must be notified.

It is possible that an agency may consider it necessary to take unilateral action in some cases. In exceptional cases where an individual worker or agency insists on unilateral action contrary to the majority view at the conference where the plan is formulated or contrary to an agreed plan, the Key Worker and the Social Services team manager must be notified. The team manager will then discuss the matter with the senior manager responsible for child protection and the relevant senior manager of the agency concerned. Any issues arising out of this consultation will be brought to the attention of the Chair of the ACPC. A Child Protection Review Conference will be convened as necessary.

3.15 Missing children and families

All professionals should immediately notify the Key Worker and the police, should it come to their attention that a child whose name is on the Child Protection Register is missing. The Key Worker will consult with the

responsible team manager and make urgent enquiries to try to trace the child.

At what point a family is considered “missing” will depend on the known facts about the family and the seriousness of the situation. The major reason for trying to locate such families is that the disappearance may indicate that further abuse has or may have occurred. While this applies to children on the Register, it may also apply where there are unsuccessful contacts with children who are the subject of welfare concerns. Local arrangements should be made to ensure that action is taken to make further visits to locate the child. The child must be seen and the welfare concerns addressed.

The Key Worker should liaise closely with the police investigating officer to ensure that there is no duplication of effort and that all enquiries are co-ordinated and documented. The team manager should then discuss the matter with the child protection co-ordinator. Legal advice should be sought at the earliest opportunity.

The designated nurse in the area where the child normally lives and was registered should be asked to circulate the missing child’s details in accordance with the health authority’s or successor agency procedures. Any outcome from this should be communicated to the Key Worker.

If all efforts to trace the child fail, the appropriate manager in Social Services may request assistance from the local Social Security office and ask for their records to be checked and, if necessary, those of the Child Benefit Centre.

In addition, the custodian of the Child Protection Register should be informed by the Key Worker and the custodian should then consider whether to circulate details of the missing family to all custodians of Child Protection Registers throughout the country.

When the family is found, the Key Worker should be notified and will follow the Procedure for the Transfer of Cases on the Child Protection Register where appropriate. The Key Worker will also ensure that all other agencies are informed as well as the custodian of the register.

Box 18 • Noticing when a family goes missing

A series of missed appointments or abortive home visits may indicate that the family have suddenly and unexpectedly moved out of the area. Anyone working with children and families where there are outstanding welfare or child protection concerns (including where the concerns are about an unborn child who may be at future risk of significant harm) should watch out for this, and inform Social Services and the police straight away.

NOTES

See Welsh Office Circular CASS 18/19/2 ‘Non-accidental injury to children - disclosure of information by Social Security office staff’ See section

see section 3.7.3.6 for more on unsuccessful contacts and right of entry.

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NOTES

4 • CHILD PROTECTION IN SPECIFIC CIRCUMSTANCES

NOTES

4.1 Introduction

The procedures set out in this part **add to** rather than substitute for the procedures set out in Part 3 Handling Cases, and should be read in conjunction with Part 3. While Part 3 sets out the basic framework of actions to be taken in all circumstances when anyone has concerns about the welfare of a child, Part 4 deals with extra or particular considerations or points of procedure. Any one case might be relevant to more than one of the sections in Part 4.

Many of the sections refer to local protocols. These will have been developed locally on an inter-agency basis in line with relevant practice guidance. They will be consistent with the requirements set out in these procedures and should be read in conjunction with these procedures.

4.2 Future risk of harm to an unborn child

4.2.1 Identifying the risk of harm

Where professionals have concerns about the future risk of harm to a child not yet born, a referral must be made to the duty social worker.

Circumstances in which a referral would be appropriate are where:

- previous children in the family have been removed because they have suffered harm;
- concerns exist regarding either parent's ability to protect;
- there are concerns regarding parenting capacity, particularly where parents have significant learning difficulties or mental health problems;
- alcohol or substance abuse is thought to be affecting the health of an unborn baby, or where alcohol or substance abuse may significantly impair parenting skills;
- the expectant parent is very young and a dual assessment of her/his needs as well as her/his ability to meet the baby's needs, is required;
- there is a previous history of post natal psychosis;
- other children in the family have their names included on the Child Protection Register and therefore have Child Protection Plans;
- there is concern about the new parents' capacity to parent and it is believed that any child of the family might suffer significant harm;
- the expectant mother/father has previously abused or allegedly abused a child;
- the expectant mother has a partner, or is in contact with someone, who has abused a child;
- there are known to have been incidents of domestic abuse within the relationship;
- the lifestyle of the expectant mother and/or the people she is in contact with is such that the child may be at risk at birth.

See section 2.1.3 on how to make a referral.

4.2.2 Action to be taken

The allocated social worker will conduct preliminary enquiries and follow the procedure outlined in Part 3.

