

**London  
safeguarding  
children board**

A joint initiative by:  
NHS London  
Metropolitan Police Service  
London Directors of Children's Services  
Chairs of London LSCBs  
London Probation Service  
London Councils

London  
**child protection**  
procedures

4<sup>th</sup> edition, 2010

## Local contact details

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# 1 Preface and introduction

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## Preface

London's children should all be able to grow up in circumstances where they are safe and supported, so that they can reach their optimal outcomes throughout childhood, their teenage years and into adulthood.

To achieve this, agencies need to work together to promote children's welfare and prevent them from suffering harm. Children who are being or who are likely to be harmed are safeguarded best when safeguarding procedures are consistent across London.

These *London Child Protection Procedures* (the Procedures) are commissioned by the London Safeguarding Children Board on behalf of the Association of London Directors of Children's Services, the Metropolitan Police Service, NHS London, the London area of the National Offender Management Service, the NSPCC and London's third sector child care services.

The Procedures reflect extensive consultation in recent years with children's services across London, to address relevant areas of practice, legislation, national service standards and guidance, the latest research and practice-based evidence for securing the best possible outcomes for children and their families.

**This is the 4<sup>th</sup> edition of the Procedures.** It has been updated to reflect the legislation and national guidance relating to children's safeguarding introduced since 2007. In particular this 4<sup>th</sup> edition incorporates the changes set out in [Working Together to Safeguard Children \(2010\)](#). Further change is anticipated when the Munro Review<sup>1</sup> to improve child protection publishes its findings in spring 2011. At that stage suggestions for change to the Procedures collected in a London-wide consultation of children's services in early 2010 will also be considered and incorporated as appropriate.

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<sup>1</sup> Professor Eileen Munro has been commissioned by the Secretary of State to undertake an 11-month independent review to improve child protection. See the interim report at <http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf>. The final report is due April 2011.

## Purpose of the Procedures and who should read them

These *London Child Protection Procedures* set out how agencies and individuals should work together to safeguard and promote the welfare of children. Their target audience is professionals (including unqualified staff and volunteers) and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children, and operational and senior managers, in:

- Agencies responsible for commissioning or providing services to children and their families and to adults who are parents;
- Agencies with a particular responsibility for safeguarding and promoting the welfare of children.

Proposals for additions or amendments to this edition of the *London Child Protection Procedures* should be directed to the London Safeguarding Children Board at 59½ Southwark Street, London SE1 0EL; [www.londonscb.gov.uk](http://www.londonscb.gov.uk).

## Acknowledgements

The London Safeguarding Children Board would like to thank all the individuals and statutory and non-statutory agencies who have contributed their expertise and time to make this edition of the *London Child Protection Procedures* possible.

# Introduction

## 1.1 Status of the document and the Every Child Matters: Change for Children programme

- 1.1.1 This 4<sup>th</sup> edition of the *London Child Protection Procedures* sets out the procedures which all London agencies, groups and individuals must follow in order to safeguard children and promote their welfare in the home and within the community. The Procedures apply to professionals coming into contact with or receiving information about children 0 to 17 years, including unborn children and adolescents up to their 18th birthday<sup>2</sup>.
- 1.1.2 Safeguarding children and promoting their welfare means protecting them from maltreatment, preventing impairment of their health and development, and ensuring that they grow up in circumstances consistent with the provision of safe and effective care. Protective responses may be through:
- Direct service provision to children (e.g. providing education, healthcare, leisure or social care services for children);
  - Working with adults who are parents;
  - Providing any other services to adults.

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<sup>2</sup> The Children (Leaving Care) Act 2000 amends the Children Act 1989 and requires a responsible authority to continue to provide various forms of assistance to care leavers from the age of 18, if they have previously been *eligible* or *relevant* children. Also councils have powers to assist with the expenses associated with education and training up to 24 years.

- 1.1.3 This 4<sup>th</sup> edition of the Procedures incorporates the Government guidance [Working Together to Safeguard Children \(DCSF, 2010\)](http://www.everychildmatters.gov.uk/workingtogether/), available at: <http://www.everychildmatters.gov.uk/workingtogether/>.
- [Working Together \(DCSF, 2010\)](http://www.everychildmatters.gov.uk/workingtogether/) reflects the Government's [Every Child Matters: Change for Children](http://www.everychildmatters.gov.uk) programme (see [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk)), designed to support front-line professionals, planners, commissioners, senior management and leaders in all agencies to achieve the best outcomes for children. That is, for every child to:
- Be healthy;
  - Stay safe;
  - Enjoy and achieve;
  - Make a positive contribution;
  - Achieve economic well-being.

- 1.1.4 These procedures are concerned primarily with the 'staying safe' outcome, and reflect the Government's strategy of strengthening the framework for single and multi-agency safeguarding practice. This 4<sup>th</sup> edition of the Procedures draws on the supplementary guidance:

- [Safeguarding children and young people who may be affected by gang activity \(DCSF, 2010\)](#),
- [Safeguarding disabled children: Practice guidance \(DCSF, 2009\)](#),
- [Safeguarding children and young people from sexual exploitation \(DCSF, 2009\)](#),
- [Child protection, domestic violence and parental substance misuse \(DCSF, 2008\)](#),
- [Safeguarding children who may have been trafficked \(DCSF, 2007\)](#),
- [Statement on the duties of doctors and other professionals in investigations of child abuse \(DCSF and DH, 2007\)](#),
- [Safeguarding children from abuse linked to a belief in spirit possession \(DCSF, 2007\)](#),

which have now become supplements to [Working Together to Safeguard Children \(DCSF, 2010\)](#).

## The Protection of Children in England: Action Plan<sup>3</sup>

- 1.1.6 In November 2008 Lord Laming published [The Protection of Children in England: A Progress Report<sup>4</sup>](#). The report reviewed the progress that had been made across the country to implement effective arrangements for safeguarding children following from the Government response to the Victoria Climbié Inquiry. The inquiry revealed themes identified by past inquiries which resulted in a failure to intervene early enough. These included:

*Poor co-ordination; a failure to share information; the absence of anyone with a strong sense of accountability; and frontline workers trying to cope with staff vacancies, poor management and a lack of effective training (cm 5860 p.5).*

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<sup>3</sup> <http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-Laming.pdf>

<sup>4</sup> <http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf>



- 1.1.7 The Progress Report contained 58 recommendations for improvement relating to: leadership and accountability, support for children, inter-agency working, children's workforce, improvement and challenge, organisation and finance and the legal framework. The Government accepted all the recommendations and published an Action Plan to tackle them; 23 of the recommendations are addressed through the publication of [Working Together to Safeguard Children 2010](#) guidance.

### **An integrated approach**

- 1.1.8 The way to proceed in the face of uncertainty is through competent professional judgements based on a sound assessment of the child's needs, the parents' capacity to respond to those needs – including their capacity to keep the child safe from significant harm – and the wider family circumstances.
- 1.1.9 Effective measures to safeguard children are those which also promote their welfare. They should not be seen in isolation from the wider range of support and services already provided and available to meet the needs of children and families:
- Enquiries under s47 of the [Children Act 1989](#) may reveal 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 to a child, if the family so wishes;
  - If processes for managing concerns about individual children are to result in improved outcomes for children, then effective plans for safeguarding and promoting children's welfare should be based on a wide ranging assessment of the needs of the child, parental capacity and their family circumstances.

### **Shared responsibility**

- 1.1.10 Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends upon effective joint working between agencies and professionals that have different roles and expertise; or who are in different geographical areas.
- 1.1.11 Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need co-ordinated help from health, education, children's social care, the third sector and other agencies, including youth justice services.

### **Co-operation**

- 1.1.12 In order to achieve joint working there need to be constructive relationships between individual workers, promoted and supported by:
- A strong lead from elected or appointed local authority members, and the commitment of chief officers in all agencies – and in particular, the local authority's Director of Children's Services and Lead Member for children's services;
  - Effective local co-ordination by the Children's Trust or equivalent (see [1.3 Support Structures](#)), and Local Safeguarding Children Board in each area.
- 1.1.13 For those children who are suffering or at risk of suffering significant harm, or causing or at risk of causing physical or sexual harm to others, joint working is

essential, to safeguard and promote welfare of the child/ren and, where necessary, to help bring to justice the perpetrators of crimes against children. All agencies and professionals should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to children;
- Share and help to analyse information so that an assessment can be made of the child's needs and circumstances;
- Contribute to whatever actions are needed to safeguard and promote the child's welfare;
- Take part in regularly reviewing the outcomes for the child against specific plans;
- Work co-operatively with parents, unless this is inconsistent with ensuring the child's safety.

## Government guidance

1.1.14 The above elements, and others from the [\*Every Child Matters: Change for Children\*](#) programme, are supported by the five documents:

- [\*Inter-Agency Co-operation to Improve Well-being of Children;\*](#)
- [\*Guidance on the Duty to Safeguard and Promote the Welfare of Children;\*](#)
- [\*Children and Young People's Plan\*](#) (CYPP is optional but this document can be used to inform a single, strategic, overarching local plan for children's services (see [1.3 Support Structures](#)));
- [\*The Role and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services;\*](#)
- [\*Chapter 3: Local Safeguarding Children Boards in Working Together to Safeguard Children \(DCSF 2010\).\*](#)

For more information, see [www.everychildmatters.gov.uk](http://www.everychildmatters.gov.uk).

1.1.15 These should be read together with [\*Standard Five: Safeguarding and Promoting the Welfare of Children in the National Service Framework for Children, Young People and Maternity Services \(DH, 2004\)\*](#) (the Children's NSF).

The full [Children's NSF](#) is available at:

<http://www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/ChildrenServices/Childrengovernmentinformation/index.htm>

## Government initiatives

1.1.16 The reports of Government initiatives in 2009/10 aimed at supporting reduction in harm to women and children include:

- *Together We Can End Violence Against Women and Girls: a Strategy:*  
<http://webarchive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/documents/vawg-strategy-2009/index.html>
- *Rape: the victim experience review:*  
<http://webarchive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/documents/vawg-rape-review/>
- *Review into sexualisation of young people:*  
<http://webarchive.nationalarchives.gov.uk/+http://www.homeoffice.gov.uk/about-us/news/sexualisation-young-people.html>
- *Taskforce on health aspects of violence against women and children:*  
<http://www.dh.gov.uk/en/PublicHealth/ViolenceagainstWomenandChildren/index.htm>

## 1.2 Support systems

1.2.1 Effective support systems form a key component of the Government's strategy for integrated front-line working to safeguard children. The strategy includes a core set of systems and activities to be adopted by local authorities and their partner agencies:

- [Vetting and Barring Scheme](#) (currently under review)
- [Integrated Children's System](#);
- [Lead professional](#);
- [Assessment Framework](#);
- [Common Assessment Framework](#).

### Vetting and Barring Scheme<sup>5</sup>

1.2.2 The [Vetting and Barring Scheme](#) (VBS) aims to ensure that unsuitable people do not work with children, whether in paid employment or on a voluntary basis. The VBS involves the Independent Safeguarding Authority (ISA) and was created under the [Safeguarding Vulnerable Groups Act 2006](#)<sup>6</sup>. The VBS is currently under review and its implementation is suspended pending completion of the review. However, the ISA continues to carry out its work.

1.2.3 Under the VBS:

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<sup>5</sup> <http://www.isa.gov.org.uk/default.aspx?page=2>

<sup>6</sup> <http://www.legislation.gov.uk/ukpga/2006/47/contents>

- It is a criminal offence for individuals barred by the ISA to work or apply to work with children or vulnerable adults in a wide range of posts - including most NHS jobs, Prison Service, education and childcare. Employers also face criminal sanctions for knowingly employing a barred individual across a wider range of work;
- The three former barred lists (POCA, POVA and List 99) have been replaced by two new ISA-barred lists; and
- Employers, local authorities, professional regulators and other bodies have a duty to refer to the ISA, information about individuals working with children or vulnerable adults where they consider them to have caused harm or pose a risk of harm.

1.2.4 For more detail see [section 15.7.3 Independent Safeguarding Authority](#). The ISA website is [www.isa.gov.uk/](http://www.isa.gov.uk/)

## Integrated Children's System<sup>7</sup>

1.2.5 The [Integrated Children's System](#) (ICS) is the national IT system for LA children's social care to record and manage children's cases, using an e-social care record to file information from referral, assessment, planning, intervention, review and closure, for each child. The system builds on the *Looking After Children* materials<sup>8</sup> and the [Framework for the Assessment of Children in Need and their Families \(Department of Health et al. 2000\)](#) (see [section 6. Referral and assessment](#)).

1.2.6 The ICS assists the collection, analysis, retrieval and reporting of information on individual cases. It is also a management information tool for planning, commissioning and reviewing children's services. It generates the information for children's social care core information requirements. For more information, see [www.everychildmatters.gov.uk/ics](http://www.everychildmatters.gov.uk/ics).

## Team around the child and the lead professional

1.2.7 The Team around the child (TAC) is a group of professionals working together as needed to help a particular child to achieve the intended outcomes identified through a common assessment (see [section 1.2.16. Common Assessment Framework](#)). The TAC members are jointly responsible for developing and delivering the child's plan, each member being responsible / accountable to their own line manager for delivering the activities they agreed to carry out.

1.2.8 To ensure that these activities are well co-ordinated, and that there is clear communication with the child and their family, the TAC agrees (with input from the child and family) a particular practitioner who will act as the lead professional.

1.2.9 The role of lead professional can be undertaken by any front-line professional involved with a child who has the skills, experience and line management (or equivalent) support, to fulfil lead professional functions. These are to:

- Act as a single point of contact for the child and their family;
- Co-ordinate the delivery of agreed actions;

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<sup>7</sup> See Integrated Children's System improvement guidance for local authorities at: <http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/integratedchildrenssystem/ics/>  
<sup>8</sup> *Looking After Children materials: assessment and action records (DH 1995)*, introduced in order to provide local authorities with a systematic means of gathering relevant information about children looked after away from home.

- Reduce overlap and inconsistency in the services received.
- 1.2.10 The lead professional is accountable to their own agency for their delivery of lead professional functions. They are not responsible for the actions of other professionals.
- 1.2.11 Lead professionals need the knowledge, competence and confidence to:
- Develop a successful and productive relationship with the child and family (to communicate without jargon);
  - Organise multi-disciplinary and multi-agency meetings and discussions;
  - Use the [Common Assessment Framework](#) (see [section 1.2.16. Common Assessment Framework](#)) and co-ordinate the development of support plans based on the outcomes;
  - Co-ordinate the delivery of effective early intervention work and on-going support;
  - Work in partnership with other professionals to deliver the support plan.
- 1.2.12 See Team around the child (TAC) and the lead professional: practitioners' and managers' guides at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00064/>

## Assessment Framework for the Assessment of Children in Need and their Families

- 1.2.13 The [Framework for the Assessment of Children in Need and their Families \(DoH et al, 2000\)](#) (the *Assessment Framework*) provides a systematic multi-agency approach to analyse and record what is happening to a child within their family and the wider context of the community in which they live. See [section 6.3. The Assessment Framework](#) and [appendix 5](#) for a summary and diagram of the *Assessment Framework*.
- 1.2.14 The assessment stages involve gathering and analysing information about the three domains of the [Assessment Framework](#), these are the:
- Child's developmental needs;
  - Parents' or caregivers' capacity to respond appropriately;
  - Impact of the wider family and environmental factors on parenting capacity and the child.
- 1.2.15 Staff in all agencies should be competent in contributing to the assessment of a child using the [Assessment Framework](#).

## Common Assessment Framework

- 1.2.16 The [Common Assessment Framework](#) is a nationally standardised approach to conducting an assessment of the needs of a child and deciding how they should be met. It is a simple assessment checklist for use by all professionals in all agencies to clarify concerns they may have about a child and communicate and work more effectively together.
- 1.2.17 Whenever a professional in any agency becomes concerned that a child may have needs which are not being met by universal services (e.g. education and health services), the professional should complete a common assessment to help them form a judgement about whether their concern is valid.

- 1.2.18 The common assessment should not delay the process where a professional is concerned that a child is, or may be, at risk of significant harm. In such cases the professional must make a referral directly to LA children's social care using the appropriate inter-agency referral form, in line with [section 6. Referral and assessment](#).
- 1.2.19 The appropriate inter-agency form should also be used to make a referral to specialist services (e.g. LA children with disabilities teams, child and adolescent mental health services, special educational needs services etc.).
- 1.2.20 The completed common assessment should be used as a basis for single and multi-agency or multi-disciplinary discussion and decision-making. The outcomes of such discussions may be that:
- The concerns are unfounded;
  - The child needs additional support and this can be met within the single agency;
  - The child needs support from another agency, or several agencies;
  - The child should be referred for a specialist assessment (e.g. LA children's social care, child and adolescent mental health services or special educational needs assessment) or a medical diagnosis.
- 1.2.21 The [Common Assessment Framework](#) is based on the [Framework for the Assessment of Children in Need and their Families \(DH, 2000\)](#), this means that specialist assessments can easily build on the information gathered by a common assessment.
- 1.2.22 Local authorities and their partner agencies should work towards implementing the common assessment in electronic format (e-CAF, see [section 1.6. Glossary](#)) as soon as possible.

## 1.3 Support structures

### Children's trusts

- 1.3.1 Children's Trusts are currently being reviewed and the likely changes are that:
- Schools will no longer have a duty to co-operate through Children's Trusts
  - Local authorities will no longer be required to set up Children's Trust Boards
  - Children's Trusts will no longer be required to publish a local Children and Young People's Plan.
- 1.3.2 [Children's Trusts](#) bring together all services for children in an area, underpinned by the [Children Act 2004](#) duty to cooperate, to focus on improving outcomes for all children. The duty will continue with greater flexibility in the local partnership arrangements to improve children's well-being. It is possible that local areas will transfer the activities currently undertaken by the Children's Trust to an equivalent partnership arrangement, such as a Health & Wellbeing Board. See the consultation document: [Liberating the NHS: increasing democratic legitimacy in health \(July 2010\)](#)  
[http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH\\_117586](http://www.dh.gov.uk/en/Consultations/Liveconsultations/DH_117586)
- 1.3.3 Accordingly the term 'Children's Trust or equivalent' is used throughout these *Procedures*.



## Children and Young People's Plan

- 1.3.9 [Children and Young People's Plans](#) (CYPP) have become optional. However, local partners are encouraged to continue to develop a single, strategic, overarching plan for all services affecting children in the local area. This is because drawing up CYPPs has involved providing an accurate and comprehensive assessment of current needs and outcomes for local children; identifying where these outcomes could be improved, and planning how and when the improvements would be achieved.
- 1.3.10 Accordingly local partners are encouraged to continue to develop a single, strategic, overarching plan for all services affecting children in the local area. This is described in these Procedures as 'a strategy for children's services, such as a children and young people's plan'.

## 1.4 Principles underpinning these procedures

### United Nations Convention on the Rights of the Child

- 1.4.1 These procedures reflect the principles contained within the [United Nations Convention on the Rights of the Child](#), which was ratified by the UK Government in 1991 and underpins the [Every Child Matters: Change for Children](#) agenda.
- 1.4.2 The UNCRC accords children three types of rights:
- Survival and development rights: these are rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural activities and information about their rights. These rights require not only the existence of the means to fulfil the rights but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or indigenous groups.
  - Protection rights: These rights include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system.
  - Participation rights: Children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights include the right to express opinions and be heard, the right to information and freedom of association.
- 1.4.3 Key articles include:
- **Article 6** - States Parties recognize that every child has the inherent right to life and States Parties shall ensure to the maximum extent possible the survival and development of the child;
  - **Article 12** - States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child;
  - **Article 19** - States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect

or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child; and

- **Article 39** - States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: any form of neglect, exploitation, or abuse; torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

1.4.4 All agencies should promote awareness, within the community and among professionals, of children's rights under the *United Nations Convention on the Rights of the Child* through public education campaigns and training and supervision for staff all levels within the organisation. The methods used to communicate with the public should be sensitive to the cultures and languages of local community.

### Individual professional responsibility

1.4.5 Agency structures and systems and the actions of professionals working to safeguard and promote the welfare of children should reflect an approach which is:

- Child centred (see [1.4.3](#) below);
- Rooted in child development;
- Holistic;
- Informed by evidence;
- Appropriate to achieve actual outcomes for children;
- Multi-disciplinary and multi-agency as appropriate;
- A continuing process, not an event;
- Regularly reviewed;
- Ensuring equality of opportunity;
- Involving children and their families; and
- Building on strengths as well as identifying difficulties.

### A child-centred approach

1.4.6 All frontline professionals working with children have a responsibility to get to know each child as an individual and, as a matter of routine, consider how their situation feels to them. Ofsted's evaluation of 50 Serious Case Reviews conducted between 1 April 2007 and 31 March 2008 highlighted 'the failure of all professionals to see the situation from the child's perspective and experience; to see and speak to the children; to listen to what they said, to observe how they were and to take serious account of their views in supporting their needs as probably the single most consistent failure in safeguarding work with children.'

1.4.7 Since 2005, local authorities have been under a duty under the Children Act 1989 (as amended by section 53 of the Children Act 2004) to ascertain the child's wishes and feelings and give due regard to their age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These



duties complemented existing requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), those being provided accommodation (section 20(6) Children Act 1989) and children taken into police protection (section 46(3)(d)).

1.4.8 In discharging their duties under these sections, the local authority must give due consideration to the child's 'wishes and feelings' so far as is reasonably practicable and consistent with the child's welfare and giving due regard to the child's age and understanding. There will be occasions when it is not possible to ascertain the child's wishes and feelings. In these circumstances, professionals should record in writing why it was not reasonably practicable or consistent with the child's welfare to elicit his or her wishes and feelings.

1.4.9 Effective ongoing action to keep the child in focus includes:

- Developing a direct relationship with the child;
- Obtaining information from the child about his or her situation and needs;
- Eliciting the child's wishes and feelings – about their situation now as well as plans and hopes for the future;
- Providing children with honest and accurate information about the current situation, as seen by professionals, and future possible actions and interventions;
- Involving the child in key decision-making;
- Providing appropriate information to the child about his or her right to protection and assistance;
- Inviting children to make recommendations about the services and assistance they need and/or are available to them;
  
- Ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making; and
- The importance of eliciting and responding to the views and experiences of children is a defining feature of staff recruitment, professional supervision, performance management and the organisation's broader aims and development.

1.4.10 To do this depends on communicating effectively with children and young people, including those who find it difficult to do so because of their age, an impairment, or their particular psychological or social situation. This may involve using interpreters and drawing upon the expertise of early years workers or those working with disabled children.

## 1.5 The Procedures in practice

1.5.1 This document sets out procedures which all London agencies, groups and individuals must follow in identifying, raising and responding to welfare concerns when coming into contact with or receiving information about children. This may be through:

- Direct service provision to children (e.g. providing education, healthcare, leisure or social care services for children);

- Working with adults who are parents;
- Providing any other services to adults.

1.5.2 The London agencies include:

- All health services, including the London Ambulance Service;
- All other local authority services (including adults' social care, housing, education, libraries, leisure and youth services and others);
- Armed forces;
- Children's (and adults') independent sector;
- Children's (and adults') services in the third sector;
- Children and Family Court Advisory and Support Service (CAFCASS);
- Children's Fund and Connexions;
- Commission for Social Care Inspection (CSCI);
- Courts;
- Crown Prosecution Service;
- Diplomatic services;
- Immigration and Nationality Service and Refugee Council;
- LA children's social care;
- London Fire Brigade;
- Metropolitan Police Service;
- National Offender Management Service;
- Probation service;
- Schools and further education services;
- SureStart and other early years children's services';
- Office for Standards in Education, Children's Services and Skills (Ofsted);
- Youth Offending Teams.

1.5.3 These procedures are supported by a number of supplementary procedures, which should be read as extensions of this document:

- [\*Safeguarding Sexually Active Children;\*](#)
- [\*Safeguarding Children Abused through Sexual Exploitation;\*](#)
- [\*Safeguarding Trafficked and Exploited Children;\*](#)
- [\*Safeguarding Children Missing from Care and Home;\*](#)
- [\*Safeguarding Children Missing from School;\*](#)
- [\*Safeguarding Children Abused through Domestic Violence;\*](#)
- [\*Safeguarding Children Abused through Female Genital Mutilation;\*](#)
- [\*Safeguarding Children affected by Gang Activity / Serious Youth Violence.\*](#)

These can be found at the London Safeguarding Children Board's website, at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)

- 1.5.4 Other, locally developed, single and multi-agency procedures and protocols must be consistent with these *London Child Protection Procedures* and endorsed by the relevant Local Safeguarding Children Board/s.
- 1.5.5 Professionals in all organisations can access these *London Safeguarding Children Procedures* in electronic form from the London Safeguarding Children Board's website, at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk).

## 1.6 Glossary

- 1.6.1 Terminology is complex and changing as services are reshaped. Key terms used in this document are:

Term	Definition
Abuse and neglect	Forms of maltreatment of a child.
Accommodated under s20	Section 20 of the <a href="#">Children Act 1989</a> enabling a local authority to provide accommodation for a child who has no person with parental responsibility for him/her, is lost or abandoned or whose parent cannot provide suitable accommodation and care.
<u>ASSET</u>	A youth justice assessment tool comprising a main assessment, a serious harm risk assessment and a young person's self-assessment. It is used to assist in planning interventions and review progress and outcomes.
Care order	A court order under s.31 of the <a href="#">Children Act 1989</a> placing a child in local authority care to protect the child from harm they are suffering or may suffer, whilst under the care of his/her parent (and/or being beyond a parent's control).
Child	Children 0 to 17 years and adolescents up to their 18th birthday.
Child in need	Section 17 (10) of the <a href="#">Children Act 1989</a> defines a child in need as a child who, without the provision of local authority services: <ul style="list-style-type: none"> <li>• Is unlikely to achieve or maintain a reasonable standard of health or development;</li> <li>• Whose health or development is likely to be significantly impaired;</li> <li>• Or a child who is disabled.</li> </ul>
Child protection	The process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect.
Child protection enquiry	Section 47 of the <a href="#">Children Act 1989</a> gives LA children's social care a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
Children	Research and anecdotal evidence indicates that children who

perceived as 'different'	may be perceived as 'different', e.g. disabled children, children from minority ethnic groups or cultures and children with differing sexual orientations, are more vulnerable to abuse. It is therefore vital that all agencies promote equality of opportunity and anti-discriminatory practice. Failure to do so may expose particular children to significant harm.
<a href="#">Common Assessment Framework (CAF)</a>	The CAF is a standardised approach to conducting an assessment of a child's additional needs and deciding how those needs should be met. It can be used by practitioners across children's services in England. The CAF is intended to provide a simple process for a holistic assessment of a child's needs and strengths, taking account of the role of parents, carers and environmental factors on their development.  All local authority areas are expected to implement the CAF between April 2006 and the end of 2008.
Designated person for unexpected child deaths	Professional nominated by the chair of the Local Safeguarding Children Board to whom the death notification and other data on each unexpected child death should be sent.
Duty children's social worker	Professional from the LA children's social care team which receives and responds to all child concern referrals – in office hours.
e-CAF	An IT system to enable common assessment information to be shared securely with other agencies London-wide.
Emergency duty team	LA children's social care team which receives and responds to all child concern referrals – outside office hours.
Emergency protection order	A court order under s44 of the <a href="#">Children Act 1989</a> giving LA children's social care and the police the power to protect a child from harm by removing the child to suitable accommodation or preventing a child from being removed (e.g. from hospital).
First line manager	The manager with responsibility for supervising the frontline professional with case or immediate responsibility for the child, adult or family.
<a href="#">Framework for the Assessment of Children in Need and their Families</a>	The <i>Assessment Framework</i> is a systematic way for professionals to assess a child's needs and whether s/he is suffering or likely to suffer significant harm, what actions must be taken and which services would best meet the needs of the child and family. All professionals should be competent to contribute to an assessment, which is usually led by LA children's social care under the <a href="#">Children Act 1989</a> .
Fraser competence	The competency test resided by Lord Fraser, 1985 (also known as Gillick Competence), which laid down criteria for establishing whether a child, irrespective of age, had the capacity to provide valid consent to treatment (by health professionals) in specified circumstances. See <a href="#">section 3.3.15</a> , Seeking consent to share information.

Impairment of health and development	Where professionals are seeking to judge whether a child's health and development have been significantly harmed, the <a href="#">Children Act 1989</a> (s31 (10)) directs them to make a comparison with the health and development which could reasonably be expected of a similar child.
Independent Reviewing Officer (IRO)	The person who ensures that a child looked after by a local authority has regular reviews to consider the care plan and placement. The IRO's role is to ensure that the child's views are taken in to consideration and that the local authority is fulfilling its duties and functions.
Independent sector	Organisations registered with the Care Quality Commission to ensure that they meet the Government's national minimum standards for independent healthcare e.g. general, maternity and mental health hospitals, hospices, private doctors, pregnancy termination clinics, any establishment that provides medical treatment under anaesthesia or sedation etc
Interim care order	A court order under s38 of the <a href="#">Children Act 1989</a> where, during the proceedings of a care order, the court adjourns, and [usually] the court directs an investigation into the child's circumstances.
Independent Safeguarding Authority (ISA)	The ISA has a role within the Government's Vetting and Barring Scheme to make independent barring decisions and place or remove individuals on either the ISA's Children's Barred List or the ISA's Vulnerable Adult's Barred List, or both.
Key worker	The key worker has an important role that involves administration, information, co-ordination and the professional management of a case. Their prime responsibility is to maintain a child protection focus to the work being undertaken with families and to maintain and co-ordinate the core group, who will ensure the progress of the child protection plan.
Local authorities (LA)	In this guidance this generally means local authorities that are children's services authorities – effectively, a London borough council responsible for social services and education.
LA children's social care	The work of local authorities exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department.
LA child protection adviser	The LA social care officer who provides off-line advice, oversees the cases of children subject to child protection plans and / or chairs of child protection conferences.
LA designated officer (LADO)	The LA senior officer with designated responsibility for coordinating policy and action on child protection across LA maintained schools, providing advice to them and representing the LA on the LSCB.
LA social worker or child's social	Social care qualified professional with case responsibility.

worker	
<a href="#">Lead professional</a>	The practitioner who has the most ongoing contact with a child at the time <i>and</i> who is nominated to co-ordinate the professional network to support the child.
Nominated safeguarding children adviser	The person in each agency who has responsibility for child protection issues in that agency and provides child protection advice to frontline professionals / clinicians, e.g. child protection lead in schools, designated and named doctors and nurses etc.
Onset	A youth justice prevention tool for implementation in 2007. It assists in identifying risk factors to be reduced and protective factors to be enhanced, to support a choice of preventative interventions for young people.
Parent	Parent or carer, including a person with a Special Guardianship Order or Residence Order. In <a href="#">section 12. Unexpected death of a child</a> the term includes foster parents and the LA for children in care.
Powers of Police protection	Section 46 of the <a href="#">Children Act 1989</a> giving the police powers to protect a child from harm by removing the child to suitable accommodation or preventing a child from being removed (e.g. from hospital).
Professional	Any individual working in a voluntary, employed, professional or unqualified capacity, including foster carers and approved adopters.
Risk to children	Description of an adult or child who has been identified (by probation services / Youth Offending Teams, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child (replaces the term Schedule 1 Offender).
Safeguarding and promoting the welfare of children	The process of: <ul style="list-style-type: none"> <li>• Protecting children from maltreatment;</li> <li>• Preventing impairment of children's health or development;</li> <li>• Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;</li> <li>• Undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.</li> </ul>
Senior manager	Manager in any agency above first line manager.
Should and must	These terms are used interchangeably in the procedures.
Significant harm	There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the

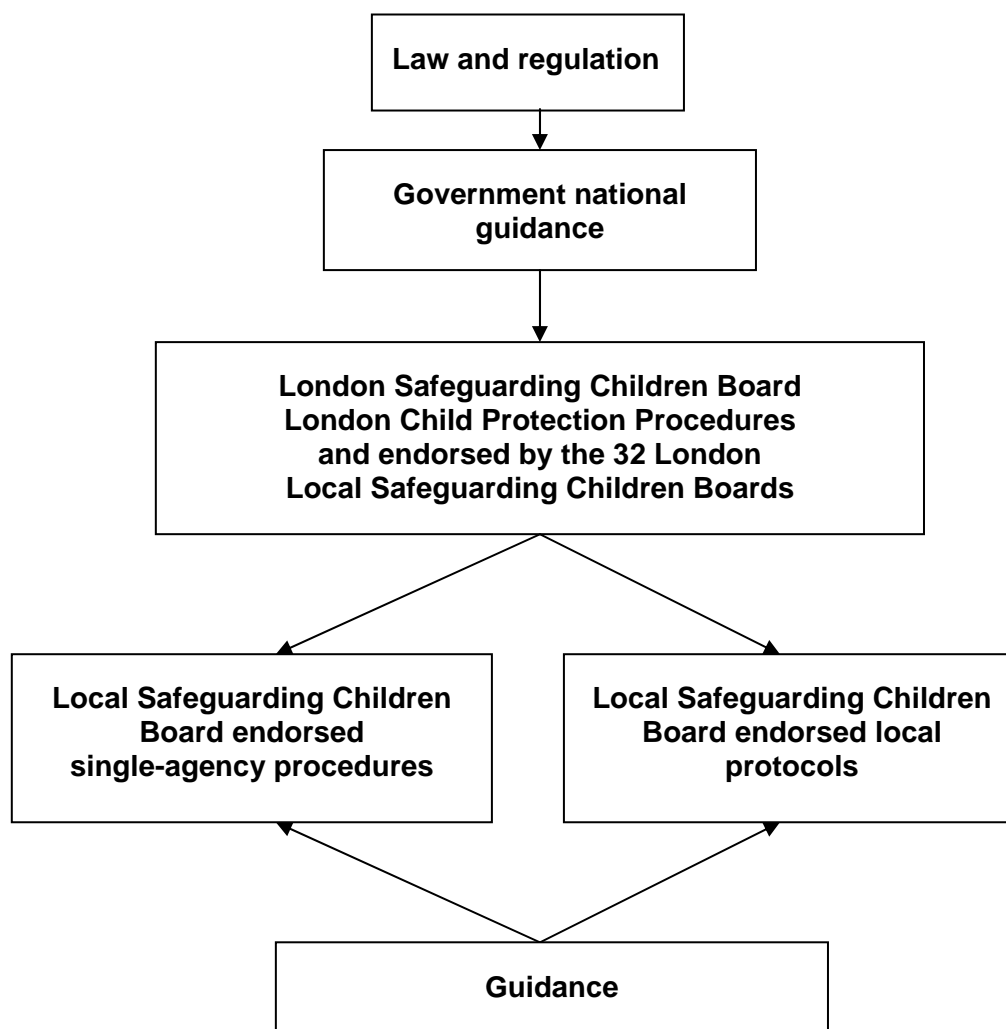
	<p>extent of premeditation, and the presence or degree of threat, coercion, sadism, and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports.</p>
Staff / staff member	<p>Any individual/s working in a voluntary, employed, professional or unqualified capacity, including foster carers and approved adopters.</p>
Supervising social worker	<p>LA or third sector social worker supporting foster carers (also known as link or family placement worker or fostering officer).</p>
Team around the child	<p>The group of professionals working together as needed to help a child achieve the intended outcomes identified through a common assessment.</p>
Third sector	<p>Non-governmental organisations that are value driven and which principally reinvest their surpluses to further social or cultural objectives e.g. voluntary and community organisations, charities, social enterprises, co-operatives and mutuals.</p>
Vetting and Barring Scheme (VBS)	<p>The VBS is designed to help prevent unsuitable people from working with children and vulnerable adults. Employers are under a statutory obligation to ensure that everyone they hire, who is working in a 'regulated activity', is registered with and has been cleared by the VBS.</p>
Well-being	<p>The achievement of the best outcomes for children. That is, for every child to:</p> <ul style="list-style-type: none"> <li>• Be healthy;</li> <li>• Stay safe;</li> <li>• Enjoy and achieve;</li> <li>• Make a positive contribution;</li> <li>• Achieve economic well-being;</li> <li>• Not cause harm to others.</li> </ul>
Working day	<p>Timescales in these procedures relate to the working day i.e. from 09.00hrs to 17.00hrs on Monday to Friday, unless otherwise expressed (e.g. 24 hours).</p>



## 1.7 Policy, procedures, guidance and protocols

### Definitions

- 1.7.1 Government issued national guidance, such as [Working Together to Safeguard Children 2006](#), interprets UK law and legislation for agencies and services, such as local authorities, the police, health or other services, in a particular area of service delivery.
- 1.7.2 Local authorities, the police, health or other services develop policies which describe the agency or service's strategy in a particular area of service delivery or organisation; policies may be aspirational.
- 1.7.3 Procedures describe what staff must do in particular circumstances and to an extent how they must do it; procedures define the limits of professional discretion. Failure to follow procedure may be a disciplinary offence. When something goes wrong, if staff have followed procedure they will usually be deemed to have acted appropriately.
- 1.7.4 Protocols set out agreements between different agencies or parts of the same agency, about particular issues; protocols describe what each agency can expect of the other/s. Protocols have the same status as procedures, that is, failure to follow protocol may be a disciplinary offence.
- 1.7.5 Guidance gives staff practical and / or theoretical advice on the best way of approaching an issue or carrying out an activity.





## **2 Roles and responsibilities**

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## 2.1 Introduction

- 2.1.1 This section outlines the main roles and responsibilities of statutory agencies, professionals and the third sector in safeguarding and promoting the welfare of children.

## 2.2 Statutory duties

### Duty to safeguard children and promote the welfare of children

- 2.2.1 ‘Safeguarding children is everyone’s responsibility’<sup>9</sup>  
Professionals in all agencies that work with children and / or adults who have parenting responsibilities share a commitment to safeguard and promote their welfare, and for many agencies this is underpinned by a statutory duty or duties. Local authorities which are children’s services authorities have a number of specific duties to organise and plan services and safeguard and promote the welfare of children.
- 2.2.2 Local authorities, district councils, NHS bodies (Strategic Health Authorities (SHAs), designated Special Health Authorities, Primary Care Trusts (PCTs), NHS trusts, and NHS foundation trusts), the Police (including the British Transport Police), probation and prison services (under the National Offender Management Service (NOMS) structure), Youth Offending Teams (YOTs), secure training centres and Connexions – the relevant partners – have a duty under section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.
- 2.2.3 Guidance for these agencies about their duty under s11 is contained in [Making Arrangements to Safeguard and Promote the Welfare of Children \(DCSF, 2007\)](#).
- 2.2.4 Local authorities also have a duty to carry out their functions under the Education Acts with a view to safeguarding and promoting the welfare of children under s175 of the [Education Act 2002](#). Under s175 of the [Education Act 2002](#), maintained (state) schools and Further Education (FE) institutions, including Sixth Form Colleges, also have a duty to exercise their functions with a view to safeguarding and promoting the welfare of their pupils (students under 18 years of age in the case of FE institutions).

<sup>9</sup> *Making Arrangements to Safeguard and Promote the Welfare of Children (DfES 2005)*, [www.everychildmatters.gov.uk/resources-and-practice/](http://www.everychildmatters.gov.uk/resources-and-practice/)

The same duty is put on Independent schools, including Academies and technology colleges, by regulations made under s157 of the 2002 Act.

- 2.2.5 Guidance to local authorities, schools, and FE institutions about these duties is in [Safeguarding Children in Education \(DfES, 2004\)](#) and [Safeguarding Children and Safer Recruitment in Education \(DfES, 2006\)](#), both at: [www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/](http://www.teachernet.gov.uk/wholeschool/familyandcommunity/childprotection/)
- 2.2.6 In addition, under s87 of the [Children Act 1989](#) independent schools which provide accommodation for children also have a duty to safeguard and promote the welfare of those pupils. Boarding schools, residential special schools, and further education institutions which provide accommodation for children under 18 must have regard to the respective National Minimum Standards for their establishment. See [www.ofsted.gov.uk](http://www.ofsted.gov.uk).
- 2.2.7 The Children and Family Court Advisory and Support Service (CAFCASS) also has a duty under s12(1) of the [Criminal Justice and Court Services Act 2000](#) to safeguard and promote the welfare of children involved in family proceedings in which their welfare is, or may be, in question.

### **Duty to co-operate to safeguard and promote the welfare of children**

- 2.2.8 The relevant partners (see 2.2.2 above) have a duty under section 10 of the Children Act 2004 to co-operate in the making of arrangements to improve children's well-being. In line with the duty, local authorities and their partners, must have arrangements in place to facilitate partnership working with each other and with parents, to improve children's wellbeing in relation to the five outcomes (see section [1.1.3 Every Child Matters: Change for Children](#)).

## **2.3 Responsibilities shared by all agencies**

### **Systems and arrangements to safeguard and promote the welfare of children**

- 2.3.1 To fulfil their responsibilities to safeguard and promote the welfare of children all organisations that provide services for children, parents or families, or work with children, should have in place:
- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in key policy documents and commissioning strategies;
  - clear commitment by senior management to the importance of safeguarding and promoting children's welfare through both the commissioning and the provision of services;
  - A culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development and improvement of services;
  - A clear line of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children;
  - Recruitment and human resources management procedures and commissioning processes, including contractual arrangements, that take account of the need to safeguard and promote the welfare of

children, including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers (see [section 17. Safer recruitment](#));

- A clear understanding of how to work together to help keep children safe in relation to the new technologies by being adequately equipped to understand, identify and mitigate the risks of new technology;
- Procedures for dealing with allegations of abuse against members of staff and volunteers or, for commissioners, contractual arrangements with providers that ensure these procedures are in place;
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively (including training to follow these *London Child Protection Procedures*), and keep this up to date by refresher training at regular intervals; and that all staff, including temporary staff and volunteers who work with children, are made aware of both the establishment's arrangements and their responsibilities for safeguarding and promoting the welfare of children (see [section 16. Supervision and training](#));
- Staff receive regular supervision, sufficient to support staff to recognise children in need of support and / or safeguarding, and which is appropriate to their responsibilities within the organisation (see [section 16. Supervision and training](#));
- Policies for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy in line with these *London Child Protection Procedures*, which are known and easily accessible to all staff. Also, effective complaints procedures and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures;
- Their agency has internal safeguarding children policies and procedures, which are in line with these *London Child Protection Procedures*, which are known and easily accessible to all staff;
- Staff have easy access during service delivery times to the agency's nominated safeguarding children adviser (and in the NHS, also access to their organisations named professionals and the PCT designated professionals);
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information (see paragraph 2.12); and
- Arrangements for effective internal and external challenge, conflict resolution and complaint in relation to delivery of services (see [section 18. LSCBs, quality assurance and conflict resolution](#)).
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

## **Staff / professional competence**

2.3.2 All agencies whose staff come into contact with children in their daily activities, and / or who provide services to adults who are parents, must ensure their staff are familiar with these *London Child Protection Procedures*. The agencies and the professionals themselves must ensure that they are competent to:

- Understand the risk factors and recognise children in need of support and / or safeguarding (see [section 4. Recognition and response](#) and [section 5. Children in specific circumstances](#));
- Recognise the needs of parents who may need extra help in bringing up their children, and know where to refer for help (see [section 4. Recognition and response](#) and [section 5. Children in specific circumstances](#));
- Recognise the risks of abuse to an unborn child (see [section 4. Recognition and response](#) and [section 5. Children in specific circumstances](#));
- Understand the risks posed by and needs of children who harm others (see [section 5.18. Harming others](#));
- Access immediately contact details of the agency's nominated child protection adviser from whom child protection advice can be sought;
- Actively promote a culture of listening to and engaging in dialogue with children and actively seeking their views in ways appropriate to their age and understanding;
- Respond sensitively to the needs of children and their families from a range of racial, cultural, religious or linguistic backgrounds;
- Understand the roles and responsibilities of other departments and agencies in safeguarding children and refer children to them appropriately;
- Contribute to enquiries from other professionals about a child and their family (see [section 7. Child protection enquiries](#), [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#));
- Liaise closely with other professionals internally and in other agencies and take the lead professional role in multi-agency networks as appropriate (see [section 3. Sharing information](#) and [section 1.6. Glossary](#));
- Assess the needs of children and the capacity of parents to meet their children's needs (see [section 5. Children in specific circumstances](#), [section 6. Referral and assessment](#) and [section 13. Risk management of known offenders](#));
- Plan and respond appropriately to the needs of children and their families, particularly those who are vulnerable (see [section 5. Children in specific circumstances](#), [section 6. Referral and assessment](#) and [section 13. Risk management of known offenders](#));
- Contribute to child protection conferences, family group conferences<sup>10</sup> (in some areas referred to as family group meetings) and strategy meetings / discussions (see [section 7. Child protection enquiries](#), [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#));

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<sup>10</sup> Family group conferences are conferences where the professionals help the family use their knowledge and experience to make sure the child is safe where they live and can develop as an individual. The child is encouraged to take part in the decisions that directly affect them.

- Contribute to planning support for children at risk of significant harm (see [section 7. Child protection enquiries](#), [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#));
- Help ensure that children who are suffering or at risk of suffering harm through abuse or neglect, and parents under stress, have access to services to support them (see [section 5. Children in specific circumstances](#));
- Contribute actively, through the child protection plan, to safeguarding children from significant harm (see [section 9. Implementation of child protection plans](#));
- As part of generally safeguarding children, provide ongoing promotional and preventative support through proactive work with children, families and expectant parents (see [section 18. LSCBs, quality assurance and conflict resolution](#));
- Contribute to serious case reviews and their implementation (see [section 19. Serious case reviews](#)).

## Competence in using the CAF

- 2.3.3 The Children's Trust Board or equivalent should have clear arrangements in place for implementing the CAF locally.
- 2.3.4 All agencies whose staff come into contact with children in their daily activities, and / or who provide services to adults who are parents, must ensure their staff are aware of the CAF and how it is used, and that there are enough people in their agency with the necessary skills, training and support to undertake a CAF. Professionals' understanding should reflect that the CAF form is not a referral form, although it may be used to support a referral or specialist assessment. The absence of a CAF should not be a barrier to accessing services.

## Being alert to children missing or not enrolled at a school

- 2.3.5 Professionals in all agencies providing services to children and families should be alert to:
- A parent being accompanied by their child/ren during school hours;
  - A child who has not attended school for a while or is not on a school roll (this information may be disclosed).

In these cases, professionals should ask for the child's address and date of birth, and refer the information to the local authority education service for the area indicated by the child's address see London supplementary procedure [Safeguarding Children Missing from School, \(London Board 2006\)](#).

## Nominated safeguarding children adviser

- 2.3.6 All agencies working with children or with adults who are parents must appoint one or more senior members of staff, or clinician, nurse, governor and / or volunteer, to lead on all safeguarding children issues for the agency. Where there is only one nominated safeguarding children adviser, the agency should appoint a deputy nominated safeguarding children adviser to cover absences.
- 2.3.7 Appointment as a safeguarding children adviser does not, in itself, signify responsibility personally for providing a full service for child protection. This will usually be done through the agency's safeguarding children arrangements.



- 2.3.8 The nominated safeguarding children adviser must be fully conversant with their agency's safeguarding and child protection accountability structures.
- 2.3.9 The nominated safeguarding children adviser/s and deputies should be provided with relevant child protection training. Nominated safeguarding children advisers and their deputies must undergo regular supervision and refresher training in child protection.
- 2.3.10 Examples of persons who may be nominated safeguarding children adviser/s include:
- Schools – a member of the senior management team (usually a qualified teacher) and a governor.
  - Health services – designated and named doctors and designated and named nurses (see also [section 2.11.23 Nominated safeguarding children adviser \[Primary Care Trusts\]](#) and [section 2.11.100 Named professionals in Mental Health Trusts](#)):
    - a lead board level director
    - a senior lead for children in service planning and commissioning
    - a public health professional for safeguarding children
    - a named midwife (in maternity services)
    - a health professional or social worker (in Mental Health Trusts)
  - Local authority – a nominated adviser in each department / service (children's social care, education, housing leisure etc.);
  - Third sector – in large agencies a specialist person, in small agencies, the manager or leader and in all agencies, a trustee / board member or equivalent;
  - Police – a nominated adviser in each Borough Command Unit and from the respective child abuse investigation unit.
- 2.3.11 The term nominated safeguarding children adviser, as it is used in *these London Child Protection Procedures*, describes persons appointed at an operational, strategic or commissioning level or with responsibilities encompassing elements of operations, strategy, commissioning or providing consultation and advice.
- 2.3.12 At an operational level, in general, a nominated safeguarding children adviser's responsibilities include:
- Ensuring these *London Child Protection Procedures* and the agency specific procedures are easily accessible to all staff and volunteers;
  - Keeping all staff updated with current procedure and practice, ensuring all new and temporary staff receive the necessary training to familiarise them with their child protection responsibilities;
  - Referring any concerns as soon as they arise to LA children's social care in line with [section 6. Referral and assessment](#);
  - Monitoring the use of services / attendance and the development and wellbeing of children who are the subject of child protection plans;
  - Alerting senior management to any deficiencies which come to light in the agency's arrangements to safeguard and promote the well-being of children;
  - Maintaining accurate and secure child protection records;

- Being a source of advice and expertise on child protection matters to all staff at the point of need;
- Promoting good practice and effective communication internally between different sections, departments, disciplines and services and externally between agencies, on all matters relating to the protection of children;
- Ensuring arrangements are in place for child protection training for all staff involved in providing services to children and families and vulnerable adults who are parents and/or who may pose a risk to children;
- Ensuring arrangements are in place for child protection supervision of all staff involved in providing services to children and families and vulnerable adults who are parents and / or who may pose a risk to children;
- Ensuring child protection is an integral part of the agency's risk management strategy and that key staff are aware of the thresholds for triggering child protection enquiries and an assessment of risk of harm;
- When necessary, conducting the agency's internal case reviews (except when they have had personal involvement in the case, when it will be more appropriate for the deputy / designated professional to conduct the review). The named professional will also be able to ensure the resulting action plan is followed up;
- Developing, monitoring and reviewing internal agency procedures, specifications and standards, in line with these *London Child Protection Procedures* and government guidance and regulations, for child protection practice;
- Ensuring there are effective systems of child protection audit to monitor the application of agreed child protection standards.

These responsibilities are in line with what is expected of a named professional in health services, see also [section 2.11.23 nominated safeguarding children adviser](#).

2.3.13 At a strategic level, in general, a nominated child protection adviser's responsibilities are to:

- Provide the strategic lead on all aspects of the agency's contribution to safeguarding children within the area, e.g. the Primary Care Trust (PCT) area, Local Safeguarding Children Board area, probation area, as appropriate;
- Support the named professionals in meeting child protection specifications;
- Provide professional advice on child protection matters to the multi-agency network;
- Represent the agency on the Local Safeguarding Children Board and ensuring each department / service / Trust has a specified link to the Local Safeguarding Children Board;
- Monitor, evaluate and review the agency's contribution to the protection of children;
- Collaborate with the Local Safeguarding Children Board/s in each local authority area and the operational nominated child protection adviser in



other departments / services / Trusts in reviewing the agency's involvement in serious incidents which meet the criteria for serious case reviews;

- Ensure the training needs of the agency's staff are addressed by promoting, influencing and developing relevant training, on both a single and inter-agency basis;

These responsibilities are in line with what is expected of a designated professional in health services.

2.3.14 Other strategic responsibilities which a nominated safeguarding children adviser may have include:

- Prioritising the promotion of children's welfare and safeguarding in the agency's internal and inter-agency strategic planning;
- Ensuring the needs of children and their families are kept to the fore whenever services are being reviewed, planned, developed and / or commissioned.

These responsibilities may be in line with the expectations of a lead director, a senior lead person for children in service planning and commissioning or a head teacher.

### **Out-of-hours services**

2.3.15 Each agency's out-of-hours (out of office hours) arrangements for the provision of services to children and families will vary according to the nature of the service provided.

Nevertheless, all agencies providing an out-of-hours service must ensure the professionals working out-of-hours are competent and enabled to follow these *London Child Protection Procedures*.

2.3.16 Where an agency provides an out-of-hours service:

- All daytime services must ensure the out-of-hours service is provided with, or has timely access to, sufficient information relevant for them to safeguard and promote the welfare of individual children for whom the daytime service has particular concerns in relation to risk of harm;
- The out-of-hours service should ensure all relevant information obtained and actions taken out of office hours are transmitted without delay to the relevant sections within daytime services as appropriate.

2.3.17 All professionals whose primary responsibility is to provide services to adults should always consider the safety and welfare of any dependent or vulnerable children, including unborn children.

### **Working with the public / local communities**

2.3.18 The effectiveness of professional agencies in safeguarding children and promoting their welfare is dependent on the public / local community being knowledgeable and confident about:

- What constitutes neglect and maltreatment in the context of promoting optimal development for children and also in terms children's rights and UK law; and
  - What local services are available and how to access and engage in partnership with them; and
  - How to participate in planning and reviewing the services.
- 2.3.19 All agencies, and London Local Safeguarding Children Boards, have a responsibility to provide the public / local community with information and facilitate access and partnership in safeguarding local children.
- 2.3.20 LSCBs can access an LSCB Induction Training Pack (at [www.londonscb.gov.uk/](http://www.londonscb.gov.uk/)) designed to be used by trainers with experience of safeguarding children and who are familiar with the London Child Protection Procedures and with the procedures to be followed within their own organisation. The target group of participants is those workers or volunteers within any organisation who are in contact/work with children and young people and adults who are parents/carers. These will be people who are in a position to identify concerns about maltreatment, including those which may come to light during assessment under the Common Assessment Framework (CAF). See section [1.2.17 Common Assessment Framework](#).
- 2.3.21 All agencies, and London Local Safeguarding Children Boards, should ensure that their staff are competent to assist any member of the public who is concerned a child may be at risk of abuse or neglect, or is/was themselves a neglected or abused child, to contact:
- LA children's social care; or
  - The police; or
  - The NSPCC's 24 hour Child Protection Helpline or the NSPCC's 24 hour national children's help line ChildLine; see [sections 2.23.15 and 2.23.16](#).

LA children's social care contact details need to be clearly signposted, including on local authority websites, on notice boards in schools, health centres, public libraries and leisure centres, and in telephone directories.

## 2.4 LA children's service authorities

- 2.4.1 As part of exercising statutory responsibilities, and in order to ensure that specialist services are commissioned effectively, it is important that local authorities work through the Children's Trust Board or equivalent, and wider co-operation arrangements to agree, in consultation with the LSCB:
- Governance arrangements and systems to support commissioning of specialist services between relevant partners;
  - A strategic approach to understanding needs, including a sophisticated analysis of data and effective engagement with children, young people and families;
  - A strategic approach to understanding the effectiveness of current services, and identifying priorities for change – including where services need to be improved, reshaped or developed;
  - Integrated and effective arrangements for ensuring that priorities for change are delivered through a children and young people's strategic plan by the Children's Trust or equivalent, partners; and

- Integrated and effective approaches to understanding the impact of specialist services on outcomes for children, young people and families, and using this understanding to constructively challenge progress and drive further improvement.
- 2.4.2 All services that are commissioned and / or delivered by the local authority will have an impact on the lives of children and families, and local authorities have a particular responsibility towards those children and families most at risk of social exclusion. Local authorities, together with their Children's Trust or equivalent, partners, should look closely at any opportunity to integrate and co-locate services.
- 2.4.3 In order to ensure that children are protected from harm, local authorities commission, and may themselves provide a wide range of care and support for:
- Adults, who may in turn be parents or carers of children and young people;
  - Children and families, including those groups whose needs may not be immediately obvious such as disabled children, children involved in gangs, unaccompanied asylum-seeking children and children within the immigration system;
  - Older people;
  - People with physical or learning disabilities;
  - People with mental health problems;
  - People with substance misuse problems;
  - Ex-offenders and young offenders, including those in custody and their families;
  - Families, especially where children have special needs, and/or where children are growing up in special circumstances as set out in the *national service framework for children young people and maternity services*<sup>11</sup> and families experiencing multiple and complex problems;
  - Adults and children affected by domestic violence;
  - Children who need to be looked after by the local authority, through fostering or residential care; and
  - Children who are placed for adoption.
- 2.4.4 Arrangements local authorities make to safeguard and promote the welfare of children should include services for:
- Children excluded from school / receiving alternative provision;
  - Home educated children; and
  - Children in custody<sup>12</sup>.

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[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089101](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089101)

<sup>12</sup> The home local authority of a child or young person in custody retains continuing responsibility for safeguarding them and promoting their welfare.

## 2.5 LA children's social care

2.5.1 In order to fulfil their obligations to safeguard children and promote their welfare, LA children's social care must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.5.2 London Local authorities are all 'children's services authorities' which have a number of specific duties to organise and plan services to safeguard and promote the welfare of children. These duties fall within the remit of the Director of Children's Services (DCS) under section 18 of the Children Act 2004. It is essential that the DCS, or senior managers reporting to the DCS, have relevant skills and experience in, and knowledge of, safeguarding and child protection, and that they provide high quality leadership in this area as part of the delivery of effective children's social care services as a whole.

2.5.3 The local authority is required to ensure that children in its area are protected from significant harm. Any child at risk of significant harm is invariably a child in need in terms of s17, [Children Act 1989](#). The local authority has a general duty under the [Children Act 1989](#) to safeguard and promote the welfare of children who are in need and, so far as it is consistent with that duty, to promote the upbringing of such children by their families by providing services appropriate to the child's needs. They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language, and where practicable, take account of the child's wishes and feelings.

2.5.3 Local authorities, with the help of other agencies as appropriate, also have a duty (s47, [Children Act 1989](#)) to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

2.5.4 Where a child is at risk of significant harm, LA children's social care professionals are responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote their welfare, and of the wider family circumstances.

2.5.5 Local authorities also have responsibility for safeguarding and promoting the welfare of children who are excluded from school, or who have not obtained a school place (e.g. children in pupil referral units or being educated by the authority's home tutor service). They should also:

- Ensure that maintained schools give effect to their responsibilities for safeguarding;
- Make available appropriate training, model policies and procedures;
- Provide advice and support;
- Facilitate links and co-operation with other agencies.

Local authorities will normally extend these functions to any non-maintained special schools in their area.

2.5.6 LA children's social care professionals and Local Safeguarding Children Boards should offer the same level of support and advice in relation to safeguarding and promoting the welfare of pupils to independent schools, further education colleges and non-maintained special schools in their area.

2.5.7 It is particularly important that LA children's social care and Local Safeguarding Children Boards establish channels of communication with local independent schools, including independent special schools, so children requiring support receive prompt attention and any allegations of abuse can be properly investigated.

2.5.8 LA children's social care services have the following responsibilities:

- To be the principal point of contact for children about whom there are welfare concerns;
- To be available to be contacted directly by children, parents or family members seeking help, concerned friends and neighbours, or by professionals and others;
- To assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm;
- To make enquiries under s47 of the [Children Act 1989](#) wherever there is reason to suspect that a child in the LA area is at risk of significant harm;
- To convene and chair child protection conferences;
- To maintain a list (accessible to relevant agencies) of children resident in the area, including those who have been placed by another local authority or agency, who are considered to be at continuing risk of significant harm and for whom there is a child protection plan;
- To provide a key worker for every child who has a child protection plan;
- To ensure the agencies who are party to the protection plan co-ordinate their activities to protect the child;
- To undertake a core assessment in relation to each child with a child protection plan, ensuring other agencies contribute as necessary to the assessment and that assessments take account of key issues (e.g. domestic violence or neglect);
- To convene regular reviews of the child's progress through both core group and child protection conference review meetings;
- To instigate legal proceedings in accordance with these *London Child Protection Procedures* and other relevant procedures.

## Standards in LA children's social care

### National minimum standards

2.5.9 The [national minimum standards](#) for children's social care set a minimum level of service for each element of providing a care service. They are not enforceable by law, but are important guidelines to assist children's services providers, inspectors and children and families who use services to judge the standard of the service.

## Office for standards in education, children's services and skills (Ofsted)

- 2.5.10 [Ofsted](#) is the lead children's social care inspectorate, with responsibility for inspecting to ensure that children's social care providers meet minimum national standards in safeguarding and promoting children's welfare and well-being. Providers will also be expected to have knowledge of child protection, including signs and symptoms and what to do if abuse or neglect is suspected.
- 2.5.11 Ofsted's responsibilities include:
- The registration and inspection of childcare;
  - The registration and inspection of arrangements for the care and support of children and young people;
  - The inspection of all maintained and some independent schools;
  - Joint Area Reviews (JARs) and annual performance assessments (APAs) of local children's services provision;
  - Inspection of further education;
  - Inspection of all publicly funded adult learning and skills and some privately funded training provision;
  - Inspection of teacher training;
  - Inspection of adoption and fostering agencies.
- 2.5.12 If during an inspection inspectors become concerned with respect to a child or children's safety and well-being, Ofsted must contact LA children's social care and, in consultation with the LA children's social care services, consider whether any action needs to be taken to protect children attending / receiving a service from that registered provision.
- 2.5.13 Ofsted must be informed when a child protection referral is made to the LA children's social care regarding a person who works in any of the services regulated by the CSCI or Ofsted.
- 2.5.14 Ofsted should be invited to any strategy meetings / discussions convened due to concerns or allegations about professionals in regulated settings.

### Joint Area Reviews

- 2.5.15 The [Children Act 2004](#) provides for Joint Area Reviews (JARs) of services for children and young people in a local authority area. The purpose of JARs is to evaluate the way local services, taken together, contribute to children growing up in the local area being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being.
- 2.5.16 JARs give particular attention to any areas deemed to be weak and to safeguarding looked after children, and children and young people with learning difficulties and/or disabled children. Included in this is an evaluation of the quality, management and leadership of local partnership working, made in line with the requirements of the [Children Act 2004](#), to improve outcomes for local children and their families.
- 2.5.17 LA partner agencies should be fully involved in the arrangements for the JAR. They will have been involved in formulating and reviewing the local Children and Young People's Plan, which provides evidence for the review, and they should also be involved in responding to the inspection report and subsequently devising the written statement of proposed action.

### Third sector services



- 2.5.18 JARs will evaluate the contribution of services provided by the third sector to the outcomes achieved by children and young people. Judgements will be made on the extent to which third sector organisations are engaged with other partners in decisions about the strategic development of provision, and how far appropriate action has been taken to build on the capacity of third sector providers to provide high quality services that offer value for money.

## Duty to prevent crime and disorder

- 2.5.21 Local authorities have a duty under s.17 of the [Crime and Disorder Act 1998](#) to do all they reasonably can to prevent crime and disorder in the exercise of their functions.

## 2.6 LA adult social care

- 2.6.1 In order to fulfil their obligations to safeguard children and promote their welfare, LA adult social care must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.6.2 Those who work with adults in social care services must consider the implications of service users' behaviour for the safety and well being of any dependent children and / or children with whom those adults are in contact.
- 2.6.3 LA adult social care professionals who receive referrals about adults who are also parents or expectant parents must consider if there is a need to alert children's services to a child or unborn child who may be 'in need' or 'at risk of significant harm'.
- 2.6.4 LA adult social care must establish and maintain systems so that:
- Managers within adult services can monitor those cases which involve dependent children;
  - There is regular, formal and recorded consideration of such cases between managers in both LA adults' and children's social care;
  - Where both LA adults' and children's social care are providing services to a family, staff share information in a timely way, undertake joint assessments and agree interventions.
- 2.6.5 Once action is taken under child protection procedures (and regardless of whether the work is undertaken jointly or separately) LA children's social care becomes responsible for co-ordinating this.
- 2.6.6 For all joint-work between LA adult social care and LA children's social care there should be clear joint working procedures on information sharing and referring, as well as ongoing sharing of information and feedback.

## 2.7 LA housing authorities and social landlords

2.7.1 In order to fulfil their obligations to safeguard children and promote their welfare, LA housing authorities and social landlords must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.7.2 Housing and homelessness staff in local authorities and housing managers (whether working in a LA or for a social landlord) can play an important role in safeguarding and promoting the welfare of children<sup>13</sup>.

### Sharing information

2.7.3 Housing authorities / associations often hold significant information about families where there is a child at risk of harm. In the case of mobile families they may have more information than most other agencies. Housing authorities / associations have an obligation to share information relevant to child protection with LA children's social care. Conversely LA children's social care staff and other agencies working with children can have information which will make assessments of the need for certain types of housing more effective.

2.7.4 Housing authorities and social landlords should be signed up to the local authority's information sharing protocol (along with all other appropriate agencies), to share information with other agencies, e.g. children's social care or health professionals in appropriate cases.

2.7.5 Housing departments in London local authorities should follow the requirements of NOTIFY (see [section 11. Mobile children and families, 11.3.5. NOTIFY](#)), to ensure proper notification is made about families in temporary accommodation moving into, between and out of units of temporary accommodation in boroughs in London.

### Identifying need

2.7.6 Housing authorities are key to the assessment of the needs of families with disabled children who may require housing adaptations to participate fully in family life and reach their maximum potential. Each local authority will have an individual approach to this area.

2.7.7 LA housing staff should be alert to child protection issues when dealing with reports of anti-social behaviour by young people which might reflect parental neglect or abuse.

2.7.8 Housing authorities have a frontline emergency role, for instance managing re-housing or repossession when adults and children become homeless or at risk of homelessness as a result of domestic violence.

### Health and safety

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<sup>13</sup> [www.everychildmatters.gov.uk/resources-and-practice/IG00042/](http://www.everychildmatters.gov.uk/resources-and-practice/IG00042/)



- 2.7.9 Housing staff, in their day-to-day contact with families and tenants, may become aware of needs or welfare issues to which they can either respond directly (e.g. by making repairs or adaptations to homes, or by assisting the family in accessing help through other agencies).
- 2.7.10 Environmental health officers, in particular those who inspect private rented housing, may become aware of conditions that impact adversely on children. Under Part 1 of the [Housing Act 2004](#), authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.

### Children and families in temporary accommodation

- 2.7.11 In early 2006, there were 64,000 homeless families placed in temporary accommodation by London boroughs under homelessness legislation<sup>14</sup>.
- 2.7.12 Many families in temporary accommodation move frequently. There is evidence<sup>15</sup> that moving between services has a negative impact on children and their families, when it is not based on positive life-choices.
- 2.7.13 LA housing, other LA services and health services are responsible for maintaining effective systems to ensure children and families are appropriately housed in temporary accommodation and receive health and education services, as well as any specific services to meet individual children's assessed needs, in a timely way.
- 2.7.14 Wherever possible, local authorities should not place families out of their area if there is a child in the family who is subject to child protection plan.

### Registered social landlords

- 2.7.15 In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more registered social landlords (RSLs). Housing authorities remain responsible for assessing the needs of families, under homelessness legislation, and for managing nominations to RSLs who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of the assessment of need, and because of the influence they have designing and managing prioritisation, assessment and allocation of housing.
- 2.7.16 Social landlords do not have the same legal requirements to safeguard and promote the welfare of children as local authorities. They are regulated by the Tenant Services Authority (TSA). Under the TSA's regulatory framework<sup>16</sup> all social housing providers are expected to understand and respond to the particular needs of their tenants and co-operate with other partners at a local level, including local authorities, to promote social, environmental and economic well-being in those areas.
- 2.7.17 A number of RSLs across the country offer specialist supported housing schemes specifically for young people at risk and / or leaving care and pregnant teenagers. These schemes provide for 16- and 17-year-olds, they enable local authorities to fulfil their duties to the vulnerable and those covered by the Government's [Supporting People programme](#).

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<sup>14</sup> GLA, March 2006

<sup>15</sup> *London Child Mobility Project*, DfES and GOL, 2006

<sup>16</sup> The regulatory framework for social housing in England from April 2010.  
<http://www.tenantservicesauthority.org/server/show/ConWebDoc.20175>

- 2.7.18 Housing authorities / RSLs and LA children's services should refer to the joint DCSF and CLG guidance about their duties under Part III of the [Children Act 1989](#) and Part 7 of the [Housing Act 1996](#) to secure or provide accommodation for homeless 16- and 17-year-old children: *Joint working between housing and children's services: Preventing homelessness and tackling its effects on children and young people* (DCSF/CLG, 2008) at <http://www.communities.gov.uk/publications/housing/goodpracticeguide>
- 2.7.19 Housing authorities / RSLs can help reduce risk of harm to children by:
- Ensuring all homeless families with child/ren subject to s47 enquiries and / or subject of a child protection plan are offered temporary accommodation within their home borough, unless alternative arrangements are consistent with the protection plan;
  - Assessing the homelessness needs of 16 / 17 year olds evicted from home. They may be a child in need, they may be leaving due to violence and abuse and other children may remain in the home;
  - Social landlords should ensure that repairs / major works and servicing contracts require operatives to report child welfare concerns and that their staff is given appropriate guidance. It should be noted that operatives are more likely to gain access to tenants' homes than housing officers, particularly as there is a statutory requirement to carry out an annual gas safety check;
  - Providing alternative accommodation or other solutions to a parent and child(ren) if they have experienced domestic violence;
  - Ensuring dangerous offenders are not offered tenancies in locations offering high levels of access to children (see also [section 13. Risk management of known offenders](#));
  - Ensure that housing authorities are represented on the MAPPA to ensure that the allocation of property is carried out with due regard to the risk posed to the children;
  - Ensuring wherever possible homeless families are provided with accommodation within their home borough;
  - Sharing the address of a family which is transferred outside of the borough with relevant agencies;
  - Providing references to Ofsted for potential childminders.
- 2.7.20 See also: *Common Assessment Framework guidance: Guidance for children's services and housing services in using the Common Assessment Framework when dealing with homeless young people* – non-statutory guidance for children's services and housing services in using the Common Assessment Framework (CAF) when dealing with young people who are homeless or at risk of being made homeless. at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00358/>

## 2.8 LA environmental health and planning services

- 2.8.1 In order to fulfil their part of the local authority's obligations to safeguard children and promote their welfare, LA environmental health and planning services must:
- Have systems and arrangements in place;

- Ensure their staff are competent;
- Nominate safeguarding children advisers; and
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.8.2 Environmental health and planning services staff working directly for local authorities or contracted to provide a service on behalf of a local authority can play an important role in safeguarding and promoting the welfare of children.

### Sharing information

2.8.3 Environmental health and planning services officers may hold, or uncover, significant information about situations that could present a risk of harm to children. When this is identified, or occurs, environmental health and planning services staff have an obligation to share information relevant to child protection with LA children's social care staff.

2.8.4 LA children's social care staff and other agencies may from time to time require the assistance of environmental health and planning services staff when assessing the welfare of children.

2.8.5 Environmental health and planning services should develop joint protocols to share information with other agencies in appropriate cases.

### Identifying need

2.8.6 Environmental health and planning services may be able to assist with assessing the needs of families with disabled children, who may require housing adaptations in order to participate fully in family life and reach their maximum potential.

2.8.7 Environmental health and planning services staff should be alert to child protection issues when dealing with complaints about environmental health issues or possible breaches of planning regulations. For example, a complaint about a noise nuisance could be the first indication of a 'home alone' situation or some other form of parental neglect or abuse. Alternatively, a complaint about over occupation in breach of planning rules might be the first indication of an illegal children's home.

2.8.8 Environmental health and planning services have a front line emergency role, for instance when a household is discovered where children are living and where the property is neglected and infested with vermin.

### Health and safety

2.8.9 Environmental health and planning services officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly. Under Part 1 of the [Housing Act 2004](#), authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants (including children) when deciding the action to be taken by landlords to improve conditions.

2.8.10 Environmental health and planning services officers inspecting conditions in commercial premises such as restaurants may become aware of situations that impact adversely on children. For example, they may become aware that children are being employed in contravention of the law (e.g. under age or for

hours that exceed the statutory limit). Such situations may be the first indication of a more serious situation such as child labour exploitation or trafficking.

## 2.9 LA sport, culture and leisure

2.9.1 In order to fulfil their obligations to safeguard children and promote their welfare, LA sport, culture and leisure must:

- Have systems and arrangements in place;
- Ensure their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.9.2 Sport and cultural services designed for children and families such as libraries, play schemes and play facilities, parks and gardens, sport and leisure centres, events and attractions, museums and arts centres are directly provided, purchased or grant aided by local authorities, the commercial sector and by community and third sector agencies. Many such activities take place in premises managed by authorities or their agents.

2.9.3 Leisure services must particularly ensure casual and temporary staff also receive child protection training as part of their induction and then ongoing training.

2.9.4 Staff, volunteers and contractors who provide these services will have various degrees of contact with children who use them, and appropriate arrangements to safeguard children will need to be in place. These should include appropriate codes of practice for staff, particularly sports coaches, such as those issued by national governing bodies of sport, the Health and Safety Executive (HSE) or the local authority. Working practices should be adopted which minimise unobserved contact with children.

Sports agencies can also seek advice on child protection issues from the [Child Protection in Sport Unit](#), which has been established as a partnership between the NSPCC and Sport England.

2.9.5 Leisure services must also ensure any agencies contracting to use leisure premises have adequate child protection policies and procedures.

2.9.6 Managers of library services should ensure their child protection policies include the procedure for staff to follow if children are left unsupervised in the library.

2.9.7 Through the facility for homework helpers and holiday groups, some library staff have direct unsupervised contact with children and all must be competent to comply with internal child protection policies and procedures and these *London Child Protection Procedures*.

2.9.8 Because libraries provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and chat rooms in which children may be drawn into risky relationships. See [section 5.23. ICT-based forms of abuse](#).

## Youth services

2.9.9 In order to fulfil their obligations to safeguard children and promote their welfare, youth services must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.9.10 The LA youth service (LAYS) instructions should assist the youth and community worker in balancing the desire to maintain confidentiality between the child and the worker, and the duty to safeguard and promote the welfare of the child and others. Volunteers within the youth service are subject to the same requirement.

2.9.11 Where the local authority funds local third sector youth agencies or other providers through grant or contract arrangements, the local authority should ensure proper arrangements to safeguard children people are in place (e.g. forming part of the agreement for the grant or contract). The agencies might get advice on how to do so from their national bodies or the Local Safeguarding Children Board.

## 2.10 LA education

2.10.1 In order to fulfil their obligations to safeguard children and promote their welfare, LA education services must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.10.2 LA education must appoint a lead officer with responsibility for co-ordinating policy and action on child protection across schools and non-school services maintained by the local authority, and for providing advice to them. See [section 2.3.5. Nominated safeguarding children adviser](#).

2.10.3 LA education should ensure guidance on child protection is sent to all head teachers in maintained and non-maintained schools in their borough. In accordance with Local Safeguarding Children Board arrangements, they should also ensure that independent sector schools (including independent sector special schools) are sent relevant guidance.

2.10.4 LA education should keep up-to-date lists of the nominated safeguarding children advisers (governor and staff member) in each school, including

independent sector schools. LA education should encourage schools to support and train these staff.

- 2.10.5 Wherever LA education places a child in a school outside their area, they should ensure the school has adequate child protection policies and procedures. The local authority must also ensure that training, which should include child protection training, is available for persons who provide or assist in providing childminding or day care.
- 2.10.6 Each local authority has responsibility for the provision of information and advice about childminding and day care primarily through the [Children's Information Service \(Childcare Act 2006\)](#)

## Early years services

- 2.10.7 Early years services include children's centres, nurseries, childminders, preschools, playgroups, and holiday and out-of-school schemes. All early years providers must:
- Take necessary steps to safeguard and promote the welfare of children;
  - Promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill;
  - Manage children's behaviour effectively and in a manner appropriately for their stage of development and particular individual needs; and
  - Ensure that adults looking after children, or having unsupervised access to them, are suitable to do so.

These general welfare requirements are set out in detail in the [Statutory Framework for the Early Years Foundation Stage \(EYFS\)](#)<sup>17</sup>.

- 2.10.8 Early years providers have a duty under section 40 of the [Childcare Act 2006](#) to comply with the welfare requirements of the Early Years Foundation Stage, under which providers are required to take necessary steps to safeguard and promote the welfare of young children. Childminders and everyone working in day care services should know how to recognise and respond to harm or the risk of harm to a child through abuse and / or neglect.
- 2.10.9 In order to fulfil these obligations to safeguard children and promote their welfare, childcare services must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.10.10 Independent, third sector and local authority day care providers caring for children under the age of eight years must be registered by Ofsted under the [Children Act 1989](#), and should have a written statement, based on [What To Do If You're Worried A Child Is Being Abused – Summary \(DfES, 2006\)](#). This statement should clearly set out professionals' responsibilities for reporting suspected child abuse or neglect in accordance with these *London Child*

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<sup>17</sup> <http://nationalstrategies.standards.dcsf.gov.uk/earlyyears>



*Protection Procedures*. It should include contact names and telephone numbers for the local police and LA children's social care. The statement should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer, in line with [section 15. Allegations against staff](#).

- 2.10.11 Sometimes (not very often) childcare services may be set up for children over 8 years old, which do not need to be registered with Ofsted. These services must comply with these *London Child Protection Procedures*.

### **Office for standards in education, children's services and skills (Ofsted)**

- 2.10.13 Registered childminders and group day care providers must satisfy explicit criteria in order to meet the national standard with respect to child protection. Ensuring they do so is the responsibility of the early years directorate of [Ofsted](#).

- 2.10.14 Ofsted requires that:

- All childminders and group day care staff have knowledge of child protection, including the signs and symptoms of abuse and what to do if abuse or neglect is suspected;
- Those who are entrusted with the day care of children or who childmind have the personal capacity and skills to ensure children are looked after in a nurturing and safe manner.

- 2.10.15 Ofsted will seek to ensure that day care providers:

- Ensure the environment in which children are cared for is safe;
- Have child protection training policies and procedures in place, which are consistent with these procedures;
- Be able to demonstrate these *London Child Protection Procedures* have been followed when a concern is raised about harm to a child or an allegation is made against a childminder or staff member.

- 2.10.16 Ofsted must be informed when a child protection referral is made to the LA children's social care about:

- A person who works as a childminder;
- A person who works in day care for children;
- Any service regulated by Ofsted's early years directorate.

- 2.10.17 Ofsted must be invited to any strategy meeting / discussion where an allegation might have implications for other users of the day care service and/or the registration of the provider.

- 2.10.18 Ofsted will seek to cancel registration if children are at risk of significant harm through being looked after in a particular childminding or group day care setting.

- 2.10.19 Where warranted, Ofsted will bring civil or criminal proceedings against registered or unregistered day care providers who do not adequately safeguard and promote the welfare of children in their care.

See also [section 2.5.10. Ofsted](#).

### **Schools and further education institutions**

- 2.10.20 In order to fulfil their obligations to safeguard children and promote their welfare, schools and further education institutions must:

- Have systems and arrangements in place;



- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.10.22 Schools (including independent schools and non-maintained special schools) and further education (FE) institutions must implement their duty to safeguard and promote the welfare of their pupils (students under 18 years of age in the case of FE institutions) under the [Education Act 2002](#) and where appropriate under the [Children Act 1989](#) through:
- Creating and maintaining a safe learning environment for children;
  - Identifying where there are child welfare concerns and taking action to address them, in partnership with other agencies where appropriate.
- 2.10.23 Schools should also contribute to safeguarding and promoting the welfare of children through the curriculum, by developing children's understanding, awareness, and resilience.
- 2.10.24 Schools and FE institutions should create a safe learning environment through having effective arrangements in place to address a range of issues. Some are subject to statutory requirements, including child protection arrangements, pupil health and safety and bullying. Others include arrangements for meeting the health needs of children with medical conditions, providing first aid, school security, tackling drugs and substance misuse, and having arrangements in place to safeguard and promote the welfare of children on extended vocational placements.
- 2.10.25 Schools, head teachers, and governors have a responsibility to implement Government guidance [Safeguarding Children and Safer Recruitment in Education \(DfES, 2006\)](#) detailing responsibilities around safeguarding children.
- 2.10.26 Through their daily contact with children, teachers and other staff in all schools and further education institutions are well placed to observe signs of abuse, changes in behaviour or a failure to develop in children. These staff should all be competent to:
- Refer concerns to LA children's social care;
  - Contribute to the assessment of a child's needs;
  - Contribute to ongoing action to meet those needs.
- 2.10.27 In addition to the responsibilities outlined in [section 2.3.5](#) above, the school's and FE institution's designated child protection adviser should:
- Inform LA children's social care of proposed or actual change of school for a child receiving services from them;
  - Ensure complete records are sent to receiving schools, whether a child changes as a natural progression or for any other reason;
  - Liaise with LA education.

A school or FE institution should remedy any deficiencies or weaknesses in its arrangements for safeguarding and promoting welfare that are brought to its attention without delay.

- 2.10.28 In addition to having child protection procedures in line with these *London Child Protection Procedures*, schools and FE institutions must have policies and procedures which reflect the roles of staff and parents regarding:
- The use of force to control or restraint with children;
  - Identification and response to bullying (including forms of intimidation such as, weapons);
  - Identification and response to racism.
- 2.10.29 Where a child of school age is the subject of a child protection plan, school staff are well placed to engage with planning and implementing the plan.
- 2.10.30 Special schools, including non-maintained special schools and independent schools, which provide medical and / or nursing care should ensure both their non-medical and medical / nursing staff are particularly competent and well supported to recognise and respond to child protection concerns.

### Extended schools

- 2.10.31 [Extended schools](#) provide a range of services and activities, often beyond the school day, to help meet the needs of children, their families and the wider community.
- 2.10.32 The Government's view is that schools located at the heart of the community are well placed to take up the challenge of making *Every Child Matters* a reality for children and their communities. The Government therefore wants all schools to offer access to core offer of services by 2010:
- Quality 'wraparound' childcare provided on the school site or through other local providers, with supervised transfer arrangements where appropriate, which will be available 8am-6pm, all year round;
  - A varied menu of activities to be on offer, such as homework clubs and study support, sport or music tuition;
  - Parenting support, including information sessions for parents at key transition points, parenting programmes run with the support of other children's services, and family learning sessions to allow children to learn with their parents;
  - Identifying children with particular needs to ensure swift and easy referral to a wide range of specialist support services such as speech therapy, child and adolescent mental health services, family support services, intensive behaviour support and sexual health services;
  - Provision of wider community access to ICT, sports and arts facilities, including adult learning for the wider community.

See <http://www.everychildmatters.gov.uk/ete/extendedschools/>.

### Educating for safety

- 2.10.33 Schools should develop children's awareness of their behaviour towards others and of behaviour by others (whether by adults or other children) towards themselves, that is not acceptable and what they can do to help keep themselves safe. Schools should do this through the non-statutory framework for Personal, Social and Health Education (PSHE) e.g. children should be taught to recognise and manage risks in different situations and then decide how to:
- Behave responsibly;
  - Judge what kind of physical contact is acceptable and unacceptable;

- Recognise when pressure from others (including adults they know and peers) threatens their personal safety and well-being;
  - Develop effective ways of resisting pressure.
- 2.10.34 PSHE curriculum materials provide resources to enable schools to tackle issues regarding healthy relationships including violence in their intimate relationships, domestic violence, bullying and abuse. Discussions about personal safety and keeping safe can reinforce the message that any kind of violence is unacceptable, provide opportunities for children to talk about their own problems and signpost sources of help.

### **Corporal punishment and restraint**

- 2.10.35 In all schools and FE institutions it is an offence to subject any pupil to corporal punishment. The law forbids a teacher or other member of staff to use any degree of physical contact which is deliberately intended to punish a pupil or which is primarily intended to cause pain, injury or humiliation.
- 2.10.36 All schools should have a clear written policy on the use of physical restraint incorporated within the school's behaviour policy. This should be shared with parents. The policy on restraint should be formulated with reference to the [DfES circular 10/98 relating to s550A of the Education Act 1996: the use of reasonable force to control or restrain pupils](#).
- 2.10.37 Teachers at a school are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other staff may also do so, in the same way as teachers, provided they have been authorised by the head teacher to have control or charge of pupils. Schools should provide training on restraint for staff.

### **Screening and searching pupils for weapons**

- 2.10.38 Schools can screen and search pupils to prevent weapons coming through the school gates. The decision to use search powers rests with head teachers who would be expected to consult with school governors, parents and community leaders before deciding what is right for their school.
- 2.10.39 See national guidance: [Screening and Searching of Pupils for Weapons: Guidance for School Staff \(DfES, 2007\)](#), a supplementary to [School Security: Dealing With Troublemakers \(DfES / Home Office, 1997\)](#).
- 2.10.40 The guidance is for maintained schools, including pupil referral units, and will help other schools, including independent schools, Academies and FE institutions.
- 2.10.41 The guidance defines a weapon as a knife or sharpened object which can be used as such, a gun, an item adapted to form a weapon (e.g. a broken bottle), or an item which can be used as a weapon (e.g. a baseball bat).
- 2.10.42 Schools can require pupils to undergo screening for weapons without suspicion and without consent, by a walk-through or hand-held metal detector (arch or wand) which is 'no-contact' or 'low-contact' (i.e. minimal contact of the wand with the pupil's clothing).
- 2.10.43 Schools can search where there are reasonable grounds to suspect that a pupil is in innocent possession of a weapon. The power does not allow without-suspicion searches (whether random or blanket).

### **Bullying**

- 2.10.44 The majority of cases of bullying will be effectively dealt with within the context of a school or FE institution's policy. There may however be circumstances when a referral to LA children's social care or to the police is required in line with [section 6. Referral and assessment](#), for example when the bullying causes

significant harm to a child or serious harm to an adult, involves criminal behaviour and/or initial steps taken to combat it effectively have failed,

- 2.10. 45 Staff should take advice from the school's nominated safeguarding children adviser and the LA education welfare (or similar, dependent on the LA) service.

See also [section 5.6. Bullying](#), [section 5.18. Harming others](#) and [section 13. Risk management of known offenders](#).

### Discrimination

- 2.10. 46 Educational curricula and teaching materials and methods must reflect the diversity of London's population and seek to promote an anti-discriminatory environment.

- 2.10. 47 All schools and colleges must have a system in place to deal with discriminatory incidents.

- 2.10.48 There will be occasions when the impact of discriminatory incidents is so severe it constitutes significant harm for the victim. In such instances a referral to LA children's social care or police must be made in line with [section 6. Referral and assessment](#).

### Non-maintained schools and further education (FE) institutions

- 2.10.49 In order to fulfil their obligations to safeguard children and promote their welfare, non-maintained schools and FE institutions must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding advisers;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.10.50 Governing bodies and proprietors of non-maintained schools and FE institutions must seek advice as necessary from LA education or LA children's social care.

- 2.10.51 In general, non-maintained schools and other educational institutions should ensure adherence to the guidance provided above in relation to schools and FE institutions.