Consideration will then be given to convening an initial Child Protection Conference before the birth to plan co-ordinated action and services for the protection of the child at the time of the birth. The decision about whether to convene an initial Child Protection Conference must be made in line with the procedures set out in Part 3 Handling Individual Cases. The conference will have the same status and be conducted in the same manner as any other initial Child Protection Conference.

At the initial Child Protection Conference, conference members will share information and consider the need for registration of the child at birth. If registration is agreed, the appointed Key Worker and members of the identified Core Group will devise a Child Protection Plan in advance of the birth. This plan will need to include a pre-birth assessment to ensure that a planned and effective response is made at the time of the birth. The named nurse must inform the delivery team of the planned response.

The Child Protection Conference should take place between 16 and 8 weeks before the estimated delivery date, in order to ensure an effective and planned response.

The conference can decide to place the unborn child's name on the Child Protection Register at birth without a further conference. The same criteria for registration apply as for any other child.

Box 19 • Will the child be a child in need?

Throughout preliminary enquiries, Initial Assessment, Section 47 enquiries and any initial Child Protection Conference, it is important to consider whether the child, when born, is going to be in need of help or support as a child in need even if concerns about significant harm are not substantiated.

4.3 Investigating organised or multiple abuse

4.3.1 Definition of organised or multiple abuse

Organised or multiple abuse is abuse involving one or more abusers and a number of related or non-related abused children and young people. The abusers concerned may be acting together to abuse children, or acting in isolation, or may be using an institutional framework, or position of authority to recruit children for abuse.

Generally an organised or multiple abuse network will have developed sophisticated mechanisms to avoid detection. Breaking into such networks will require careful considerations of the risks associated with:

- delaying face to face investigation in order to collate evidence

NOTES

See sections 3.2 - 3.7

See section 3.8

See sections 3.9, 3.10 and 3.11

See section 3.8.10

See 'Working Together' page 70f

- exposing a small part of the network but not all of it, thereby exposing more children to further abuse.

In planning the response, the need for secrecy on the part of the investigators must be considered given the serious nature and potential scale of this form of abuse.

Given the above, the implications of unplanned interventions and the potential media interest, the response to organised and multiple abuse must involve senior managers in both Social Services and the police from the outset.

4.3.2 Action to be taken

Each investigation of organised or multiple abuse will be different according to the circumstances of each situation and the scale and complexity of the investigation.

Suspected organised abuse should be brought immediately to the attention of the designated senior Social Services manager or the senior detective officer for the police division. These officers will liaise and take responsibility for initiating these procedures. They will also take responsibility for each notifying their relevant agency senior manager without delay. The appropriate senior manager from involved agencies should ensure that appropriate resources are deployed and that staff are given the necessary support.

An expert team of police and social workers, suitably trained, should be put together when needed for complex investigations of abuse in residential settings.

The investigation must be managed at an appropriate senior level. This will be determined by reference to its complexity and the staff and resources likely to be involved. The possibility that the size and complexity of the task may increase considerably over time should be taken into account when initial decisions about the management of the investigation are taken.

Managers involved should recognise and anticipate that an investigation may become more extensive than suggested by initial allegations.

4.3.3 Strategy Meeting

The initial form and timing of the investigation should be agreed at a strategy discussion involving staff from the main child protection agencies. The Strategy Meeting will be convened by Social Services in conjunction with the police within 2 working days of the receipt of the referral.

The Strategy Meeting will involve senior staff from Social Services, the police and other agencies as appropriate, the local authority solicitor and any other professionals on a “need to know” basis. All agencies should identify senior professionals who could be involved in the investigation as and when necessary. The meeting must involve senior managers and be chaired at a senior level.

The Strategy Meeting will consider all the issues listed in Part 3 Handling Cases and also refer to the Home Office Guidance in relation to investigative

NOTES

See also section 3.5

interviews with children. It will also undertake the following:

- appoint one senior officer from each of Social Services and the police to co-ordinate and manage the overall investigation;
- consider first whether there are any children involved who need active safeguarding and/or therapeutic help, and how this should be achieved in a way which is consistent with the conduct of criminal investigations;
- appoint a team from police and Social Services and /or NSPCC;
- set out clearly the role and objectives of the team;
- agree a joint plan in relation to the investigation which identifies roles and tasks of staff involved and resource implications;
- agree the timing of any actions and the possible consequences e.g. not to remove children during unsocial hours;
- agree the lines of accountability and communication;
- agree how and with whom information will be shared and emphasise the need for confidentiality;
- consider carefully the decision about what to share with parents and when. Parents are usually entitled to fullest possible information but in these circumstances the decision is more complex;
- seek legal advice and ensure that the investigation will have ongoing access to expert legal advice;
- make arrangements to ensure that records will be safely and securely stored;
- agree a strategy for dealing with the media, for example, senior managers will agree the timing and content of press and media statements. Particular care must be taken regarding matters which are *sub judice* or may identify the victim or family;
- contact other local authorities if the allegation crosses authority boundaries, to ensure joint planning and consistency;
- agree the convening of Child Protection Conferences as and when necessary;
- agree a timetable for future meetings;
- communicate the outcome of the meeting to the Director of Social Services and the Chief Constable.

4.3.4 Planning and running the investigation

The investigation should follow the guidance on Section 47 enquiries set out in Part 3 and should also address the following important issues:

- The Police should appoint a Senior Investigating Officer of appropriate rank and experience and should consider the use of major Incident Room Standard Administrative Procedures and the Home Office Large Major Enquiry System.
- A communications strategy should be developed covering authority members, staff, children and families, the media and SSI Wales.

NOTES

See section 3.7

- Regular strategic planning meetings and reviews should be used to consider the conduct of the investigation, next steps and the effectiveness of joint working.
- Clear written protocols should be agreed between Police, Social Services and other agencies in relation to all key operational and policy matters, including information sharing.
- A thorough assessment should be made of victims' needs, and services provided to meet those needs. It is good practice to provide a confidential and independent counselling service for victims and families. Guidelines should be agreed with counselling and welfare services on disclosure of information, to avoid the contamination of evidence.
- Care and support should be provided for the investigation team since much of the work may be difficult and distressing.
- Where Social Services' own staff, foster carers or police officers are being investigated, it is essential to ensure independence and objectivity on the part of the agencies who are members of the investigating team. It is essential to ensure sufficient distance and independence from those being investigated by, for example, involving investigative staff from another area.
- It is essential that the managers of the investigating team have training and expertise in conducting investigations, legal processes, disciplinary proceedings, children's welfare, profiles and methods of abusers. Investigating team members need expertise in conducting investigations, child protection processes, and children's welfare and they should be committed to working closely together.
- There should be a mechanism for identifying and acting on lessons learned from the investigation as it progresses.
- At the close of the investigation, managers should assess its handling and identify lessons for conducting similar investigations in future. These should be shared with relevant ACPCs.

NOTES

See also section 4.4.4 and 4.5

Box 20 • Welfare of the child v. criminal investigation

On occasion, a decision will be needed on whether protective action should be delayed in order to collect more evidence against abusers. Care must, however, be taken, particularly in large-scale investigations, to ensure that staff do not concentrate on the criminal aspects of the investigation at the expense of the welfare issues. **The single most important consideration is the safety and well-being of the child/children. Their protection should always be the first priority, but the knowledge that in cases of organised abuse the risk to children will escalate if abusers avoid detection must be considered.**

Where children are to be removed from their homes, the timing of removal will be agreed following consultation with all appropriate professionals, except where they are in acute physical danger. The welfare of the individual child or children will be the first consideration.

4.4 Children living away from home

4.4.1 Circumstances in which children live away from home

In every situation where there are concerns about a child's welfare, including children who are living away from home, local child protection procedures should be applied by the local authority in which the child is placed or found. Children are classed as living away from home in the following circumstances.

- foster care, provided by the local authority or by an independent agency;
- private fostering;
- residential care, provided by the local authority or by an independent agency;
- secure units;
- residential schools, both provided by the local authority and independent schools;
- health establishments such as hospitals;
- prisons and young offenders institutions.

Where services are commissioned by a local authority but not directly provided by them, basic safeguards should be explicitly addressed and stated clearly in contracts with the external provider.

4.4.2 Essential safeguards

Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes children's general welfare and protects them from harm of all kinds, and treats them with dignity and respect. These safeguards include:

- an openness on the part of the institution to the external world and external scrutiny, including openness with families and the wider community;
- staff and foster carers are trained in all aspects of safeguarding children, alert to children's vulnerability and the risk of harm, and knowledgeable about how to implement child protection procedures;
- children feel valued and respected and their self-esteem is promoted;
- children have ready access to a trusted adult outside the institution, eg. a family member, the child's social worker, independent visitor, children's advocate. Children should be made aware of the help they could receive from independent advocacy services, external mentors and Child Line;
- individual agencies have clear and unambiguous procedures which are in line with these procedures and approved by the local ACPC;
- complaints procedures are clear, effective, user friendly and are readily

accessible to children and young people, including those with disabilities and those for whom English is not a first language;

- rigorous recruitment and selection procedures create a high threshold of entry to deter abusers;
- clear procedures and support systems for dealing with expressions of concerns by staff and carers about other staff or carers;
- extensive supervision and support, which extends to temporary staff and volunteers;
- staff and carers are alert to the risks facing children in the external environment from people prepared to exploit the additional vulnerability of children living away from home;
- children who go missing from care are not automatically returned to their placement without them being given the opportunity first to talk to someone independent of the setting, to try to find out why they went missing.

Every employee is responsible for raising concerns about practice, particularly when these concerns affect the welfare of children. Organisations should have in place a Code of Conduct telling staff of their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. A central register should be kept by the Director of any concerns raised as part of the whistle blowing procedure.