### LA school transport services

#### Minimum statutory duty

- 2.10.52 Local authorities have a minimum statutory duty to provide or arrange free transport to and from the nearest suitable school for a pupil of statutory age who lives in the borough (see the [Education Act 2002](#)) if:

- The pupil is under eight years of age and the shortest available route to school on foot is over two miles;
- The pupil has reached their eighth birthday and the shortest available route to school on foot is over three miles;
- The route, whatever its length, is unsafe if travelled on foot, even if the child is accompanied by an adult;

- There are exceptional circumstances (e.g. the child is looked after or has special educational needs).

### Local authority responsibilities

2.10.53 Local authorities are responsible for:

- Deciding which children are eligible for transport and which children require an escort;
- Managing the day-to-day transport arrangements (e.g. booking vehicles, allocating pupils to routes, employing escorts, ordering bus passes from the bus companies where necessary);
- Notifying parents in advance of all transport arrangements, and any contractual and timetabling changes;
- Ensuring, as far as possible, that the travelling time for children with special educational needs does not normally exceed one hour, fifteen minutes;
- Providing children with special needs with a regular driver and escort, as far as possible;
- Ensuring that all vehicles are fitted with seat belts or some other kind of restraint and that specialist seating and harnesses are available for all children who need them;
- Ensuring that all drivers and escorts are recruited in accordance with local authority recruitment policy and with [section 17. Safer recruitment](#);
- Ensuring that no drivers or escorts smoke in the presence of children;
- Ensuring that all staff treat children and parents politely and respectfully;
- Ensuring that parents are supported to use the local authority complaints procedures where necessary;
- Providing procedures for drivers and escorts, for example:
  - when a parent is not at home to receive a child at the end of the day, and meet them from the vehicle (e.g. that the child is taken to an 'emergency' address, where details have been provided by the parent, or, alternatively, to the nearest LA children's social care office, from where parents must collect them);
  - when a child misbehaves on / in a school vehicle and in particular if they pose a threat to the safety of themselves or other children and / or adults.
- Make available to parents copies of relevant transport contract, escorts and drivers' handbooks, and guidelines for the use of physical restraint in schools, to be available for inspection on request.

### Drivers' responsibilities

2.10.54 Local authorities must ensure that drivers:

- Carry and display suitable identification at all times;
- Are, as far as possible, punctual;
- Ensure that all passenger harness and restraint straps are properly adjusted and fitted securely before the journey commences;

- Ensure that all wheelchairs are securely clamped;
- Ensure that their vehicles are roadworthy, adequately ventilated, maintained at a comfortable temperature, and kept clean;
- Report any bad behaviour of passengers to their supervisor and / or the local authority, and not take matters into their own hands;
- Take charge in the event of an accident;
- Treat parents, carers and children with respect and avoid confrontations.

Problems should be referred to their supervisor and/or transport services for appropriate action.

### **Escorts' responsibilities**

2.10.55 Local authorities must ensure that escorts:

- Are competent to take full responsibility for the care of the children whilst they are journeying to and from school;
- Are aware of children's medical needs and know what to do in an emergency;
- Carry and display suitable identification at all times;
- Do not use any form of physical restraint except where a child is presenting a threat to themselves, or other passengers or road users. Escorts may also reasonably restrain a child who is wilfully damaging property, including the vehicle;
- Have had suitable training in the restraint of children and know the local authority's guidelines for the use of physical restraint of children;
- Report any problems that arise during the journey to parents, the headteacher and the local authority as soon as practically possible;
- Always sit in the rear of the vehicles, where they can see all the children in their charge, and never leave the children unattended in the vehicle except in an emergency;
- Treat parents and children with respect and avoid confrontations, referring difficulties to the local authority for appropriate action.

2.10.56 For further information about arrangements for the safety of children on public transport see [section 2.23 Transport for London](#).

### **LA education welfare service**

2.10.57 In order to fulfil their obligations to safeguard children and promote their welfare, LA education welfare services must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

In accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).



- 2.10.58 In their direct welfare work with families, education welfare officers (known in some areas as education social workers or school attendance officers) are well placed to identify child protection issues and refer them to LA children's social care, in line with [section 6. Referral and assessment](#).
- 2.10.59 Education welfare officers should be competent and available to provide advice and support to other education staff on child protection matters. They should assist the nominated safeguarding children adviser in each school to monitor children who are subject of child protection plans.

## The Connexions service

- 2.10.60 These are services provided under section 114 of the [Learning and Skills Act 2000](#)
- 2.10.61 In order to fulfil their obligations to safeguard children and promote their welfare, the Connexions service must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Work with the public / local communities;
- This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).
- 2.10. 60 Connexions is responsible for the provision of services to a wide age range of children 13 to 19 years (and for the more vulnerable, up to 25 years of age). A board of management with specific responsibility for Connexions service development and delivery in London boroughs has been established.
- 2.10. 61 Local Connexions services must have child protection policies and procedures in line with both these London Child Protection Procedures and [No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse, \(DH / HO, 2000\)](#).
- 2.10.62 The Connexions workforce comprises professionally qualified personal advisers and other staff working under their supervision. Connexions is a child-centred service, with safeguarding and promoting the welfare of the child as the primary focus of the agency's work.
- 2.10.63 The Connexions partnership (including its subcontractors) is responsible for:
- Identifying, keeping in touch with, and giving the necessary support to children in their geographical area. Each child's needs are assessed and the support and continuing contact they receive is tailored to their assessed needs;
  - Providing children with any combination of the following according to their need: information, advice, guidance, counselling, personal development opportunities, referral to specialist services, and advocacy to enable them to access opportunities funding or other services;
  - Particularly prioritising the needs of children from vulnerable groups such as teenage mothers, care leavers, children supervised by Youth Offending Teams, and children with learning difficulty and / or disabled children;



- Identifying children who may be at risk from harm through abuse and / or neglect, alerting the appropriate authorities and working with them to respond to the child's needs;
  - Identifying children who pose a risk of harm to others, alerting appropriate authorities and working with them to respond to the needs of all children involved, abusers and victims.
- 2.10.64 Connexions partnerships should maintain the necessary capacity to carry out relevant risk assessments to minimise risk to the safety of children on premises whom they or their subcontractors are responsible for.
- 2.10.65 Connexions partnerships are also responsible for minimising the risks within agencies they signpost children to, such as those providing employment and training opportunities, pose to the moral development and physical and psychological well being of children
- 2.10.66 The Connexions partnership should work closely with other agencies concerned with child safety and welfare to rigorously analyse the nature and distribution of risk of harm within the cohort of children in the area and to use this information to design services, allocate resources and otherwise take action that addresses both causes and effects.

## 2.11 The National Health Service (NHS) and independent / third sector health services in London

- 2.11.1 All health services staff have a duty to protect children and these *London Child Protection Procedures* apply to staff in all London NHS and private and third sector health services, all NHS Trusts, NHS Foundation Trusts, Primary Care Trusts (PCTs) and Mental Health Trusts (MHTs).

All health agencies, whether in the NHS or the independent and third sector, should ensure that safeguarding children and promoting their welfare is an integral part of their governance systems.

All health professionals working directly with children should ensure that safeguarding and promoting each child's welfare forms an integral part of all stages and aspects of the care they offer.

### Care Quality Commission and registration requirements

- 2.11.2 The Care Quality Commission (CQC) is the independent regulator of safety and quality for all health services. NHS trusts and NHS foundation trusts have to be registered with the CQC<sup>18</sup>. The Commission has a range of statutory independent enforcement actions to use where care does not meet the essential levels of safety and quality that users are entitled to expect.
- 2.11.3 GP practices and high street dental practices will be required to register with the CQC, regardless of whether they provide wholly private or wholly NHS services, or a mix of both and will be subject to a consistent set of quality standards. Registration of primary dental care providers will start from 2011 and primary medical care providers from 2012.
- 2.11.4 Any enforcement action being considered by the CQC, including possible deregistration, should include, where appropriate, arrangements in partnership

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<sup>18</sup> [www.cqc.org.uk](http://www.cqc.org.uk)

with the relevant PCT to re-provide services for children as quickly and safely as possible.

## NHS London

2.11.5 The NHS is increasingly assessed through core and developmental standards. The [Health and Social Care \(Community Health and Standards\) Act 2003](#) includes a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' (s45) and gives the secretary of state the power to set out standards to be taken into account by every English NHS body in discharging that duty (s46).

2.11.6 NHS London is the strategic health authority for London. In order to fulfil its obligation to safeguard children and promote their welfare, NHS London must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

In accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.11.6 NHS London's role is to performance manage and support the development of NHS and Primary Care Trusts' arrangements to safeguard and promote the welfare of children.

2.11.7 NHS London will need to:

- Manage performance against the core and developmental standards<sup>19</sup>;
- Monitor trusts' implementation of child protection serious case review action plans;
- Monitor implementation of serious untoward incident investigation action plans produced by Mental Health Trusts – which may involve the safeguarding of patients' children.

2.11.8 NHS London will be able to draw on the findings of a number of inspection processes – the Joint Area Review (JAR) and Youth Offending Teams' inspections undertaken by a number of inspectorates working in partnership, including the Healthcare Commission, and the annual health checks, improvement reviews and investigations undertaken by the Healthcare Commission.

2.11.9 Through membership of London Local Safeguarding Children Boards, NHS London must oversee the health contribution to safeguarding children at local level. The Department of Health holds NHS London to account for this role.

## Primary Care Trusts (PCTs)

2.11.10 In order to fulfil their obligations to safeguard children and promote their welfare, PCTs must:

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<sup>19</sup> *Standards for better health (DH, 2004) and National standards, local action, health and social care standards and planning framework (2005-2008)*

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public/local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.11 PCTs are accountable for their own safeguarding children structures and processes and those in agencies from whom they commission services.

#### **Senior and strategic health leads**

- 2.11.12 PCT chief executives are responsible for ensuring the contribution by health services to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCT's commissioning arrangements.
- 2.11.13 PCTs should identify a senior lead for children and young people<sup>31</sup> to ensure that their needs are at the forefront of local planning and service delivery. PCTs should also identify a board executive lead for safeguarding children who takes responsibility for governance, systems and organisational focus on safeguarding children. This might be the same person.

#### **Public health**

- 2.11.14 PCTs should appoint a named public health professional as the nominated safeguarding children adviser (see [section 2.3.5 Nominated safeguarding children adviser](#)) to address issues around children in need and in need of protection.
- 2.11.15 The PCT has a public health responsibility to actively promote the health and well-being of all the children in their area.

#### **Commissioning**

- 2.11.16 PCTs should work with local authorities to commission and provide co-ordinated and, wherever possible, integrated services. PCTs should ensure that all providers from whom they commission services have comprehensive and effective single and multi-agency policies and procedures to safeguard and promote the welfare of children, consistent with these *London Child Protection Procedures*.
- 2.11.17 The Joint Strategic Needs Assessment should include health and well-being needs of all local children, which in turn should inform the Children and Young People's Plan and the LSCB business plan. When considering commissioning services for the health and wellbeing of children in need in their area, PCTs should ensure this includes those who are temporarily resident in the area, such as children held in secure settings.
- 2.11.18 PCTs must ensure that safeguarding and promoting the welfare of children is integral to clinical governance and audit arrangements.
- 2.11.19 PCTs should monitor the service standards of NHS Foundation Trusts and contracted service providers to ensure service providers meet the required safeguarding children standards.

- 2.11.20 Where practice-based commissioners undertake commissioning of services, this should be done in partnership with PCTs who will need to ensure their safeguarding duties are fulfilled.
- 2.11.21 PCTs should ensure GP practices and staff have robust systems and practices in place to ensure they can fulfil their role in safeguarding and promoting the welfare of children. PCTs will wish to consider how they support GP practices, for instance by assistance with protected time for, and access to, training in child protection.
- 2.11.22 PCTs are responsible for planning integrated GP out-of-hours services in their local area, and staff working within these services should know how to access advice from designated and named professionals within the PCT and LSCB. Each GP and member of the Primary Health Care Team should have access to a copy of the LSCB's procedures.

### **Sexual assault referral services (SARS) and centres (SARCS)**

- 2.11.23 PCTs are encouraged to bring together commissioning expertise on sexual violence services, to form a local Sexual Assault Referral Services (SARS) care pathway for children and young people. All SARS for children and young people, including services provided through Sexual Assault Referral Centres (SARCs), should comply with the standards for paediatric forensic medical services [Service Specification for the Clinical Evaluation of Children and Young People who may have been sexually abused \(RCPCH, 2009\)](#), the [Children's NSF](#) and the [You're Welcome quality criteria: Making health services young people friendly](#)<sup>20</sup>. PCTs should ensure that staff know their local services and be clear about the different agencies' roles and responsibilities, so that they are not hesitant about responding appropriately. [A Resource for Developing Sexual Assault Referral Centres](#)<sup>21</sup>, jointly published by the Department of Health, Home Office and the Association of Chief Police Officers (ACPO) in October 2009, sets out the minimum elements essential for providing high quality SARCs services for adults and children who are victims of sexual assault.

### **Local safeguarding children boards (LSCBs)**

- 2.11.24 PCTs must co-operate with the local authority in the establishment and operation of the LSCB and, as a partner, share responsibility for the effective discharge of LSCB functions in safeguarding and promoting the welfare of children. Representation on the LSCB should be at an appropriate level of seniority.
- 2.11.25 PCTs are also responsible for providing and / or ensuring the availability of appropriate expertise and advice and support to the LSCB in respect of a range of specialist health functions, e.g. primary care, mental health (adult and child and adolescent) and sexual health.
- 2.11.26 The PCT must also ensure that all health agencies, including the independent healthcare sector with whom they have commissioning arrangements, have links with a specific LSCB, and that health agencies work in partnership in accordance with their agreed LSCB plan. This is particularly important where

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<sup>20</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4121564.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4121564.pdf)

<sup>21</sup> [www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh\\_108350.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_108350.pdf)

Trusts' boundaries / catchment areas are different to those of LSCBs. This also includes Ambulance Trusts and NHS Direct services<sup>22</sup>.

- 2.11.27 PCTs must ensure all health providers from whom they commission services, both public and independent sector, have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children. The policies and procedures must be in line with these *London Child Protection Procedures* and should be easily accessible for staff at all levels within each agency.

### **Serious case reviews**

- 2.11.28 PCTs are responsible for co-ordinating the health component of serious case reviews. They should notify NHS London and the CQC of all serious case reviews. See also [section 19. Serious case reviews](#).

### **Nominated safeguarding children adviser**

- 2.11.29 Each PCT is responsible for identifying a senior paediatrician and senior nurse to undertake the role of designated professionals for safeguarding children across the health economy and for identifying a named doctor and a named nurse who will take a professional lead within the PCT on safeguarding children matters. See [section 2.3.5. Nominated safeguarding children adviser](#).
- 2.11.30 Designated professionals should be performance managed in relation to their designated functions at the level of board-level director who has executive responsibility for safeguarding children as part of their portfolio of responsibilities. If this person is not the board-level lead for clinical governance and clinical professional leadership, the designated professional will also need to work closely with the board-level lead.
- 2.11.31 PCTs should ensure establishment levels of designated and named professionals are proportionate to the local resident populations. For large PCTs, NHS Trusts and Foundation Trusts which may have a number of sites, a team approach can enhance the ability to provide 24 hour advice and provide mutual support for those carrying out the designated and named professional roles. If this approach is taken it is important to ensure that leadership and accountability arrangements are clear.
- 2.11.32 For further guidance on the competences and support required for designated and named professionals to fulfil their child safeguarding responsibilities effectively see [Safeguarding Children and Young People: Roles and Competences for Health Care Staff, Intercollegiate document supported by the Department of Health \(2006\)](#).

### **Paediatric assessment**

- 2.11.33 PCTs should ensure all primary care teams have easy access to paediatricians trained in examining, identifying and assessing children who may be experiencing abuse or neglect, and that local arrangements include having all the necessary equipment and staff expertise for undertaking forensic medical examinations. These arrangements should avoid repeated examinations.

### **Independent and third sector**

- 2.11.34 Through their contracting arrangements, PCTs should ensure that independent and third sector providers deliver services that are in line with PCT obligations

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<sup>22</sup> NHS Direct is a national service staffed by nurses and health advisors providing 24 hour health advice and information through a national telephone number (0845 46 47), the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) and a digital TV service.

with respect to safeguarding and promoting the welfare of children and their duty to notify the local authority of children who are, or are likely to be, accommodated for at least three months.

- 2.11.35 When contracting with the independent and third sector, PCTs should ensure they apply the same standards and requirements as for NHS providers. PCTs will need to ensure appropriate links are established between independent and third sector providers and LSCBs.
- 2.11.36 Independent and third sector agencies must comply with the commitments, systems and arrangements and staff competences in [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).
- 2.11.37 Where PCTs have commissioning arrangements with independent and third sector providers, the provider should have nominated safeguarding children advisers – a named professional on site and access to designated professionals for complex issues or where concerns may have to be escalated and involve LA children’s social care. Clinical networks can provide a further opportunity for sharing highly specialised resources across teams and geographical areas.

### **NHS Trusts, Mental Health Trusts and Foundation Trusts**

- 2.11.38 In order to fulfil their obligations to safeguard children and promote their welfare, NHS Trusts, Mental Health Trusts and Foundation Trusts must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.39 NHS Trusts, Mental Health Trusts and NHS Foundation Trusts can be responsible for providing hospital services and, in the case of Mental Health Trusts, community, specialist and in-patient services. They must co-operate with the local authority in the establishment and operation of the LSCB and as statutory partners share responsibility for the effective discharge of its functions in safeguarding and promoting the welfare of children.
- 2.11.40 Representation on the LSCB should be at an appropriate level of seniority. A wide range of NHS Trust staff will come into contact with children and parents in the course of their normal duties. All these staff should be trained in how to safeguard and promote the welfare of children, be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with these *London Child Protection Procedures*.
- 2.11.41 All NHS Trusts, Mental Health Trusts and NHS Foundation Trusts should identify a lead director, a named nurse and a named doctor for child protection / safeguarding children, and those providing maternity services should also identify a named midwife. See [section 2.3.5](#) and [section 2.11.23](#) for more information on the role of nominated safeguarding children advisers and named professionals.

### **Foundation Trusts**



- 2.10.42 NHS Foundation Trusts are regulated by Monitor<sup>23</sup>, an independent regulator, which has authority to hold them to account for meeting their responsibilities under the Children Acts. This is unlike NHS trusts, which are overseen by Strategic Health Authorities. However, NHS foundation trusts are assessed by the CQC in the same way as other providers.

## Accident and emergency departments (A&E)

- 2.11.43 In order to fulfil their obligations to safeguard children and promote their welfare, A&E departments must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.44 Staff working in A&E departments, ambulatory care units, walk-in centres and minor injury units should be able to recognise abuse and be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan.
- 2.11.45 Staff in A&E departments should also be alert to the need to safeguard the welfare of children when treating parents; including where the parent has a psychiatric condition. They should also be alert to parents who seek medical care from a number of sources in order to conceal the repeated nature of a child's injuries.
- 2.11.46 Specialist paediatric advice should be available at all times to A&E departments, and all units where children receive care.
- 2.11.47 If a child, or children from the same household, presents repeatedly, even with slight injuries, in a way which doctors, nurses or other staff find worrying, they should act upon their concerns. Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.
- 2.11.48 The child's GP should be notified of visits by children to an A&E department, ambulatory care unit, walk in centre or minor injury unit. Where the child is not registered with a GP, the appropriate contact in the PCT must be notified so they can arrange registration.
- 2.11.49 In order for the PCT, health visitor and school nurse or another health professional to be notified, where such professionals have a role in relation to the child, consent should be sought from a competent child or if the child is not competent, then from their parents.
- 2.11.50 Professionals should override a refusal to provide consent when there is a public interest of sufficient force. Where there is a clear risk of significant harm to a child or serious harm to an adult, the public interest test will be satisfied.
- 2.11.51 Professionals should include the reasons for the decision to override consent as part of the child's A&E visit record. These reasons should be explained to the

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<sup>23</sup> <http://www.monitor-nhsft.gov.uk/>



child and their family (unless explaining the reasons will place the child at risk of harm or further harm).

### Children missing or not enrolled at a school

2.11.52 A&E staff should be alert to children missing or not enrolled at a school, see [section 2.3.4 Children missing or not enrolled at a school](#).

### Ambulance Trusts and NHS Direct<sup>24</sup>

2.11.53 In order to fulfil their obligations to safeguard children and promote their welfare, Ambulance Trusts and NHS Direct sites must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.11.54 The staff working in these services will have access (by phone or in person) to family homes and be involved with individuals at times of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare. Each of these agencies should have a named professional for safeguarding children. All staff should comply with local procedures and these *London Child Protection Procedures*.

2.11.55 The London Ambulance Service should provide relevant staff with detailed child protection procedures, guidance and training for when they may attend an incident and suspect that the injured or any other child at the location may have been abused or neglected. These procedures should detail that, in addition to providing any necessary paramedical attention and transport to hospital, staff must:

- Carefully record the patient's overall physical condition, clothing and the environment in which they were found;
- Compare the injury / observed condition with any explanation provided by parent or carer;
- Listen to the child and respond in a manner which instils confidence, and avoids unnecessary probing;
- Provide a confidential patient report to the senior nurse at the A&E department and request a check of whether the child is subject to a child protection plan;
- Pass on relevant information to central ambulance control, who will inform LA children's social care or in an emergency the police.

2.11.56 If a parent refuses to allow the ambulance crew to convey the child to hospital, central ambulance control must be informed. Central ambulance control must

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<sup>24</sup> NHS Direct is a national service staffed by nurses and health advisors providing 24 hour health advice and information through a national telephone number (0845 46 47), the NHS Choices website ([www.nhs.uk](http://www.nhs.uk)) and a digital TV service.

inform police and relevant LA children's social care immediately, and must arrange for a London Ambulance Service officer to attend the scene.

- 2.11.57 London Ambulance Service professionals should also be alert to the possibility and significance of domestic violence.

### **Primary care health services - universal services: general practitioners, the primary healthcare team, practice employed staff and school nurses**

- 2.11.58 In order to fulfil their obligations to safeguard children and promote their welfare, all primary care health services must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

### **The Healthy Child Programme<sup>25</sup>**

- 2.11.59 The Healthy Child Programme, 0-5 years and 5-19 years, provides a framework to ensure that children's health and wellbeing is promoted. It is delivered by multi-agency support services involved with children.

- 2.11.60 As part of the Programme, regular health reviews are undertaken which provide the opportunity to identify risk factors that make children more likely to experience poorer outcomes later in life, including family and environmental factors. This enables professionals to put together a package of support or referral to specialist services to address the issues raised. All professionals need to be alert to concerns and the requirements to safeguard children. More support should be targeted to children and families who are vulnerable or those with complex needs.

### **Primary health care teams**

- 2.11.61 GPs, their staff and community health practitioners such as health visitors and school nurses have key roles to play in identifying children who may have been abused and those who are at risk of abuse; and in subsequent intervention and protection. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, drop-in centres and information from staff such as health visitors, midwives, school nurses and practice nurses may all help to build up a picture of the child's situation and can alert the team if there is some concern.

- 2.11.62 The competences specifically needed by healthcare workers to promote children's safety within the healthcare system are described in the intercollegiate document [Safeguarding Children and Young People: Roles and Competences for Health Care Staff \(RCPCH 2006\)](#)<sup>26</sup>

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<sup>25</sup> [www.dh.gov.uk/en/Healthcare/Children/Maternity/index.htm](http://www.dh.gov.uk/en/Healthcare/Children/Maternity/index.htm)

<sup>26</sup> [www.rcpch.ac.uk/Health-Services/Child-Protection/Child-Protection-](http://www.rcpch.ac.uk/Health-Services/Child-Protection/Child-Protection-)

- 2.11.63 All primary health care team members and practice employed staff should know when it is appropriate to refer a child to LA children's social care for help as a 'child in need', and how to act on concerns a child may be at risk of significant harm through abuse or neglect. In addition, where the GP is not making the referral, they should be informed at the earliest opportunity.
- 2.11.64 The GP, practice employed staff and the primary health care team are well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or which may mean that they pose a risk of harm to a child. Whilst GPs and other primary health care professionals have responsibilities to all their patients, children are particularly vulnerable and their welfare is paramount. When GPs and other health professionals have concerns that an adult's illness or behaviour or history (as a victim or abuser) may be putting a child at risk of suffering significant harm, they should make a referral to LA children's social care in line with [section 6. Referral and assessment](#).
- 2.11.65 Because of their knowledge of children and families, GPs, together with other practice staff and primary health care team members, have an important role in all stages of child protection processes, from appropriate information sharing with LA children's social care when enquiries are being made about a child, and contributing to assessments, to involvement in a child protection plan to protect a child from harm, as appropriate. GPs, practice staff and other primary health care team professionals should make relevant information about a child and family available to child protection conferences whether or not they, or a member of the primary health care team, are able to attend.
- 2.11.66 Primary health care teams should have a clear means of identifying in records those children (together with their parents and siblings) who are subject of a child protection plan. 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. There should be good communication between GPs, health visitors, school nurses, practice nurses and midwives and adult services if appropriate in respect of all children about whom there are concerns.
- 2.11.67 Primary health care teams are responsible for planning integrated GP out-of-hours services in their local area, and staff working within these services should know how to access advice from designated and named professionals within the PCT and Local Safeguarding Children Boards. Each GP and member of the primary health care team should have access to a copy of these *London Child Protection Procedures*.

### **General practitioners (GPs)**

- 2.11.68 All GPs have a duty to maintain their skills in the recognition of abuse, and be familiar with the procedures to be followed if abuse is suspected. GPs should take part in training about safeguarding and promoting the welfare of children, and have regular updates as part of their postgraduate educational programme. As employers, GPs should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given the opportunities to attend local courses in safeguarding and promoting the welfare of children or ensure that safeguarding training is provided within the team.
- 2.11.69 GPs are encouraged to become special interest practitioners for safeguarding children and young people by extending their competences and skills within the formally accredited Practitioners with Special interests (PwSis) framework<sup>27</sup>

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<sup>27</sup> Guidance and Competences for the Provision of Services using Practitioners with

## Health visitors

2.11.70 The specialist skills of health visitors are crucially important in protecting children<sup>28</sup>. Health visitors must have time to maintain effective contact with the child and family, to establish and develop a successful working relationship so they can consider the situation objectively. Where formal safeguarding procedures are in place, health visitors need ongoing contact with families so that they continue to receive preventative health interventions both during the crisis, and in the future. Health visitors should liaise with other professionals and agencies so that a full picture of risk factors and progress is obtained. Health visitors must have access to regular proactive child protection supervision to ensure good practice (see section

## School nurses<sup>29</sup>

2.11.71 School nurses spend a significant proportion of their time in school, have regular contact with children aged 5-19 and are commonly the lead professional for CAFs. School nurses are educated in child health and development and have a prominent role in delivering the Healthy Child Programme. The focus of their work with children is promoting, assessing and monitoring health and development, thus they have an important role in all stages of safeguarding children and child safeguarding processes.

## Maternity services

2.11.72 In order to fulfil their obligations to safeguard children and promote their welfare, NHS maternity services must:

- Have systems and arrangements in place;
- Ensure their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.11.73 Midwives are the primary health professionals likely to be working with and supporting women and their families throughout pregnancy. However, other health professionals including maternity support workers, health visitors and, where applicable, specialist key workers may also be directly engaged in providing support. The close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identify potential problems during pregnancy, birth and the child's early care.

2.11.74 Some women with mental health problems may have particular issues during pregnancy and after giving birth which may have an impact on the child's safety and well-being. See [section 5.29. Parental mental illness](#).

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Special Interests (PwSis): safeguarding children and young people (Royal College of General Practitioners). [http://www.rcgp.org.uk/pdf/CIRC\\_PwSI%20Safeguarding%20Children.pdf](http://www.rcgp.org.uk/pdf/CIRC_PwSI%20Safeguarding%20Children.pdf)

<sup>28</sup> *Getting it right for children and families: Maximising the contribution of the health visiting team (DH, 2009)*

<sup>29</sup> Nurses working in schools are often called 'school health advisers' or 'health advisers'

See [Antenatal and Postnatal Mental Health: Clinical Management and Service Guidance \(NICE Guidelines, 2007\)](#), at: <http://www.nice.org.uk/CG45>

- 2.11.75 It is estimated that a third of domestic violence starts or escalates during pregnancy. All health professionals working with pregnant women should understand that vulnerable women are more likely to delay seeking care, to fail to attend antenatal clinics regularly and will tend to deny and minimise abuse. Recognising the prevalence of abuse across all socio-economic groups, it is important that the issue of abuse is raised with every pregnant woman in a supportive and enabling environment, with information about specialist support agencies also provided, to enable disclosure should a woman choose. See [National Service Framework for Children, Young People and Maternity Services \(DH / DfES, 2004\)](#), and [Responding to Domestic Violence: A Handbook for Health Professionals \(DH, 2006\)](#).
- 2.11.76 Women and their families are increasingly choosing to access midwifery led maternity services. These are provided primarily outside hospitals in community based settings, including in children's centres. Where midwives and other maternity support staff are employed directly by NHS Primary Care or Hospital Trusts, they are integrated in that Trust's safeguarding arrangements. In the future, new commissioning arrangements may provide more flexible employment options. Contracting processes must explicitly specify and monitor that health professionals working in this way are fully integrated into the local safeguarding arrangements applicable to all other relevant health care providers.
- 2.11.77 Nurses and other health professionals working with children and families in a variety of environments need to be alert to the strong links between adult domestic abuse and child abuse and they are well placed to recognise and respond when a child is in need of help, services or at potential risk of significant harm.

### **Mother and baby units**

- 2.11.78 Staff in mother and baby units should receive enhanced training in child protection and infant resuscitation.

### **Child and adolescent mental health services (CAMHS)**

- 2.11.79 In order to fulfil their obligations to safeguard children and promote their welfare, CAMHS must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.80 As part of assessment and care planning, CAMHS professionals should identify whether child abuse or neglect or domestic violence are factors in a child's mental health problems and refer the child to LA children's social care in line with [section 6. Referral and assessment](#). CAMHS professionals must also ensure that the harm is addressed appropriately in the child's treatment and care.

- 2.11.81 CAMHS professionals have a role in the initial assessment process in cases where their specific skills and knowledge are helpful, for example:
- Children with severe behavioural and emotional disturbance, eating disorders or self-harming behaviour;
  - Children who harm others (e.g. children with sexually harmful behaviour), in particular children where there are concerns about learning difficulties or mental ill health;
  - Families where there is a perceived high risk of danger;
  - Where the abused child or abuser has severe communication problems;
  - Where the parent or carer fabricates or induces illness (see [section 5.12. Fabricated or induced illness](#));
  - Where multiple victims are involved;
  - Children with mental health problems who offend;
  - Children with significant learning difficulties, a disability, or sensory and communication difficulties (potentially requiring the expertise of a specialist learning disability in addition to a CAMHS professional);
  - Children with mental health problems whose parents also have mental health problems.
- 2.11.82 CAMHS can also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families (e.g. the provision of reports for court and direct work with children, parents and families – where these services have been commissioned).
- 2.11.83 CAMHS may be provided either within general or specialist multi-disciplinary teams, depending upon the severity and complexity of the problem. In addition, consultation and training may be offered to other agencies in the community (e.g. LA children's social care, schools, primary health care teams, Connexions and nurseries).

## Paediatric services

- 2.11.84 In order to fulfil their obligations to safeguard children and promote their welfare, NHS paediatric services must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

## Paediatricians

- 2.11.85 All paediatricians will come into contact with child abuse and neglect in the course of their work. All paediatricians must maintain their skills in the recognition of abuse and neglect and be familiar with the procedures to be followed if harm is suspected.



- 2.11.87 Consultant paediatricians in particular may be involved in difficult diagnostic situations, differentiating those where abnormalities may have been caused by abuse from those which have a medical cause. In their contacts with children and families they should be sensitive to, and knowledgeable about, indicators suggesting the need for additional support or inquiries to prevent or identify abuse and neglect.
- 2.11.88 Where paediatricians undertake forensic medical examination, they must ensure they are competent to do so, or work together with a colleague such as a forensic medical examiner who has the necessary complementary skills.
- 2.11.89 Paediatricians will sometimes be required to provide reports for child protection investigations, civil and criminal proceedings and appear as witnesses to give oral evidence. They must always act in accordance with guidance from the General Medical Council and professional bodies, ensuring their evidence is accurate.
- 2.11.90 The core and case dependent skills required are outlined in detail in [Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse \(Royal College of Paediatrics and Child Health and the Association of Forensic Physicians, 2004\)](#)
- 2.11.91 Some paediatricians will act as independent expert witnesses in legal proceedings. See the [Expert Witness Guidance \(British Medical Association, 2006\)](#), at [www.bma.org.uk](http://www.bma.org.uk).

### Allied health professionals

- 2.11.92 All other health professionals and staff who provide help and support to promote children's health and development should be supported by their agencies, and have the professional competences outlined in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

### Adult mental health services

- 2.11.93 In order to fulfil their obligations to safeguard children and promote their welfare, adult mental health services must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.94 Adult mental health services, including older adult's services, have a duty to safeguard and promote the welfare of children. These services can include inpatient and community, forensic, specialist services, psychological therapies, allied health services, alcohol and substance misuse and learning disability services. All mental health staff who work with adults in whatever type of agency and whatever their role must comply with these *London Child Protection Procedures*. Consultation, supervision and training resources regarding child protection should be available and accessible in each service.



2.11.95 Contact between adults with mental health problems (including parents) and children will not necessarily indicate a risk of abuse or neglect to the child; any abuse or neglect will be the result of the adult's behaviour rather than any mental health problem in itself. However, children who are cared for by an adult with severe and enduring mental health problems are likely to be children in need within the terms of the [Children Act 1989](#). Services have a responsibility to the following children:

- Unborn children of service users who are pregnant or expectant fathers;
- Children who are the offspring of service users, whether living in the same household or not;
- Children who are in any way related to service users – as grandchildren, nephews, nieces, siblings, etc.;
- Children who live in households shared with, or visited by, service users;
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse.

2.11.96 Adult mental health services may play a role in relation to safeguarding and promoting the welfare of children in one or more of the following ways:

- Identifying children who are being or have been abused or neglected;
- Making referrals to LA children's social care if a child is in need of support or protection;
- Contributing to s47 child protection investigations and subsequent child protection conferences and reviews;
- Providing information for other agencies and courts where necessary;
- Treating children who are being or have been abused or neglected;
- Supporting parents care for their children and keep them safe;
- Advising parents about the impact of their mental illness or substance misuse on their children (including unborn);
- Identifying when the impact of a service user's mental illness or substance misuse is impairing their child's health and development and taking action to safeguard the child including adapting care and treatment plan for adult;
- Contributing to multi-agency common assessments of children and their families;
- Liaising with other community services for children;
- Treating or working with adults who have been subject of childhood abuse;
- Treating or working with adults who have been convicted of abusing children;
- Undertaking parenting assessments.

2.11.97 In addition to the professional competences outlined in [section 2.3.3](#), adult mental health service staff should:

- Seek to discover whether any patient / service user / client has responsibility for, or significant contact with, a child and consider the impact the service user's condition may have on that child and whether this requires a referral to LA children's social care;
  - Routinely record details of patients' responsibilities in relation to children and to consider their support needs in relation to parenting in all aspects of their work using the [Care Programme Approach](#);
  - Work jointly with LA children's social care when Mental Health Act assessments and child protection assessments are being considered around the same time. This may entail joint planning and joint assessments. This should prevent delays which can arise as each agency waits for the other to complete their assessment first and in the meantime the situation is exacerbated and the police have to use their public protection powers which could have been avoided.
- 2.11.98 Adult mental health services may be working with an adult whose child is also known to CAHMS so this should be checked.
- 2.11.99 Adult mental health services may be working with an adult who discloses they were abused in childhood. Other children may currently be at risk from the same abuser. Professionals must inform the service user of their professional duty to safeguard children and endeavour to ascertain whether the past abuser is currently in contact with children who could be currently at risk of harm which may need to be referred to LA children's social care or the police.
- 2.11.100 Adult mental health professionals must identify service users who are pregnant, are parents or who have regular access to children whether they reside with children or not. Professionals should consider any risk to children as part of their risk assessments and where appropriate share information with LA children's social care.
- 2.11.101 When adult mental health services and children's social care services are both involved with a family, ideally joint assessments should be carried out to assess parent support needs and risk of harm to the child, involving other services such as primary care as appropriate.
- 2.11.102 Children should be given an opportunity to contribute to assessments as they often have good insight into the patterns and manifestations of their parent's mental ill-health. Consideration should be given as to whether a child is a young carer and eligible for a child in need assessment. See [section 5.44. Young carers](#).
- 2.11.103 [Care Programme Approach \(CPA\)](#) assessments and meetings for adults who are parents must include an ongoing perspective on the needs and risk factors for the children concerned. LA children's social care should be invited to contribute if they are involved with a family or risks and needs have been identified that justify their involvement.
- 2.11.104 Strategy meetings / discussions can be called by any agency involved with the child or adult receiving mental health services in order to share information and make future plans to safeguard the child. Mental health professionals can call strategy meetings / discussions and they must be included in strategy meetings / discussions, child protection conferences or associated meetings if a mental health service user is involved.
- 2.11.105 Mental health inpatient services should have written policies regarding the welfare of children and particularly the visiting of inpatients by children. See [section 5.36. Psychiatric wards and facilities \(children visiting\)](#).

- 2.11.106 Adult mental health services should work with Local Safeguarding Children Boards to ensure that inter-agency / disciplinary protocols are in place for close inter-agency collaboration.
- 2.11.107 For further information see Royal College of Psychiatrists Reports including [Patients as Parents](#) and [Child Abuse and Neglect: the role of Mental Health Services](#), both available to download free at: [www.rcpsych.ac.uk](http://www.rcpsych.ac.uk).

### Named professionals in Mental Health Trusts

- 2.11.108 Mental Health Trusts usually provide services across several local authority areas and from a large number of sites in the community and in hospitals. Most services are integrated with local authority adult mental health services. Services are provided for patients with severe and enduring mental illness and can include CAMHS, community mental health teams, home treatment teams, assertive outreach services, specialist addictions services, crisis intervention services, psychiatric liaison services in hospital, forensic services, acute inpatient services, medium secure inpatient services, etc.
- 2.11.109 Mental Health Trusts are as a minimum required to identify a named nurse and a named doctor but may wish to appoint additional staff to ensure each borough and service has access to specialist support. Mental Health Trusts may also call on their social work staff to fulfil this role.
- 2.11.110 It is important that named professionals for safeguarding children have experience and understanding of both child welfare / multi-agency child protection practice and adult mental health services and mental illness. They can play a key role in bridging adult and children's services.
- 2.11.111 Named professionals in Mental Health Trusts will be expected to contribute to the work of Local Safeguarding Children Boards to ensure adult mental health services take full account of their child protection responsibilities and ensure the range of children's services have an understanding of the role of adult mental health services.

### Children visiting psychiatric patients

- 2.11.112 All inpatient mental health services must have policies and procedures relating to children visiting inpatients as set out in the [Guidance on the Visiting of Psychiatric Patients by Children \(HSC 1999/222 / LAC \[99\] 32\)](#), to NHS Trusts. See [section 5.36. Psychiatric wards and facilities \(children visiting\)](#).

### Alcohol and drug services

- 2.11.113 In order to fulfil their obligations to safeguard children and promote their welfare, alcohol and drug services must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service as relevant;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.114 Addictions services should be linked to the relevant agencies at local level through Drug Action Teams, which comprise, as a minimum, health, LA children's social care, education and police representatives.

- 2.11.115 Arrangements should be in place between Drug Action Teams and LA children's social care for timely identification, referral and joint-assessment of families where a child (including an unborn child) may be at risk of harm through their parent's substance misuse.
- 2.11.116 Where children may be suffering significant harm because of their own substance misuse, or where parental substance misuse may be causing such harm, referrals will need to be made by drug action teams or alcohol services in accordance with LSCB procedures. Where children are not suffering significant harm, referral arrangements also need to be in place to enable children's broader needs to be assessed and responded to.

## Dental services

- 2.11.117 In order to fulfil their obligations to safeguard children and promote their welfare, dental services must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.118 Dental care practitioners and professionals (dental therapists, dental hygienists, dental nurses, etc.) may see vulnerable children both within health care settings and when undertaking domiciliary visits. They may identify injuries to the head, neck, face, mouth and teeth, in addition to potentially identifying other child welfare concerns.

- 2.11.119 All dental teams should:

- Be included within the child protection systems and training of the local Trust;
- Have access to a copy of the *London Child Protection Procedures* and any relevant local LSCB protocols;
- Have access to [Child Protection and the Dental Team: an introduction to safeguarding children in dental practice \(DH / Committee of Postgraduate Dental Deans and Directors UK\)](#) – an educational resource consisting of a handbook and a website: [www.cpdtd.org.uk](http://www.cpdtd.org.uk).
- Have access to [Procedures to be Adopted by the Dental Professional who Suspects Child Abuse \(British Society of Paediatric Dentistry and the Royal College of Paediatrics and Child Health\)](#) at [www.rcpch.org.uk](http://www.rcpch.org.uk).

- 2.11.120 The dental team should ensure that they have the knowledge and skills to identify concerns regarding a child's welfare, know how to refer to LA children's social care, and know who to contact for further advice, including the named and designated professionals in the PCT.

## Optometrists

- 2.11.121 In order to fulfil their obligations to safeguard children and promote their welfare, optometrists must:

- Have systems and arrangements in place;

- Ensure that their staff are competent;
- Nominate child protection advisers;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.122 Optometrists are part of the wider health care team. They and their staff are likely to be involved in safeguarding children in two main ways. They may:
- Have concerns about a child, and should refer those concerns to another professional. This may be a social worker, GP or health visitor.
  - Be approached by LA children's social care and asked to provide information about a child or family. This may happen regardless of who made the referral to LA children's social care.
- 2.11.123 Optometrists and their staff should be alert to potential indicators of abuse or neglect in children, and know how to act appropriately (i.e. know how to refer to LA children's social care and who to contact for further advice – including the named and designated professionals in the PCT).
- 2.11.124 All optometrists and their staff should:
- Be included within the child protection systems and training of the local Trust;
  - Have access to a copy of the *London Child Protection Procedures* and any relevant local LSCB protocols;
  - Have access to the College of Optometrists' [Safeguarding Children Guidance](#) on what to do if an optometrist suspects a child is being abused, available on the College website: [www.college-optometrists.org](http://www.college-optometrists.org).
  - Have access to the College of Optometrists' [Code of Ethics and Guidelines for Professional Conduct](#), also available at: [www.college-optometrists.org](http://www.college-optometrists.org); particularly sections:
    - 26. *Examining Children and Vulnerable Adults*;
    - 2. *Patient Practitioner Relationship*;
    - 3. *Patient-Practitioner Communication*;
    - 19. *Examining the Younger Child*;
    - 24. *Examining the Adult Patient with Learning Disabilities*.
- 2.11.125 Consider accessing additional information on [The Trust in the Doctor / Patient Relationship Guidance](#) for doctors and patients on professional boundaries, available at: [www.bma.org.uk](http://www.bma.org.uk).