4.4.3 Allegations of child abuse against staff in residential homes

If a staff member is suspected of abusing a child, the procedures for allegations against professionals should be followed. This may result in other avenues being pursued, i.e. disciplinary procedures or criminal prosecution. **However, the child protection procedures will always take precedence.**

See section 4.5

In investigating allegations of abuse of children in residential settings, the possibility that other children living there may also have been abused must always be seriously considered.

Those investigating must be fully aware of the procedures for dealing with **organised abuse** and, as soon as there is reason to suspect it, must apply them.

Concerns about the welfare of a child living in a residential home must be reported to the head of the home, or deputy in his or her absence. He or she must promptly contact the Social Services manager responsible for child protection in the area in which the establishment is situated or the police, and must follow any other guidance in the agency's own procedures. The head of the home will inform the referrer of his or her actions.

If the referrer

- is dissatisfied with the action taken by the head of the home *or*
- is unable to discuss concerns with the head of the home *or*
- suspects that the head of the home is involved in or colluding with the abuse then he or she should discuss the concerns with the child protection co-

ordinator or other senior manager with responsibility for child protection in the local authority area where the establishment is located or with local police.

Where the residential home is managed by or on behalf of the local authority:

- there should be someone independent involved in the investigation from the outset *and*
- the person managing the investigation should not have line management responsibility for the establishment.

The following actions should be discussed at the Strategy Meeting, in addition to those which are standard for all Strategy Meetings:

- informing the child's parents at an early stage by Social Services of the details of the allegation and the procedure to be followed;
- offering an independent advocate (e.g. children rights service or advocacy service) to the child;
- any action needed to safeguard the safety and well-being of the child making the referral/the child who is the subject of the allegation and also all children in the residential unit;
- transferring the child to another placement, but only if this is in the child's best interests;
- delaying making any further placements in the home until the child protection investigation has been completed and a further Strategy Meeting held;
- the possible need for disciplinary proceedings against a staff member, even when there is insufficient evidence for prosecution.

In addition, in cases of alleged abuse in independent schools, the Social Services Inspectorate Wales and Registrar of Independent Schools should be notified by the Social Services Department senior manager responsible for child protection at an early stage.

The SSI should be informed where the allegation relates to **any** independent establishment.

4.4.4 Allegations of abuse against a foster carer

4.4.4.1 Identifying the risk of harm

This section applies to local authority foster placements, those provided by independent foster care agencies, and to placements arranged by voluntary organisations.

Children in foster care are often the most vulnerable and damaged in society. Their background, behaviour and the circumstances of their placement will mean that those who have responsibility for their care and welfare must be attentive to what they are hearing and seeing, and ensure that all concerns are fully and rigorously investigated. The fact that foster care is undertaken in the private

NOTES

See section 3.5

See Regulation 7 of the Foster Placement (Children) Regulations 1991 for more on the local authority's duties.

domain of carers' own homes may make it more difficult to identify abusive situations and for children to find a voice outside the family.

Social Services must not allow the placement of a child with a particular foster carer to continue if it appears that the placement is no longer the most suitable way of performing their duty to the child; in some circumstances the child should be removed straight away.

Social Services also has duties in respect of children not looked after by them who are placed with foster carers by a voluntary organisation. If the local authority considers the arrangements to be unsatisfactory, they are required to arrange alternative care for the child. Voluntary organisations have similar responsibilities in respect of children who they have placed.

A decision to remove a child from a foster placement may be made without a court order and may, in appropriate circumstances, be used to protect a child from significant harm, following an investigation under these procedures. *It is important to ensure that the child is treated in the same way as a child in their own home.* The wishes and feelings of the child must be considered at all stages.

The standard child protection procedures will be applied to children in foster care, using the same threshold of concern as for other children. Other concerns and dissatisfactions with a fostering placement, i.e. those which do not trigger child protection procedures, will be dealt with under the local authority complaints procedure.

Investigations under these procedures should not be carried out by anyone who has been involved in approving the foster carers or who has operational responsibilities for the family placement/fostering service in the area. However, such persons will supply information and may provide support to the foster carers, although consideration should always be given to the need to identify sources of support outside the authority.

Social workers are required to see children in foster care on their own for a proportion of visits, and evidence of this should be recorded. The child's social worker is likely to have an important contribution to make both as a participant in the investigation and as a support to the child. The social worker's role must, therefore, be carefully specified at the strategy/planning stage in order to minimise potential role conflict. The same person should not be asked to provide support to both the child and the foster carers.

Any allegation of abuse or suspected abuse in relation to a foster carer or any member of the foster carer's household must be referred to the team manager with responsibility for child protection for the area. The team manager will inform the child protection co-ordinator of the referral, and they will decide between them who will hold a strategy discussion with the police. The team manager will inform the referrer and/or the child and parent as appropriate of the outcome of the referral.

The handling of the referral will follow the procedure set out in Part 3, with the following additional steps:

- the person receiving the referral will inform the manager of the social work

team working with the child concerned, and inform the manager of the foster care service, other authorities/departments using the placement and the independent foster care agency, where relevant;

- any immediate steps necessary to ensure the protection of all children in the household should be taken;
- a Strategy Meeting should be convened as soon as possible, but within a maximum of two working days, to be chaired at a senior level.

4.4.4.2 The Strategy Meeting

At the Strategy Meeting, possible risks to other children now or formerly in the household will be evaluated. The Strategy Meeting should be attended by:

- a senior operational manager
- the manager responsible for fostering
- the child protection co-ordinator
- the social worker for the child and the team manager
- the foster carers' social worker
- a police representative
- a legal representative for the authority
- other relevant agencies
- the person with details of the referral.

The tasks of the Strategy Meeting should include the following, in addition to the tasks of all Strategy Meetings:

- Consider the safety and needs of **all** children in the placement.
- Consider each child individually and make recommendations as to whether the foster child/children should remain with the foster carers pending Section 47 enquiries. Welfare and safety considerations as well as the views of the child should be taken into account.
- Plan additional safeguards, if the child is to remain in the foster placement while enquiries take place.
- Seek senior manager approval for the children to remain in the placement.
- Appoint an advocate for the child or children, who should be a social worker, family member or independent person. There are particular benefits to involving an independent advocate who can represent the child at all stages of the process. However, the advocate would not usually be part of Strategy Meeting unless they had information to share.
- Consider the situation of the foster carers' own children.
- Identify all children previously placed and whether there may be issues in relation to them.
- Identify what information will be given to the foster carers, when and by

NOTES

See also section 3.5

whom, regarding the allegation and Section 47 enquiries. The chair of the Strategy Meeting to confirm this information in writing to the foster carers.

- Identify who will support the foster carers during the process of investigation and how they will be kept informed. If a staff member is given this role by the Strategy Meeting, their status must be made clear to all parties to avoid confusion.
- Make arrangements to advise the foster carers that no further placements will be made during the course of the investigation.
- Decide what information should be given to parents of the child about whom there are concerns, and by whom. The child's parent(s) should be informed at an early stage of the allegation and of the procedures to be followed, and should be offered support and advocacy. The Chair of the Strategy Meeting should confirm this in writing to the parents. The disclosure of information to parents of other children in the placement should be carefully considered, particularly when a child has to be moved as the result of an allegation.
- Arrange for foster carers to verify and comment on the factual information given.
- Appoint a case co-ordinator who will receive the information on the outcome of child protection enquiries and police actions.

A full record of the meeting will be made, including any reasons for no further action.

4.4.4.3 The foster carers

The person who is supporting the foster carers should make sure that they:

- understand the concerns being expressed;
- know the procedures/protocols being operated;
- know the time scales set for the process;
- are told what support is available to them and how to contact the National Foster Care Association;
- are clearly informed of the outcome of any investigation;
- know that if the allegation culminates in a court case, witnesses, including support workers, can be called to give evidence.

4.4.4.4 After the Section 47 enquiries

An Investigation Outcomes Review/Strategy Meeting must be held following completion of the investigation to determine what should happen next.

All those who were involved in the initial Strategy Meeting, plus any other people who were directly involved in the investigation process should attend this meeting, along with the child's advocate.

This meeting will be convened by the appointed case co-ordinator and will undertake the following tasks:

- evaluate the information/findings gathered during the investigation and decide

whether to convene an initial Child Protection Conference on the foster children and/or any children of the foster carers;

- decide, on the balance of probability, whether there is substance in the allegations;
- decide whether any further action is needed in the light of the information gathered, e.g. safeguarding the children;
- consider what information should be given to the affected parties about the outcome, whether substantiated or not;
- ensure support is available where it is needed.

Within five days of this meeting, the foster carers should receive a written statement from the Chair of the Strategy Meeting giving details of:

- the nature of the allegation
- the result of the investigation
- the decisions of the Strategy Meeting.

If a Child Protection Conference is convened, the foster carers should normally be invited to attend. The extent of their involvement in the conference will be at the discretion of the conference Chair, following consultation with the child concerned and other professionals attending the meeting.

Following an investigation, or a significant incident or complaint, a review of the foster carers' approval status should always take place, whatever the outcome. The allegation and the outcome of the investigation should be recorded on the foster carers' file. Where an allegation cannot be either substantiated or disproved, Social Services will need to decide whether the approval should be continued, and if so, whether additional safeguards, training or monitoring are needed.

Foster carers removed from local registers as a direct result of the allegations, whether substantiated or not, should be listed on the Department of Health Consultancy Index maintained by the Criminal Records Bureau.

4.5 Allegations of abuse against a professional, staff member or volunteer in contact with children

4.5.1 Responding to referrals about professional abuse

This section applies to all staff employed by, or volunteers used or accredited by, any public, voluntary or private agency, whose work brings them into contact with children. This section also applies to professionals who abuse in their private capacity and, in such circumstances, careful consideration needs to be given to whether the employee presents a risk in the professional context.