## Pharmacists

- 2.11.126 In order to fulfil their obligations to safeguard children and promote their welfare, pharmacists must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;

- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.11.127 Pharmacists should have knowledge and skills to identify concerns regarding a child's welfare, know how to refer to children's social care and who to contact for further advice – including the named and designated professionals in the PCT.
- 2.11.128 Pharmacists are encouraged to become special interest practitioners for safeguarding children and young people by extending their competences and skills within the formally accredited Practitioners with Special interests (PwSis) framework<sup>30</sup>
- 2.11.129 Pharmacists prescribing emergency hormonal contraception (EHC) to minors should have enhanced training in the recognition and referral for sexually abused and sexually exploited children.
- 2.11.130 Pharmacists have a responsibility for ensuring that any staff working closely (and alone) with children are vetted and have clear Criminal Records Bureau checks.

## 2.12 The Metropolitan Police Service

### Territorial police (also known as borough police)

- 2.12.1 In order to fulfil their obligations to safeguard children and promote their welfare, the territorial police must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.12.2 The main roles of the police are to uphold the law, prevent crime and disorder and protect the citizen. Children, like all citizens, have the right to the full protection offered by the criminal law. The police have a duty and responsibility to investigate all criminal offences and, as Lord Laming pointed out in his [report into the circumstances leading to the death of Victoria Climbié \(2003\)](#), 'the investigation of crimes against children is as important as the investigation of any other serious crime and any suggestions that child protection policing is of lower status than any other form of policing should be eradicated.'
- 2.12.3 The police recognise the fundamental importance of inter-agency working in combating child abuse, as illustrated by well-established arrangements for joint training involving police and social care colleagues. The police also have specialist training in investigating child abuse cases. The second edition of

<sup>30</sup> Guidance and Competences for the Provision of Services using Practitioners with Special Interests (PwSis): safeguarding children and young people (Royal College of General Practitioners). [http://www.rcgp.org.uk/pdf/CIRC\\_PwSI%20Safeguarding%20Children.pdf](http://www.rcgp.org.uk/pdf/CIRC_PwSI%20Safeguarding%20Children.pdf)



guidance on [Investigating Child Abuse and Safeguarding Children](#)<sup>31</sup> was published by ACPO and the National Police Improvement Agency in 2009. This sets out the investigative doctrine, training courses and terms of reference for police forces' child abuse investigation units (CAIUs).

- 2.12.4 Safeguarding children is not solely the role of CAIU officers, it is a fundamental part of the duties of all police officers. Patrol officers attending domestic violence incidents, for example, should be aware of the effect of such violence on any children normally resident within the household. The [Children Act 2004](#) places a wider duty on the police to safeguard and promote the welfare of children. They also maintain relevant UK-wide databases, such as VISOR, the Violent and Sexual Offenders Register. This has been developed jointly between the police and probation service to assist management of offenders in the community. Through the [Safeguarding Vulnerable Groups Act 2006](#) the Government plans to establish a new integrated *Vetting and Barring Scheme* in 2008, which will regulate all those who work with children (and vulnerable adults), and will rely on regularly updated police information. It is not the intention that the police will deploy resources into areas which are not in their normal range of duties, and separate guidance is available to help the police to carry out this responsibility, but officers engaged in, for example, crime and disorder reduction partnerships, Drug Action Teams, Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA). must keep in mind the needs of children in their area.
- 2.12.5 The police hold important information about children who may be at risk of harm in addition to those who may cause such harm. They are committed to sharing information and intelligence with other agencies where this is necessary to protect children. This includes a responsibility to ensure those officers representing the service at a child protection conference are fully informed about the case and experienced in risk assessment and the decision-making process. Similarly, they can expect other agencies to share with them information and intelligence they hold to enable the police to carry out their duties.
- 2.12.6 For further information see the [Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases \(2003\)](#), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly.

### **Criminal investigations**

- 2.12.7 The police are responsible for the gathering of evidence in criminal investigations. This task can be carried out in conjunction with other agencies but the police are ultimately accountable for the product of criminal enquiries. Any evidence gathered may be of use to local authorities (e.g. local authority solicitors preparing civil proceedings to protect a child) and others (e.g. employer's human resources departments dealing with concerns about members of staff / volunteers). The Crown Prosecution Service (CPS) should be consulted, but evidence will normally be shared if it is in the best interests of the child.
- 2.12.8 The police should be notified as soon as possible by LA children's social care wherever a case referred to them involves a criminal offence committed, or suspected of having been committed, against a child. Other agencies should also share such information wherever possible. This does not mean in all such cases a full investigation will be required, or there will necessarily be any further police involvement. It is important, however, to ensure the police are informed and consulted so all relevant information can be taken into account before a final decision is made by any agency about action in a given case.

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<sup>31</sup> <http://www.npia.police.uk/en/14532.htm>

- 2.12.10 Decisions about instigation of criminal proceedings are made by police and the CPS, whenever possible after consultation with other agencies and the decision is primarily based upon:
- Sufficiency of evidence;
  - Interests of the child; and
  - Public interest.
- 2.12.10 In addition to their duty to investigate criminal offences, the police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm. Such powers should be used only when necessary, the principle being that wherever possible a decision to compulsorily remove a child from a parent should be made by a court. For detailed guidance see [Home Office Circular 44/2003](#)<sup>32</sup>.
- 2.12.11 All police (including territorial officers / criminal investigations department (CID) officers) must ensure that when they deal with any incident or report where children are concerned, involved or present (e.g. an incident of domestic violence) they complete a Merlin child coming to notice form (previously Form 78) and immediately dispatch this to the police CAIU. The CAIU detective sergeant ensures that a risk assessment is undertaken depending on the information. At the conclusion of that assessment, a decision will be made on whether to send to relevant agencies (however, they are always sent to LA children's social care). Not all Merlin entries will be sent to agencies, only those that reach a threshold of significant harm or likely to have suffered significant harm.

### Child abuse investigation units (CAIUs)

- 2.12.12 In order to fulfil their obligations to safeguard children and promote their welfare, the Child abuse investigation unit (CAIU) must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.12.13 The Metropolitan Police Child Abuse Investigation Command (CAIC) operates CAIUs in all London boroughs. There are four regions (north, south, east and west), and each region is managed by a detective chief inspector. Each CAIU is managed by a detective inspector. The CAIC also operates with two major investigation teams that investigate child homicides and complex abuse cases. The paedophile unit is the proactive investigative side of the CAIC, tackling predatory paedophiles and, together with the computer crime unit, investigating child abuse on the internet.
- 2.12.14 The CAIC also have a unit based at Heathrow Airport who safeguard children at London ports. The Metropolitan Police have access to a database titled IMPACT Nominal Index (INI) to check which forces (UK-wide) hold information on a particular individual. Each CAIU has access to this system. However, this

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<sup>32</sup> <http://www.crimereduction.gov.uk/victims29.htm>

system will only be searched on receipt of a s47 referral or request for information using form 87B (available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)), and the process can be slow. Therefore, on occasions there may be a delay.

- 2.12.15 The system has greatly enhanced the police's ability to contribute to inter-agency requests in addressing perceived risks. The INI capability draws on a number of police databases including child protection, domestic violence, crime, custody and intelligence as an investigation tool enables access to information that may not be on the Police national computer.
- 2.12.16 The CAIU provides a 24 hour service to:
- Protect life and prevent crime;
  - Investigate (often serious) crimes against children;
  - Instigate criminal proceedings (in conjunction with the CPS) provided there is sufficient evidence, it is in the public interest to do so and it is in the best interests of the child;
  - Share information within, and where necessary outside the police service to protect children;
  - Make decisions and undertake risk assessments;
  - Undertake emergency protection of abused or neglected children and use powers of entry and removal where necessary;
  - Share information about sex offenders for local Multi-Agency Public Protection Arrangements (MAPPA);
  - Support civil proceedings;
  - Set professional standards.
- 2.12.17 The CAIU terms of reference are to record and investigate all suspicions or allegations of crime that come within the scope of the term 'child abuse' in co-operation with local authorities and other appropriate agencies:
- Occurring within the household (as opposed to a stranger attack);
  - Committed by a carer or family member against a child where the victim is under 18 years of age (family members include mother, father, son, daughter, sibling and grandparents, whether directly related, in-laws or step family, cousins etc);
  - Concerning children in care when the abuser is alleged to be the carer or an employee of the care organisation (e.g. foster carer). A carer includes any person visiting the household regularly (e.g. neighbours or family friends) or any person having care responsibility at the time of the alleged offence (e.g. teacher, youth worker, babysitter);
  - Where the victim is an adult and the abuse occurred whilst he or she was a child under the circumstances as described above;
  - Which are connected matters (offences against other children) coming to notice during enquiries by officers into the circumstances above (e.g. where an abuser within a family has also committed similar offences against an unrelated child);
  - Allegations categorised as parental abduction, outlined in the [Child Abduction Act 1984](#).

- 2.12.18 Investigations falling within the above terms of reference will be conducted by the appropriate CAIU depending on the location of the incident and where the child lives.
- 2.12.19 Investigations, outside the CAIU terms of reference, will be dealt with (to the same standard) by CID officers from the police station which covers the area in which the offence occurred.

## 2.13 Children and Family Court Advisory and Support Service (CAFCASS)

2.13.1 In order to fulfil their obligations to safeguard children and promote their welfare, the [Cafcass](#) must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.13.2 Cafcass has a duty under s12(1) of the [Criminal Justice and Courts Services Act 2000](#) to safeguard and promote the welfare of children involved in family proceedings in which their welfare is, or may be, in question.

2.13.3 Cafcass's functions are to:

- Safeguard and promote the welfare of children who are the subject of family proceedings;
- Give advice to any court about any application made to it in such proceedings;
- Make provision for children to be represented in such proceedings;
- Provide information, advice and other support for children and their families; and
- Assess risk.

2.13.4 Cafcass Officers have different roles in private and public law proceedings. These roles are denoted by different titles:

- Children's Guardians, who are appointed to safeguard the interests of a child who is the subject of specified proceedings under the Children Act 1989, or who is the subject of adoption proceedings;
- Parental Order Reporters, who are appointed to investigate and report to the court on circumstances relevant under the Human Fertilisation and Embryology Act 1990; and
- Children and Family Reporters, who prepare welfare reports for the court in relation to applications under section 8 of the Children Act 1989 (private law proceedings, including applications for residence and contact). Increasingly they also work with families at the stage of their initial application to the court.

- 2.13.5 Cafcass staff must refer any child protection concerns to LA children's social care without delay, in line with [section 6. Referral and assessment](#).
- 2.13.6 Cafcass will also notify LA children's social care where allegations of, or information about, domestic violence are brought to its attention during private law proceedings.
- 2.13.7 Cafcass carry out visit screening / assessments in respect of all private law applications. This screening will include checks with LA social care services and police criminal records. Requests for these checks should be responded to promptly in order to ensure that children in private law proceedings are safeguarded.
- 2.13.8 The Cafcass Officer has a statutory right in public law cases to access and take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body (for example, the NSPCC) that relate to that child.
- 2.13.9 Where a Cafcass Officer has been appointed by the court as Children's Guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings; applications for contact; residence, specific issue and prohibited steps orders that have become particularly difficult can also be specified proceedings) they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences, and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand the role of the Cafcass Officer.

## 2.14 London probation service

- 2.14.1 In order to fulfil their obligations to safeguard children and promote their welfare, London probation service must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities;
- This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).
- 2.14.2 The Probation Service supervises offenders with the aim of reducing re-offending and protecting the public. As part of their main responsibility to supervise offenders in the community, offender managers are in contact with, or supervising, a number of offenders who have been identified as presenting a risk, or potential risk, of harm to children. They also supervise offenders who are parents or carers of children and these children may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes. By working with these offenders to change their lifestyles and to enable them to change their behaviour, offender managers safeguard and

promote the welfare of offenders' children. In addition, Probation Areas/Trusts provide a direct service to children by:

- providing a statutory victim contact scheme to the victims of violent and sexual offences, including children and young people (where the victim is aged under 17, their parent or guardian is also entitled to services);
- Delivering unpaid work requirements to 16- and 17-year-olds;
- Fulfilling their role as statutory partner of yots; and
- Ensuring support for victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes.

- 2.14.3 Offender managers should also ensure that there is clarity and communication between MAPPA and other risk management processes – for example, in the case of safeguarding children, procedures covering registered sex offenders, domestic abuse management meetings, child protection procedures and procedures for the assessment of people identified as presenting a risk or potential risk of harm to children. [See section 13. Risk management of known offenders.](#)
- 2.14.4 Probation staff may become involved with cases which are relevant to child protection:
- In the course of preparing reports to the criminal courts;
  - As a result of their responsibility for the supervision of offenders (including those convicted of offences against children);
  - Where an offender had been subjected to abuse as a child;
  - Where a sixteen or seventeen year old offender is or has been the subject of abuse;
  - Where a court requests a bail hostel placement for a single carer;
  - When a single carer is remanded or sentenced to custody.
- 2.14.6 Probation staff must refer a child to LA children's social care if they are concerned that they may be in need or at risk of significant harm.
- 2.14.7 All offenders referred to the probation service are assessed in terms of their risk level and needs by use of a standard assessment tool (OASys). Those assessed as high or very high risk are dealt with by means of the statutory Multi-Agency Public Protection Arrangements (MAPPA) – see [section 13.5 for risk management of adult sexual and violent offenders under the MAPPA.](#)
- 2.14.8 Offender managers should ensure there is clarity and communication between MAPPA and other risk management processes (e.g. in the case of safeguarding children, procedures covering registered sex offenders, domestic abuse management meetings, child protection procedures and procedures for the assessment of persons identified as presenting a risk or potential risk to children). [See section 13. Risk management of known offenders.](#)
- 2.14.9 The probation service victim liaison officer should consult LA children's social care in cases where the victim is a child.
- 2.14.10 Probation policy and procedures for the assessment and management of risk of harm for the London probation area are common to all London boroughs.
- 2.14.11 When working with any member of a family where child abuse is known or thought to have occurred and where the child remains in the care of or has contact with the abuser, the probation staff must liaise closely with LA children's



social care and any other relevant agencies (the exception is where child has been removed and has no planned contact).

## 2.15 Courts

2.15.1 In order to fulfil their obligations to safeguard children and promote their welfare, the courts must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide out-of-hours arrangements for contacting magistrates for emergency protection order (EPO) applications;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.15.2 Children experience the justice system in various other ways: in family proceedings, as victims of and witnesses to crimes or if the child commits an offence.

## 2.16 Crown Prosecution Service (CPS)

2.16.1 In order to fulfil their obligations to safeguard children and promote their welfare, the Crown Prosecution Service must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

## 2.17 The Prison Service and high security hospitals

2.17.1 In order to fulfil their obligations to safeguard children and promote their welfare, the Prison Service and high security hospitals must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.17.2 Governors of prisons (or, in the case of contracted prisons, their directors) have a duty to make arrangements to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts.
- 2.17.3 In particular Governors / Directors of women's establishments which have mother and baby units have to ensure staff working on the units are prioritised for child protection training, and that there is always a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid / child resuscitation. Each baby must have a childcare plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.
- 2.17.4 Governors / Directors of all prison establishments must have arrangements in place that protect the public from prisoners in their care. This includes having effective processes in place to ensure prisoners are not able to cause harm to the public and particularly children. Restrictions will be placed on prisoner communications (visits, telephone and correspondence) that are proportionate to the risk they present. As a response to incidents where prisoners have attempted to 'condition and groom' future victims, all prisoners who have been identified as presenting a risk to children will not be allowed contact with children unless a favourable risk assessment has been undertaken, see [section 5.8. Custodial settings \(children visiting\)](#). This assessment will take into consideration information held by the police, probation, prison and LA children's social care.
- 2.17.5 The views of the child or young person will be an important element of the assessment. When seeking the views of the parent (person with parental responsibility) regarding contact, it is important that the child's views are sought. In the letter to the child's parents it should be emphasised that the child's views should be taken into account. If a child is able to make an informed choice, these views must be considered. LA children's social care staff will ascertain the views of the child during the home visit.
- 2.17.6 When there are plans to release a prisoner convicted of an offence against children, prisons are required to notify the LA children's social care and probation service in the area in which the offender intends to be resettled on release. This notification enables enquiries to be made regarding potential risk posed to children.
- Governors of prisons should ensure they have adequate representation on their Local Safeguarding Children Board.
- 2.17.7 The high security hospitals (Ashworth, Broadmoor and Rampton) have a duty to implement child protection policies, liaise with the LSCB in their area, provide safe venues for children's visits and provide nominated officers to oversee the assessment of whether visits by specific children would be in their best interests. LA children's social care services may assist by assessing if it is in a particular child's best interests to visit a named patient, see [section 5.36. Psychiatric wards and facilities \(children visiting\)](#).

## 2.18 The secure estate for children

- 2.18.1 The [Children Act 1989](#) applies to children and young people in the secure estate and the local authority continues to have responsibilities towards them in the same way as they do for other children in need. LSCBs will have oversight of the safeguarding arrangements within secure settings in their area.
- 2.18.2 The Youth Justice Board (YJB) has a statutory responsibility under the [Crime and Disorder Act 1998](#) for the commissioning and purchasing of all secure accommodation for children and young people who are sentenced or remanded by the courts. It does not deliver services directly to young people but is responsible for setting standards for the delivery of those services.
- 2.18.3 There are three types of secure accommodation in which a young person can be placed, which together make up the secure estate for children and young people:
- Young Offender Institutions (YOIs);
  - Secure Training Centres (STCs); and
  - Secure Children's Homes (SCHs)
- 2.18.4 All these establishments have a duty to effectively safeguard and promote the welfare of children and young people, which should include:
- Protection of harm from self;
  - Protection of harm from adults; and
  - Protection of harm from peers.
- 2.18.5 In order to fulfil their obligations to safeguard children and promote their welfare, the secure estate for children must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

Local authorities, LSCBs, YOTs and secure establishments should have agreed protocols setting out how they will work together and share information to safeguard and promote the welfare of children and young people in secure establishments.

- 2.18.6 All members of staff working in secure establishments have a duty to promote the welfare of children and young people and ensure that they are safeguarded effectively. They should receive appropriate training to enable them to fulfil these duties. In addition, Governors, Directors and senior managers have a duty to ensure that appropriate procedures are in place to enable them to fulfil their safeguarding responsibilities. These procedures should include, but not be limited to, arrangements to respond to:

- Child protection allegations;
  - Incidents of self-harm and suicide; and
  - Incidents of violence and bullying.
- 2.18.7 All staff working within secure establishments should understand their individual safeguarding responsibilities and should receive appropriate training to enable them to fulfil these duties. Appropriate recruitment and selection processes should be in place to ensure staff's suitability to work with children and young people. These procedures should cover any adult working within the establishment, whether or not they are directly employed by the Governor/Director.

### Young Offender Institutions

- 2.18.8 Young offender institutions (YOIs) are facilities run by both the Prison Service and the private sector and accommodate 15 to 17 year olds. Young people serving Detention and Training Orders can be accommodated beyond the age of 17 subject to child protection considerations. The majority of YOIs accommodate male young people, although there are four dedicated female units
- 2.18.9 The statutory responsibility for YOI's to safeguard and promote the welfare of the children in their care falls to the Governor of the establishment, who is required to have regard to the policies agreed by the Prison Service and the YJB for safeguarding and promoting the welfare of children held in custody. The arrangements are published in [Prison Service Order 4950 Juvenile Regimes](#) and should be discharged in consultation with the Local Safeguarding Children Board (LSCB) for the area. The Governor must represent the YOI on the Local Safeguarding Children Board.
- 2.18.6 For more detail on the requirements and expectations of YOI safeguarding practice, see [Prison Service Order 4950 Juvenile Regimes](#), at: [http://pso.hmprisonservice.gov.uk/PSO\\_4950\\_regimes\\_for\\_juveniles.doc](http://pso.hmprisonservice.gov.uk/PSO_4950_regimes_for_juveniles.doc).
- 2.18.8 Governors of YOIs must ensure that a multi-agency child protection committee, chaired by a senior member of staff, is in place within the establishment. Minimum core membership should include:
- The Governor;
  - A representative from the Local Safeguarding Children Board;
  - The establishment's safeguards manager;
  - Representatives of healthcare, throughcare and the chaplaincy;
  - A representative of the local Youth Offending Team;
  - A representative personal officer / caseworker.
- 2.18.9 Key objectives of the committee will be to:
- Appoint a senior member of staff as safeguards manager, to be a member of the committee and to take the lead responsibility for child protection and safeguarding matters, although ultimate accountability for this work will remain with the Governor of the establishment;
  - Develop, review and update internal policies and procedures to ensure the YOI fulfils its duty to safeguard and promote the welfare of children. The policies and procedures should be in line with these *London Child Protection Procedures* and approved by the local LSCB and must include:

- a child protection policy, making clear arrangements and procedures for managing abuse and disclosure of abuse, including referral to LA children's social care, in line with [section 6. Referral and assessment](#), and the police;
- procedures for managing and supporting young people who self-harm or threaten suicide;
- a strategy for reducing incidents and the level of violence within the establishment, including procedures for dealing with all forms of bullying. All YOI staff, particularly those with direct responsibility for safeguarding (i.e. the safeguards manager) should be aware of, and follow, [section 5.18. Harming others](#) as this section has particular relevance to the work of the secure estate;
- procedures for managing children in their care who are known to pose a risk to the public, which feeds into Multi-agency Public Protection Arrangements (MAPPA);
- procedures for managing (or cooperating with) child protection investigations under s47 of the [Children Act 1989](#) where there are concerns about the welfare of a child or young person resident in the establishment.

2.18.10 The same measures should apply to children in other custodial settings, such as children in adult prison settings or immigration detention centres.

### Secure Training Centres

2.18.12 Secure training centres (STCs) are purpose-built centres for young offenders up to the age of 17. STCs can accommodate both male and female young people who are held separately. They are run by private operators under contracts, which set out detailed operational requirements. There are four STCs in England

2.18.12 STCs focus on childcare and considerable time and effort is spent on individual needs so that on release young people are able to make better life choices. Each STC has a duty to protect and promote the welfare of those children in its custody. Directors must ensure that effective safeguarding policies and procedures are in place that explain staff responsibilities in relation to safeguarding and welfare promotion. These arrangements must be established in consultation with the local LSCB.

2.18.13 In particular, internal policies and procedures must give clear direction to staff about their safeguarding responsibilities and the responsibility to ensure that when appropriate s47, [Children Act 1989](#).

### Local authority (LA) secure children's homes

2.18.14 Most secure children's homes (SCHs) are run by local authority children's social care. They can also be run by third sector organisations. They accommodate children and young people who are placed there on a secure welfare order for the protection of themselves or others, and for those placed under criminal justice legislation by the Youth Justice Board. SCHs are generally used to accommodate young offenders aged 12 to 14, girls up to the age of 16, and 15 to 16 year old boys who are assessed as vulnerable.

2.18.15 SCHs, like all children's homes, are registered and inspected by Ofsted and must comply with the [Children's Homes Regulations 2001](#) and meet the [Children's Homes National Minimum Standards](#), both of which cover a range of issues including child protection.

## Youth Offending Teams

2.18.16 In order to fulfil their obligations to safeguard children and promote their welfare, Youth offending teams (Yots) must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Work with the public/local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties, 2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.18.17 The duties of the Yot are to co-ordinate the provision of youth justice services for all those in the local authority's area who need them, and to carry out other duties under the [Crime and Disorder Act 1998](#). Yots have contact with both victims and perpetrators of crime, and their families, therefore there may be occasions when professionals identify circumstances in which action by LA children's social care is required. Due to the multi-disciplinary nature of Yots, they are well placed to fulfil their responsibilities under s11 of the [Children Act 2004](#).

2.18.18 Recommendations for the role of Yot's in the safeguarding of children are contained in the thematic inspection report [From Arrest to Sentence \(HM Inspectorate of Probation, 2005\)](#).

2.18.19 A number of the children who are supervised by Yots will be children in need, some of whose needs will require safeguarding. There should therefore be clear links between youth justice services and LA children's social care, both at a strategic level and at a child-specific operational level.

2.18.20 The responsibilities set out below apply not only to the mainstream Yot, but also to initiatives under the prevention agenda, and professionals / agencies contracted to provide services on behalf of the Yot. Yots have a duty to make arrangements to ensure their functions are discharged, having regard to the need to safeguard and promote the welfare of children, and to this end must ensure the following arrangements are in place:

- A senior member of staff should be nominated to take lead responsibility for child protection and safeguarding matters, although ultimate accountability for this work lies with the Yot manager;
- Each Yot should be represented on the Local Safeguarding Children Board (LSCB);
- Appropriate policies and procedures must be in place to ensure the Yot fulfil their duty to safeguard and promote the welfare of children, and they should be approved by their LSCB. These must include:
  - compliance with these *London Child Protection Procedures*;
  - practice guidance for staff around 'safe working practice', in order to try and avoid the potential for allegations against staff.

2.18.21 In addition:

- All Yot professionals should be appropriately trained to ensure they are able to carry out their safeguarding responsibilities, including training in the identification and management of child protection concerns. Staff should also receive regular refresher training;



- Clear arrangements should be in place for information sharing with partner agencies, including the transfer of information to the secure estate regarding young people's risk of harm and vulnerability;
- There should be HR procedures in place which adequately reflect the need to safeguard and promote the welfare of children, and all staff should receive enhanced CRB clearance;
- All assessments carried out by Yot professionals (i.e. ASSET and Onset) should place adequate emphasis on the identification and management of safeguarding issues;
- When completing local management plans following a serious incident, due consideration should be given to the safeguarding needs of both the perpetrator and the victim (where the victim is a child). Consideration as to whether a serious case review is necessary should also be evidenced;
- All Yot professionals should be aware of and follow [section 5.36. Psychiatric wards and facilities \(children visiting\)](#), as this section has particular relevance to the work of a Yot;
- Yot's should ensure they have close links with their local Multi-Agency Public Protection Arrangements (MAPPA), the arrangements for which are set out under [section 13.5. MAPPA](#).

## 2.19 The armed forces

2.19.1 In order to fulfil their obligations to safeguard children and promote their welfare, the armed forces must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.19.2 Responsibility for the welfare of armed forces families is vested in the employing service and specifically in the commanding officer. The frequency of moves makes it imperative that armed forces authorities are fully aware of any child deemed at risk of harm.

2.19.3 All three services provide professional welfare support to augment that provided by the local authority. When service personnel (or civilians working with the armed forces) are based overseas, the service responsibility is widened to include the protection of their children.

2.19.4 The service authorities should co-operate with statutory agencies and support service families where child abuse or neglect occurs or is suspected. The information they hold on any family can help in the assessment and review of child protection cases. Service authorities may also hold information on ex-service families, which may help with current enquiries.

## Within United Kingdom

- 2.19.5 Service authorities, through their internal instructions, are made aware that the primary responsibility for the protection of children is with the local authority and assistance should be given to enable it to fulfil its statutory obligations.
- 2.19.6 Incidents of child abuse and neglect, indicating serious harm or injury, should be referred to LA children's social care for enquiries and if appropriate conference and registration.

## The Army

- 2.19.7 The provision of secondary welfare support to Army families in the UK is the responsibility of the [Army Welfare Service \(AWS\)](#).
- 2.19.8 Where a child from an Army family is subject of a child protection enquiry, contact should be made immediately with the local AWS personal support.

## The Royal Air Force

- 2.19.9 The station's personnel department, usually the Officer Commanding Personnel Management Squadron (OCPMS), generally manages welfare support in the RAF.
- 2.19.10 The department liaises and works closely with the [Soldiers, Sailors, Air Force Association – Forces Help \(SSAFA - FH\)](#) social work assistant, and a professionally qualified social work adviser.
- 2.19.11 In the event of a child protection enquiry, LA children's social care service liaison should be with the OCPMS and the SSAFA - FH social work adviser for the area.

## The Royal Navy and the Royal Marines

- 2.19.12 All child protection matters are handled by the Naval Personal and Family Service (NPFS), the Royal Navy's own social work department.
- 2.19.13 In the event of a child protection enquiry, LA children's social care service liaison should be with the NPFS, who are able to discuss and facilitate service action on behalf of families.

## Overseas

- 2.19.14 Local authorities should ensure that SSAFA is made aware of any service child on the register whose family is about to move overseas. SSAFA should confirm the existence of appropriate resources in the proposed overseas location to meet identified needs. Full documentation should be provided to SSAFA.
- 2.19.15 SSAFA - FH provides, at the request of the Ministry of Defence (MOD), a qualified social work and health visiting service to families of all services overseas.
- 2.19.16 Procedures exist in all three services for the registration and monitoring of the protection of children, and the usual rules of confidentiality are observed.
- 2.19.17 When it appears a child is in need of emergency protection, a designated person may make an application for a protection order [ss19-22 [Armed Forces Act 1991](#)] to a commanding officer. This order may last up to a maximum of 28 days, subject to review every 7 days by a senior officer. If a case conference decides, whilst the order is in force, that it is not in the child's best interests to return to their parents, the child will be removed to the care of an appropriate local authority in the UK.

- 2.19.18 Assistance will be given to parents to return to the UK so they can be involved with all proceedings and decisions affecting their child.
- 2.19.19 The protection order, 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 an emergency protection order (EPO).
- 2.19.20 When a service family with a child in need of protection is about to return to the UK, SSAFA or the NPFS is responsible for informing the relevant local authority and ensuring that full documentation is provided to assist in the management of the case.

### United States Forces, London

- 2.19.21 All US forces in London are subject to English law and therefore all reports of significant harm to children involving American military personnel should be reported to the relevant borough's LA children's social care.
- 2.19.22 Each LA with a US base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of the English child welfare legislation should be clearly explained so that local authorities can fulfil their statutory duties.

### United States Navy, London

- 2.19.23 The Commander for U.S. Naval Activity in the U.K. has in place a child protection service which investigates all reported cases of child abuse, provides safety responses and case manages all known reports through the Navy's Family Advocacy Program.
- 2.19.24 Good joint working between the U.S. Navy family advocacy representative and British child protection agencies will ensure that all mandatory reporting requirements for both systems are met.
- 2.19.25 Incidents of child abuse and neglect, indicating serious harm or injury, should be referred to the LA children's social care service for enquiries and if appropriate conference and registration.
- 2.19.26 Information must be shared to ensure proper professional assessment, including video / audio recording, photographs and medical reports.

## 2.20 The UK Border Agency

- 2.20.1 In order to fulfil their obligations to safeguard children and promote their welfare, the immigration service must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.20.2 The United Kingdom Border Agency (UKBA) does not directly provide services to children but it does play a part in identifying and acting upon concerns about the welfare of children with whom it comes into contact. Under section 55 of the [Borders, Citizenship and Immigration Act 2009](#). The UKBA has a duty to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children who are in the UK. See the *Statutory guidance to the UK Border Agency on making arrangements to safeguard and promote the welfare of children (HO & DCSF, 2009)* at <http://ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/legislation/bc-i-act1/>
- 2.20.3 UKBA's main contributions to safeguarding and promoting the welfare of children include:
- Ensuring good treatment and good interactions with children throughout the immigration, detention (where appropriate) and customs process;
  - Applying laws and policies that prevent the exploitation of children throughout and following facilitated illegal entry and trafficking; and
  - Detecting at the border any material linked to child exploitation through pornography.
- 2.20.4 Other elements of the UKBA's contribution include:
- Exercising vigilance when dealing with children with whom staff come into contact and identifying children who may be likely to suffer harm; and
  - Making timely and appropriate referrals to agencies that provide ongoing care and support to children.
- 2.20.5 All unaccompanied asylum seeking children should be referred to LA children's social care. Immigration officers who have contact with children on arrival in the country and staff at the asylum screening unit (ASU) in Croydon to whom 'post entry' applications for asylum are made, must refer to the relevant LA children's social care if they have concerns about the future safety of any child.

### **The UKBA and trafficking of persons, including children**

- 2.20.6 In accordance with the [Council of Europe Convention on Action against Trafficking in Human Beings](#) (the Convention) the UK operates a National Referral Mechanism (NRM) for victims of human trafficking. Under the NRM framework the details of children identified as vulnerable as a result of a suspicion of trafficking are referred simultaneously to the relevant local authority and to specially trained 'competent authority' teams based in the UKBA and the UK Human Trafficking Centre.
- 2.20.7 These 'competent authority' teams consider all relevant information, including any provided by LA children social care services, in determining whether a case meets the thresholds for trafficking set out in the Convention. A positive decision will lead to an extendable 45-day reflection period during which the victim will have access to support and will not be removed from the UK. Following this they may be eligible for a residence permit under current immigration policy.
- 2.20.8 See [section 5.43 Trafficked and exploited children](#). Also the [London Safeguarding Children Trafficked Children Toolkit](#).

## 2.21 The Refugee Council

- 2.21.1 [The Refugee Council](#) assists families into the [National Asylum Support Service](#) through the provision of advice about available options and help with paperwork.
- 2.21.2 Unaccompanied asylum seeking children are provided with support and advice through the Refugee Council's children's panel.
- 2.21.3 The support provided may be through individual allocation to a casework adviser or via the drop in service in Brixton, and will focus on:
- Asylum procedures and processes;
  - The need for legal representation and processes;
  - Facilitating access to other agencies to meet health and welfare needs;
  - Provision of advocacy services.
- 2.21.4 Referrals may be self-referrals, from the immigration and nationality department, legal representatives or from local authorities and community groups.
- 2.21.5 The Refugee Council has its own child protection policy and procedures and all staff receive basic induction training, with further input for those directly working with children.
- 2.21.6 If a child is identified as in need of support or in need of protection a referral will be made to the relevant LA children's social care.
- 2.21.7 The Refugee Council's advice line is: 020 7346 6777.

## 2.22 The London Fire Brigade (London Fire and Emergency Planning Authority (LFEPA))

- 2.22.1 In order to fulfil their obligations to safeguard children and promote their welfare, the London Fire Brigade must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

- 2.22.2 Whilst the London Fire Brigade (the Brigade) has no express or direct statutory duties towards children beyond those it owes the public at large, its safeguarding children policy fully recognises that the protection of children is everybody's responsibility and it is committed to complying with these procedures.
- 2.22.3 The Brigade has a responsibility to ensure that its staff are aware of its safeguarding children policy and also where relevant understand the London Child Protection Procedures, in particular [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local](#)

[communities](#). Its staff must follow the policy and procedures if they suspect or believe that a child may be at risk of abuse, is being or has been abused.

- 2.22.4 In order to fulfil its obligations to safeguard children and promote their welfare, the London Fire Brigade will work with the relevant authorities and communities to:
- Ensure that relevant staff are competent; and
  - Have systems in place to fulfil its commitments in respect of safeguarding children, including arrangements to refer concerns to the appropriate authority at any time of day.
- 2.22.5 The Brigade operates a number of youth schemes, one of which is its [Juvenile Firesetters Intervention Scheme \(JFIS\)](#) which is London-wide education-based programme working with children who have demonstrated any type of fireplay or firesetting behaviour in or outside the home; from curiosity fireplay in younger children to deliberate firesetting and arson in older children. The purpose of the scheme is to stop child-set fires by educating children. Trained JFIS advisers from within the London Fire Brigade work directly with the child to address the firesetting behaviour. Where a child's needs are complex, working with other agencies may be necessary in order to address the firesetting behaviour. Family and professional referrals including referrals from fire crews, LA children's social care, CAMHS, police, schools and YOTs.

## 2.23 Greater London Authority

- 2.23.1 In order to fulfil their obligations to safeguard children and promote their welfare, the London Fire Brigade must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.
- 2.23.2 The Greater London Authority (GLA) developed its Child Policy and Protection Procedures in 2006, which are currently being revised and will reflect the new Independent Safeguarding Authority arrangements coming into force.
- 2.23.3 While recognising that the GLA is not a child protection agency, the GLA Child Policy states that if children are to be truly protected it is essential that GLA staff contribute to the work of those with direct responsibility for the protection of children by being vigilant and acting where concerns exist.
- 2.23.4 Direct engagement with children and young people is increasingly a core aspect of GLA business and, through their work, many GLA staff come into contact with significant numbers of children each and every year, and these, or other staff, will have access to personal information about, or photographic images of, children for GLA work.
- 2.23.5 The GLA Child Protection Procedures guide staff to exercise due diligence and take all reasonable steps in regard to the safeguarding of children and young people.
- 2.23.6 The Child Protection Designated Team is the Children and Young People's Unit. A protocol is in place agreed in consultation with LB Westminster and LB



Southwark when that Unit determines that a referral should be made to children's services:

- If an incident occurs at City Hall, LB Southwark should be contacted in the first instance.
  - If an incident occurs at an event off-site in Trafalgar Square (where the GLA runs or administers many events), then LB Westminster should be contacted in the first instance; if at another London location, then the borough in which the site is located would be contacted.
- 2.23.7 If a child protection concern comes to light to GLA staff, the LB where the child resides should be contacted.
- 2.23.8 If the child protection concern relates to an allegation and/or behaviour of a member of staff (i.e. at City Hall), Southwark should be contacted in the first instance.
- 2.23.9 The information provided to the GLA Child Protection Designated Team is to be recorded on a Child Protection Incident Report Form and staff are advised that they may need to be involved further if an investigation is undertaken by these authorities.
- 2.23.10 City Hall became the 200<sup>th</sup> CitySafe Haven in London. Young people who fear for their safety whilst in the More London area (in which the GLA is located) will be offered refuge at City Hall. The CitySafe Campaign was created by London Citizens in response to street violence.

## 2.24 Transport for London

- 2.24.1 In order to fulfil their obligations to safeguard children and promote their welfare, the London Fire Brigade must:
- Have systems and arrangements in place;
  - Ensure that their staff are competent;
  - Nominate safeguarding children advisers;
  - Provide an out-of-hours service;
  - Work with the public / local communities.
- 2.24.2 Transport for London (TfL) developed its Safeguarding Children and Young People policy in 2009. For the guidance, see: [www.tfl.gov.uk/corporate/about-tfl/publications/1480.aspx](http://www.tfl.gov.uk/corporate/about-tfl/publications/1480.aspx)
- 2.24.3 TfL has no express or direct statutory duties towards children but fully recognises the need to safeguard children and young people as they are important and can be vulnerable users of our services. TfL strives to create a safe and secure transport network for all who use it but will work towards addressing any specific needs of children and young people. TfL will therefore take all reasonable measures to ensure that the risks of harm to children and young people using our services are minimised and will take appropriate actions to address concerns about their safety and security. TfL will achieve this through clear policies, guidance to staff and by working in partnership with other agencies.
- 2.24.4 The Safeguarding policy is relevant and contains guidance for all the transport modes TfL operates, including those contracted service providers such as

London Buses, London Underground, London Overground, Tramlink and Docklands Light Railway.

2.24.5 Transport for London will meet its responsibilities to safeguarding children in the following ways:

- A clear statement of TfL's responsibilities to children and young people
- Ensuring senior management commitment
- Issuing step by step guidance to staff
- Ensuring a clear line of accountability from each staff member up through TfL and contracted service providers
- Working together with partner agencies and sharing information when applicable
- Listening to children and young people
- Appropriate selection and vetting procedures for staff

2.24.6 TfL are currently in the process of developing a Youth Strategy which will capture a vast range of activities it promotes under the headings of:

- Health and Sustainability
- Casualty Reduction
- Community and Personal Safety
- Skills and Employment.

## 2.25 The independent and third sectors

2.25.1 In order to fulfil their obligations to safeguard children and promote their welfare, private and third sector agencies must:

- Have systems and arrangements in place;
- Ensure that their staff are competent;
- Nominate safeguarding children advisers;
- Provide an out-of-hours service;
- Work with the public / local communities;

This should be undertaken in accordance with [sections 2.2. Statutory duties](#), [2.3. Responsibilities shared by all agencies](#) and [2.4. Working with the public / local communities](#).

2.25.2 Third sector agencies and private sector providers play an important role in delivering services for children, including in early years and day care provision, family support services, youth work and children's social care and health care. Many third sector agencies are skilled in preventative work and may be well placed to reach the most vulnerable children and their families.

2.25.3 Third sector agencies also deliver advocacy for looked-after children and for parents and children who are the subject of s47, [Children Act 1989](#) enquiries and child protection conferences. The services they offer include therapeutic work with children and their families, particularly in relation to child sexual abuse; specialist support and services for children with disabilities or health problems; and services for children abused through sexual exploitation and for children who harm other children.

- 2.25.4 Some third sector agencies operate free 24 hour national help lines. [Parentline Plus](#) (0808 800 2222) offers support to anyone parenting a child. Helplines provide important routes into statutory and third sector services. See also the NSPCC helplines in [sections 2.24.15 and 2.24.16](#).
- 2.25.5 Third sector agencies also play a key role in providing information and resources to the wider public about the needs of children, and resources to help families. Many campaign on behalf of groups on specific issues.
- 2.25.6 The NSPCC is the only third sector agency authorised to initiate proceedings to protect children under the terms of the [Children Act 1989](#), but this is rare. Third sector agencies often play a key role in implementing child protection plans.
- 2.25.7 The third sector is active in working to safeguard the children for whom it provides services. There is a range of umbrella and specialist agencies, including the national governing bodies for sports, which offer service standards, guidance, training and advice for third sector agencies on keeping children safe from harm. For example, the [Child Protection in Sport Unit \(CPSU\)](#), established in partnership with the NSPCC and Sport England, provides advice and assistance on developing codes of practice and child protection procedures to sporting agencies.
- 2.25.8 Where independent agencies have a formal relationship with statutory ones (e.g. subject to registration and inspection or contracted to provide services), the statutory agencies may reasonably be expected to provide clear advice and assistance.
- 2.25.9 Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children and how they should respond to child protection concerns. Private and third sector agencies and community groups need to work effectively with the Local Safeguarding Children Board in their area. Similar to statutory sector agencies, they should have appropriate arrangements in place, including:
- Child protection policies and procedures;
  - A code of good practice;
  - Recruitment selection and vetting procedures;
  - Staff / volunteer training strategy and implementation;
  - Nominated safeguarding children advisers;
  - An equal opportunities policy;
  - Complaints and grievance policies;
  - A confidentiality policy;
  - A whistle-blowing policy;
  - Information for parents;
  - Monitoring and review strategy.
- See also [appendix 2. Third sector agencies and community groups keeping children safe](#).
- 2.25.10 Private and third sector agencies and community groups should develop their arrangements in line with these *London Child Protection Procedures*, with appropriate support of the LSCB in their area (see also the requirements in [section 2.24.22. Faith communities](#)).

- 2.25.11 Whenever there is concern that a child has been abused or neglected, or has perpetrated significant physical or sexual harm on another child, the paid or volunteer staff member who first becomes aware of the concern must make a referral without delay to the LA children's social care for the area in which the child lives, in line with [section 6. Referral and assessment](#). The staff member may want to discuss the concern with their agency's nominated child protection adviser – however, this should not delay the referral.

## NSPCC

- 2.25.12 [The National Society for the Prevention of Cruelty to Children \(NSPCC\)](#) is the major national charity with a duty to protect children from abuse and neglect. The NSPCC has the statutory power to bring care proceedings in its own right, although this is now very unusual.
- 2.25.13 LA children's social care services may commission the NSPCC to undertake specific child protection related work, including s47 enquiries and 'special investigations'.
- 2.25.14 The NSPCC also provides services for children and families and has the same responsibilities in this respect as other third sector agencies.
- 2.25.15 The NSPCC operates a national 24 hour [Child Protection Helpline](#) (0800 800 5000), offering advice to adults and children worried about a child's safety or welfare. The Helpline accepts referrals and passes the information to the relevant LA children's social care services.
- The service can usually provide an interpreter, if one is requested at the beginning of a call. There is a free textphone service (0800 056 0566) for adults or children who are deaf or hard of hearing.
- The NSPCC's Asian child protection helpline provides advice in Bengali (0800 096 7714), Gujarati (0800 096 7715), Hindi (0800 096 7716), Punjabi (0800 096 7717), Urdu (0800 096 7718) and Asian/English (0800 096 7719).
- 2.25.16 The NSPCC also operates a free 24 hour national helpline, [ChildLine](#) (0800 1111), for all children who need advice about abuse, bullying, and other concerns.