All allegations of abuse of children by a professional, staff member, or volunteer should be taken seriously and treated in accordance with local ACPC child protection procedures and the *Practice Guide to Investigating Allegations of*

See the 'Code of Practice on the Recruitment, Assessment, Training, Management and Support of Foster Carers'.

Abuse against a Professional or Carer in relation to Children Looked After (National Assembly for Wales, February 2000).

Organisations outside the ACPC which provide services for children (including day care, leisure, churches, other places of worship and voluntary services) should have a procedure for handling such allegations which is consistent with this guidance and with ACPC procedures.

Allegations and suspicions of professional abuse should be referred to Social Services or the police. The social worker or police officer receiving the referral should report it to the child protection co-ordinator or, in their absence, a senior manager in Social Services. The child protection co-ordinator will inform senior management within Social Services, consider the referral and co-ordinate a response. This will include:

- notifying the relevant senior manager in the employing agency;
- discussing the referral with the police.

Where the child protection co-ordinator and the police agree that a Strategy Meeting is needed, the child protection co-ordinator will:

- convene a Strategy Meeting within 48 hours of referral;
- ensure that preliminary information gathering is undertaken prior to the Strategy Meeting.

The child protection co-ordinator should consider, with the police, whether immediate suspension of the member of staff is required in order to safeguard any child/ren. If this is thought to be necessary, the relevant senior manager in the employing agency should be informed without delay.

The child protection co-ordinator should decide which agencies should be invited to the Strategy Meeting. Those invited to attend the Strategy Meeting should be reminded of the need for investigations to be undertaken in strict confidence.

The police and Social Services are responsible for any investigation.

Following the implementation of the *Care Standards Act 2000* in April 2002, consideration should be given to inviting the regulator to the Strategy Meeting.

In all cases where abuse is alleged, the child's parents/carers should be informed at an early stage by Social Services of details of the allegations and procedures to be followed unless to do so may further endanger the child, or compromise any investigation.

4.5.2 Information to staff member

At the earliest opportunity, after consultation with the police, and provided it does not prejudice the criminal investigation, the member of staff should be informed by their line manager verbally and in writing that an allegation of abuse has been made. However, the allegation should not be discussed and direct questioning should be avoided if the police wish to interview the member of staff.

The staff member should be informed that the investigation will be carried out in

accordance with child protection procedures, and that they have a right to be accompanied at all meetings by a friend, trades union nominee or solicitor, and to receive minutes of such meetings.

The staff member should be informed that the child protection enquiries / investigation will, so far as is possible, be confidential but that information gained which is relevant to disciplinary or criminal proceedings may be disclosed for those purposes.

At the conclusion of the child protection investigation (or conference), the member of staff will be given a written statement of the allegation, together with the conclusion of the investigation.

Where any member of staff is dissatisfied with the enquiries/investigation, or the outcome reached by their own agency, they should be informed of grievance, complaints or appeals procedures which may be applicable.

4.5.3 Strategy Meeting

The immediate priorities of the Strategy Meeting are to ensure the protection and safety of the child or children, and to plan what action should be taken in relation to the member of staff. The Strategy Meeting should follow the standard procedures, with the addition of the following points:

- the Strategy Meeting should take place within 48 hours of the referral. If it cannot be convened within this time, the minutes of the meeting should include the reasons for the delay;
- the Strategy Meeting should be chaired at a senior level;
- the Strategy Meeting will consider the need for disciplinary proceedings, e.g. it may be necessary to ask the employer to suspend the person suspected of abuse. No disciplinary investigation by the employer should begin without the knowledge of Social Services and the police.

When the allegation concerns a member of staff from Social Services or the police, consideration must be given to involving an independent element to the enquiries.

It may be necessary to hold further follow-up Strategy Meetings, particularly where the initial enquiries suggest widespread abuse or complex issues. The whole process may take some months to conclude in exceptional circumstances, but delay should be kept to a minimum with timetables set and adhered to.

A Strategy Meeting should always take place at the conclusion of an investigation in order to draw the process to a close.

4.5.4 Outcomes of the Strategy Meeting

The outcomes of the Strategy Meeting may be one or more of the following:

- **Section 47 enquiries and Initial Assessment** - these may in turn lead to either an Initial Child Protection Conference, or no further action. A conference may be called on other children who have contact with the alleged perpetrator, including his or her own children, in addition to the conference on the child or

See also section 3.5

See section 3.7

children identified in the allegation.

- **a criminal investigation** - this may in turn lead to the police deciding to pass the case to the Crown Prosecution Service for prosecution, or to no further action.
- **disciplinary proceedings** - these may in turn lead to temporary or permanent suspension, a disciplinary hearing, or no further action. Child protection agencies should assist with any disciplinary process (e.g. by providing relevant evidence) to the extent that this may be done without breaching other duties.