## Sports clubs

- 2.25.17 Many children regularly attend sports clubs and all such agencies should have their own child protection procedures and training for relevant staff and volunteers.
- 2.25.18 The NSPCC [Child Protection in Sport Unit](#) (CPSU) works in partnership with Sport England and other major sports agencies to develop safeguards for children in sport.
- 2.25.19 In partnership with Ladbrokes, the NSPCC has issued a free leaflet and checklist of questions (*Have Fun Be Safe*) that parents should ask for from agencies offering sports activities for children (available from NSPCC and Ladbrokes shops).
- 2.25.20 The child protection procedures instruct individuals to seek advice or make referrals to the NSPCC helpline, LA children's social care or the police.
- 2.25.21 Where suspected abuse occurs within a football setting, the FA head of education and child protection should be informed of the concerns and will provide information for any relevant child protection enquiries and strategy meetings / discussions.

## Churches, other places of worship and faith communities

- 2.25.22 Churches, other places of worship and faith-based agencies provide a wide range of activities for children and young people. They are some of the largest providers of children's and youth work, and have an important role in safeguarding children and supporting families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based agencies will have various degrees of contact with children.
- 2.25.23 Like other agencies that work with children, churches, other places of worship and faith based agencies need to have appropriate arrangements in place for safeguarding and promoting the welfare of children. All faith communities, with support from nominated individuals in the local LSCB, should be encouraged to develop and maintain their own child protection procedures, consistent with these *London Child Protection Procedures*. In particular, these should include:
- Procedures for staff and others to report concerns they may have about the children they meet (in line with these *London Child Protection Procedures*), as well as arrangements such as those described above;
  - Appropriate codes of practice for staff, particularly those working directly with children, such as those issued by the Churches' Child Protection Advisory Service (see also section 2.25.25 below) or their denomination or faith group;
  - Recruitment procedures in accordance with these *London Child Protection Procedures*, alongside training and supervision of staff (paid or voluntary) - see [section 17. Safer recruitment](#);
  - Procedures for dealing with allegations against staff and volunteers (see [section 15. Allegations against staff](#)).
- 2.25.24 Faith communities should ensure that all clergy, staff and volunteers who have regular contact with children:
- Have been checked for suitability in working with children and understand the extent and limits of the volunteer role;
  - Are aware of the possibility of child abuse and neglect;
  - Have access to training opportunities to promote their knowledge;
  - Know how to report any concerns about possible abuse or neglect;
  - Are vigilant about their own actions so they cannot be misinterpreted.
- 2.25.25 All allegations against people who work with children to the local authority Designated Officer (LADO), and notify the Independent Safeguarding Authority (ISA) of any relevant information so that those who pose a risk to vulnerable groups can be identified and barred. In addition where they are a charity all serious incidents need reporting to the Charity Commission.
- [Appendix 2. Third sector agencies and community groups keeping children safe.](#) describes arrangements in relation to staff in greater detail.
- 2.25.26 Churches and faith communities must have in place effective arrangements for safely allowing sexual and violent offenders to worship and be part of their religious community. This should include a contract of behaviour stipulating the boundaries an offender would be expected to keep. Faith communities should consult the [MAPP Guidance \(2009\)](#) issued by the National Offender Management Service Public Protection Unit which specifically addresses 'Offenders and Worship'.

- 2.25.27 Churches and faith agencies can seek advice on child protection issues from the [Churches' Child Protection Advisory Service \(CCPAS\)](#). CCPAS can help with policies and procedures; its guidance to churches manual can assist churches and its safeguarding children and young people can assist other places of worship and faith-based groups.
- 2.25.26 CCPAS provides a national (24 hour) telephone helpline for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues (0845 120 45 50).
- 2.25.27 In developing procedures for child protection, faith communities should be encouraged to:
- Nominate an individual to take responsibility for drawing up and maintaining policy for child protection;
  - Have a designated person for reporting child protection concerns to, along with a deputy;
  - Have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them;
  - Have guidelines about safe caring practices e.g. not being alone with children without alerting others to the reason, guidelines on touch, and discipline, and have in place abuse of trust guidelines, and ensuring sufficient supervision of groups / activities. Ensure that all allegations, however minor, are reported to the agency / group manager / leader;
  - Have rigorous recruitment procedures for workers (whether paid or voluntary) including completing application forms, taking up references, interviewing candidates, and undertaking CRB disclosures where appropriate;
  - Ensure that workers undertake child protection training;
  - Recognise that members of faith communities may be victims of abuse, and to provide assistance to support those affected by abuse;
  - Recognise that faith communities can include those who have harmed children; therefore, to safeguard children, faith communities should work with LA children's social care and where appropriate Multi-agency Public Protection Arrangements (MAPPA) to provide supervision and pastoral care of offenders, including contracts;
  - Ensure that any agencies who hire premises (e.g. playgroups have child protection procedures in place);
  - Promote and maintain links with the statutory agencies in relation to both general and specific child protection matters.
- 2.25.28 Whenever there is concern that a child has been abused or neglected the concern should be referred, without delay, to the duty social worker for the area in which the child lives. See also [section 5.41. Spirit possession or witchcraft](#).
- 2.25.29 It is essential that faith communities have in place effective arrangements for working with sexual and violent offenders who wish to worship and be part of their religious community. This should include a contract of behaviour stipulating the boundaries an offender would be expected to keep. Faith communities



should consult the *MAPPA Guidance (2009), section 6.5 Offenders and Worship*<sup>33</sup>.

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<sup>33</sup> See *MAPPA Guidance (National Offender Management Service Public Protection Unit, 2009)* at [http://www.lbhf.gov.uk/Images/MAPPA%20Guidance%20\(2009\)%20Version%203%200%20\\_tcm21-120559.pdf](http://www.lbhf.gov.uk/Images/MAPPA%20Guidance%20(2009)%20Version%203%200%20_tcm21-120559.pdf)

## 3 Sharing information

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### 3.1 Introduction

- 3.1.1 A key factor in many serious case reviews has been a failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect. Often it is only when information from a number of sources has been shared that it becomes clear that a child is at risk of, or is suffering, harm.
- 3.1.2 Information sharing is vital to safeguarding and promoting the welfare of children and improving information sharing practice is therefore a cornerstone of the Government's [Every Child Matters: Change for Children](#) strategy to improve outcomes for children.
- 3.1.3 The [Every Child Matters: Change for Children](#) programme includes new ways to help people working with children to communicate across professional boundaries. Through a common approach to assessing children's needs and improved information sharing, local authorities and their partner agencies are expected to achieve:
- Effective communication between professionals;
  - Understanding what information should be shared, with whom and under what circumstances, and the dangers of not doing so – building confidence and trust with partners and families;
  - Better knowledge of other agencies' services;
  - Working in multi-agency / disciplinary teams, when appropriate, to deliver services;

- Less repetition for children and their families, and an active part in the decision making process.

See [section 1.1. Every Child Matters: Change for Children](#).

## Legal principles and obligations

3.1.4 In addition to the statutory guidance following from the [Children Act 2004](#), the key legal concepts, legislation and terminology relevant to information sharing are contained in:

- [The Data Protection Act 1998](#);
- [The Human Rights Act 1998](#);
- [The common law duty of confidence](#)

These are summarised in [appendix 4. Information sharing legal framework](#).

## 3.2 Agency responsibilities under Children Act 2004

3.2.1 The statutory guidance on s11 of the [Children Act 2004](#) states that in order to safeguard and promote children's welfare, the agencies covered by s11 should make arrangements to ensure that:

- All professionals in contact with children understand what to do and the most effective ways of sharing information if they believe that a child and family may require particular services in order to achieve positive outcomes;
- All professionals in contact with children understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm;
- Appropriate agency-specific guidance is produced to complement guidance issued by central government, and such guidance and appropriate training is made available to new staff as part of their induction and ongoing training;
- Guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them, and arrangements for training take into account the value of multi-agency as well as single agency training;
- Managers in children's services are fully conversant with the legal framework and good practice guidance issued for professionals working with children.

3.2.2 The statutory guidance on s10 of the [Children Act 2004](#) makes it clear that effective information sharing supports the duty to co-operate to improve the well-being of children.

3.2.3 Local authorities and their partner agencies should ensure that their employees:

- Are supported in working through these issues;
- Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent;
- Understand and apply good practice in sharing information at an early stage as part of preventative work;

- Are clear that information can normally be shared where a child is judged to be at risk of significant harm or that an adult is at risk of serious harm.

#### 3.2.4 Agencies should:

- Each appoint a senior manager, a lead information officer, responsible for decisions relating to information sharing within the agency, who can determine controversial issues;
- Develop common documentation, systems and a joint approach to multi-disciplinary and multi-agency information sharing;
- Encourage children and their parents to see information sharing in a positive light, as something which makes it easier for them to receive the services they need.

## 3.3 Individual / professional responsibility

### Confidentiality

3.3.1 In deciding whether there is a need to share information, professionals need to consider the legal obligations including:

- Whether the information is confidential;
- If it is confidential, whether there is a public interest sufficient to justify sharing it.

3.3.2 Not all information is confidential. Confidential information is information of some sensitivity, which is not already lawfully in the public domain or readily available from another public source, and which has been shared in a relationship where the person giving the information understood that it would not be shared with others.

3.3.3 For example, a teacher may know that a pupil has a parent who misuses drugs. That is information of some sensitivity, but may not be confidential if it is widely known or it has been shared with the teacher in circumstances where the person understood it would be shared with others. If however it was shared with the teacher by the pupil in a counselling session it would be confidential.

3.3.4 Confidence is only breached where the sharing of confidential information is not authorised by the person who provided it or to whom it relates. If the information was provided on the understanding that it would be shared with a limited range of people or for limited purposes, then sharing in accordance with that understanding will not be a breach of confidence. Similarly, there will not be a breach of confidence where there is explicit consent to the sharing.

3.3.5 Even where sharing of confidential information is not authorised, professionals may lawfully share it if this can be justified in the public interest. Seeking consent should be the first option, if appropriate. Where consent cannot be obtained to the sharing of the information or is refused, or where seeking it is likely to undermine the prevention, detection or prosecution of a crime, the question of whether there is a sufficient public interest must be judged by the professional on the facts of each case. Therefore, where a professional has a concern about a child, a refusal of consent should not necessarily preclude the sharing of confidential information.

## Public interest and proportionality

- 3.3.6 A public interest can arise in a wide range of circumstances e.g. to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality (i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question). In making the decision professionals must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable judgement.
- 3.3.7 Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However there will be other cases where professionals will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action – the information shared should be proportionate.
- 3.3.8 Circumstances in which sharing confidential information without consent will normally be justified in the public interest are:
- When there is evidence that the child is suffering or is at risk of suffering significant harm;
  - Where there is reasonable cause to believe that a child may be suffering or at risk of significant harm;
  - To prevent significant harm arising to children or serious harm to adults, including through the prevention, detection and prosecution of serious crime (serious crime means any crime which causes or is likely to cause significant harm to a child or serious harm to an adult).
- 3.3.9 Professionals must record the context in which the information was shared, the perceived level of risk of harm at the time, the data requested, the data shared and with whom. Agencies may have a standard form for this or ensure that there is a signed and dated entry in the case notes.

## Consent

### If the information is confidential, has consent to share been obtained?

- 3.3.10 Consent issues can be complex, and lack of clarity about them can sometimes lead professionals to incorrect assumptions that no information can be shared. Professionals in all agencies should be clear about:
- What constitutes consent;
  - Whose consent should be sought;
  - When should consent be obtained and how;
  - When not to seek consent.

### What constitutes consent?

- 3.3.11 Consent must be freely given and informed (i.e. the person giving consent needs to understand why information needs to be shared, who will see their

information, the purpose to which it will be put and the implications of sharing that information).

- 3.3.12 Consent can be explicit or implicit. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the possibility of subsequent dispute. If verbal consent has been obtained details must be recorded in case notes.
- 3.3.13 Implicit consent can also be valid in many circumstances. Consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity, and especially if that has been explained at the outset, for example when conducting a common assessment. A further example is where a GP refers a patient to a hospital specialist and the patient agrees to the referral; in this situation the GP can assume the patient has given implied consent to share information with the hospital specialist.
- 3.3.14 Consent does not entitle a professional or agency to collect an unlimited range of information. The information must relate to the performance of one of the agency's functions (i.e. the agency must be acting intra-vires in seeking the information).

#### **Whose consent should be sought?**

- 3.3.15 Professionals may also need to consider whose consent should be sought. Where there is a duty of confidence it is owed to a person who has provided the information on the understanding it is to be kept confidential and, in the case of medical or other records, the person to whom the information relates. A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing.
- 3.3.16 Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. When assessing a child's understanding you should explain the issues to the child in a way that is suitable for their age, language and likely understanding. Where applicable, you should use their preferred mode of communication.
- 3.3.17 The following criteria should be considered in assessing whether a particular child on a particular occasion has sufficient understanding to consent, or refuse consent, to sharing of information about them:
- Can the child understand the question being asked of them?
  - Does the child have a reasonable understanding of:
    - What information might be shared?
    - The main reason or reasons for sharing the information?
    - The implications of sharing that information, and of not sharing it?
  - Can the child:
    - Appreciate and consider the alternative courses of action open to them?
    - Weigh up one aspect of the situation against another?
    - Express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
    - Be reasonably consistent in their view on the matter, or are they constantly changing their mind?
- 3.3.18 In most cases, where a child cannot consent or where a professional judges that they are not competent to consent, a person with parental responsibility should



be asked to consent on behalf of the child. Each agency should have procedures to determine who has parental responsibility for a child.

- 3.3.19 Where parental consent is required, the consent of one parent is sufficient. In situations where family members are in conflict professionals should talk to their agency's information lead and child protection adviser to decide whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought. If a child is judged to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent disagrees.
- 3.3.20 In cases where there is conflict between the wishes of the parent and the child, particularly if the child is older or a teenager, professionals should make a decision aimed at securing the best outcome for the child. Acting in the best interests of the child, may require overriding refusal to consent by either or both the child and the parent/s.
- 3.3.21 The need to renew consent should be reviewed and the person who gave consent should be kept informed of circumstances in which the data is shared, wherever this is appropriate.
- 3.3.22 If there is a significant change in the use to which the information will be put to that which has previously been explained, or in the relationship between the agency and the individual, consent should be sought again. Individuals have the right to withdraw consent after they have given it, although in practice this is rarely exercised.

#### **When should consent be obtained and how?**

- 3.3.23 There are many situations in which a professional can share information legally without obtaining consent from a child or his carer. These are not limited to situations where there is an imminent danger or risk of harm to a child. Frequently, when an initial assessment of the risk factors affecting a child or family is being undertaken, information will be shared without consent (relying upon statutory powers and duties).
- 3.3.24 A number of examples of statutory powers and duties to share information are set out in [Information Sharing: Further Guidance on Legal Issues \(DfES, 2006\)](#), available at [www.ecm.gov.uk](http://www.ecm.gov.uk). The guidance also describes the broad powers and duties which clearly can only be fulfilled if information is obtained about children and their families or about the entire population in an area.
- 3.3.25 It is good practice for all professionals to obtain consent before sharing information, even when there is no legal requirement.
- 3.3.26 Consent will almost always be needed at the stage where services are offered unless there are very serious child protection concerns where there is a statutory duty to intervene. In most cases telling a child and/or their family when information about them has been shared or seeking their consent to do so, develops their trust in the professional / agency. This may be particularly important with older children (e.g. for Connexions personal advisers).
- 3.3.27 Agencies should provide an information leaflet and obtain written consent in the form of a standard consent letter.
- 3.3.28 When a professional seeks consent for information to be shared, the following information should be provided as a minimum:
- What information has been or will be collected;
  - The purposes for which it will be used;
  - Who the information might be shared with;

- The purposes for which the agencies which receive the information might use it (including detection of crime).

#### When not to seek consent

- 3.3.29 See [section 3.4](#) below; all sharing of sensitive information, with or without consent, should be recorded including details of the risk of harm. In addition, if a professional shares information without seeking consent, this should be clearly recorded, including the reasons for not seeking consent.

## 3.4 Sharing information where there are concerns about significant harm

- 3.4.1 Professionals who work with, or have contact with children, parents or adults in contact with children should always share information with LA children's social care where they have reasonable cause to suspect that a child may be suffering or may be at risk of suffering significant harm.
- 3.4.2 While, in general, professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals to children's social care, there will be some circumstances where professional should not seek consent e.g. where to do so would:
- Place a child at increased risk of significant harm;
  - Place an adult at risk of serious harm;
  - Prejudice the prevention or detection of a serious crime;
  - Lead to unjustified delay in making enquiries about allegations of significant harm.
- 3.4.3 In some situations there may be a concern that a child may be suffering or at risk of significant harm or of causing serious harm to others, but professionals may be unsure whether what has given rise to concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored.
- 3.4.4 Professionals should always talk to their agency's nominated child protection adviser and, if necessary and where they have one, a Caldicott Guardian – who will have expertise in information sharing issues, though not related to child protection. The child's interests must be the overriding consideration in making any decisions whether or not to seek consent.
- 3.4.5 Significant harm to children can arise from a number of circumstances, it is not restricted to cases of deliberate abuse or gross neglect. A baby who is severely failing to thrive for no known reason could be suffering significant harm but equally could have an undiagnosed medical condition. If the parents refuse consent to further medical investigation or an assessment, professionals are still justified in sharing information for the purposes of helping ensure that the causes of the failure to thrive are correctly identified.
- 3.4.6 Similarly, serious harm to adults is not restricted to cases of extreme physical violence. The cumulative effect of repeated abuse or threatening behaviour or the theft of a car for joyriding may well constitute a risk of serious harm. A professional is likely to be justified to share information without consent for the purposes of identifying a child for whom preventative interventions in relation to such behaviour are appropriate.

## 3.5 Key questions to inform decision-making

3.5.1 In deciding whether or not to share information professionals should use eight key questions<sup>34</sup>:

1. Is there a legitimate purpose to share the information?
2. Does the information enable a person to be identified?
3. Is the information confidential?
4. If the information is confidential, has consent to share been obtained?
5. Is there a statutory duty or court order to share the information?
6. If consent has been refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share information?
7. If the decision is to share, is the right information being shared in the right way?
8. Have the decision and the reasons for it, been recorded?

### Q1 Is there a legitimate purpose to share the information?

3.5.2 A professional requested to, or wishing to, share information about a child, must have a good reason or legitimate purpose to share the information.

3.5.3 For professionals who work for a statutory service such as education, social care, health or youth justice, or for a private or third sector agency and are contracted by one of the statutory agencies to provide services on their behalf, the sharing of information must be within the functions or powers of that statutory body.

### Establishing the legality of information sharing

3.5.4 In order to comply with the law relating to confidentiality, data protection and human rights professionals should establish a legitimate purpose for sharing information. They can do so using the following questions<sup>35</sup>:

- Is there a legal basis for sharing / obtaining the information? (Such as a duty or a power e.g. s47 of the [Children Act 1989](#));
- Was the information obtained under a specific statutory power or duty which limits what can be done with it and who the information can be shared with?
- Is it personal or sensitive person information to which the [Data Protection Act](#) applies? (Information about individual identifiable children almost invariably will be one or the other);
- Why is the information being shared or requested?
- Can either party, requesting or sharing the information, show a sufficient 'need to know'?
- Is the request proportionate to the purpose for which disclosure is sought?

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<sup>34</sup> The questions are taken from [Information Sharing: Professionals' Guide \(DiES, 2006\)](#).

<sup>35</sup> The questions are taken from [Information Sharing: Professionals' Guide \(DiES, 2006\)](#).

- Will the request involve secondary disclosure? (Disclosure by the person to whom data has been disclosed to another agency or person e.g. if a GP provides data to a school and the school passes it to LA children's social care);
- Is consent needed from the child or someone who can give consent on their behalf before the information can be shared?
- If consent is needed, has the necessary consent been obtained?
- If consent cannot realistically be obtained or sought is there another justification for disclosure without consent e.g. to protect the interests of the child?
- Is the justification of sufficient weight to override the duty of confidence? (See [section 3.8. Glossary](#));
- Is there another way to achieve the objective with less impact on confidentiality (e.g. would anonymous data suffice)?

## **Q2 Does the information enable a person to be identified?**

3.5.5 In most cases the information covered by these procedures will be about a named child. It may also identify others, such as a parent or carer. If the information is anonymised, it can lawfully be shared as long as the purpose is legitimate. If the information allows a child and others to be identified, it is subject to data protection law and professionals must follow these procedures and where appropriate take legal advice in deciding whether or not to share the information.

## **Q3 Is the information confidential?**

3.5.6 There are three different types of confidential relationship:

- A formal confidential relationship, as between a doctor and patient, social worker and client or counsellor and client. In these relationships all information shared, whether or not directly relevant to the medical, social care or personal matter which is the main reason for the relationship, should be treated as confidential.
- An informal confidential relationship (e.g. between a teacher and a pupil). A pupil may tell a teacher a whole range of information some of which is not confidential, but may also ask the teacher to treat some specific information as confidential. Then, for the purposes of the confidential information only, the teacher and pupil will have a formal confidential relationship.
- A relationship where the person may not specifically request that some information is kept confidential when they discuss their own problems or pass on information about others, but may assume that personal information will be treated as confidential. In these situations professionals should check whether or not the information is confidential and under what circumstances information may or may not be shared with others.

3.5.7 Public bodies which hold information of a private or sensitive nature about individuals for the purposes of carrying out their functions (e.g. LA children's social care) may also owe a duty of confidentiality, as people have provided information on the understanding that it will be used for those purposes. In some cases the body may have a statutory obligation to maintain confidentiality, for example in relation to the case files of looked after children.

**Q4 If the information is confidential, has consent to share been obtained?**

3.5.8 See [section 3.3.10 – 3.3.29 \(above\)](#).

**Q5 Is there a statutory duty or a court order to share information?**

3.5.9 In some situations professionals are required by law to share information, for example, in the NHS where a person has a specific disease about which environmental health services must be notified. There will also be times when a court will make an order for certain information or case files to be brought before the court.

3.5.10 These situations are relatively unusual and where they apply professionals will know or be told about them. In such situations professionals must share the information, even if it is confidential and consent has not been given. Wherever possible, professionals should inform the individual concerned that the information is being shared, why, and with whom.

**Disclosure for the purposes of court proceedings**

3.5.11 There will be occasions when it is necessary for the police to seek information held on other agency databases / files in order for the Crown Prosecution Service to use the information for prosecution in a criminal trial. There will also be occasions when legal representative for defendants in criminal trials will seek access to such information in a trial.

3.5.12 At these times, consideration must be given with legal advisors to the question of public interest immunity, a series of legal rules intended to protect the confidential nature of information held on files as a result of confidential relationships between individuals and public services.

3.5.13 Separate protocols exist both for the above purpose and in the situation where LA children's social care need to present information held on police files in the pursuit of civil care proceedings brought to protect children. These protocols are agreed between the Metropolitan Police Service and the judiciary and the police service and the Association of London Directors of Social of Children's Services (ALDCS).

3.5.14 Where an agency and its legal advisor do not believe the protocols to be appropriate that agency will need to consider legal advice about its responsibilities to share information to protect children weighed against its responsibilities to uphold the principles of public interest immunity in respect of information held.

3.5.15 See also the [Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases \(2003\)](#), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly, at: <http://www.cps.gov.uk/Publications/agencies/protocolletter.html>

**Q6 If consent has been refused, or there are good reasons not to seek consent to share confidential information, is there a sufficient public interest to share information?**

3.5.16 If consent is refused, professionals should apply the public interest test. That is, considering whether the public interest in maintaining confidence in confidentiality is outweighed by the public interest in protecting a child at risk of significant harm or serious harm to an adult. There will be cases where sharing some information without consent is necessary to enable professionals to reach

an informed decision about whether further information should be shared or action should be taken.

- 3.5.17 In deciding whether the public interest justifies disclosing confidential information without consent, professionals should be able to seek advice from a line manager or a nominated individual whose role is to support professionals in these circumstances. If professionals are working in the NHS or a local authority the Caldicott Guardian may be helpful. Advice can also be sought from professional bodies, for example the General Medical Council or the Nursing and Midwifery Council.
- 3.5.18 If the concern is about possible abuse or neglect, all organisations working with children will have a named person who undertakes a lead role for child protection, so consulting this person may also be helpful.
- 3.5.19 If professionals decide to share confidential information without consent, this should be explained to the child or their parent, unless to do so would put the child at risk of harm.

## **Q7 If the decision is to share, is the right information being shared in the right way?**

- 3.5.20 If the decision is to share, professionals should share information in a proper way. This means:
- Share the information which is necessary for the purpose for which it is being shared;
  - Share the information with the person or people who need to know;
  - Check that the information is accurate and up-to-date;
  - Share it in a secure way;
  - Establish with the recipient whether they intend to pass it on to other people, and
  - Ensure they understand the limits of any consent which has been given;
  - Inform the person to whom the information relates, and, if different, any other person who provided the information, if professionals have not already and it is safe to do so.

## **Q8 Have the decision and the reasons for it, been recorded?**

- 3.5.21 Professionals should record all decisions whether or not to share information and why. If the decision is to share, the record should include what information was shared and with whom.

## **3.6 Professional guidance**

### **Doctors**

- 3.6.1 [\*What To Do If You're Worried A Child is Being Abused \(2006\)\*](#) supersedes *Guidance to Doctors Working with Child Protection Agencies*.
- 3.6.2 The General Medical Council guidance entitled [\*Confidentiality: Protecting and Providing Information \(2004\)\*](#) emphasises the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information but makes clear that information may be released without consent to third parties



(e.g. statutory agencies such as LA children's social care and police) in exceptional circumstances if a failure to disclose information may expose the patient, or others, to risk of death or serious harm.

- 3.6.3 The General Medical Council has confirmed that its guidance refers to information about third parties who are of direct relevance to child protection (e.g. adults who may pose a risk to a child, or children who may be the subject of abuse).
- 3.6.4 Paragraph 29 states: 'If a professional believes a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, the professional must give information promptly to an appropriate responsible person or statutory agency, where the professional believes that the disclosure is in the patient's best interests. If, for any reason, a professional believes that disclosure of information is not in the best interests of an abused or neglected patient, the professional should discuss the issues with an experienced colleague. If the professional decides not to disclose information, the professional must be prepared to justify their decision.'

### Nurses and other health professionals

- 3.6.5 [\*What To Do If You're Worried A Child is Being Abused \(2006\)\*](#) supersedes *Child Protection: Guidance for senior nurses, health visitors, midwives and their managers*.
- 3.6.6 The Nursing and Midwifery Council has produced a code of professional conduct which contains the advice that disclosure of information may occur:
- With the consent of the patient or client;
  - Without the consent of the patient or client when the disclosure is required by law or by order of a court;
  - Without the consent of the patient or client when the disclosure is considered to be necessary in the public interest (public interest is defined to include child protection).
- 3.6.7 The Health Professionals Council, which governs therapies and professions allied to medicine, has produced a statement on confidentiality and individual professional bodies produce their own, essentially similar guidance.
- 3.6.8 When in doubt, health professionals should consult their agency's nominated safeguarding children adviser/s (i.e. the named professional for safeguarding children who may in turn seek advice from the designated doctor or nurse and / or the Caldicott Guardian or solicitor of the Trust).

### Metropolitan Police

- 3.6.9 The police are lawfully able to supply information to relevant third parties for defined categories of request, as follows:
- A child protection referral is made in relation to an enquiry under s47 [\*Children Act 1989\*](#) (e.g. during a strategy meeting / discussion);
  - Information is requested as part of an inter-agency risk management meeting set up under the [\*Criminal Justice Act 2000\*](#) or the [\*Sex Offenders Act 1997\*](#);
  - LA children's social care is carrying out an initial or core assessment in order to inform a decision as to the justification for a s47 enquiry or otherwise;

- LA children's social care is carrying out a 'child in need' assessment under s17 [Children Act 1989](#) and written consent from the subject/s has been obtained or the need to safeguard a child overrides the duty of confidence;
- The request relates to a child subject of a child protection plan;
- LA children's social care is faced with the immediate need to place a child with a family member or friend in an emergency and has obtained the necessary consents.

See the [Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases \(2003\)](#), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly.

- 3.6.10 Any request for information that does not fall within these categories will be declined.
- 3.6.11 Where there is doubt, the police officer will consult the police legal services or the data protection unit.
- 3.6.12 Information will be provided by the police on the strict understanding that it is confidential in nature, will only be used for the purposes of a child protection or child in need assessment and that it may not be passed on to any third party without the express permission of the police.
- 3.6.13 Outside of the context of a s47 enquiry or criminal investigation, completion of 'information request forms', processed in accordance with police standards, will usually be required (see Form 87B, available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)).
- 3.6.14 In urgent cases, information shared as part of a s47 enquiry may be provided verbally prior to being confirmed in writing on form 87D (see Form 87B, available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)).

## Education professionals

- 3.6.15 Education professionals have a professional responsibility to share information with other professionals in order to protect children, particularly with investigative agencies such as, the police and LA children's social care. This responsibility applies to teaching staff and other school-based staff, including PCT school nurses, as well as those working for LA education.
- 3.6.16 Section 27 [Children Act 1989](#) also imposes a duty on local education authorities to assist LA children's social care in the exercise of its functions (e.g. child protection), if requested to do so and if it is not prejudicial to the discharge of their own function.
- 3.6.17 The [Education Act 2002](#) introduced additional duties on local education authorities, governing bodies and teaching staff to share information that may be relevant to child protection with LA children's social care.

## 3.7 Sharing information safely

### Confidential information exchange

- 3.7.1 The professional requesting information about a child and their family from another agency and the professional in that agency who provides it must record the event contemporaneously and date it, in accordance with their own agency procedures. Both professionals must also record the reason for request and the level of risk of harm in play at time of request.

- 3.7.2 The recording must indicate if the consent of the subject child or their parent/s was sought and obtained, sought and refused or not sought.
- 3.7.3 If information was provided without consent, the reason/s for doing so must be made clear and the record must also indicate whether the subject child or their parent/s was subsequently informed of the information transfer.
- 3.7.4 Unless they are already known, a telephone call received from a professional seeking information must be verified before information is divulged, by calling their agency back.
- 3.7.5 A record of any information given or received by 'phone or in person must be made, as well as reasons for not informing at time or subsequently, alongside details of the risk of harm as in section 3.7.1 above.
- 3.7.6 Transmission of personal and sensitive information by fax should only happen when unavoidable. The number / address to which it is being sent should be checked very carefully (preferably by a colleague) and reassurance provided and recorded about the security of its handling by the other agency.
- 3.7.7 All faxes containing confidential information should have a cover sheet which contains a confidentiality statement (e.g. 'This fax is confidential and is intended only for the person to whom it is addressed'). Faxes should be sent to 'Safe Haven' fax machines. If there is any doubt about being able to ensure confidentiality agreement should be reached by both parties that the recipient will stand by the fax machine and provide confirmation to the sender that the fax has been received.
- 3.7.8 Confidential information should only be sent by secure electronic systems and not by internet e-mail. E-mails containing confidential information should have a confidentiality warning (e.g. 'This e-mail is confidential and is intended for the person to whom it is addressed').

## Record keeping

- 3.7.9 Professionals in all agencies must ensure that in the child (or adult who is a parent)'s file, they:
- Record all requests for information, who is making the request and the purpose for which the information is sought;
  - Keep a detailed log of information disclosed identifying the person to whom it has been provided and the purpose;
  - Record the date a piece of information was created or recorded and whether it comprises fact, opinion, hypothesis or a mixture of these together with the identity of the person recording the information and the risk which has prompted the disclosure;
  - In situations where written consent to disclosure has been obtained, record this and file the written consent with the record;
  - In situations where consent to disclosure is needed, if written consent has not been obtained, record clearly the basis on which consent to disclosure has been obtained and ensure that this is readily accessible to everyone who might be asked to share that data including any relevant legal or data protection issues;
  - In situations where consent to disclosure is needed, if consent has been refused or not sought, record clearly the refusal and / or the reasons for proceeding without consent. Ensure that this is readily

accessible to everyone who might be asked to share that data including any relevant legal or data protection issues.

### 3.8 Information sharing glossary

<b>Term</b>	<b>Definition</b>
Anonymised information	Information from which a person cannot be identified by the recipient.
Confidential information	Information not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence.
Consent	Agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. All consent must be informed. The person to whom the information relates should understand why particular information needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.
Explicit consent	Consent given orally or in writing.
Implied consent	Where the person has been informed about the information to be shared, the purpose for sharing and that they have the right to object and their agreement to sharing has been signalled by their behaviour rather than orally or in writing.
Lead information officer	A senior manager in each agency, responsible for decisions relating to information sharing within the agency, who can determine controversial issues.
Personal data	Information about any identified or identifiable living individual and includes their name, address and telephone number as well as any reports or records.
Proportionality	The key factor in deciding whether or not to share confidential information without consent is proportionality: i.e. is the information professionals wish to, or are asked to share, a balanced response to the need to safeguard a child or another person, or to prevent or detect a serious crime.
Public interest	The interests of the community as a whole, or a group within the community or individuals.
Public interest test	The process a professional should use to decide whether to share confidential information without consent. It requires consideration of the competing public interests e.g. the public interest in protecting children, promoting their welfare or preventing crime and disorder and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing.

Secondary disclosure	Disclosure by the person to whom data has been disclosed to another agency or person e.g. if a GP provides data to a school and the school passes it to LA children's social care.
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## 4 Recognition and response

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### 4.1 Concept of significant harm

- 4.1.1 Some children are in need because they are suffering, or likely to suffer, significant harm. The [Children Act 1989](#) introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.
- 4.1.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.
- 4.1.3 Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.
- 4.1.4 Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.
- 4.1.5 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.



## 4.2 Definitions of child abuse and neglect

### Physical abuse

- 4.2.1 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 fabricates the symptoms of, or deliberately induces, illness in a child; see [section 5.12. Fabricated or induced illness](#).
- 4.2.2 See [section 5. Children in specific circumstances](#) who may be at risk of suffering physical abuse.

### Emotional abuse

- 4.2.3 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:
- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
  - Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
  - Seeing or hearing the ill-treatment of another;
  - Serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children;
  - Exploiting and corrupting children.
- 4.2.4 Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- 4.2.5 See [section 5. Children in specific circumstances](#) who may be at risk of suffering emotional abuse.

### Sexual abuse

- 4.2.6 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts.
- 4.2.7 Sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 [Sexual Offences Act 2003](#). See [section 5.23. ICT-based forms of abuse](#), [section 5.39. Sexually active children](#) and [section 5.40. Sexually exploited children](#).
- 4.2.8 Sexual abuse includes non-contact activities, such as involving children in looking at, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

- 4.2.9 See [section 5. Children in specific circumstances](#) who may be at risk of suffering sexual abuse.

## Neglect

- 4.2.10 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.
- 4.2.11 Neglect may occur during pregnancy as a result of maternal substance abuse.
- 4.2.12 Once a child is born, neglect may involve a parent failing to:
- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
  - Protect a child from physical and emotional harm or danger;
  - Ensure adequate supervision (including the use of inadequate care-givers);
  - Ensure access to appropriate medical care or treatment.
- 4.2.13 It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.
- 4.2.14 See [section 5. Children in specific circumstances](#) who may be at risk of suffering neglect.

## 4.3 Recognition of abuse and neglect

- 4.3.1 The factors described below are frequently found in cases of child abuse or neglect. Their presence is not proof that abuse has occurred, but:
- Must be regarded as indicators of the possibility of significant harm;
  - Indicates a need for careful assessment and discussion with the agency's nominated child protection person;
  - May require consultation with and/or referral to the LA children's social care and / or the police.
- 4.3.2 The absence of such indicators does not mean that abuse or neglect has not occurred.
- 4.3.3 In an abusive relationship the child may:
- Appear frightened of the parent;
  - Act in a way that is inappropriate to their age and development.
- 4.3.4 The parent may:
- Persistently avoid routine child health services and/or treatment when the child is ill;
  - Have unrealistic expectations of the child;
  - Frequently complain about / to the child and may fail to provide attention or praise (high criticism / low warmth environment);
  - Be absent or leave the child with inappropriate carers;
  - Have mental health problems which they do not appear to be managing;

- Be misusing substances;
- Persistently refuse to allow access on home visits;
- Persistently avoid contact with services or delay the start or continuation of treatment;
- Be involved in domestic violence;
- Fail to ensure the child receives an appropriate education.

4.3.5 Professionals should be aware of the potential risk of harm to children when individuals (adults or children), previously known or suspected to have abused children, move into the household. See [section 5.18. Harming others](#) and [section 13. Risk management of known offenders](#).

## Recognising physical abuse

4.3.6 The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury;
- Several different explanations provided for an injury;
- Unexplained delay in seeking treatment;
- The parent/s are uninterested or undisturbed by an accident or injury;
- Parents are absent without good reason when their child is presented for treatment;
- Repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury);
- Frequent use of different doctors and accident and emergency departments;
- Reluctance to give information or mention previous injuries.

## Bruising

4.3.7 Children can have accidental bruising, but the following must be considered as indicators of harm unless there is evidence or an adequate explanation provided. Only a paediatric view around such explanations will be sufficient to dispel concerns listed below:

- Any bruising to a pre-crawling or pre-walking baby;
- Bruising in or around the mouth, particularly in small babies which may indicate force feeding;
- Two simultaneous bruised eyes, without bruising to the forehead, (rarely accidental, though a single bruised eye can be accidental or abusive);
- Repeated or multiple bruising on the head or on sites unlikely to be injured accidentally;
- Variation in colour possibly indicating injuries caused at different times;
- The outline of an object used (e.g. belt marks, hand prints or a hair brush);
- Bruising or tears around, or behind, the earlobe/s indicating injury by pulling or twisting;
- Bruising around the face;

- Grasp marks on small children;
- Bruising on the arms, buttocks and thighs may be an indicator of sexual abuse.

### **Bite marks**

- 4.3.8 Bite marks can leave clear impressions of the teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.
- 4.3.9 A medical opinion should be sought where there is any doubt over the origin of the bite.

### **Burns and scalds**

- 4.3.10 It can be difficult to distinguish between accidental and non-accidental burns and scalds, and will always require experienced medical opinion. Any burn with a clear outline may be suspicious, e.g:
- Circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine);
  - Linear burns from hot metal rods or electrical fire elements;
  - Burns of uniform depth over a large area;
  - Scalds that have a line indicating immersion or poured liquid (a child getting into hot water of its own accord will struggle to get out and cause splash marks);
  - Old scars indicating previous burns / scalds which did not have appropriate treatment or adequate explanation.
- 4.3.11 Scalds to the buttocks of a small child, particularly in the absence of burns to the feet, are indicative of dipping into a hot liquid or bath.

### **Fractures**

- 4.3.12 Fractures may cause pain, swelling and discolouration over a bone or joint, and loss of function in the limb or joint.
- 4.3.13 Non-mobile children rarely sustain fractures.
- 4.3.14 There are grounds for concern if:
- The history provided is vague, non-existent or inconsistent with the fracture type;
  - There are associated old fractures;
  - Medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement;
  - There is an unexplained fracture in the first year of life.

### **Scars**

- 4.3.15 A large number of scars or scars of different sizes or ages, or on different parts of the body, may suggest abuse.

### **Recognising emotional abuse**

- 4.3.16 Emotional abuse may be difficult to recognise, as the signs are usually behavioural rather than physical.

4.3.17 The indicators of emotional abuse are often also associated with other forms of abuse. Professionals should therefore be aware that emotional abuse might also indicate the presence of other kinds of abuse.

4.3.18 The following may be indicators of emotional abuse:

- Developmental delay;
- Abnormal attachment between a child and parent (e.g. anxious, indiscriminate or no attachment);
- Indiscriminate attachment or failure to attach;
- Aggressive behaviour towards others;
- Appeasing behaviour towards others;
- Scapegoated within the family;
- Frozen watchfulness, particularly in pre-school children;
- Low self esteem and lack of confidence;
- Withdrawn or seen as a 'loner' – difficulty relating to others.

### Recognising sexual abuse

4.3.19 Sexual abuse can be very difficult to recognise and reporting sexual abuse can be an extremely traumatic experience for a child. Therefore both identification and disclosure rates are deceptively low.

4.3.20 Boys and girls of all ages may be sexually abused and are frequently scared to say anything due to guilt and / or fear. According to a recent study<sup>36</sup> three-quarters (72%) of sexually abused children did not tell anyone about the abuse at the time. Twenty-seven percent of the children told someone later, and around a third (31%) still had not told anyone about their experience/s by early adulthood.

4.3.21 If a child makes an allegation of sexual abuse, it is very important that they are taken seriously. Allegations can often initially be indirect as the child tests the professional's response. There may be no physical signs and indications are likely to be emotional / behavioural.

4.3.22 Behavioural indicators which may help professionals identify child sexual abuse include:

- Inappropriate sexualised conduct;
- Sexually explicit behaviour, play or conversation, inappropriate to the child's age;
- Contact or non-contact sexually harmful behaviour;
- Continual and inappropriate or excessive masturbation;
- Self-harm (including eating disorder), self mutilation and suicide attempts;
- Involvement in sexual exploitation or indiscriminate choice of sexual partners;
- An anxious unwillingness to remove clothes for e.g. sports events (but this may be related to cultural norms or physical difficulties).

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<sup>36</sup> Cawson et al's 2000 study for the NSPCC

- 4.3.23 Physical indicators associated with child sexual abuse include:
- Pain or itching of genital area;
  - Blood on underclothes;
  - Pregnancy in a child;
  - Physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted disease, presence of semen on vagina, anus, external genitalia or clothing.
- 4.3.24 Sex offenders have no common profile, and it is important for professionals to avoid attaching any significance to stereotypes around their background or behaviour. While media interest often focuses on 'stranger danger', research indicates that as much as 80 per cent of sexual offending occurs in the context of a known relationship, either family, acquaintance or colleague<sup>37</sup>.

### Recognising neglect

- 4.3.25 It is rare that an isolated incident will lead to agencies becoming involved with a neglectful family. Evidence of neglect is built up over a period of time. Professionals should therefore compile a chronology and discuss concerns with any other agencies which may be involved with the family, to establish whether seemingly minor incidents are in fact part of a wider pattern of neglectful parenting.
- 4.3.26 When working in areas where poverty and deprivation are commonplace professionals may become desensitised to some of the indicators of neglect. These include:
- Failure by parents or carers to meet essential physical needs (e.g. adequate or appropriate food, clothes, warmth, hygiene and medical or dental care);
  - Failure by parents or carers to meet essential emotional needs (e.g. to feel loved and valued, to live in a safe, predictable home environment);
  - A child seen to be listless, apathetic and unresponsive with no apparent medical cause;
  - Failure of child to grow within normal expected pattern, with accompanying weight loss;
  - Child thrives away from home environment;
  - Child frequently absent from school;
  - Child left with inappropriate carers (e.g. too young, complete strangers);
  - Child left with adults who are intoxicated or violent;
  - Child abandoned or left alone for excessive periods.
- 4.3.27 Disabled children and young people can be particularly vulnerable to neglect (see [section 5.10. Disabled children](#)) due to the increased level of care they may require.
- 4.3.28 Although neglect can be perpetrated consciously as an abusive act by a parent, it is rarely an act of deliberate cruelty. Neglect is usually defined as an omission of care by the child's parent, often due to one or more unmet needs of their own.