If the outcome of the Strategy Meeting is no further action, the reasons for this decision should be recorded.

4.5.5 Investigation Outcomes Review Meeting

The case co-ordinator will convene an Investigation Outcomes Review Meeting within five days of the completion of the Section 47 enquiries. The meeting will determine whether an allegation remains in or exits from the child protection system. The meeting will be attended by those involved in the Strategy Meeting, plus relevant others who have been directly involved in the investigation process, and the child's advocate.

The Investigation Outcomes Review Meeting will:

- evaluate the information gathered during the enquiries
- decide, on the balance of probability, whether there is substance in the allegation
- decide whether any further action is needed, in the light of the information gathered;
- ensure therapeutic support is available for the child or children where needed;
- if the allegation is deemed to be unsubstantiated, record the reason for this decision.

4.5.6 Additional guidelines on childminders

Since childminders are governed by the Registration and Inspection Regulations, the membership of the Strategy Meeting should also include:

- the Registration and Inspection officer (Care Standards Inspectorate Wales(CSIW) from April 2002)
- a senior Social Services officer responsible for day care.

The Strategy Meeting will consider what action should be taken by the CSIW with regard to the suspension of the childminder's registration and what information should be shared with other parents currently using the service of the childminder. The Strategy Meeting will also:

- identify children who are currently, or have previously been, cared for by the childminder;
- consider the situation of the childminder's own children;

- decide what information will be given to the childminder about the allegation and investigation; the Chair of the Strategy Meeting will send this in writing to the childminder;
- decide what information will be given to parents/carers; the Chair of the Strategy Meeting will send this in writing to the parents/carers;
- identify the nature and levels of support which should be offered to all those involved.

During the course of the enquiries, the childminder should be encouraged to receive support from the National Childminding Association. The childminder will be kept informed as far as possible without prejudicing the effectiveness of the ongoing investigation.

4.6 Abuse by children and young people

4.6.1 Responding to abuse by children and young people

Abuse by children and young people should be treated seriously and should always be subject to a referral. Some young people will enter this process through the criminal justice system because their allegedly abusive behaviour will have initially been investigated directly by the police who must always inform Social Services. This information should be regarded as a child protection referral.

There should be a co-ordinated approach to allegations of abuse by children and young people on the part of the Youth Offending Team, Social Services, education services (including educational psychology and education welfare) and the health service (including child and adolescent mental health agencies).

The needs of children and young people who abuse others should be considered separately from the needs of their victims, and an assessment should be carried out in each case.

Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.

Children and young people who abuse others are likely to have considerable needs themselves as well as posing a significant risk of harm to other children. They may also, themselves, be in need of protection. Therefore, when abuse of a child is alleged to have been carried out by another child or young person within or outside the family, the child protection procedures must be followed in respect of the victim and **considered** in relation to the alleged abuser. The welfare of other children (for example, those living in the same residential home) should also be considered.

4.6.2 Action to be taken

Following the referral, the child protection procedures set out in Part 3 will be followed, with the following variations.

Where a case of abuse alleged to be by a child against another child occurs in a residential home, the manager of the home must be informed. He or she should make a referral to the team manager with responsibility for child protection in the area. The manager of the residential home and the child's Key Worker must attend the Strategy Meeting.

In planning the investigation it is important to ensure that:

- information relevant to evaluating the needs of both victim and abuser is collected only once, and shared;
- the investigations are sufficiently separate to ensure that the needs of and risks to each child in his or her own right are assessed, and neither child's needs or interests are treated as more important than the other's;
- account has been taken of any learning disability the child may have.

The investigation should also take account of the following factors:

- the power difference between the alleged abuser and his or her victim, which may relate to age, physical size, intellectual status or social status;
- the sophistication and age-appropriateness of the activity, given the age and understanding of the young person;
- any evidence of overt violence, sexual bullying or exploitation;
- whether any form of consent was given;
- whether there was secrecy or denial of the activity;
- the possible immediate risk posed by the alleged abuser to his or her current alleged victims and other potential victims;
- whether the alleged abuser is a "child in need of protection" who has in the past suffered or may be suffering continued abuse.

Box 21 • Abuse by children and young people and learning disability/difficulty

Any learning difficulties/disability should be assessed at the outset and appropriate advocacy should be provided during the investigation.

Although a learning disabled child may not be culpable, the child may nevertheless remain a risk.

Treatment will need to take account of the child's abilities and address the child's needs in a holistic way.

4.6.3 Initial Child Protection Conferences in cases of abuse by children or young people

An initial Child Protection Conference should be held about the victim of the alleged abuse where either

- the child's parents may have contributed to the abuse through negligence or connivance or

- the alleged abuser is considered to pose a further risk to the child.

In cases where the alleged abuser has also been identified as the possible victim of abuse and faces an ongoing risk, a separate initial Child Protection Conference should be held in respect of him or her.