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<sup>37</sup> Grubin. D (1998). [Sex offending against children: understanding the risk](#). Police Research Series. Paper 99. Home Office



These could include domestic violence (see [section 5.11](#)), mental health issues (see [section 5.29](#)), learning disabilities (see [section 5.30](#)), substance misuse (see [section 5.31](#)), or social isolation / exclusion (see [section 5.1.1 to 5.1.4](#)), this list is not exhaustive.

While offering support and services to these parents, it is crucial that professionals maintain a clear focus on the needs of the child.

## 4.4 Potential risk of harm to an unborn child

- 4.4.1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic violence, parental substance abuse or mental ill health).
- 4.4.2 These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

See [section 6.8. Pre-birth referral and assessment](#) and [section 8.14. Pre-birth conference](#).

## 4.5 Professional / agency response

- 4.5.1 Professionals in all agencies who come into contact with children, who work with adults who are parents or who gain knowledge about children through working with adults, should:
- Be alert to potential indicators of abuse or neglect;
  - Be alert to the risks which individual abusers or potential abusers, may pose to children;
  - Be able to gather and analyse information as part of a common assessment.
- 4.5.2 The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, e.g. a teacher, foster carer, childminder or any professional should take all reasonable steps to offer a child immediate protection (including from an aggressive parent).

### Child protection support for professionals

- 4.5.3 All agencies should have single / internal agency child protection procedures which are compliant with these *London Child Protection Procedures* and approved by the Local Safeguarding Children Board. Single / internal agency procedures must provide instruction to professionals in:
- Identifying potential or actual harm to children;
  - Discussing and recording concerns with a first line manager / in supervision;
  - Assessing concerns by completing a common assessment;

- Discussing concerns with the agency's nominated safeguarding children adviser (able to offer advice and decide upon the necessity for a referral to LA children's social care).
- 4.5.4 Professionals in all agencies should be sufficiently knowledgeable and competent to contact local LA children's social care or the police about their concerns directly and to complete the appropriate referral form.
- 4.5.5 A formal referral to LA children's social care, the police or accident and emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the nominated safeguarding children adviser, or completion of a common assessment.

### **Duty to co-operate and refer**

- 4.5.6 All professionals in agencies with contact with children and members of their families must make a referral to LA children's social care if there are signs that a child or an unborn baby:
- Is suffering significant harm through abuse or neglect;
  - Is likely to suffer significant harm in the future.
- 4.5.7 The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.
- 4.5.8 In urgent situations, out of office hours, the referral should be made to the LA children's social care emergency duty team / out of hours team, see inside front cover for local contact details.

### **Listening to the child**

- 4.5.9 Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:
- Clarify the concerns;
  - Offer re-assurance about how the child will be kept safe;
  - Explain what action will be taken.
- 4.5.10 The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.
- 4.5.11 If the child can understand the significance and consequences of making a referral to LA children's social care, they should be asked their view.
- 4.5.12 However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

### **Parental consultation**

- 4.5.13 Where practicable, concerns should be discussed with the parent and agreement sought for a referral to LA children's social care unless seeking agreement is likely to place the child at risk of significant harm through delay or the parent's actions or reactions.
- 4.5.14 Where a professional decides not to seek parental permission before making a referral to LA children's social care, the decision must be recorded in the child's

file with reasons, dated and signed and confirmed in the referral to LA children's social care.

- 4.5.15 A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral, unless it would cause undue delay, further advice should be sought from a manager or the nominated child protection adviser and the outcome fully recorded.
- 4.5.16 If, having taken full account of the parents' wishes it is still considered that there is a need for referral:
- The reason for proceeding without parental agreement must be recorded;
  - The parent's withholding of permission must form part of the verbal and written referral to LA children's social care;
  - The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

### Urgent medical attention

- 4.5.17 If the child is suffering from a serious injury, the professional must seek medical attention immediately from accident and emergency services and must inform LA children's social care, and the duty consultant paediatrician at the hospital.
- 4.5.18 Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:
- LA children's social care local to the hospital and the child's home address (may be two different LA children's social care) are notified by telephone that there are child protection concerns;
  - Hospital professionals have completed the appropriate referral form and sent it to LA children's social care within 48 hours;
  - A strategy meeting / discussion has been held including relevant hospital and other agency professionals.
- 4.5.19 Except in cases where emergency treatment is needed, LA children's social care and the police should initiate any medical examinations required as part of a child protection enquiry.

### Initiating the referral

- 4.5.20 Referrals should be made to LA children's social care for the area where the child is living or is found.
- 4.5.21 Where specific arrangements are made, or exist, for another borough to undertake an enquiry, the home LA children's social care will advise accordingly and ensure that the referral process outlined in [section 6. Referral and assessment](#), is followed.
- 4.5.22 If the child is known to have an allocated social worker, the referral should be made to them, or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.
- 4.5.23 Where available, the following information should be provided with the referral (but absence of information must not delay referral):
- Full names, date of birth and gender of the subject child/ren;

- Family address;
  - Identity of those with parental responsibility;
  - Names, date of birth and gender of all household members;
  - Ethnicity, first language and religion of children and parents;
  - Any need for an interpreter, signer or other communication aid;
  - Any special needs of child/ren;
  - Any significant / important recent events / incidents in child's or family's life;
  - Cause for concern including details of any allegations, their sources, timing and location;
  - Child's current location and emotional and physical condition;
  - Referrer's relationship and knowledge of child and parents;
  - Known current or previous involvement of other agencies / professionals;
  - Information regarding parental knowledge of, and agreement to, the referral.
- 4.5.24 The referrer should confirm verbal and telephone referrals in writing, within 48 hours.
- 4.5.25 Where a common assessment has been completed prior to referral, these details should also be conveyed at the point of referral.
- 4.5.26 LA children's social care should acknowledge referrals within one working day of receipt. If this does not occur within three working days, the referrer should contact these services again.

## Recording

- 4.5.27 The referrer should keep a formal record of:
- Discussions with child;
  - Discussions with parent;
  - Discussions with their managers;
  - Information provided to LA children's social care;
  - Decisions taken (with time and date clearly noted, and signed).
- 4.5.28 The referrer should keep a copy of the written referral, confirming the verbal and telephone referral.

## 4.6 Referrals by members of the public

- 4.6.1 When a member of the public telephones or approaches any agency with concerns, about the welfare of a child or an unborn baby, the professional who receives the contact should always:
- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
  - Take basic details:

- Name, address, gender and date of birth of child;
  - Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), professionals providing other services, a lead professional for the child (see [section 1.6. Glossary](#)).
  - Discuss the case with their manager and the agency's nominated safeguarding children adviser to decide whether to:
    - Make a referral to LA children's social care;
    - Make a referral to the lead professional, if the case is open and there is one;
    - Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
    - Undertake a common assessment.
  - Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.
- 4.6.2 The member of the public should also be given the number for their local LA children's social care and encouraged to contact them directly, see inside front cover for local contact details. The agency receiving the initial concern should always make a referral to LA children's social care and to the lead professional if there is one, in case the member of the public does not follow through (a common occurrence).
- 4.6.3 If there is a risk that the member of the public will disengage without giving sufficient information to enable agencies to investigate concerns about a child, the NSPCC national 24 hour [Child Protection Helpline](#) (0808 800 5000) and [ChildLine](#) (0800 1111) can be offered as an alternative means of reporting concerns. See [section 2. Roles and responsibilities, 2.24.12 NSPCC](#);
- 4.6.4 Individuals may prefer not to give their name to LA children's social care or NSPCC. Alternatively they may disclose their identity, but not wish for it to be revealed to the parent/s of the child concerned.
- 4.6.5 Wherever possible, professionals should respect the referrer's request for anonymity. However professionals should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena).
- 4.6.6 Local publicity material should make the above position clear to potential referrers.
- 4.6.7 LA children's social care should offer the referrer the opportunity of an interview.

## 4.7 Adult services responsibilities in relation to children

- 4.7.1 All agencies where professionals offer services to adults who may be parents or have close contact with children and / or to families, should have procedures and protocols in place for safeguarding and promoting the welfare of children. These should include arrangements for timely multi-disciplinary assessments with children's specialists in their own services and with other agencies, including LA children's social care and the police.
- See [section 2. Roles and responsibilities](#).

4.7.2 Adult services and professionals working with adults need to be competent in identifying the client or patient's role as a parent. They need to be able to consider the impact of the adult's condition or behaviour on:

- A child's development;
- Family functioning;
- The adult's parenting capacity.

4.7.3 Where a professional working with adults has concerns about the parent's capacity to care for the child and considers that the child is likely to be harmed or is being harmed, they should immediately refer the child to the police or LA children's social care, in accordance with their agency's child protection procedures.

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## **5 Children in specific circumstances**

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## 5.1 Introduction

### Socially excluded / isolated children and families

- 5.1.1 Some children's circumstances mean they are more vulnerable to abuse and / or are less able to easily access services. These children often require a high degree of awareness and co-operation between professionals in different agencies, both in recognising and identifying their needs and in acting to meet those needs.
- 5.1.2 This includes children whose families may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or have not been able to become engaged with, health, education, social care, welfare and personal social support systems.
- When a family moves frequently multi-agency working must be very good in order for a child's welfare to be adequately monitored, the risk of disruption to service provision and information gathering which could happen with frequent case transfer needs to be minimised (see [section 11. Mobile children and families](#)).
- 5.1.3 Recently immigrant families often have a traumatic history, and / or a disrupted family life and can need support to integrate their culture with that of the host country.
- 5.1.4 Recently immigrant families and children who are unaccompanied asylum seekers face the additional challenge to engaging with statutory services in that English is not their first language. When working with these children and families professionals should use professional interpreters who have a clear Criminal Records Bureau check; it is not acceptable to use a family member or friend. See [section 5.50. Working with interpreters / communications facilitators](#).
- 5.1.5 Professionals in all agencies should be alert to the impact of the external stressors in 5.1.2 and 5.1.3:

- On a family's ability to safeguard their children and promote their welfare; and
  - On a child's vulnerability to neglect or harm (within their family and in the wider community).
- 5.1.6 Professionals considering / making a referral to LA children's social care should do so in line with [section 6. Referral and assessment](#). See also [section 6.4. Referral criteria](#), which provides guidance on the difference within LA children's social care between a s47 / core assessment and an initial assessment.
- 5.1.7 For LA children's social care to plan appropriately for the future of unaccompanied asylum seeking children it will be necessary for key information about the child to be shared between their social worker or personal adviser and the UK Border Agency (UKBA) 'case owner' responsible for resolving the child's immigration status. This would include information:
- Relevant to the assessment of the child's identity and age (given that most unaccompanied asylum seeking children may not have reliable documentary evidence of their age and identity);
  - That might be relevant to the immigration decision made in respect of the child (where, for example, the child has complex medical needs or is suffering from trauma); and
  - About any efforts to trace the location of family members in the country of origin (many unaccompanied asylum seeking children will have lost contact with family members because of the circumstances of their journey to the UK).
- 5.1.8 Until an unaccompanied asylum seeking child has been granted British Nationality, refugee status or indefinite leave to remain, their Care Plan should also prepare for the eventuality that the child may be required to return to their country of origin.

## 5.2 Adoption

- 5.2.1 An adopted child may divulge when s/he is in placement, that they have been abused at some time in their previous history. An adopted child can also be vulnerable to physical, sexual or emotional abuse and / or neglect whilst they are placed for adoption. The child may thus already have suffered, or can suffer, to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Good quality care

- 5.2.2 All commissioners and providers of services for children who have a care plan for placement for adoption are responsible for ensuring that each child is safeguarded. Commissioner contracts and provider procedures should reflect the provisions and guidance relating to the [Adoption and Children Act 2002](#).

They should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

5.2.3 Key provisions in the [Adoption and Children Act 2002](#) include:

- Aligning adoption law with the relevant provisions of the [Children Act 1989](#) to ensure that the child's welfare is the paramount consideration in all decisions relating to adoption;
- Placing a duty on local authorities to maintain an adoption service, including arrangements for the provision of adoption support services and an inter-country adoption service;
- Providing a right to an assessment of needs for adoption support services for adoptive families and others;
- Setting out a regulatory structure for adoption support agencies;
- Providing additional restrictions on bringing a child into the UK in connection with adoption; and
- Providing for restrictions on arranging adoptions and advertising children for adoption, other than through adoption agencies

5.2.4 Adoption guidance, based on the [Adoption and Children Act 2002](#), outlines the following essential characteristics of adoption services:

- The focus must be firmly on the needs of the child, whose interests will be paramount in all decisions relating to adoption;
- Highly skilled professionals should lead a quality service delivered to national minimum standards;
- Focused effort should go into finding a permanent family for looked after children waiting to be adopted;
- The courts must deal with all cases involving children in an efficient and child-centred way;
- A range of potential adopters should be welcomed and assessed efficiently in an open and fair way; and
- Children and their new families must have easy access to adoption support services.

5.2.5 See *Adoption Guidance: Adoption and Children Act 2002* (DCSF, 2005) at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00032/>

### **National minimum standards**

5.2.6 Local authority services and third sector adoption agencies must meet national minimum service standards. The standards set out the following requirements:

- The adoption agency's service users are safeguarded from any form of abuse, exploitation and discrimination including physical, financial, psychological and sexual, through deliberate intent, negligence or ignorance in accordance with the agency's written policies and procedures;
- Where the adoption agency provides adoption support services to children:
  - there is a detailed written child protection policy, including the management of and reporting plan for child protection issues
  - there are procedures for responding to suspicion or evidence of abuse and neglect which are in line with *London child protection procedures* to ensure the safety and protection of service users. this includes the involvement of the local authority and police and

passing on concerns to the regulatory authority (where appropriate)

- all staff and volunteers are trained in child protection and are aware of and access to, the agency's child protection policy
- all allegations and incidents of abuse in relation to the agency's staff or volunteers are followed up promptly and the details and action taken are recorded on a file, kept especially for the purpose, and on the service user's record; and
- The adoption agency has written procedures for dealing with allegations of historical abuse which may be made by service users during the course of service provision.

See *The [National minimum standards: Voluntary adoption agencies and LA adoption service](#)*; and *the [Addendum: Adoption national minimum standards](#)*; at <http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00026/>

## Promoting and protecting a child's welfare

5.2.7 The period prior to the transfer of full Parental Responsibility on the making of an Adoption Order can be very challenging and prospective parent/s can under-report worrying behaviours seen with their new children. In addition it is common for these children to be placed at a significant distance from their home local authority, making close monitoring of the placement more challenging.

5.2.8 It is essential that children and their adoptive families receive good support services:

- Placements are visited and reviewed regularly;
- Children are seen alone;
- All those who use adoption services are aware that they are entitled to an assessment for support services (including therapy for the child), to meet their needs;
- There are effective processes in place to address, challenge and monitor the quality of practice<sup>38</sup>.

5.2.9 Where an allegation of past or current abuse or neglect is made in respect of a child placed for adoption or in respect of a prospective or approved adopter, the following actions must be taken:

- Where a child is placed with prospective adopters and any allegation of past or current abuse or neglect is received, a referral must be made, in line with [section 6. Referral and assessment](#), to the LA children's social care where the child is placed (the host authority);
- Where child protection enquiries are made in respect of a child by the host authority, full co-operation must be given by any other local authority with information about that child;
- Where the child is not placed with prospective adopters and any allegation of past or current abuse or neglect is received, a referral must be made, in line with [section 6. Referral and assessment](#), to the LA children's social care where the principle office of the adoption agency concerned is based;

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<sup>38</sup> Adoption: messages from inspections of adoption agencies (CSCI, 2006) at [www.ofsted.gov.uk/](http://www.ofsted.gov.uk/)



- The registration authority must be notified of the instigation and outcome of any child protection enquiry;
- Consideration must be given as to the implications of the outcome of any allegation, and any necessary measures taken in order to protect children placed with prospective adopters;
- Adoption agencies must ensure that appropriate individuals working for the purposes of the agency, prospective adopters and children placed by the agency all have access to information to enable them to contact the host LA children's social care, plus the registration authority in respect of any concern about child welfare or safety relating to an adoptive placement.

5.2.10 The Local Safeguarding Children Board has a responsibility to ensure that children with plans for placement for adoption within or outside the local area have essential safeguards in place and that children placed in the area from other local authorities have essential safeguards in place.

## 5.3 Animal abuse and links to abuse of children and vulnerable adults

5.3.1 Animal abuse is defined as intentional harm of animals, including willful neglect, inflicting injury, pain or distress or malicious killing of animals. There is increasing evidence of links between abuse of children, vulnerable adults and animals.

5.3.2 In addition, a child displaying intentional cruelty to animals could indicate that the child has been a victim of neglect and / or abuse themselves.

5.3.3 In some circumstances, acts of animal cruelty may be used to control and intimidate adults and children into being silent about their own abuse.

5.3.4 Professionals in all agencies should be aware that if serious animal abuse occurs within a household there may be an increased likelihood of family violence, and increased risk of abuse to children within the family such that it could constitute significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.3.5 Professionals working with children should:

- Be observant about the care and treatment of family pets whilst carrying out assessments;
- Ensure that assessments consider the needs and the risk of harm to children and animals within the family;
- Ensure that safety planning with victims of domestic violence considers the safety of children and animals within the family.

5.3.6 Professionals working with animals should:

- Receive training about recognition and referral processes to enable them to raise appropriate concerns about children.

- 5.3.7 When a referral is made to LA children's social care (see [section 6. Referral and assessment](#)) the name of the RSPCA inspector should not be given to the family unless this has been agreed between the two agencies as essential for evidential reasons. The reason for this is that the RSPCA inspector may need to do repeat visits to the household to monitor an animal's welfare.
- 5.3.8 The London Safeguarding Children Board and the RSPCA have developed a protocol for joint working and information sharing between child protection agencies and animal protection agencies. Local Safeguarding Children Boards (LSCBs) should adopt the protocol *Safeguarding Children and Animals (RSPCA / LA children's social care)*, available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk).
- 5.3.9 To report animal cruelty, request assistance or express a concern about animal welfare, call the [RSPCA's national cruelty and advice line](#): 0870 55 55 999.

## 5.4 Begging

- 5.4.1 An adult begging for money may seek to invoke public sympathy by having their own or someone else's child with them. A child may also beg alone or with adult support or coercion.
- 5.4.2 The presence of a child on the streets or on public transport raises concerns for their welfare and development (e.g. the child should be at safe at home, in an early years setting or school, or participating in out of school activities).
- 5.4.3 Begging is an offence, and the Metropolitan or Transport Police are responsible for:
- Dealing with the offence of begging;
  - Establishing the identity and address of any involved child;
  - Referring the child to the LA children's social care for the area in which they live.
- 5.4.4 If there is an immediate risk of significant harm to the child, professionals in all agencies and the public should make a referral to the LA children's social care where the child is found in line with [section 6. Referral and assessment](#).
- 5.4.5 Children involved in begging are likely to be exposed to emotional abuse and / or neglect to such a degree that it constitutes significant harm, if their parents are unable or unwilling to refocus their lifestyle around the child's needs. See [section 4.3. Recognition of abuse and neglect](#).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.4.6 LA children's social care should respond in line with [section 6. Referral and assessment](#); co-ordinating a multi-agency strategy meeting / discussion and initiating a s47 investigation if information available indicates that the begging:
- Presents immediate risk of significant harm to the child; or
  - Is an ongoing activity and presents as a continuing risk of significant harm to the child.
- 5.4.7 If this threshold is not met, an initial assessment should be undertaken and advice offered to the parent about the inappropriate use of children for begging and the risks involved.

- 5.4.8 Activities such as ‘penny for the guy’, ‘trick or treat’ or carol singing are not usually regarded as begging, if the arrangement is age appropriate and effectively supervised.

## 5.5 Blood-borne viruses

- 5.5.1 A child exposed to blood-borne viruses, can be at risk of significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.5.2 The main child protection issues likely to arise with blood-borne viruses are:

- When a mother who is known to be HIV positive refuses to accept treatment for herself in pregnancy and / or for the baby following delivery;
- When a mother who is known to be HIV positive insists on breastfeeding her baby against medical advice (breastfeeding currently nearly doubles the risk of transmission from mother to child in the UK);
- Where a child is thought to have a blood-borne disease and their parents refuse to agree to medical testing and / or treatment;
- Where a child is on the appropriate treatment, but medication is given inconsistently or stopped altogether and there is a danger of resistance developing;
- Where a child has been sexually abused and the abuser is thought to be infected with a blood-borne disease (in these cases, HIV testing should be considered);
- Where a child has been exposed to contaminated needles and syringes.

### Responding to the risks

- 5.5.3 In circumstances where children and parents share concerns about blood-borne viruses such as hepatitis and HIV, the reasons should be sensitively explored. If a child’s concerns arise because they have suffered abuse, they may need time to make a full disclosure. Counselling should be provided as appropriate to anyone deciding whether or not to be tested for blood-borne viruses such as HIV.
- 5.5.4 Where a professional is concerned that a child may have been placed at risk of HIV or hepatitis B, an informed decision must be made about whether to raise this with the child or parent/s.
- 5.5.5 Post Exposure Prophylactic treatment (PEP) may be available to children who have been exposed to HIV or hepatitis B (e.g. through a needlestick injury or sexual assault). This treatment minimises the risk of infection. However, treatment needs to commence within hours of a child being placed at risk. Professionals should seek urgent specialist advice about treatment.

## Testing and treatment

- 5.5.6 It takes approximately three months for antibodies to develop when someone has been infected with HIV, and differing periods for other blood-borne viruses. The appropriate test will usually show whether antibodies have developed.
- 5.5.7 A child aged 18 months and over who has been infected with HIV will have developed their own antibodies. Under that age, specialist tests (known as PCR) can identify whether the child is infected in their own right. In almost all cases, the child's positive result will also identify the mother as being infected. For other blood-borne viruses, different testing may apply.
- 5.5.8 When a test for a blood-borne virus is being considered, advice should be sought from local paediatricians with specialist knowledge. In the case of sexually active adolescents, it may be appropriate to involve the local genitourinary clinic. Full information must be given to individuals / families before testing (paying particular regard to their first language), and examinations should be carried out with due consideration of the needs of a potentially traumatised child.
- 5.5.9 Authorisation for consent to testing is the same as for any form of medical treatment. Particular care should be given to whether a child under 16 is Fraser competent.
- 5.5.10 The testing of any abuser requires their consent.
- 5.5.11 Where the views of the parents conflict with the child's health needs, the welfare of the child is paramount. Parents' views should be considered fully and every effort made to work in partnership. However, if the child is considered likely to suffer significant harm, advice should be sought about legal action.

## Confidentiality

- 5.5.12 Agencies have a duty to ensure the confidentiality of all parties. However, they also have a duty to safeguard and promote the welfare of children.
- 5.5.13 Exceptionally, information may be shared with other agencies and only if:
- The disclosure of information would be in the best interests of the child or protect an individual at risk of infection;
  - The professionals / agencies receiving the information are aware of its confidential nature and able to maintain the confidence.
- 5.5.14 The child or family's wishes with regard to confidentiality may only be overruled if:
- The child is at risk of significant harm if disclosure is not made;
  - There is a legal requirement for information to be disclosed;
  - There is an ongoing police investigation, which makes disclosure important in order to prevent others being put at risk. In these circumstances, legal advice should be sought.
- 5.5.15 If it is considered necessary to go against the wishes of the child or parents, the worker must:
- Consult with their manager;
  - Have the decision authorised by the senior manager chairing a legal planning meeting;

- Provide the child and / or family with a full written explanation of the reason for overruling their wishes.
- 5.5.16 Sometimes an abuser may be known to be HIV positive or to be suffering from, or a carrier of, hepatitis B or hepatitis C. If the welfare of the child could benefit, it may be appropriate to consider sharing this information even if the abuser will not give consent.
- 5.5.17 In the above circumstances, professionals must seek specialist and legal advice without initially revealing the person concerned. If the final decision is to reveal the person's status, this should be recorded in the child's case record and a full written explanation should be given to the abuser, explaining what is to be shared and why.

### Advice, support and guidance

- 5.5.18 Professionals in all agencies should contact local paediatric family clinics, local authority HIV liaison officers, the genitourinary clinic or lead officers within their own agencies for specialist advice and support.
- See also [Children in Need and Bloodborne Viruses: HIV and Hepatitis \(DH, 2004\)](#).
- 5.5.19 Agencies should ensure there is a named legal advisor for blood borne viruses.

## 5.6 Boarding school

- 5.6.1 A child in boarding school is vulnerable to physical, sexual or emotional abuse and / or neglect. If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Good quality care

- 5.6.3 The welfare and safety of children living in boarding school should be promoted and provided for at a minimum, in line with the relevant [National Minimum Standards](#) (see [www.ofsted.gov.uk](http://www.ofsted.gov.uk)).
- 5.6.3 All commissioners and providers of services for children living in boarding school are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare. Local Safeguarding Children Boards should monitor the welfare of children living in boarding school (see [section 18. LSCBs, quality assurance and conflict resolution](#)).
- 5.6.4 The standards for children living in boarding school include that:
- Children feel valued and respected and their self-esteem is promoted;
  - There is an openness on the part of the boarding school to the external world and external scrutiny, including contact with families and the wider community;

- Boarding school staff are trained in all aspects of safeguarding children, are alert to children’s vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures;
- Children who live in boarding school are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the boarding school setting (e.g. 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 ChildLine (see [section 2. Roles and responsibilities, 2.24.12 NSPCC](#));
- Boarding school staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant LA children’s social care service;
- In relation to complaints:
  - complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom english is not their preferred language;
  - procedures should address all expressions of concern, including formal complaints. systems that do not promote open communication about ‘minor’ complaints will not be responsive to major ones, and a pattern of ‘minor’ complaints may indicate more deeply seated problems in management and culture which need to be addressed;
  - records of complaints should be kept by providers of children’s services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
  - children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously.

See [section 18. LSCBs, quality assurance and conflict resolution](#).

- Bullying is effectively countered (see [section 5.6. Bullying](#));
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers (see [section 17. Safer recruitment](#));
- There is effective supervision and support, which extends to temporary staff and volunteers (see [section 16. Supervision and training](#));
- The boarding school’s contractor staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by boarding school staff about other staff or carers (see [section 15. Allegations against staff](#));
- Organisations should have a code of conduct instructing boarding school staff on their duty to their employer and their professional



obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;

- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Boarding school staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living in boarding school.

5.6.5 See also [section 8. Child protection conferences](#).

## 5.7 Bullying

5.7.1 Bullying is deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for the victims to defend themselves.

5.7.2 The damage inflicted by bullying is often underestimated. It can cause considerable distress to children, to the extent that it affects their health and development and can be a source of significant harm, including self-harm and suicide.

5.7.3 Bullying can include emotional and / or physical harm to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.7.4 The three main types of bullying are:

- Physical abuse (e.g. hitting, kicking, stabbing and setting alight), including for filming with mobile telephones and theft, commonly of mobile telephones;
- Verbal or mobile telephone / online (internet) message abuse (e.g. racist, sexist or homophobic name-calling or threats) – this type of non-physical bullying may include sexual harassment;  
Mobile telephone or online (internet) visual image abuse – these can include real or manipulated images;
- Emotional abuse (e.g. isolating an individual from the group or emotional blackmail).

See also [section 5.23. ICT based forms of abuse](#).

5.7.5 There is the potential for bullying wherever groups of children spend time together on a regular basis or live together, such as in schools, detention centres, children's homes etc. Agencies should promote a culture of healthy adult / child and child / child interaction and discourages bullying.

5.7.6 Bullying outside the home can be an indication that a child could be experiencing abuse at home. Bullying can be present within families where there is a child with special needs. There can be aggression directed towards the child with special needs or by the child towards another family member,



sometimes a sibling. This can be physical, emotional or sexual abuse. See [section 5.10 Disabled children](#).

- 5.7.7 Bullying can rapidly escalate into sexual or serious physical or emotional abuse. See [section 5.18. Harming others](#).
- 5.7.8 Professionals in all agencies should be alert to bullying and competent to support and manage both the victim and the abuser.
- 5.7.9 Staff should be supported by locally agreed thresholds and single agency policies to combat bullying. In the more serious cases, these should include discussion with the agency's nominated safeguarding children adviser and making a referral to LA children's social care. Separate referrals for assessment and support should be made, one for the child victim and the other for the child abuser in line with [section 5.18. Harming others](#) and [section 6. Referral and assessment](#).
- 5.7.10 See also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.
- 5.7.11 Where the bullying may involve an allegation of crime (assault, theft, harassment) a referral should be made to the police at the earliest opportunity. Many schools now operate a Crime Reporting in Schools (CRIS) programme to facilitate this.
- 5.7.12 DfE information about good practice in anti-bullying strategies for schools includes:
- Safe to Learn: Embedding Anti-bullying Work in Schools – comprehensive suite of guidance for schools (2006 – 8)
  - Safe from Bullying – suite of guidance documents on tackling bullying outside of schools (2009)
  - DVD resource pack on bullying related to SEN and disabilities (2009)
  - Guidance for schools on preventing and tackling sexist, sexual and transphobic bullying

These documents can be accessed at [www.teachernet.gov.uk](http://www.teachernet.gov.uk).

- 5.7.13 Children's Trust partners should consider tackling bullying as part of their wider role in safeguarding children and young people. The Anti-Bullying Alliance can provide support to local areas to tackle bullying in their communities.

## 5.8 Custodial settings for children

- 5.8.1 Settings in which children may be held in custody include young offender institutions (YOIs), Secure Training Centres (STCs) and secure children's homes provided by local authorities, adult prison settings or immigration detention centres.
- 5.8.2 A child in a custodial setting is vulnerable to physical, sexual or emotional abuse. If there are lapses in the care provided for him / her, the child can suffer to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#)

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there

needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.8.3 The welfare and safety of children living in custodial settings should be promoted and provided for at a minimum, in line with the [National Standards for Youth Justice Services 2004](#), Youth Justice Board and Home Office, in all custodial settings.

5.8.4 All commissioners and providers of custodial services for children are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare. Local Safeguarding Children Boards should monitor the welfare of children living in custodial settings. See [section 18. LSCBs, quality assurance and conflict resolution](#).

## Good quality care

5.8.5 The standards for children living in custodial settings include that:

- Children feel valued and respected and their self-esteem is promoted;
- There is an openness on the part of the custodial setting to the external world and external scrutiny, including contact with families and the wider community;
- Custodial settings and support staff are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm and are knowledgeable about how to implement safeguarding children procedures;
- Children who live in custodial settings are listened to and their views and concerns responded to;
- Children have regular access to a trusted adult from outside the custodial setting (e.g. 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 ChildLine (see [section 2. Roles and responsibilities, 2.24.12 NSPCC](#));
- Custodial service staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant LA children's social care service;
- In relation to complaints:
  - complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language;
  - procedures should address all expressions of concern, including formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed;

- records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
- children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously.

See [section 18. LSCBs, quality assurance and conflict resolution](#).

- Bullying is effectively countered – this is especially important in any institution providing accommodation and care for groups of young people (see [section 5.7. Bullying](#));
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers (see [section 17. Safer recruitment](#));
- There is effective supervision and support, which extends to temporary staff and volunteers (see [section 16. Supervision and training](#));
- The custodial service contractor staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by custodial service staff about other staff or carers (see [section 15. Allegations against staff](#));
- Organisations should have a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Custodial service staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

5.8.6 See also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.

## LA children's social care

5.8.7 Children living in custodial settings should be assessed as potential children in need under section 17 of the Children Act 1989 and all children subject to a court ordered secure remand (COSR) automatically acquire the status of a looked after child. See [5.40 Residential Care](#).

5.8.8 LA children's social care's duties and powers extend to children who are in prison (subject to the necessary requirements of imprisonment). Accordingly they are obliged to investigate any concerns about the welfare of children in custodial settings as they would if the child lived in the community or a non-custodial setting. All LA children's social care services should implement the requirements set out in [Safeguarding and promoting the welfare of children and young people in custody \(LA circular \[2004\] 26\)](#). In addition, the Prison Service has an obligation to safeguard the welfare of children in its care and to reflect the principles and spirit of the [Children Act 1989](#).

- 5.8.9 LA children's social care in areas where there is a young offender institution, prison, Secure Training Centre or detention and deportation centre should:
- Have agreed local protocols for referral, assessment and the provision of services to children in custody, including child protection and allegations against staff procedures;
  - Ensure that there are effective protocols to support links with a child's home authority, which, together with the home Yot, has continuing responsibility for the child;
  - Ensure that the governor of the custodial establishment is invited to be a member of the Local Safeguarding Children Board (LSCB);
  - Ensure, through the LSCB, that arrangements are in place to safeguard the welfare of children in custody (e.g. liaison arrangements for undertaking s47 enquiries, holding strategy meetings / discussions and undertaking serious case reviews) and that LA children's social care is represented on the young offender institution's safeguarding committee;
  - Have local protocols in place in the event of the death of a child in custody, taking into account national guidelines from the Youth Justice Board, Department for Children, Schools and Families (formerly the DfES) and Prisons and Probation Ombudsman.

In discharging their duties, local authority children's social care services should consider seconding social workers to work in secure establishments.

- 5.8.10 LA children's social care should ensure they fulfil their statutory responsibilities for contact with any children placed in custody for whom they have parental responsibility.
- 5.8.11 Children remanded by family proceedings or criminal courts to secure accommodation are looked after children within the meaning of s22 of the [Children Act 1989](#). The responsibilities on the local authority are those set out in *Part 3 and Schedule 2 of the Children Act 1989*; the local authority does not acquire parental responsibility. These responsibilities fall on the local authority where the child is ordinarily resident, not on the authority where the secure accommodation is located. The safeguarding duties are the same as those for other looked after children in terms of promoting and safeguarding the child's welfare, taking account of the child's wishes, producing and reviewing care plans and consulting with other agencies.
- 5.8.12 As with other children, in any situation in which there is reason to suspect a looked after child is suffering or is likely to suffer significant harm, child protection enquiries must be initiated.

### Looked after children and custody

- 5.8.13 Where a looked after child who is the subject of a care order, meaning that their responsible authority shares parental responsibility for them, enters a young offender institution (YOI), either on sentence or on remand, the responsible authority has continuing responsibilities as a corporate parent to visit and continue to assess their needs. The responsible authority must make arrangements for regular contact with the looked after child, continue to ensure that reviews of their care plan take place at the prescribed intervals and facilitate ongoing contact with parents and siblings where that is part of the care plan. These responsibilities will mean that the responsible authority must be closely involved in making plans for resettling the child in their community once they are

able to be released from custody. For some children this will involve them returning to foster care or other kind of supported placement.

- 5.8.14 Where a child under 16 who has previously been accommodated as a result of a third sector agreement under section 20 of the Children Act enters custody they do not remain a looked after child. However, regulations to be enacted as a result of section 15 of the Children and Young Persons Act 2008 will require a responsible local authority to ensure that they appoint a representative to visit all children and young people who have ceased to be accommodated. The representative will be responsible for assessing the child's needs in order to make recommendations about the support they will need whilst detained, and, in particular, the support necessary on release which could include planning for the child to become looked after again.
- 5.8.15 Children aged 16+ who were looked after prior to being sentenced may well be 'relevant children' as defined by section 23A of the Children Act 1989. Their responsible authority must appoint a personal adviser and prepare a pathway plan setting out the support that they will provide to prepare the child for the responsibilities of adulthood. The pathway plan must include information about where the child will live on release and the support they will receive to re-establish themselves in their communities with positive plan for their futures, to minimise the possibility of their re-offending.

### **Young offender institutions, Secure Training Centres and secure children's homes**

- 5.8.16 The Governors of Young offenders institutes (YOIs), secure training centres (STCs) and secure children's homes have obligations set out in [PSO 4950 - Regimes for Juveniles](#) with respect to child protection (see [section 2. Roles and responsibilities](#)). The same measures should apply to children in other custodial settings, such as children in adult prison settings (e.g. women's establishments which have mother and baby units) or immigration detention centres.
- 5.8.17 All custodial settings which accommodate children should have internal policies and procedures, in line with these *London Child Protection Procedures*, to safeguard and promote the welfare of children. Accordingly, if information comes to light, from whatever source, that a young person has suffered or is at risk of suffering significant harm, the professional who receives the information or has a concern must report this immediately to the safeguards manager or equivalent nominated safeguarding children adviser, and the Governor.
- 5.8.18 The Governor must ensure an assessment is undertaken by the safeguards manager or equivalent nominated safeguarding children adviser as soon as possible (but in any case within 12 hours) and overseen by the setting's safeguards committee. LA children's social care should be consulted for expert advice as required.
- 5.8.19 A referral to LA children's social care should be made in line with [section 6. Referral and assessment](#). The Governor or the safeguards manager / equivalent nominated safeguarding children adviser should participate in the strategy meeting / discussion. If the child is involved with a Youth Offending Team, their supervising officer should also participate. See [section 7. Child protection enquiries](#).

### **Transition into adult services or the community**

- 5.8.20 Good safeguarding practice and resettlement planning requires that all the agencies involved with a child must work together to provide continuity of services when the child transfers into and out of the secure estate. This includes

ensuring that the child has suitable supported accommodation, help with mental health and substance misuse issues and with identifying appropriate education, training or employment.

- 5.8.21 Transition to adult services for children in the youth justice system can be challenging due to the different thresholds for children's and adult services and the complexity of need posed by many young people in the youth justice system.
- 5.8.22 See [Healthy Children, Safer Communities: a strategy and action plan to promote the health and well being of those in contact with the youth justice system](#)<sup>39</sup>. See also [Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system](#) (April 2009)<sup>40</sup>.

## 5.9 Custodial settings (children visiting)

### Definition of contact

- 5.9.1 Contact with a child includes correspondence, prisoner's telephones (PinPhones) or social visits. Telephone contact will include any access to office telephones where permission has been granted. It will also include any contact with children who have been invited to visit the prison as part of a group.
- 5.9.2 When a child visits a custodial setting s/he could be at risk of significant harm through physical, sexual and / or emotional harm from the adult s/he is visiting or from others in the prison establishment. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Contact requests and registers

- 5.9.3 If a prisoner wishes to apply to have child contact, the enquiring prison officer must provide an [application form](#) for the prisoner to complete. A separate request must be made for contact with each individual child.
- 5.9.4 It is possible that a request for contact could be made by a parent or from the child directly. If such a request is received, the prisoner will be informed and asked if they wish to submit a request for contact.
- 5.9.5 A [register](#) providing a record of applications must be held on file. This record will become part of the prisoner's main record and will follow the prisoner on transfer. Each prison establishment should maintain a [central record](#) indicating which prisoners are subject to restrictions due to the risk they represent to children, details of prisoners allowed child visits, or other contact and details of prisoners who have been refused child visits or other contact.

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<sup>39</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_109771](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109771)

<sup>40</sup> [www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098694](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694)



## Parental support for contact

- 5.9.6 The prison establishment should ask the parent of the child whether they support contact. The LA children's social care for the area where the child is living, should ascertain the wishes and feelings of the child during a home visit. For the visit to take place the LA children's care must also ascertain that the person who has parental responsibility and is currently caring for the child supports the contact. In cases where the parent does not support contact, the prison establishment should inform the LA children's social care of the parents' decision. See [5.9.8. Multi-agency assessment](#).

## Looked after children

- 5.9.7 When a prison establishment contacts LA children's social care as part of the multi-agency assessment below, it may become apparent that a child is looked after by the local authority. In such cases, the local authority's view of the appropriateness of contact must be obtained in writing. The test is always whether contact is in the child's best interest.

## Multi-agency assessment

- 5.9.8 The prison establishment should undertake a multi-agency risk assessment to determine the risk to which a child may be exposed or the risk that a prisoner presents. The following agencies must be contacted to gather information before an assessment of risk can be made:

- The police in the child's home authority (see [section 11. Mobile children and families, 11.9.2. Definition of home and host authorities](#)):
  - the prison establishment police liaison / intelligence officer must be provided with the details of the prisoner and the child/ren (including photographs of the child/ren);
  - the police liaison / intelligence officer will then make contact with the police in the child's home authority requesting any information about the risk of harm to the child or further information about the prisoner;
- LA children's social care in the child's home authority (see [section 11. Mobile children and families, 11.9.2. Definition of home and host authorities](#)):
  - the first approach by the prison establishment should be by letter (with a photograph of the child) to the Director of Children's Services, followed by a telephone call to the LA child protection adviser (LA children's social care should reply within two working days);
  - LA children's social care should undertake an assessment and provide a written report with recommendations within three weeks;
  - the views of the child should be an important element of the assessment;
- The prison establishment's probation officer should be provided with the details of the prisoner's application for contact;
  - where a prisoner will be subject to licence supervision on release or has been recalled for breach of licence for the current offence. In these cases, the probation officer should contact the relevant



home probation area with a request for information and comments concerning the prisoner's application for contact;

- where the prisoner applying for contact is a young offender and is supervised. In these cases, LA children's social care in the child's home authority must be contacted;
- Where appropriate, the NSPCC may be contacted for additional information. Some prison establishments who have developed a relationship or a partnership with the NSPCC have negotiated an arrangement where the NSPCC will search their database for information relating to the risk of harm to a child. There is no obligation for the NSPCC to do this check, but it would enhance the assessment if such an arrangement were in place.

### **Prison establishment operational manager's decision**

5.9.9 When the operational manager with delegated authority is in possession of all the available multi-agency information, an assessment should be made. It is most likely that the operational manager who carries out this function will be the Head of Resettlement or Throughcare who has responsibility for public protection. The operational manager's decision should take into account the following factors:

- The child's needs, wishes and feelings;
- The capacity of the parent to protect the child from likely harm;
- The prisoner's risk to the public;
- The OASys assessment;
- Static risk assessment (*Thornton's Risk Matrix 2000*);
- Pre -sentence report;
- Previous convictions;
- Custodial behaviour and any other documentation highlighting risk.

### **Level of contact decided**

5.9.10 The operational manager should decide the level of contact that will be permitted. The level of contact should be proportionate to the risk identified, and the best interests of the child should always be the overriding principal in making these decisions. Contact restrictions should be incremental - one of the following levels of restriction will be applied:

- Level one: full restrictions apply. No contact with any child is permitted and all correspondence and telephone calls will be monitored;
- Level two: contact is only permitted via written correspondence. All correspondence and telephone calls will be monitored;
- Level three: contact is permitted via written correspondence and telephone. All correspondence and telephones calls will be monitored;
- Level four: no restrictions necessary. May have contact via correspondence, telephone, visits and family visit (if available). Routine sampling applies - reading of correspondence, listening to telephone calls, general observation in visiting area.

## Monitoring

- 5.9.11 The level and frequency of monitoring will be proportionate to the risk of harm identified. Monitoring should focus on whether the prisoner is attempting to contact children inappropriately and what references about children are made in general correspondence (i.e. grooming or manipulation of a child or a parent).
- 5.9.12 Monitoring of prisoners who present a risk of harm to children in the visiting area is required to establish if appropriate contact is taking place between an offender and a child, where child visits have been permitted. Other prisoners who present a risk of harm to children and have not been permitted contact with a child must be supervised in such a way that contact is not possible.
- 5.9.13 Recorded and electronic information needs to be monitored (e.g. audio cassettes, CD Roms and video CDs) because it affords an easy disguise for inappropriate information.

## Ensuring correct identification of children

- 5.9.14 It is necessary to take steps to prevent a child with whom a prisoner may have contact being substituted with another, possibly more vulnerable child. Prison staff monitoring letters and telephone calls and visiting areas need to be vigilant and prevent inappropriate contact where identified. Children entering the establishment for social visits must be identified from photographs by prison staff.
- 5.9.15 Four passport-style photographs of each child will be required from the parent. Prison staff at the establishment may take the photos where arrangements to do so are in place. The first and second photographs will be sent to the police and LA children's social care, attached to the written request for information. Staff who are required to identify the child when entering the prison will use the third, and the fourth will be retained on file. Photographs should be returned to the parent if contact is not supported.
- 5.9.16 Photographs should be updated annually or earlier if there is a significant change in a child's appearance.

## Reviewing contact decisions

- 5.9.17 Where a decision has been made to restrict contact, the decision will be reviewed when there is reason to believe that circumstances have changed. Reviews can be made at any time on the initiative of prison staff or at the request of the prisoner. It is good practice to review decisions every six months.
- 5.9.18 Any decision to change the level of contact permitted must be based on what is best for the child. The child's welfare is paramount at all times. The decision must take into account the views of the police, probation and LA children's social care, via the LA child protection adviser.
- 5.9.19 Reviews may take the form of a child protection conference (see [section 8. Child protection conferences](#)). The prison establishment public protection lead is responsible for liaising with LA children's social care with regard to arranging a child protection conference.

## Appeals process

- 5.9.20 All prison establishments have procedures for prisoners who wish to appeal about a decision not to permit or to restrict contact with a child. If the prisoner wishes to challenge the information held on file, the information provided by

other agencies should only be disclosed to the prisoner with the agreement of the other agency.

## 5.10 Diplomats families

- 5.10.1 Professionals may be concerned that a child who is a member of a diplomat's family is at risk of significant harm through physical, sexual and / or emotional harm (see [section 4.3. Recognition of abuse and neglect](#)), or that a child in a diplomatic family has abused another person

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.10.2 Professionals in all agencies should make a referral to LA children's social care in line with [section 6. Referral and assessment](#). See also [section 5.18 Harming others](#). However, all professionals should be aware that legal advice about the diplomatic immunity of the particular child and family must be sought from the outset, including before attempting to remove a child in emergency (in most instances, it will be advisable to consider removing the child from school or another place outside the diplomatic residence).

### Diplomatic immunity

- 5.10.3 Diplomats, members of their household and their residences have immunity from civil, criminal and administrative jurisdiction. They cannot be detained or arrested and their homes cannot be entered without consent.
- 5.10.4 Different categories of staff of the service are entitled to different forms of immunity, so the rank of the person in question must therefore be established as a priority.
- 5.10.5 The head of the service is entitled to full criminal and civil immunity.
- 5.10.6 Technical, administrative and general (e.g. domestic service) members of staff are only entitled to full criminal and civil immunity for acts within the course of their duties (e.g. a chauffeur is subject to the [Children Act 1989](#) for acts that fall outside of the course of his duties).
- 5.10.7 All agencies should be aware that they may be unable to enforce any order should the child return to the diplomat's residence and refuse to surrender. This does not deprive LA children's social care, the police and other agencies of the power or duty to take action as appropriate.

### Action by LA children's social care and the police

- 5.10.8 Where LA children's social care and / or the police need to respond to a concern that a child in a diplomatic family is being harmed, professionals must immediately establish the extent to which the particular family may claim diplomatic immunity.
- 5.10.9 The LA children's social care manager should contact the [Foreign and Commonwealth Office](#), 'Immunities section of the Protocol Department', for advice on the family's immunity: 0207 210 6383.

- 5.10.10 Out of office hours, the police should be requested to determine the status of an individual or family by consulting the central index of privileged persons maintained by the police Diplomatic Protection Group.
- 5.10.11 In all cases, the local authority lawyer should be consulted prior to action being taken.
- 5.10.12 The child protection manager must be notified of all enquiries which may involve diplomatic families and s/he, in consultation with the local authority's legal department, is responsible for co-ordinating any necessary action via the Foreign Office.
- 5.10.13 As far as possible, children from diplomatic backgrounds should be subject to ordinary processes, including information transfer (preferably at a child protection conference) should the family move to a new area.

## 5.11 Disabled children

- 5.11.1 Any child with a disability is by definition a 'child in need' under s17 of the [Children Act 1989](#). The [Disability Discrimination Act 1995](#) makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service.
- 5.11.2 Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect than children who do not have a disability. See [section 4.3. Recognition of abuse and neglect](#) and [5.11.3 below](#).  
Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.11.3 The national guidance [Safeguarding Disabled Children – Practice Guidance \(DCSF 2009\)](#) provides a framework collaborative multi-agency responses to safeguard disabled children.
- 5.11.4 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect (see Standards 5, 7 and 8 of the [National Service Framework for Children, Young People and Maternity Services \(DH, 2004\)](#)). Disabled children may be especially vulnerable to abuse for a number of reasons:
  - Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
  - Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
  - They have an impaired capacity to resist or avoid abuse;
  - They may have speech, language and communication needs which may make it difficult to tell others what is happening;
  - They often do not have access to someone they can trust to disclose that they have been abused; and/or

- They are especially vulnerable to bullying and intimidation.
- 5.11.5 Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.
- Force feeding;
  - Unjustified or excessive physical restraint;
  - Rough handling;
  - Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
  - Misuse of medication, sedation, heavy tranquillisation;
  - Invasive procedures against the child's will;
  - Deliberate failure to follow medically recommended regimes;
  - Misapplication of programmes or regimes;
  - Ill fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);
  - Undignified age or culturally inappropriate intimate care practices.
- 5.11.6 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:
- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
  - Ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
  - Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
  - An explicit commitment to, and understanding of disabled children's safety and
  - Welfare among providers of services used by disabled children;
  - Close contact with families, and a culture of openness on the part of services;
  - Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
  - Anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home; and
  - Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack

capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.

- 5.11.7 Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance in Chapter 5, in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children (see [Safeguarding Disabled Children – Practice Guidance \(2009\)](#)).
- 5.11.8 Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.
- 5.11.9 In criminal proceedings under the Youth Justice and Criminal Evidence Act 1999 112 witnesses aged under 17 (to be raised to under 18 by the end of 2010) may be eligible for special measures assistance when giving evidence in court. There is a presumption that child witnesses should give their evidence by video recorded statement (if taken) and live link, which allows a witness to give evidence during a trial from outside the courtroom through a televised link to the courtroom. The other special measures available to vulnerable witnesses include clearing the public gallery in sexual offence cases and those involving intimidation, screens to shield the witness from seeing the defendant, and assistance with communication through an intermediary or communication aid.
- 5.11.10 [Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses including children](#) gives detailed guidance on planning and conducting interviews with children and vulnerable adults and includes a section on interviewing disabled children and also those that are very young or psychologically disturbed.
- See [section 5.50 Working with interpreters / communications facilitators](#).

## 5.12 Domestic violence

### Definition and impact

- 5.12.1 This section is a summary of the supplementary London child protection procedure: [Safeguarding Children Abused Through Domestic Violence \(London Board, 2007\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction.
- 5.12.2 Domestic violence is defined by the Home Office as:  
'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been, intimate partners or family members, regardless of gender or sexuality'.  
The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship.



- 5.12.3 Victims / survivors of intimate partner violence include a sizeable proportion of teenage girls who are in relationships. Having an older partner, especially if he is 'much older', is associated with the highest levels of victimisation.
- 5.12.4 These girls, as well as, children of all ages living with a mother who is experiencing domestic violence, are vulnerable to significant harm through physical, sexual, emotional abuse and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).  
Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.12.5 The legal definition of 'significant harm' was amended from 31 January 2005 to include "the harm that children suffer by seeing or hearing the ill-treatment of another, particularly in the home". This is not a new ground under s31 [Children Act 1989](#) but it does recognise Domestic Violence formally as a cause of harm to children and therefore can be used in supporting applications to the Court.
- 5.12.6 In almost a third of cases, domestic violence begins or escalates during pregnancy and it is associated with increased rates of miscarriage, premature birth, foetal injury and foetal death. The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this can affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.
- 5.12.7 The three central imperatives of any intervention for children and teenage girls living with domestic violence are:
- To protect the children, including unborn children / teenage girl;
  - To empower the mother / teenage girl to protect herself, and her children;
  - To hold the abusive partner accountable for his violence and provide him with opportunities to change.
- 5.11.8 The victim / survivor is referred to here as female and the perpetrator as male because this reflects the majority of cases where there are child protection concerns. However, professionals should apply the guidance to all situations of domestic violence (i.e. where it is perpetrated by women or girls against men and boys, within same sex relationships, and to or from a child or adult a carer may be caring for).
- 5.12.9 Domestic violence can diminish a mother's capacity to parent and protect her child/ren. Mothers can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.
- 5.12.10 Professionals should always consider each domestic violence incident in relation to severity, frequency and duration, as this will indicate the length of time that children have been exposed to a traumatic and abusive event.

## Recognition and response

- 5.12.11 All women, teenage girls and children should be offered the opportunity of being seen alone, including in all assessments, with a female professional, and asked direct questions about whether they have experience of domestic violence.

- 5.12.12 Everyone working with women, teenage girls and children should be alert to the frequent inter-relationship between domestic violence, substance misuse and mental ill health.
- 5.12.13 Professionals who come into contact with teenage girls (teachers, school nurses, sexual health professionals, GPs etc.) should be aware of the possibility that the young person could be experiencing violence within an intimate partner relationship.
- 5.12.14 Professionals in all agencies should take all disclosures seriously, and the impact of the domestic violence on the mother and her child/ren should be clearly explained to her.
- 5.12.15 Professionals should record fully all disclosures, details of injuries, photographic evidence, abuse history etc in case it is needed as evidence for court at a later date.
- 5.12.16 Professionals should explain that no information will be passed on without the mother or teenage girl's consent unless there is risk of harm to her child/ren – in which case, the overriding duty is to protect the child/ren.
- 5.12.17 As soon as a professional becomes aware of domestic violence within a family, they should help the mother and each child, according to their age and understanding, develop a safety plan.
- 5.12.18 The London procedure [Safeguarding Children Abused Through Domestic Violence \(LSCB, 2007\)](#) provides proformas to aid disclosure and safety planning for children and mothers, and a risk assessment matrix to support judgements about the degree of risk of harm that children may be being exposed to. Professionals with concerns that a young woman / teenage mother is being abused within a relationship should follow the procedures adapting as appropriate to focus on the circumstances and locations in which the young woman / mother meets her partner (e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to violence and practicing safe ways to leave and go home etc).
- 5.12.19 In some cases, the emergency safety plan should be for the children and, if possible, the mother not to remain in / return to the home. In all other cases, emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.
- 5.12.20 Where a mother's safety plan is to separate from the abusive partner, professionals should ensure that there is sufficient support in place to enact this plan. The possibility of removing the abusive partner rather than the mother and child/ren should be considered first.
- 5.12.21 Where an interim care order is made the Court may make an 'exclusion requirement' under s38A(2) of the [Children Act 1989](#). The Court must be satisfied that if the abusive partner is excluded from the home the children will cease to suffer, or be likely to suffer significant harm.
- 5.12.22 Professionals should discuss with the mother the potential for escalating the risk if the professionals address their concerns with the abusive partner. If this will put the mother and children at further risk of harm, the mother should be supported to plan for separation.
- 5.12.23 Where a mother proposes to remain with the abusive partner, a multi-agency assessment (in the supplementary London procedure: [Safeguarding Children Abused through Domestic Violence](#)) should be undertaken of whether the safety plan is sufficient to safeguard the children.

## Referral and assessment

- 5.12.24 Where professionals are concerned about the care a child is receiving or about a mother's parenting, the presence of domestic violence should be considered.
- 5.12.25 Professionals should make contact with the mother first and in a way which prioritises her safety, unless there are immediate risks of harm to the child/ren. Giving or sending written materials to a mother or children may jeopardise their safety.
- 5.12.26 Professionals in all agencies should, use the CAADA risk identification checklist (RIC) to assess the risk of harm to a mother. The checklist is available at: [www.caada.org.uk/Practitioner\\_resources/Quick%20Start%20Guidance%20&%20RIC%2009062009.pdf](http://www.caada.org.uk/Practitioner_resources/Quick%20Start%20Guidance%20&%20RIC%2009062009.pdf).
- 5.12.27 Professionals in all agencies should, preferably together with their nominated safeguarding children adviser, use the domestic violence risk identification matrix (DVRIM) in the London procedure [Safeguarding Children Abused through Domestic Violence](#) to assess the risk of harm to each child.
- 5.12.28 The risk assessment should inform a decision to refer the child/ren and their mother to LA children's social care for assessment, see [5.12.38 Section 47 referral](#), below. See also [section 6. Referral and assessment](#), including [6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.
- 5.12.29 Normally one serious or several lesser incidents of domestic violence where there is a child in the household indicate that children's social care should carry out an initial assessment of the child and family, including consulting existing records. Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, professionals should make a referral to children's social care if there is any single incident of domestic violence.
- 5.12.30 The mother experiencing the violence will usually, but not always, be well placed to predict the risks she faces and the likelihood of further violence. Practitioners should nevertheless be aware that mothers can underestimate the risk of harm to themselves and their children from domestic violence abusers.
- The mother should be encouraged and / or helped to complete a personal risk assessment.
- 5.12.31 LA children's social care should use the proformas in the London procedure [Safeguarding Children Abused through Domestic Violence](#) to support their response to domestic violence referrals.
- 5.12.32 LA children's social care and other agencies should make all reasonable efforts to engage the abusive partner and refer them to appropriate services.

## The Police

- 5.12.33 The police are often the first point of contact with families in which domestic violence takes place. When responding to incidents of violence the police should:
- Find out whether there are any children living in the household
  - See any children present in the house to assess their immediate safety

- Have an arrangement with LA children's social care which enables them to find out whether any such children are the subject of a child protection plan
  - Determine whether any court orders or injunctions are in force in respect of members of the household
  - Make an assessment of risk of harm to the children and their mother using a dedicated assessment tool for example, the domestic abuse, stalking and harassment and honour based violence (dash) 2009 risk assessment model
- 5.12.34 If the police have specific concerns about the safety or welfare of a child they should make a referral to children's social care and to a Multi-Agency Risk Assessment Conference (MARAC) – a multi-agency meeting that focuses on the safety of high-risk domestic violence victims. MARACs and LSCBs should agree joint working arrangements for identifying, protecting and supporting children affected by domestic violence. See [section 13.4.19. MARACs](#).
- 5.12.35 Professionals and their managers must consider staff safety when visiting the family home and any other settings. See [section 10. Working with unco-operative families](#).
- 5.12.36 See [section 13.5 for risk management of adult sexual and violent offenders under the MAPPA](#).

### Core support group

- 5.12.37 Where the domestic violence is assessed as minor or moderate, professionals should offer or refer for family support services.
- 5.12.38 A core support group of key agencies should be convened (e.g. LA children's social care, LA housing, health professionals, an advocacy worker, the police, Women's Aid refuge). A professional from the group should be appointed by the agencies to proactively engage with the mother and maintain contact, particularly immediately after separation (this professional could be an independent advocate).
- 5.12.39 The core group should meet regularly to review progress on the safety / separation plan. Wherever possible, core groups should include professionals who can advise on safety planning in a domestic violence context.
- 5.12.40 Professionals should ensure that the core support group of key agencies (and the mother) develops a plan for the longer term support needs for the child/ren. This may include referrals to relevant local activity groups and / or therapeutic services.
- 5.12.41 Professionals should keep the safety of the children constantly under review and make a child protection referral / call for a child protection conference or removal of the children if there is a serious risk of immediate harm.

### Section 47 referral

- 5.12.42 Whenever a professional becomes concerned that a child is at risk of significant harm, a referral must be made to LA children's social care in accordance with [section 4. Recognition and response](#) and [section 6. Referral and assessment](#).
- 5.12.43 Babies under 12 months old are particularly vulnerable to violence. Where there is domestic violence in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of domestic violence will fall within scale 4 (see [Safeguarding Children Abused through Domestic Violence](#)). Professionals should make a referral to LA children's social

care, in line with [section 6. Referral and assessment](#). See also [section 6.4.4. Section 47 / initial assessment indicator table](#) and [section 7. Child protection enquiries](#).

## 5.13 Fabricated or induced illness

- 5.13.1 Fabricated or induced illness is a condition whereby a child is at risk of, or suffers, harm through the deliberate action of their parent and which is attributed by the parent to another cause.
- 5.13.2 There are three main ways of the parent fabricating (making up or lying about) or inducing illness in a child:
- Fabrication of signs and symptoms, including fabrication of past medical history;
  - Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid;
  - Induction of illness by a variety of means.
- 5.13.3 The above three methods are not mutually exclusive. Existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

### Impact on the child

- 5.13.4 Fabricated or induced illness is most commonly identified in younger children. Although some of these children die, there are many that do not die as a result of having their illness fabricated or induced, but who suffer significant long term physical or psychological health consequences.
- 5.13.5 Fabrication of illness may not necessarily result in a child experiencing physical harm, but there may be concerns about the child suffering emotional harm. They may suffer emotional harm as a result of an abnormal relationship with their parent and / or disturbed family relationships. See [section 4.3. Recognition of abuse and neglect](#).
- 5.13.6 Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.
- 5.13.7 In working with cases of suspected fabricated or induced illness, the focus must be on the child's physical and emotional health and welfare in the long and short term, and the likelihood of the child suffering significant harm.

### Abusers

- 5.13.8 Clinical evidence indicates that fabricated or induced illness is usually carried out by the child's mother or a female carer, usually the child's mother (*Safeguarding children in whom illness is fabricated or induced*, DCSF 2008). Aspects of their behaviour may include<sup>41</sup>:
- Not as concerned about the child as medical personnel;

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<sup>41</sup> *Fabricated or Induced Illness by Carers* (Royal College of Paediatricians and Child Health, 2009)

- Remaining with child on ward constantly;
- Investing significant emotional / intellectual effort in the illness;
- Having a history of conduct or eating disorders / contact with mental health agencies;
- Other carer uninvolved in child care;
- Reports of distant passive father.

## Recognition

- 5.13.9 All professionals who come into contact with children and their families, or adults who are parents, may come into contact with a child or parent where there are suspicions of fabricated or induced illness. These suspicions are likely to centre on discrepancies between what a parent says and what the professional observes.
- 5.13.10 Fabricated or induced illness is most commonly identified in younger children (77% under five years old)<sup>42</sup>. The average length of time to identification was greater than six months in a third of cases and more than a year in a fifth of the cases<sup>43</sup>.
- 5.13.11 In identifying and recognising fabricated or induced illness, professionals need to concentrate on the interaction of three variables:
- The state of health of the child, which may vary from being entirely healthy to being sick;
  - The parental view which at one end is neglectful, and at the other end causes excessive intervention either directly or indirectly;
  - The medical view, which is equally on a spectrum from being dismissive at one end to performing excessive intervention or treatment at the other.
- 5.13.12 Concerns may arise when:
- Reported symptoms and signs found on examination are not explained by any 'normal' medical condition;
  - Physical examination and results of investigations do not explain reported symptoms and signs;
  - New symptoms are reported on resolution of previous ones;
  - Reported symptoms and identified signs are not observed in the absence of the parent;
  - The child's normal daily life activities are being curtailed beyond that which may be expected from any known medical disorder from which the child is known to suffer;
  - Treatment for an agreed condition does not produce the expected effects;
  - Repeated presentations to a variety of doctors and with a variety of problems;
  - The child denies parental reports of symptoms;

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<sup>42</sup> McClure et al (1996) study

<sup>43</sup> Schreier and Libow (1993)



- Specific problems (e.g. apnoea, fits, choking or collapse);
- Child becoming drawn into the parent's illness;
- History of unexplained illnesses or deaths or multiple surgery in parents or siblings of the family;
- A past history in the parent of child abuse, self harm or somatising, or false allegations of physical or sexual assault.

There may be a number of explanations for these circumstances, and each requires careful consideration and review.

## Response

- 5.13.13 All professionals who have concerns about a child's health should discuss these with their line manager, their agency's nominated safeguarding children adviser and the GP or paediatrician responsible for the child's health. If the child is receiving services from LA children's social care, the concerns should also be discussed with them.
- 5.13.14 If any professional considers that their concerns are not taken seriously or responded to appropriately, they should discuss this as soon as possible with the designated doctor or nurse for child protection in their local authority area.
- 5.13.15 If any concerns relate to a member of staff, professionals should discuss this with their line manager and their agency's nominated safeguarding children adviser. See also [section 15. Allegations against staff](#).
- 5.13.16 All concerns and discussions must be recorded contemporaneously by both parties in their agency records for the child, dated and signed.

## Medical assessment and referral

- 5.13.17 The signs and symptoms require careful medical evaluation for a range of possible diagnoses. This is likely to include health professionals working closely with professionals in other agencies who have day-to-day contact with the child (e.g. daycare providers or schools).
- 5.13.18 Where a reason cannot be found for the signs and symptoms, a second medical opinion should be sought and specialist advice and tests may be required.
- 5.13.19 If a paediatrician has suspicions that a child is being abused s/he should both seek a second medical opinion and make a referral in line with [section 6. Referral and assessment](#) to LA children's social care – promptly, rather than waiting to be sure. Failure to alert the LA children's social care and / or the police early enough is likely, in proven cases, to lead to greater suffering by the child<sup>44</sup>.
- See also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.
- 5.13.20 While the child's signs and symptoms are being evaluated and before concerns are confirmed, the consultant paediatrician should retain the lead role, and the priority of police officers (and LA children's social care) should be to assist the paediatrician with identification of the reason for the child's symptoms. The balance will change when it becomes clear that a crime appears to have been committed.

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<sup>44</sup> *Fabricated or Induced Illness by Carers* (Royal College of Paediatricians and Child Health, 2009)

- 5.13.21 Whilst professionals should usually discuss any concerns with the family and, where possible, seek agreement to making referrals to LA children's social care, at no time should concerns about the reasons for the child's signs and symptoms be shared with parents if this information would jeopardise the child's safety or undermine a criminal investigation. See [section 6. Referral and assessment](#) for what to do when not seeking parental permission.

### **Initial consideration of referral**

- 5.13.22 As with all other referrals, LA children's social care should decide, within one working day, what response is necessary. Delay should be avoided by all agencies in all circumstances.
- 5.13.23 The decision must be taken in consultation with the consultant paediatrician responsible for the child's health care, or the designated doctor for child protection in the local authority area, and the police because any suspected case of fabricated or induced illness may also involve the commission of a crime.
- 5.13.24 All decisions about what information is shared with parents should be agreed between the police, LA children's social care and consultant paediatrician, bearing in mind the safety of the child and the conduct of any police investigations.
- 5.13.25 The potential outcome of referrals is the same as for any other referral. See [section 6. Referral and assessment](#).

### **Initial assessment, outcomes and immediate protection**

- 5.13.26 LA children's social care should usually undertake an initial assessment, as with all referrals (see [section 6. Referral and assessment](#)), in collaboration with the paediatrician responsible for the child's health care, as well as relevant other agencies (e.g. the child's school).
- 5.13.27 The potential outcomes of the initial assessment should be as described for other referrals in [section 6. Referral and assessment](#). If there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm and immediate protection is required (e.g. if a child's life is in danger through poisoning or toxic substances being introduced into the child's bloodstream) (see [section 7. Child protection enquiries](#)) an immediate strategy meeting / discussion should take place (see [sections 5.13.29](#) to [5.13.33](#) below) and legal advice must be sought.
- 5.13.28 Concerns should not be raised with a parent if there is concern that this action will jeopardise the child's safety or where it may undermine a timely criminal investigation.

### **Strategy meeting**

- 5.13.29 If there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm, LA children's social care should convene and chair a strategy meeting involving all the key professionals. A meeting, rather than telephone discussion, is strongly advised when considering this complex form of abuse.
- 5.13.30 The strategy meeting should be convened in line with [section 7. Child protection enquiries](#). The meeting should be chaired by the LA children's social care first line manager or the LA child protection adviser.
- 5.13.31 Participants must include LA children's social care, police and the paediatrician responsible for the child's health, and as appropriate:

- A senior ward nurse if the child is an in-patient;
- A medical professional with expertise in the relevant branch of medicine;
- GP;
- Health visitor or school nurse;
- Staff from education settings;
- Local authority legal adviser.

In cases of possible FII, it may be necessary not to tell the parents about the meeting prior to it taking place in order to protect the child.

5.13.32 When it is decided there are grounds to initiate a child protection investigation (s47, [Children Act 1989](#)), decisions should be made about how the investigation, as the core assessment, will be carried out, including:

- Whether the child requires constant professional observation and, if so, whether the carer should be present;
- The designation of a medical clinician to oversee and co-ordinate the medical treatment of the child to control the number of specialists and hospital staff the child may be seeing;
- Arrangements for the medical records of all family members, including children who may have died or no longer live with the family, to be collated by the consultant paediatrician or other suitable medical clinician;
- The nature and timing of any police investigations, including analysis of samples and covert surveillance (this will be police led and co-ordinated, with advice available from the National Crime Faculty);
- The need for extreme care over confidentiality, including careful security regarding supplementary records;
- The need for expert consultation;
- Any particular factors, such as the child's and family's race, ethnicity, language and special needs, which should be taken into account;
- The needs of the siblings and other children with whom the alleged abuser has contact;
- The needs of parents;
- Obtaining legal advice over evaluation of the available information (if a legal adviser is not present at the meeting).

5.13.33 See [section 7. Child protection enquiries](#).

5.13.34 It may be necessary to have more than one strategy meeting, as the child's circumstances are likely to be complex and a number of discussions may be required to consider whether and when to initiate a s47 enquiry.

## Police investigation

5.13.35 Evidence gathered by the police should usually be available to other relevant professionals, to contribute to the s47 enquiry and core assessment. There will be occasions when police will not share information to protect a person's identity. However, if the need to protect the child is greater than the need to

protect the source of information, the necessary authority will be sought to share that information.

- 5.13.36 Suspects' rights are protected by adherence to the police and *Criminal Evidence Act 1984*, which would usually rule out any agency other than the police confronting any suspect persons.

### Outcome of enquiries

- 5.13.37 As with all child protection investigations, the outcome may be that concerns are not substantiated (e.g. tests may identify a medical condition that explains the signs and symptoms).
- 5.13.38 It may be that no protective action is required, but the family should be provided with the opportunity to discuss whether they require support.
- 5.13.39 Where FII is suspected, the child protection investigation may take more time than usual. However, whenever possible and consistent with the child's best interests, professionals should ensure any child protection conference is held within 15 working days of the last strategy meeting / discussion and that regular strategy meetings / discussions take place throughout the investigation.
- 5.13.40 Concerns may be substantiated, but an assessment may be formed that the child is not at continuing risk of harm. In this case, the decision not to proceed to a child protection conference must be endorsed by the LA children's social care manager or child protection adviser.
- 5.13.41 Where concerns are substantiated and the child is judged to be suffering, or at risk of suffering, significant harm, a child protection conference must be convened. All evidence should be thoroughly documented by this stage and the protection plan for the child already in place.

### Initial child protection conference

- 5.13.42 Attendance at this conference should be as for other initial conferences (see [section 8. Child protection conferences](#)), with additional experts invited as appropriate:
- Professional with expertise in working with children in whom illness is fabricated or induced and their families;
  - Paediatrician with expertise in the branch of paediatric medicine able to present the medical findings.
- 5.13.43 LA childrens' social care should only convene an initial conference after reaching the point of discussing professional concerns openly with the parent/s i.e. when it has been agreed that to do so will not place the child at increased risk of significant harm. This may be some time after the commencement of enquiries under s47 and a series of strategy discussions / meetings while the medical professionals undertake continuing evaluation and the police progress a criminal investigation.
- In some cases legal action may be necessary before this point is reached, in which case the appropriateness of holding an initial conference at this stage will need to be considered.
- 5.13.44 For further information see:
- The Government guidance [Safeguarding Children in Whom Illness is Fabricated or Induced \(DCSF 2008\)](#).
  - The DVD [Incredibly Caring \(DCSF 2009\)](#) to support the Government guidance.

- The guidance [\*Fabricated or Induced Illness by Carers \(Royal College of Paediatricians and Child Health, 2009\)\*](#).

## 5.14 Female genital mutilation (FGM)

### Legal status

- 5.14.1 This section is a summary of the supplementary London child protection procedure: [\*Safeguarding Children at Risk of Abuse through Female Genital Mutilation \(London Board 2007\)\*](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction.
- 5.14.2 [\*The World Health Organisation \(WHO\)\*](#) defines female genital mutilation (FGM) as: “all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons” (*WHO, 1996*)
- 5.14.3 FGM has been a criminal offence in the UK since the [\*Prohibition of Female Circumcision Act 1985\*](#) was passed. The [\*Female Genital Mutilation Act 2003\*](#) extended the prohibition making it also illegal to take a child abroad to undergo FGM. In Scotland FGM is illegal under the [\*Prohibition of FGM \(Scotland\) Act 2005\*](#).
- 5.14.4 A child for whom FGM is planned is at risk of significant harm through physical abuse and emotional abuse, which is categorised by some also as sexual abuse. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Cultural underpinnings

- 5.14.5 Female genital mutilation is much more common than people realise. It is a complex issue because despite the harm it causes, many women from FGM practising communities consider FGM normal to protect their cultural identity.
- 5.14.6 Although FGM is practiced by secular communities, it is most often claimed to be carried out in accordance with religious beliefs. However, neither the Bible nor the Koran support the practice of FGM. In addition to giving religious reasons for subjecting their daughters to FGM, parents say they are acting in a child’s best interests because it:
- Brings status and respect to the girl;
  - Preserves a girl’s virginity / chastity;
  - Is a rite of passage;
  - Gives a girl social acceptance, especially for marriage;
  - Upholds the family honour;
  - Helps girls and women to be clean and hygienic.

See [\*Safeguarding Children at Risk of Abuse through Female Genital Mutilation \(London Board, 2007\)\*](#) for a fuller list of reasons

- 5.14.7 The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood. The average age is 4 to 13 years, in some cases it is performed on new born infants or on young women before marriage or pregnancy.

## Types of FGM

- 5.14.8 Female genital mutilation has been classified by the WHO into four types:
- Type 1: Circumcision - Excision of the prepuce with or without excision of part or all of the clitoris;
  - Type 2: Excision (Clitoridectomy) - Excision of the clitoris with partial or total excision of the labia minora. After the healing process has taken place, scar tissue forms to cover the upper part of the vulva region;
  - Type 3: Infibulation (also called Pharaonic Circumcision) - This is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora;
  - Type 4: Unclassified - This includes all other procedures on the female genitalia, and any other procedure that falls under the definition of female genital mutilation given above.

## Implications of FGM for a child's health and welfare

- 5.14.9 Short-term health implications can range from severe pain and emotional / psychological trauma to death from blood loss or infection.
- 5.14.10 The health problems caused by FGM Type 3 are severe – urinary problems, difficulty with menstruation, pain during sex, lack of pleasurable sensation, psychological problems, infertility, vaginal infections, specific problems during pregnancy and childbirth, including flashbacks.
- Women with FGM Type 3 require special care during pregnancy and childbirth.

## Identifying a child who has been subjected to FGM or who is at risk of being abused through FGM

- 5.14.11 Indications that FGM may be about to take place include:
- The family comes from a community that is known to practise FGM;
  - A child may talk about a long holiday to her country of origin or another country where the practice is prevalent, including African countries and the Middle East;
  - A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion;
  - A child may request help from a teacher or another adult;
  - Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
  - Any female child who has a sister who has already have undergone FGM must be considered to be at risk, as must other female children in the extended family.
- 5.14.12 Indications that FGM may have already taken place include:



- A child may spend long periods of time away from the classroom during the day with bladder or menstrual problems if she has undergone Type 3 FGM;
- A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM;
- Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice (e.g. withdrawal, depression etc.);
- A child requiring to be excused from physical exercise lessons without the support of her GP;
- A child may ask for help.

### Responding to FGM – referral to LA children's social care

- 5.14.13 Any information or concern that a child is at immediate risk of, or has undergone, female genital mutilation should result in a child protection referral to LA children's social care in line with [section 6. Referral and assessment](#). See also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment. See also [Safeguarding Children at Risk of Abuse through Female Genital Mutilation \(London Board, 2007\)](#), appendices 1-4.
- 5.14.14 Where a child is thought to be at risk of FGM, practitioners should be alert to the need to act quickly – before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure
- 5.14.15 On receipt of a referral, a strategy meeting / discussion must be convened within two working days, and should involve representatives from the police, LA children's social care, education, health and third sector services. Health providers or third sector organisations with specific expertise (e.g. FGM, domestic violence and / or sexual abuse) must be invited, and consideration may also be given to inviting a legal advisor.
- 5.14.16 Every attempt should be made to work with parents on a voluntary basis to prevent the abuse. It is the duty of the investigating team to look at every possible way that parental co-operation can be achieved, including the use of community organisations and / or community leaders to facilitate the work with parents / family. However, the child's interest is always paramount.
- 5.14.17 If no agreement is reached, the first priority is protection of the child and the least intrusive legal action should be taken to ensure the child's safety.
- 5.14.18 If the strategy meeting / discussion decides that the child is in immediate danger of mutilation and parents cannot satisfactorily guarantee that they will not proceed with it, then an emergency protection order should be sought.
- 5.14.19 If the child has already undergone FGM, the strategy meeting / discussion will need to consider carefully whether to continue enquiries or whether to assess the need for support services. If any legal action is being considered, legal advice must be sought.
- 5.14.20 A child protection conference should only be considered necessary if there are unresolved child protection issues once the initial investigation and assessment have been completed.

- 5.14.21 Where FGM has been practiced, the police child abuse investigation team (CAIT) will take a lead role in the investigation of this serious crime, working to common joint investigative practices and in line with strategy agreements.

### Responding to FGM - the role of health

- 5.14.22 Health professionals in GP surgeries, sexual health clinics and maternity services are the most likely to encounter a girl or woman who has been subjected to FGM.
- 5.14.23 Health professionals encountering a girl or woman who has undergone FGM should be alert to the risk of FGM in relation to her:
- Younger siblings;
  - Daughters or daughters she may have in the future;
  - Extended family members.
- 5.14.24 All girls / women who have undergone FGM (and their boyfriends / partners or husbands) must be told that re-infibulation is against the law and will not be done under any circumstances. Each woman should be offered counselling to address how things will be different for her afterwards.
- 5.14.25 After childbirth, a girl / woman who has been de-infibulated may request and continue to request re-infibulation. This should be treated as a child protection concern, as the girl / woman's apparent reluctance to comply with UK law and / or consider that the process is harmful raises concerns in relation to girl child/ren she may already have or may have in the future. Professionals should consult with their agency's nominated safeguarding children adviser and with LA children's social care about making a referral to them (see [sections 5.14.13 to 5.14.21](#) above).
- 5.14.26 See also the BMA guidance: [FGM: Caring for patients and child protection](#)

### Reducing the prevalence of FGM

- 5.14.27 Local Safeguarding Children Boards should promote awareness in the local area, particularly amongst local communities which practice FGM, that female genital mutilation is abusive to children and not legal in the UK.
- 5.14.28 See the [Local Authority Social Services Letter LASSL \(2004\)4](#) for details of organisations able to advise on this form of community outreach work.
- 5.14.29 See also [section 5.48. Accessing information from abroad.](#)

## 5.15 Firesetting

- 5.15.1 Fireplay and firesetting behaviour by a child must always be taken seriously, because it can put a child at risk of significant harm:
- There is a very real risk of possible death and injury; and
  - When a child sets fires, it may indicate that they are at risk of, or experiencing, serious mental or emotional harm (see [section 4.3. Recognition of abuse and neglect](#)).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to

be compulsory intervention by child protection agencies in the life of the child and their family.

- 5.15.2 Consideration should be given to undertaking a common assessment and / or making a referral to LA children's social care and the police, in line with [section 6. Referral and assessment](#), depending on the seriousness of the firesetting incident/s.
- 5.15.3 Several factors may lead to firesetting:
- Curiosity;
  - A cry for help;
  - Lack of parental control;
  - Serious emotional disturbance, which may be related to abuse and neglect.
- 5.15.4 Whilst all groups of children may become involved in firesetting, boys, children in one-parent families, and looked after children are over-represented.
- 5.15.5 Issues for consideration in an assessment include the child's development needs, stressful environment factors, the degree of guidance and boundaries the child is receiving or is willing to accept, basic care and ensuring safety (e.g. where a young child can access matches and lighters).
- 5.15.6 All professionals should discuss their concerns with their line manager and their agency's nominated safeguarding children adviser.
- 5.15.7 The [London Fire Brigade's Juvenile Firesetters Intervention Scheme](#) is available by referral from the family or professionals. The scheme takes an educational approach with children and their parents, and can help identify the cause of the behaviour. It works across the spectrum from curiosity fireplay in young children to arson in older children.

## 5.16 Forced marriage of a child

- 5.16.1 Hundreds of people in the UK (particularly girls and young women), some as young as nine, are forced into marriage each year. A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full consent of both parties and where duress is a factor. Duress cannot be justified on religious or cultural grounds.
- 5.16.2 In 2004, the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic violence.

### Recognition

- 5.16.3 A child who is being forced into marriage is at risk of significant harm through physical, sexual and emotional abuse. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there

needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.16.4 The majority of forced marriages reported to date in the UK have involved families from South Asia; other communities in which there have been cases include Europe, East Asia, the Middle East and Africa. Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being taken abroad.
- 5.16.5 The reasons given by parents who force their children to marry include protecting their children, building stronger families, strengthening family links, protecting family honour (e.g. promiscuity or homosexuality), retaining or acquiring wealth, appeasement etc.
- 5.16.6 Suspicions that a child may be forced into marriage may arise in a number of ways, including:
- A family history of older siblings leaving education early and marrying early;
  - Depressive behaviour including self-harming and attempted suicide;
  - Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education;
  - A child being in conflict with their parents;
  - A child going missing / running away;
  - A child always being accompanied including to school and doctors' appointments;
  - A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad, or
  - A child directly disclosing that they are worried s/he will be forced to marry.
- 5.16.7 Information about a forced marriage may come from one of the child's peer group, a relative or member of the child's local community, from another professional or when other family issues are addressed, such as domestic violence between parents.

## Response

- 5.16.8 Situations where a child fears being forced into marriage have similarities with both domestic violence and honour based violence. Forced marriage may involve the child being taken out of the country (trafficked) for the ceremony, is likely to involve non-consensual and/or underage sex, and refusal to go through with a forced marriage has sometimes been linked to so-called 'honour killing'.
- 5.16.9 Professionals should respond in a similar way to forced marriage as with domestic violence and honour based violence (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc). See [section 5.12. Domestic violence](#) and [section 5.20. Honour based violence](#).
- 5.16.10 The needs of victims of forced marriage will vary widely. The child may need help avoiding a threatened forced marriage, or help dealing with the consequences of a forced marriage that has already taken place.

- 5.16.11 Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. The professional should:
- See the child immediately in a secure and private place;
  - See the child on their own;
  - Explain to the child the limits of confidentiality;
  - Tailor their approach according to whether the child is already married or is at risk of being married
  - Gather as much information as possible (e.g. the details of a the plan to force the child to marry, including a traceable address overseas) as a victim may never be seen again.
  - Encourage and/or help the child to complete a personal risk assessment (see the proformas in the supplementary London procedure [Safeguarding Children Abused through Domestic Violence](#));
  - Develop an emergency safety plan with the child;
  - Explain all the options to the child (starting with the fact that forced marriage is illegal in the UK) and recognise and respect the child's wishes. If the child does not want LA children's social care to intervene, the professional will need to consider whether the child's wishes should be respected or whether the child's safety requires that further action be taken. This requires the professional to make an assessment of the risk of harm facing the child;
  - Agree a means of discreet future contact with the child;
  - Contact, as soon as possible, the agency's nominated safeguarding children adviser, who should be involved in the assessment of risk;
  - Record all discussions and decisions (including rationale if no decision is made to refer to LA children's social care).
- 5.16.12 The professional or their agency's nominated safeguarding children adviser should contact the [Forced Marriage Unit](#) where experienced caseworkers will be able to offer support and guidance, on 020 7008 0151 or through [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage).
- 5.16.13 Professionals should not:
- Minimise the potential risk of harm
  - Approach or inform the child's family, friends or members of the community that the victim has sought help as this is likely to increase the risk to the victim significantly. For example attempting to mediate could
  - Share information outside child protection information-sharing protocols without the express consent of the child;
  - Attempt to be a mediator. This has in the past resulted in the victim being removed from the country and not traced /or murdered.
- 5.16.14 Where a conclusion is reached that a child is at risk of harm, the professional should make a referral to LA children's social care in line with [section 6. Referral and assessment](#) and, if the situation is acute, the appropriate police child abuse investigation team (CAIT). See also [section 6.4. Referral criteria](#) and the

[indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.

## Considerations for all agencies

- 5.16.15 When dealing with allegations of forced marriage, all professionals should:
- Keep information from case files and databases strictly confidential, and preferably restricted to named members of staff only;
  - Consider, with their managers, staff safety when visiting the family home and any other settings (see [section 10. Working with unco-operative families](#));
  - Get as much information as possible when a case is first reported, as there may not be another opportunity for the individual reporting to make contact - particularly if the child is going overseas;
  - When referring a case of forced marriage to other agencies, ensure they are capable of handling the case appropriately. If in doubt, consider approaching established women's groups who have a history of working with survivors of domestic violence and forced marriage and ask these groups to refer them to reputable agencies;
  - Recognise the police responsibility to initiate and undertake a criminal investigation as appropriate;

## Action by LA children's social care

- 5.16.16 LA children's social care should respond in line with the relevant sections of these procedures (see [section 6. Referral and assessment](#), including [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment). In an acute situation, LA children's social care should convene an immediate strategy meeting / discussion and proceed accordingly. See [section 7. Child protection enquiries](#).
- 5.16.17 Local Safeguarding Children Boards should promote awareness in the local third sector agencies and faith communities that forced marriage is abusive to children and not legal in the UK. Where a case of forced marriage has resulted in the serious harm of a child or young person, practitioners should also consider undertaking a Serious Case Review.

## Criminal Justice disposals

- 5.16.18 Although there is no specific criminal offence in England and Wales of 'forcing someone to marry', criminal offences may nevertheless be committed. Perpetrators – usually parents or family members – could be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, theft (of passport), threats to kill, imprisonment and murder. Sexual intercourse without consent is rape, regardless of whether this occurs within a marriage or not. A woman who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.
- 5.16.19 Anyone threatened with forced marriage or forced to marry against their will can apply for a Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court. Fifteen county courts deal with applications and make orders to prevent forced marriages. Local authorities can now seek a protection order for vulnerable adults



and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies<sup>45</sup>.