The decision **not** to convene a conference should be made by Social Services with full consultation with all those agencies included in the investigation. If there is no agreement, the child protection co-ordinator should be consulted.

The conference on the alleged abuser should:

- share all available information about the young person including his or her family circumstances and the circumstances of the abusive behaviour and the nature of the offence committed, and consider whether to place the young person's name on the Child Protection Register;
- consider the level of understanding he or she has of the offence;
- within the framework of the continuing Core Assessment, decide on any further specialist assessment that may be required;
- set a date to discuss the results of the Core Assessment and any additional specialist assessments;
- ensure that the placement of the young person fully protects any victims and that the young person is supported safely;
- consider any other help that should be offered to the abuser and his or her family;
- seek the agreement of the young person and their family to whatever further intervention is needed;
- identify resources and/or agencies to carry out any intervention work;
- consider alternative forms of intervention where voluntary agreement cannot be reached, including court proceedings.

Assistance with assessment should be provided by a professional who has training and experience in this area of work.

Where a decision is made not to convene a Child Protection Conference some work with the young person and possibly their family/carers may still be recommended.

A planning meeting should be convened in cases where the alleged perpetrator has not been identified as a victim of abuse but the investigation has resulted in concern that the alleged perpetrator has acted in an abusive manner.

4.6.4 The child who becomes a suspect

A child who is being interviewed may come under suspicion of involvement in a criminal offence, perhaps by making a self-incriminating statement. The interview should be terminated and the child told that it is possible that he or she may be interviewed concerning these matters at a later time.

If the child is to be interviewed in accordance with the *Police and Criminal*

NOTES

See section 3.8

Evidence Act, he or she will be cautioned and the purpose of the interview made clear.

Where the priority is to obtain evidence from the child as a victim or witness, the interview can proceed and should follow Home Office guidance.

4.7 Allegations of abuse of looked after children who are living outside the local authority area

This procedure applies where a looked after child lives in a placement which is not directly managed by the local authority which has responsibility for the child. The child may be living in a placement provided by another local authority or an independent organisation. The local authority for the area in which the child is placed should normally undertake the Section 47 enquiries. However, there may be circumstances where the 'home' (ie responsible) authority undertakes the enquiries instead, but this can only be with the full agreement of both authorities.

An allegation or incidence of child abuse concerning a 'looked after' child placed within another local authority must be reported to the senior manager of the residential home, or the foster care manager, of the authority where the child is placed. The child protection co-ordinator for that authority must also be informed and they will notify their opposite number in the responsible authority.

The responsible authority should immediately inform the child's social worker of the incident, and the social worker will inform the appropriate team manager. If the child placed in the other local authority area is the alleged abuser, the same procedures will be followed.

The social worker will inform the child's parents of the incident and explain that child protection procedures will be followed.

The child protection co-ordinator of the authority carrying out the investigation should ensure that a Strategy Meeting is convened which will consist of the following core members:

- a senior manager of the local authority in which the child is placed, who will chair the meeting;
- police officer(s) from the relevant Family Support Unit;
- one or more Social Services representatives from relevant local authorities;
- a member of staff from the residential home or the foster care manager, whichever is relevant;
- any other professional who may have a contribution to make, especially senior professionals from each funding agency.
- The local representative of the CSIW.

The Strategy Meeting will address the issues outlined in the previous sections relating to allegations of abuse against professionals or foster carers, and in addition will need to identify:

- which professionals will take responsibility for the different parts of the enquiry;

See section 3.7

See section 3.5

- what the co-ordinating role of the responsible Authority will be in relation to the child protection enquiries, any possible criminal investigation and any staff disciplinary issues.

All decisions will be written down and circulated. Further Strategy Meetings may need to be called during the enquiries, and decisions made at those will be recorded and circulated.

Occasionally, there will be young people who are highly vulnerable or considered to be a recognised risk to other children. In such a case, senior managers of the responsible authority and the authority where the child is placed will make a joint decision on the child's future placement.

The social worker will keep the parents of the child informed throughout the child protection process. The social worker's team manager will ensure that these arrangements have been checked.

NOTES

TIMESCALES

- Referring agency reports concerns to Social Services or Police. Referring agency follows up verbal report with written referral. *Within two working days.*
- Duty worker shares referral with his/her designated officer *on the same day.*
- Initial Assessment completed *within 7 working days of receipt of the referral.*
- Where Section 47 enquiry is indicated, there is discussion with the police and a decision made about next course of action *within 24 hours.*
- Strategy Meeting convened if appropriate as soon as possible but *within 8 working days of receipt of the referral.*
- Conference convened *within 15 working days of start of Section 47 enquiries.*
- Core Assessment completed *within 42 working days of commencement of Initial Assessment.*
- Core Group convened *within 10 working days of initial conference.*
- First review conference held *within 3 months of initial conference.*
- Subsequent reviews to be held *within 6 months.*

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