### National guidelines

- 5.16.20 Government guidelines for responding to forced marriage situations are available at:  
<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/forcedmarriage/forcedmarriage/>
- 5.16.21 The Association of Chief Police Officers of England Wales and Northern Ireland (ACPO) guidelines for the police for responding to forced marriage situations are available at:  
[http://www.acpo.police.uk/asp/policies/Data/Interactive\\_Forced\\_Marriage\\_2005.pdf](http://www.acpo.police.uk/asp/policies/Data/Interactive_Forced_Marriage_2005.pdf)
- 5.16.22 LA children's social care should report details of the case, with full family history, to the Community Liaison Unit at the [Foreign and Commonwealth Office](#).
- 5.16.23 *The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage*<sup>46</sup>. This statutory guidance sets out the responsibilities of Chief Executives, directors and senior managers.  
In addition, all practitioners working with children should have access to *Multi-agency practice guidelines: Handling cases of Forced Marriage*<sup>47</sup>, published in 2009.  
There is also *Guidance for local authorities on applying for forced marriage protection orders and information for other agencies* at: [Forced marriage guidance for local authorities and relevant third parties](#).
- 5.16.24 Local Safeguarding Children Boards should promote awareness in the local third sector agencies and faith communities that forced marriage is abusive to children and not legal in the UK. Where a case of forced marriage has resulted in the serious harm of a child or young person, practitioners should also consider undertaking a Serious Case Review.

## 5.17 Foreign exchange visits

- 5.17.1 Children on foreign exchange visits and in some language schools stay with families selected by the school (or hosting organisation) in the host country and are vulnerable for reasons comparable to others living away from home ([see section 5.17. Foster care](#)). If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).  
Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there

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<sup>45</sup> This is available at [www.justice.gov.uk/guidance/forced-marriage.htm](http://www.justice.gov.uk/guidance/forced-marriage.htm)

<sup>46</sup> <http://www.fco.gov.uk/en/travel-and-living-abroad/when-things-go-wrong/forced-marriage/info-for-professionals>

<sup>47</sup> <http://www.fco.gov.uk/resources/en/pdf/3849543/forced-marriage-guidelines09.pdf>

needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.17.2 Children may be at additional risk as the assessment and supervision that would apply if the child was privately fostered are not applicable because most exchanges last less than 28 days. It is unlikely the school (or hosting organisation) selecting the host family will have been able to conduct a thorough assessment of the suitability of the host family.
- 5.17.3 Advice and assistance can be given by the LA children's social care to schools wishing to conduct more thorough assessments, for example the host family could be asked to give consent for checks of the local children and family social care service database, and also for checks with other local agencies (for example with GPs).
- 5.17.4 In the event that a pupil's host family has been the subject of s47 enquiries, unless or until there is a satisfactory resolution of concerns, the family should be regarded by the UK school as unsuitable to receive or continue hosting a pupil from an overseas school.
- 5.17.5 UK schools and agencies should take reasonable steps to ensure that a comparable approach is taken by relevant schools abroad.

## 5.18 Foster care

- 5.18.1 A child in foster care is vulnerable to physical, sexual or emotional abuse and / or neglect. If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.18.2 Children who are placed in local authority foster care should not be confused with children placed by their parents or carers in private foster care. These children are not looked after by a local authority, although the local authority does have duties to assess the care they are receiving and if there are concerns about their welfare to consider what action to take. See [section 5.34 Private fostering](#).

### Good quality care

- 5.18.3 The welfare and safety of children living in foster care should be promoted and in accordance with the relevant [National Minimum Standards](#) (see [www.ofsted.gov.uk](http://www.ofsted.gov.uk)).
- 5.18.4 All commissioners and providers of services for children living in foster care are responsible for ensuring children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare. Local Safeguarding Children Boards should monitor the welfare of children living in foster care. See [section 18. LSCBs, quality assurance and conflict resolution](#).
- 5.18.5 The standards for children living in foster care include that:
- Children feel valued and respected and their self-esteem is promoted;

- There is an openness on the part of the fostering service and the foster carers to the external world and external scrutiny, including contact with families and the wider community;
- Foster carers are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and are knowledgeable about how to implement safeguarding children procedures;
- Children who live in foster care are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the foster care setting (e.g. 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 ChildLine (see [section 2. Roles and responsibilities, 2.24.12 NSPCC](#));
- Foster carers recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- The foster carer is aware of the procedures for referring safeguarding concerns about a child to the relevant LA children's social care service;
- In relation to complaints:
  - complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom english is not their preferred language
  - procedures should address all expressions of concern, including formal complaints. systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed
  - records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes)
  - children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously

See [section 18. LSCBs, quality assurance and conflict resolution](#).

- Bullying is effectively countered (see [section 5.7. Bullying](#));
- Recruitment and selection procedures for local authority foster carers are rigorous and create a high threshold of entry to deter abusers (see [section 17. Safer recruitment](#));
- There is effective supervision and support, which extends to temporary or back-up carers, fostering service staff and volunteers (see [section 16. Supervision and training](#));

- Clear procedures and support systems are in place for dealing with expressions of concern by foster carers and fostering service staff about other staff or carers (see [section 15. Allegations against staff](#));
- Organisations should have a code of conduct instructing foster carers and fostering service staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Foster carers and fostering service staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

## Promoting and protecting a child's welfare

- 5.18.6 Foster care is undertaken in the private domain of carers' own homes. It is important that children have a voice outside the family. Social workers are required to see children in foster care on their own (taking appropriate account of the child's wishes and feelings) at regular intervals and evidence of this should be recorded.
- 5.18.7 Foster carers should be provided with full information about the foster child and their family, including details of abuse or possible abuse and whether the child has harmed others, both in the interests of the child and of the foster family.
- 5.18.8 Foster carers should monitor the whereabouts of their foster children, including their patterns of absence and contacts. Foster carers should follow the recognised procedure of their agency on sharing general concerns about a child, and whenever a foster child is missing from their home. This will involve notifying the placing authority and, where necessary, the police of any unauthorised absence by a child. See [section 5.29. Missing from care and home](#).
- 5.18.9 Foster carers should have guidance on sharing more general concerns (e.g. alerting other professionals, considering child behaviour around contact, absences, school, moods etc.).
- 5.18.10 The local authority's duty to undertake s47 enquiries, when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, applies on the same basis to children in foster care as it does to children who live with their own families.
- 5.18.11 Such enquiries will consider the safety of any other children living in the household, including the foster carers' own children. If child protection concerns are raised about the care that a foster carer is giving to a child, the local authority in which the child is living has the responsibility to convene a strategy meeting / discussion, which should include representatives from the responsible local authority that placed the child; a representative from Ofsted should also be invited. At the strategy meeting / discussion, it should be decided which local authority should take responsibility for the next steps, which may include a s47 investigation.

For further details on this see [section 15. Allegations against staff](#), [section 6. Referral and assessment](#), including [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA

children's social care between s47 / core assessment and an initial assessment; and [section 7. Child protection enquiries](#).

5.18.12 See [section 8. Child protection conferences](#).

## 5.19 Gangs, serious youth violence and violent extremism

5.19.1 The risk or potential risk of harm to the child may be as a victim, a perpetrator or both – in relation to their peers or to a gang-involved adult in their household.

5.19.2 A child who is affected by gang activity or serious youth violence can be at risk of significant harm through physical, sexual and emotional abuse. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection.

### Definition of a gang

5.19.3 Groups of children often gather together in public places to socialise, and peer association is an essential feature of most children's transition to adulthood. Groups of children can be disorderly and/or anti-social without engaging in criminal activity.

5.19.4 Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

5.19.5 Children may be involved in more than one 'gang', with some cross-border movement, and may not stay in a 'gang' for significant periods of time. Children rarely use the term 'gang', instead they used terms such as 'family', 'breddrin', 'crews', 'cuz' (cousins), 'my boys' or simply 'the people I grew up with'.

5.19.6 Definitions may need to be highly specific to particular areas or neighbourhoods if they are to be useful. Furthermore, professionals should not seek to apply this or any other definition of a gang too rigorously; if a child or others think s/he is involved with or affected by 'a gang', then a professional should act accordingly.

5.19.7 Violence is a way for gang members to gain recognition and respect by asserting their power and authority in the street, with a large proportion of street crime perpetrated against members of other gangs or the relatives of gang members.

5.19.8 Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances.

5.19.9 The Metropolitan Police Service defines serious youth violence as is 'any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

5.19.10 The factors which influence a child's propensity to initiate violence include:

- Parenting which is cold / uncaring, non-nurturing and neglectful;
- Parenting which includes harsh disciplining<sup>12</sup>;
- Maltreatment, such as physical or sexual abuse in childhood (abuse by adults and peers within and outside of the family)<sup>13</sup>; and/or
- Trauma such as domestic violence or involvement in or witnessing conflict violence (see also the London procedure for [Safeguarding children abused through domestic violence, London Board, 2008](#)).

5.19.11 One factor which influences a child's propensity to imitate violence is:

- Parenting which is permissive and neglectful, resulting in a lack of guidance and creating ineffectiveness and poor self-control for a child. The child is then not equipped to resist an environment or group which instigates violence.

### Community and family circumstances

5.19.12 Circumstances which can foster the emergence of gangs include:

- Areas with a high level of social and economic exclusion and mobility (which weakens the ties of kinship and friendship and the established mechanisms of informal control and social support);
- Areas made up of predominantly social housing, and especially where it is high rise / high density social housing. There is a perfect correlation in London with 'gang neighbourhoods' and being amongst the 20% most deprived government lower level super output areas (based on the Indices of Multiple Deprivation 2007);
- Areas with poor performing schools – in terms of leadership, positive ethos, managing behaviour and partnership working;
- Lack of access to pro-social activities (e.g. youth service) and to vocational training and opportunities;
- Communities who have experienced war situations prior to arrival in the UK;
- Areas with a high level of gang activity / peer pressure and intimidation, particularly if the family is denying this or is in fear of the gangs; and
- Family members involved in gang activity and criminality.

5.19.13 Many parents are aware of the widespread perception that the gang problem is ultimately a product of poor parenting and that the solution lies in assuming responsibility for their children. However, they feel unable either to control or to protect their children.

### Weapons

5.19.14 Fear and a need for self-protection is a key motivation for children to carry a weapon – it affords a child a feeling of power. Neighbourhoods with high levels of deprivation and social exclusion generally have the highest rates of gun and knife crime. Children are more likely to carry knives and other weapons than guns.

5.19.15 Professionals working with children who may have reason to be fearful in their neighbourhood or school / FE college should be alert to the possibility that a



child may carry a weapon. [See sections 10.7. Keeping professionals safe and 10.8. Management responsibility](#), and [2.10.36 Screening and searching pupils for weapons in schools](#).

### Girls & sexual exploitation

- 5.19.16 There is evidence of a high incidence of rape of girls who are involved with gangs. Some senior gang members pass their girlfriends around to lower ranking members and sometimes to the whole group at the same time. Very few rapes by gang members are reported,
- 5.19.17 Gang members often groom girls at school using drugs and alcohol, which act as disinhibitors and also create dependency, and encourage / coerce them to recruit other girls through school / social networks.
- 5.19.18 See also the [London procedure for safeguarding sexually exploited children \(London Board, 2006\)](#); and the [London procedure for safeguarding trafficked and sexually exploited children \(London Board, 2006\)](#), available at [www.londonscb.gov.uk/procedures/supplementary\\_procedures/](http://www.londonscb.gov.uk/procedures/supplementary_procedures/)

### Professional response

- 5.19.19 The London supplementary procedure for [Safeguarding children affected by gangs and serious youth violence \(2009\)](#) details a professional response and risk assessment framework for children affected by gangs and serious youth violence. See also [sections 5.19 Harming others](#) and [13. Risk management of known offenders](#).
- 5.19.20 Professionals should always take what the child tells them seriously. They should assess this together with the child's presenting behaviours in the context of whatever information they know or can gather from the child about the risk factors described in the risk assessment framework for children affected by gangs and serious youth violence.
- 5.19.21 Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity.
- 5.19.22 Local authorities are recommended to nominate a local professional who can develop specialist knowledge in relation to gangs and serious youth violence to act as an adviser to other professionals in cases where there are concerns that a child is/could be affected by gangs and/or serious youth violence.
- 5.19.23 If a professional is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the professional should:
- Wherever possible, consult with their agency's nominated safeguarding children adviser, their manager and, if available, the local multi-agency gang intelligence forum and/or professional with specialist knowledge in relation to gangs;
  - Consider [section 5. Harming others](#); and
  - If the threshold is met for significant harm, then a referral must be made to LA children's social care, in line with [sections 6. Referral and assessment](#).

### Looked after children

- 5.19.24 Looked after children are particularly vulnerable to being affected by gangs and serious youth violence due to their low self-esteem, low resilience, attachment

issues and the fact that they are often isolated from family and friends. Looked after children say that bullies, gangs and the risk of serious youth violence are the worst thing about where they live.

## Agency responses

- 5.19.25 LA children's social care professionals need to be alert to the possibility that a child referred to them or a child they are already working with may, in addition to any of the child's other presenting issues, be or become vulnerable to / involved with, a gang or serious youth violence.
- 5.19.26 A high proportion of gang-involved children are known to Yots and a recent UK study findings were that almost two thirds of a sample of active gang members interviewed had been permanently excluded from school.
- 5.19.27 The police, especially safer neighbourhood policing teams, should be aware of siblings or other children living in households which are affected by gang activity and/or serious youth violence, including parents as adult gang members, and should share this information internally with child abuse investigation teams and externally with LA children's social care at the earliest opportunity.
- 5.19.28 If the police give an Osman Warning<sup>48</sup> to a child they should inform LA children's social care at the earliest opportunity.
- 5.19.29 Schools affected by gang issues and potential or actual serious youth violence will need to work in partnership with the police (the Safer Neighbourhoods Policing Team), Yots and LA children's social care. Safer school partnerships can be an effective forum for this multi-agency working.
- 5.19.30 Community groups / third sector agencies can be well placed to know the profile and location of local gang activity and potential or actual serious youth violence through their community links.
- 5.19.31 See also: [Safeguarding Children and young People who may be affected by Gang Activity \(DCSF, 2010\)](#).

## Violent extremism

- 5.19.32 Particularly from their teenage years onwards children can be vulnerable to getting involved with radical groups through direct contact with members or, increasingly, through the internet. This can put the child at risk of being drawn in to criminal activity and has the potential to cause significant harm.

## Prevention

- 5.19.33 Channel forms part of the cross-Government *Prevent Strategy* to stop people becoming terrorists or supporting violent extremism. Channel is the mechanism for making referrals and accessing support for children (and adults) at risk of violent extremism. Channel guidance states that if a referred individual is under the age of 18 the Channel co-ordinator must liaise with the common assessment framework (CAF) co-ordinator or LA children's social care service (the latter should be represented on the Prevent partnership and multi-agency Channel panel) to agree how best to manage the case.
- 5.19.34 Following initial discussion a decision needs to be made on how to progress the case (e.g. as a safeguarding issue, under Channel, CAF, or another support process) and establish how this will be reviewed. This decision can be taken on

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<sup>48</sup> The Osman v United Kingdom case (1998) placed a positive obligation on the authorities to take preventive measures to protect an individual whose life is at risk from the criminal acts of another individual e.g. where a gang member threatens to kill another gang member.

a case by case basis or a decision can be made by all local partners to use one particular system for the referral of all children.

5.19.35 If an area does not have Channel, local areas should incorporate referrals of children within local CAF and safeguarding procedures i.e. in line with [section 6. Referral and assessment](#).

5.19.36 See the Prevent Strategy at [www.dcsf.gov.uk/violentextremism](http://www.dcsf.gov.uk/violentextremism) . Also the Channel guidance at <http://www.derbyshire.police.uk/sei/s/848/ricu%20-%20310310%20-%20channel%20guidance.pdf> .

There is a toolkit for schools available at [Learning together to be safe: A toolkit to help schools contribute to the prevention of violent extremism](#)

5.19.37 Local strategic partnerships, children's trusts or equivalent and crime and disorder partnerships, advised by LSCBs, should have an agreed processes in place for safeguarding children vulnerable to gangs, serious youth violence and violent extremism. Local safeguarding strategies should:

- Promote awareness of the relationship between 'good enough' parenting and aggression in children, and
- Promote early years service-led parenting support;
- Promote capacity-building in the community for parental self-help groups to educate and support 'good enough' parenting; and
- Promote targeted youth support, re-engagement and participation.

## 5.20 Harming others

5.20.1 The harm caused to children by the harmful and bullying behaviour of other children can be significant (see [section 4.3. Recognition of abuse and neglect](#)). This may involve single incidents or ongoing physical, sexual or emotional (including verbal) harm perpetrated by a single child or by groups / gangs of children.

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.20.2 In addition, children of both genders can direct physical, sexual or emotional violence towards their parents, siblings and / or partner.

5.20.3 Such abuse should be subject to the same safeguarding children procedures as apply in respect of children being abused by an adult. Children who harm others should be held responsible for their harmful behaviour and professionals responding to them should be alert to the fact that they are likely to pose a risk to children other than the current victim.

5.20.4 Children who harm others are likely to have considerable needs themselves. Evidence suggests these children may have suffered significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences.

See also [section 5.7 Bullying](#), and [2.10.36. Screening and searching pupils for weapons](#).

## Recognition and referral of abuse

5.20.5 Professionals must base their decision on whether behaviour directed at another child should be categorised as harmful or not on the circumstances of each case. It will be helpful to consider the following factors:

- The relative chronological and developmental age of the two children (the greater the difference, the more likely the behaviour should be defined as abusive);
- Whether the alleged abuser is supported or joined by other children;
- A differential in power or authority (e.g. related to race, gender, physical, emotional or intellectual vulnerability of the victim);
- The actual behaviour (both physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- The degree of physical aggression, intimidation or bribery;
- The victim's experience of the behaviour and the impact it is having on their routines and lifestyle (e.g. not attending school, see [section 5.28. Not in school](#));
- Attempts to ensure secrecy;
- Duration and frequency of behaviour.

5.20.6 All professionals should make a referral to LA children's social care in line with [section 6. Referral and assessment](#) when there is a suspicion or an allegation of a child:

- Having been seriously physically abused or being likely to seriously physically abuse another child or an adult;
- Having been seriously emotionally abused or being likely to seriously emotionally abuse another child or an adult;
- Having harmed another child or an adult.

## Sexual abuse and serious physical and emotional abuse

5.20.7 These procedures are written with particular reference to sexually harmful behaviour, though when there are serious child protection concerns as a result of serious non-sexual violence or serious emotional abuse by a child or children, these procedures should also be followed.

5.20.8 Whenever a child may have harmed another, all agencies must be aware of their responsibilities to both children and multi-agency management of both cases must reflect this.

5.20.9 The interests of the identified victim must always be the paramount consideration.

5.20.10 It is possible that the child with harmful behaviours may pose a significant risk of harm to their own siblings, other children and / or adults. The child will have considerable needs themselves, and may also be or have been the victim of abuse.

## Strategy meeting / discussion

- 5.20.11 When any agency makes a referral to LA children's social care about a child who has been or is a victim of abuse, an initial strategy meeting / discussion must take place between LA children's social care, the police and other relevant agencies to share the information and determine whether the threshold for s47 enquiries has been reached. See [section 6. Referral and assessment](#), including [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment; and [section 7. Child protection enquiries](#).
- 5.20.12 Where the suspected abuser is a child, a similar strategy meeting / discussion (usually meeting) should be convened within the appropriate Government prescribed timescales, involving the police and LA children's social care. See [section 6. Referral and assessment](#) and [section 7. Child protection enquiries](#).
- 5.20.13 When the children concerned are the responsibility of different LA children's social care services, each local authority service must be represented at the strategy meeting / discussion, which will usually be convened and chaired by the LA children's social care for the local authority in which the victim lives.
- 5.20.14 Different social workers should be allocated for the child who is the victim and the child who has harmed, even when they remain living in the same household, to ensure both are supported through the process of the enquiry and that each child's needs are fully assessed and met.
- 5.20.15 The strategy meeting / discussion should be convened and chaired by LA children's social care and a record made. The following individuals should be invited to the meeting:
- Social worker for the child who is suspected or alleged to have harmed another child / adult;
  - Social worker for the child/ren alleged to have been abused;
  - Social workers' first line manager;
  - Police;
  - Youth Offending Team representative, where the child who is alleged to have caused the harm is aged eight or over;
  - School representative/s (particularly if the concerns suggest that other children in the school setting have been or may be at risk of being abused);
  - School nurse or other health services staff, as required;
  - Child and adolescent mental health services (CAMHS) representative;
  - Representatives of fostering or residential care, as applicable;
  - Consideration should also be given to inviting a local specialist third sector agency and any other professional or agency involved with the child alleged to have caused the harm.
- 5.20.16 The meeting must plan in detail the respective roles of those involved in the enquiries and ensure the following objectives are met:
- The safety of all children concerned, with particular attention needing to be paid to living and contact arrangements while concerns are being investigated;

- Information relevant to the protection needs of the alleged victim is gathered;
  - Any criminal aspects of the abuse are investigated;
  - Any information relevant to abusive experiences and protection needs of the child who has harmed is gathered.
- 5.20.17 In planning the investigation, the following factors should be considered:
- Age of all children and adults who may be involved (both victims and children who have harmed);
  - Whether the child who harmed was/is supported by other children;
  - Seriousness of the alleged incident;
  - Effect on the victim/s and their own view of their safety;
  - The victim's parents' attitude and ability to protect their child/ren;
  - The abuser's parents' response to their child's behaviour;
  - Whether there is a suspicion that the child who is alleged to have harmed has also been abused;
  - Whether there is reason to suspect that adults are also involved;
  - The likelihood and desirability of criminal prosecutions taking place;
  - The level of ability of the child and any communication problems that they may have;
  - The mental state of the child and their capacity to be interviewed.
- 5.20.18 Where there is a suspicion that the child is both an abuser and a victim of abuse, the strategy meeting / discussion must decide the order in which any interviews will take place.
- 5.20.19 In boroughs which have a [Youth Inclusion Support Panel \(YISP\)](#), consideration should be given to referring unconvicted children aged 8 and above to it.

## **Criminal investigation**

- 5.20.20 The police will decide whether an alleged offence should be subject to criminal investigation. Such allegations may not be the responsibility of the police Child Abuse Investigation Team (CAIT) but where they are, the police CAIT manager will decide whether or not to investigate. The police CAIT will maintain responsibility in cases where there is a familial connection between the young people or children concerned.
- 5.20.21 From the perspective of the criminal investigation, when a child aged ten or over is alleged to have committed an offence, the first interview with them must be undertaken by the police (i.e. it will be a recorded interview held in a police station, under caution and with parent or another appropriate adult present).
- 5.20.22 On occasion, this approach may not be in the best interests of the overall management of the investigation or of the welfare of the children involved. In these circumstances, the police may agree that it would be preferable for a LA children's social worker (and other professionals as appropriate) to interview the child as a potential victim of abuse. This should only be the case where explicit police agreement has been obtained to this course of action.
- 5.20.23 Where police decide to conduct a separate 'offender' interview, a social worker or other agency professional (subject to local arrangements) should be involved



in the interview, to perform the statutory responsibility to the child/ren of an appropriate adult.

- 5.20.24 If during the course of being interviewed as a victim of, or witness to, alleged abuse, a child discloses offences that they have committed or been subjected to, these incidents should normally be the subject of a separate interview as detailed in [Achieving Best Evidence 2.151 - 2.154](#).
- 5.20.25 Throughout the enquiry, the immediate protection of all child/ren involved must be ensured.
- 5.20.26 Where a decision is reached that the alleged behaviour does not constitute abuse and there is no need for further enquiry or criminal investigation, the details of the referral and the reasons for the decision must be recorded. In each case and in respect of each child involved or potentially involved, LA children's social care will determine whether or not an initial or core assessment of need is warranted.

### Outcome of enquiries

- 5.20.27 The outcome of enquiries is as described in [section 7. Child protection enquiries](#). However, the position of the alleged victim and the alleged abuser must be considered separately.
- 5.20.28 If the information gathered in the course of the enquiries suggests that the abuser is also a victim or potential victim of abuse (including neglect), a separate child protection conference must be convened for him or her.
- 5.20.29 Where there are no grounds for a child protection conference, but concerns remain regarding the child's sexually / physically / emotionally harmful behaviour, they should be considered as a child in need. In such cases, a multi-agency planning meeting should be held and a plan for the provision of services for the child and his / her family agreed. Service provision should:
- Be informed by an assessment of the child's needs and the risk they pose to others;
  - Set out who will have responsibility for what actions, including what course of action should be followed if the plan is not being successfully implemented; and
  - Include a timescale for review of progress against planned outcomes.

Family Group Conferences may have a role to play in fulfilling these tasks. For information about Family Group Conferences see: [Family Group Conferences: Principles and Practice Guidance \(2002, Barnardo's / Family Rights Group / NCH\)](#).

### Child protection conference

- 5.20.30 Consideration should be given to inviting a Youth Offending Team (Yot) representative to the conference of any child/ren aged eight or over presenting harmful behaviours, and informing the local Yot of the meeting in cases of younger children.
- 5.20.31 In addition to carrying out the usual functions, the child protection conference must consider how to respond to the child's needs as a possible abuser.
- 5.20.32 Where the alleged abuser is not deemed to require a protection plan to protect them, consideration should be given to the need for services to address any

abusive behaviour and the multi-agency responsibility to manage any risk, through the use of multi-agency planning meetings.

## Criminal proceedings

- 5.20.33 The decision as to how to proceed with the criminal aspects of a case will be made by the police and the Crown Prosecution Service. The police must operate in accordance with the duty to seek to investigate and prosecute all crimes. Agencies working with young offenders should ensure that actions by staff do not undermine the need to ensure a criminal conviction if the substance of the allegation so warrants it.

## Multi-agency planning meetings

- 5.20.34 Children who are victims and those who are abusers are likely to have complex needs requiring a multi-agency response. Therefore, in cases where there are no grounds for holding a child protection conference, or where one has been held but a protection plan did not result, a multi-agency meeting should be convened to plan multi-agency services for a child in need.
- 5.20.35 It is not envisaged that universal services would be able to deal with such a degree of complexity through the processes associated with the Common Assessment Framework (CAF).
- 5.20.36 These multi-agency meetings should not be confused with the borough Multi-Agency Public Protection Arrangements (MAPPA), in which arrangements are made to protect the community from known potentially dangerous offenders. However, the local co-ordinator for the MAPPA in either the police or probation service must be advised of concerns posed by young abusers, especially where the abuser has been cautioned or convicted, in which latter case the local Youth Offending Team (Yot) will also become involved. See [section 13.5 for risk management of adult sexual and violent offenders under the MAPPA](#).
- 5.20.37 For each child (the victim and the child with harmful behaviours), a multi-agency planning meeting should be convened by LA children's social care to:
- Share information;
  - Agree to undertake:
    - An assessment of the needs of the victim/s;
    - An assessment of the needs and risks posed by the child with harmful behaviours;
  - Agree to refer for a specialist assessment for either child, as required;
  - Set a timetable for both assessments;
  - Co-ordinate interim:
    - Support for the victim/s;
    - Risk management for the child with harmful behaviours;
  - Allocate agency and professional roles, including which agency will take responsibility for the interim risk management plan.
- 5.20.38 Those invited should include participants of the strategy meeting / discussion and representatives from health, including child and adolescent mental health services (CAMHS), the school and any other professionals with relevant knowledge of the child and their parent/s.

- 5.20.39 On completion of the assessments, the multi-agency meeting should be reconvened for each child to consider the outcome, and to review and co-ordinate the roles of relevant agencies in providing identified interventions, including a risk management plan and specialist input for children with special needs.
- 5.20.40 It should be clear which agency is responsible for the risk management plan for a child with harmful behaviours. The plan should always address the risk to other children wherever the child spends time, including at school and within or near to the home address or placement whenever a child is looked after by a local authority. A plan must be in place to minimise risk of future offending
- 5.20.41 Both the risk management plan and support for a child who is the victim should be reviewed at regular multi-agency meetings. The Chair of the multi-agency meeting should decide the frequency of the review meetings according to each child's needs / risk. At the point of closure, the review must consider the possible need for long term monitoring and the availability of advice and other services.

### Children moving into or re-entering a local authority area

- 5.20.42 Children with inappropriate sexual or very violent behaviour who are re-entering the community following a custodial sentence or time in secure accommodation, or who move into an area from another local authority, require the multi-agency response (assessment / intervention) described in [sections 5.20.34 to 5.20.41](#) above. The response should be initiated at the earliest opportunity.
- 5.20.43 Where a child who has been convicted of sexual offences involving the abuse of other children is released into the community, the Multi-Agency Public Protection Arrangements (MAPPA) must be invoked to ensure the safety of the community, in line with [section 13.5 risk management of adult sexual and violent offenders under the MAPPA MAPPA](#).

### Carrying of offensive weapons and gangs

- 5.20.44 Offensive weapons are defined in the *Prevention of Crime Act 1953* as 'any article made or adapted for causing injury to the person; or intended by the person having it with him for such use by him'. S139 and s139A of the [Criminal Justice Act 1988](#) refer to 'any article which has a blade or point or is sharply pointed'. The only exceptions are small folding pocket knives where the blade is less than 3 inches long. But this exception does not of course prevent schools from imposing their own bans on pupils carrying such weapons. There are three categories of offensive weapons:

- 'Made' could include a dagger or gun;
- 'Adapted' could include a broken bottle; and
- 'Intended' for such use could include a rock or stone.

Clearly many articles are capable of being an offensive weapon, but in the latter category there would need to be evidence of an intention to use that particular article as a weapon.

- 5.20.45 Behavioural problems by a group of young people can impact upon a neighbourhood but does not necessarily mean that they are a gang. It is common practice for groups of young people to gather together in public places to socialise. Groups of young people can be disorderly and / or anti-social but not engage in criminal activity.

- 5.20.46 There are specific organised gangs who engage in criminal activity. Problems between gangs can be further enhanced by the use of 'gangs' websites where they publicise themselves.
- 5.20.47 Children who carry offensive weapons and / or are members of specific gangs (who engage in criminal activities) could place themselves and others at risk of significant harm.
- 5.20.48 Preventative work in relation to offensive weapons and gangs should be a key part of each LSCB's strategy, establishing safer environment by engaging with young people, challenging unacceptable behaviour, and helping young people develop respect for themselves and their community. Police, schools, Youth Offending Teams and other appropriate local agencies should mutually establish and develop strong partnerships and policies.
- 5.20.49 In 2007, the Department for Education and Skills (DfES) provided new guidance to schools on screening for offensive weapons, following the enactment of s45 of the [Violent Crime Reduction Act 2006](#). See [www.teachernet.gov.uk](http://www.teachernet.gov.uk).

### Children moving into or re-entering a local authority area

- 5.20.50 Children with inappropriate sexual or very violent behaviour who are re-entering the community following a custodial sentence or time in secure accommodation, or who move into an area from another local authority, require the multi-agency response (assessment / intervention) described in [sections 5.20.34 to 5.20.41](#) above. The response should be initiated at the earliest opportunity.
- 5.20.51 Where a child who has been convicted of sexual offences involving the abuse of other children is released into the community, the Multi-Agency Public Protection Arrangements (MAPPA) must be invoked to ensure the safety of the community, in line with [section 13.5 risk management of adult sexual and violent offenders under the MAPPA](#).

## 5.21 Historical abuse

- 5.21.1 It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect which constitute significant harm (see [section 4.3. Recognition of abuse and neglect](#)) only when they reach adulthood.
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where as a child the person suffered a degree of physical, sexual and / or emotional harm (through abuse or neglect), which was so harmful that there should have been compulsory intervention by child protection agencies into the life of the child and their family.
- 5.21.2 Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:
- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
  - Criminal prosecution may be possible if sufficient evidence can be carefully collated.
- 5.21.3 Wherever historical abuse enquiries relate to alleged abuse within institutions such as children's homes or residential / boarding schools, professionals should follow the processes in [section 14. Organised and complex abuse](#); and consult the Government guidance [Complex Child Abuse Investigations: Inter-Agency Issues \(Home Office and DH, 2002\)](#).

## Required response

- 5.21.4 When an adult discloses childhood abuse, the professional receiving the information should record the discussion in detail. If possible, the professional should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.
- 5.21.5 In view of the potential continuing risk the alleged abuser may pose to children, the professional should make a referral to LA children's social care, in line with [section 6. Referral and assessment](#).
- 5.21.6 The LA children's social worker receiving the referral should seek sufficient information to develop a chronology, and all records must be dated and the authorship made clear.
- 5.21.7 If information about the current whereabouts of the alleged abuser has not yet been gathered, LA children's social care should establish this as a matter of urgency.
- 5.21.8 The adult who has disclosed should be asked whether they want a police investigation and must be reassured that the police are able and willing to progress an investigation even for those adults who are vulnerable as a result of mental ill health or learning difficulties.
- 5.21.9 LA children's social care should reassure the adult that, even without their direct involvement, all reasonable efforts will be made to investigate the alleged abuse. LA children's social care should support the adult to access therapeutic or other services, as appropriate
- 5.21.10 The LA children's social worker should:
- Inform the police at the earliest opportunity and establish if there is any information regarding the alleged abuser's current contact with children, irrespective of the wishes of the victim as to whether a police prosecution should take place;
  - Inform the LA child protection adviser if the adult who has disclosed requests a police investigation or if the allegations involve organised and complex abuse (police involvement in an investigation will depend on a number of factors, including the victim's wishes and the public interest);
  - Initiate a child protection enquiry if the alleged abuser is known to be currently caring for children or has access to children. This must include making a referral to LA children's social care in the area where the alleged abuser is currently living.
- 5.21.11 Where an adult alleges abuse in childhood in a different local authority area, the case should be transferred to agencies in the area where the abuse is alleged to have taken place. Parallel enquiries may be needed if the alleged abuser has contact with children elsewhere. The co-ordinating LA children's social care should be the one responsible for the geographical area where the abuse is alleged to have taken place.
- 5.21.12 Where the abuse is alleged in a former children's home or residential school, the responsible LA children's social care should be the one relating to the local authority responsible for running the establishment concerned, irrespective of where the children's home or residential / boarding school is / was located. It is important that there is effective communication about roles and responsibilities between agencies in such circumstances. See [section 14. Organised and](#)

[complex abuse](#); and consult the Government guidance [Complex Child Abuse Investigations: Inter-Agency Issues \(Home Office and DH, 2002\)](#).

- 5.21.13 The responsible police service for investigation will be the one covering the area where the alleged abuse is said to have taken place.

## 5.22 Honour based violence

- 5.22.1 Honour based violence is the term used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

The Metropolitan Police definition of so-called honour based violence is: 'a crime or incident, which has or may been committed to protect or defend the honour of the family and/or community'.

- 5.22.2 Professionals should respond in a similar way to cases of honour violence as with domestic violence and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc). See [section 5.12. Domestic violence](#) and [section 5.16. Forced marriage of a child](#).

### Recognition

- 5.22.3 A child who is at risk of honour based violence is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

- 5.22.4 Honour based violence cuts across all cultures and communities, and cases encountered in the UK have involved families from Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European communities. This is not an exhaustive list.

- 5.22.5 The perceived immoral behaviour which could precipitate a murder include:

- Inappropriate make-up or dress;
- The existence of a boyfriend;
- Kissing or intimacy in a public place;
- Rejecting a forced marriage;
- Pregnancy outside of marriage;
- Being a victim of rape;
- Inter-faith relationships;
- Leaving a spouse or seeking divorce.



- 5.22.6 Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.
- 5.22.7 Incidents, in addition to those listed in [5.22.6](#) above, which may precede a murder include:
- Physical abuse;
  - Emotional abuse, including:
    - house arrest and excessive restrictions
    - denial of access to the telephone, internet, passport and friends
    - threats to kill
  - Pressure to go abroad. Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.
- 5.22.8 Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.
- 5.22.9 Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

## Disclosure and response

- 5.22.10 When receiving a disclosure from a child, professionals should recognise the seriousness / immediacy of the risk of harm.
- 5.22.11 For a child to report to any agency that they have fears of honour based violence in respect of themselves or a family member requires a lot of courage, and trust that the professional / agency they disclose to will respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm.
- 5.22.12 Authorities in some countries may support the practice of honour-based violence, and the child may be concerned that other agencies share this view, or that they will be returned to their family. The child may be carrying guilt about their rejection of cultural / family expectations. Furthermore, their immigration status may be dependent on their family, which could be used to dissuade them from seeking assistance.
- 5.22.13 Where a child discloses fear of honour based violence, professionals in all agencies should respond in line with [section 5.12. Domestic violence](#) and [section 5.16. Forced marriage of a child](#); and the supplementary London procedure [Safeguarding Children Abused Through Domestic Violence \(London Board, 2007\)](#). The professional response should include:
- Seeing the child immediately in a secure and private place;
  - Seeing the child on their own;
  - Explaining to the child the limits of confidentiality;

- Asking direct questions to gather enough information to make a referral to LA children's social care and the police, including recording the child's wishes;
- Encouraging and/or helping the child to complete a personal risk assessment (see the proformas in the London procedure [Safeguarding Children Abused through Domestic Violence](#));
- Developing an emergency safety plan with the child;
- Agreeing a means of discreet future contact with the child;
- Explaining that a referral to LA children's social care and the police will be made (see [section 6. Referral and assessment](#));
- Record all discussions and decisions (including rationale if no decision is made to refer to LA children's social care).

See also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.

- 5.22.14 LA children's social care should incorporate into their initial and core assessments the safety planning, self-assessment and risk assessment processes in [Safeguarding Children Abused Through Domestic Violence \(London Board, 2007\)](#).
- 5.22.15 Professionals should not approach the family or community leaders, share any information with them or attempt any form of mediation. In particular, members of the local community should not be used as interpreters.
- 5.22.16 All multi-agency discussions should recognise the police responsibility to initiate and undertake a criminal investigation as appropriate.
- 5.22.17 Multi-agency planning should consider the need for providing suitable safe accommodation for the child, as appropriate.
- 5.22.18 If a child is taken abroad, the Foreign and Commonwealth Office may assist in repatriating them to the UK. See also [section 5.48 Accessing information from abroad](#).

## 5.23 Hospitals

- 5.23.1 This section should be read in conjunction with [section 5.24 Hospitals \(specialist\)](#) and, as appropriate, [section 5.38 Psychiatric care for children](#).
- 5.23.2 The [National Service Framework for children, young people and maternity services \(Children's NSF\)](#) sets out standards for hospital services. It requires hospitals to have in place systems to ensure accountability for individual children's safety and well-being, including contemporaneous recording of concerns and discussions on a child's case and a safe discharge process.
- 5.23.3 Care must be provided in a safe environment which is child-friendly, healthy and well suited to the age and stage of development of the child/ren. Children should not be cared for on adult wards. Wherever possible, children should be consulted about where they would prefer to stay in hospital and their views should be taken into account and respected.

Hospital admission data should include the age of children so hospitals can monitor whether they are being given appropriate care in appropriate wards.

- 5.23.4 Hospitals are required to ensure their facilities are secure and that security arrangements are regularly reviewed. See [National Service Framework for children, young people and maternity services](#).
- 5.23.5 For a child receiving a service from LA children's social care or Youth offending services prior to / during their stay in hospital, a lead professional (see [section 1. Preface and introduction, 1.2.9 Lead professional](#)) should be nominated to co-ordinate services for him/her.
- 5.23.6 When a child has been or is planned to be in hospital or accommodated by a Primary Care Trust (PCT) for more than three months, under s85 of the [Children Act 1989](#) the hospital or PCT is required to notify the child's home authority, that is, the local authority for the area where the child is ordinarily resident, (see [section 11. Mobile children and families, 11.9. Inter-borough arrangements for child protection enquiries](#)). If it is unclear which authority that is, then the hospital should inform their own local authority or the local authority where their commissioning PCT is located.
- 5.23.7 LA children's social care in the home authority (see [section 11. Mobile children and families, 11.9. Inter-borough arrangements for child protection enquiries](#)) must assess the child's needs using the Assessment Framework (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework) and review the child's welfare using the *Looking After Children* materials<sup>49</sup>.

## Discharging children from hospital

- 5.23.8 Where professionals have concerns about a possible child protection issue, a multi-agency action plan to safeguard the child must be agreed and recorded before the child leaves hospital<sup>50</sup>.
- 5.23.9 As part of the plan:
- LA children's social care must assess and establish that the child's home environment is safe;
  - The health professionals must ensure their concerns have been fully addressed and any plan for discharge of the child must be authorised by the child's consultant;
  - The plan must provide for the ongoing promotion and safeguarding of that child's welfare;
  - There must be follow-up arrangements to monitor compliance with the plan.
- 5.23.10 Particular attention is required in the discharge planning of newborns from neonatal intensive care units, since these babies are at high risk of re-admission to hospital. They need a properly co-ordinated programme of follow-up, with special attention to vision, hearing and developmental progress, as well as the co-ordinated input of services such as genetics.

## Transition for children with long term conditions

- 5.23.11 Children with long term conditions need preparation for the move from children's to adult services. All children with on-going health needs should have a plan

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<sup>49</sup> *Looking After Children materials: assessment and action records (DH 1995)*, introduced in order to provide local authorities with a systematic means of gathering relevant information about children looked after away from home.

<sup>50</sup> *The Inquiry into the death of Victoria Climbié* (Lord Laming, 2003)

developed with them for the transition of their care to adult services, which is coordinated by a named person. If there are child protection concerns for such a child, the LA vulnerable adults service should be informed as part of the transition planning.

## 5.24 Hospitals (specialist)

- 5.24.1 This section should be read in conjunction with [section 5.23 Hospitals](#) and, as appropriate, [section 5.38 Psychiatric care for children](#).
- 5.24.2 There are a number of specialist hospitals in the London area. These provide specialist tertiary services, whether with a focus on paediatrics (e.g. Great Ormond Street Hospital) or in a particular health condition (e.g. the Royal Marsden Hospital). These hospitals have regional, national or international catchment areas. This means they are rarely a child's local hospital.
- 5.24.3 Children admitted to these hospitals can present with complex safeguarding and child protection issues. They may have sustained serious and life threatening non-accidental injuries or there may be concerns related to fabricated or induced illness (see [section 5.12 Fabricated or induced illness](#)). These children may have experienced, or be at risk of, significant harm through physical, sexual and emotional abuse and / or neglect (see [section 4.3. Recognition of abuse and neglect](#)). Furthermore, if there are lapses in the care provided for the child, s/he can suffer significant harm whilst in hospital.
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.24.4 Most specialist hospitals have links with their local LA children's social care, who may be able, dependent upon local arrangements, to liaise with the child's home authority (see [section 11. Mobile children and families, 11.9.2. Definition of home and host authorities](#)) in child protection cases.
- Some specialist hospitals offering tertiary care to children have children's social care teams on site, provided in partnership with the local children's social care service. In child protection cases, their role is to act as liaison with the home authority, except where they would be the lead agency – such as, when:
- The child is resident in the specialist hospital's local authority area;
  - Incidents occur on the specialist hospital site;
  - There are allegations against members of staff of the specialist hospital's Trust.
- 5.24.5 All Hospital Trusts should have in place protocols (which are in line with these *London Child Protection Procedures*), and which set out staff roles and responsibilities where child protection concerns are raised either prior to or subsequent to a child being admitted. Children in hospital must have appropriate protection, with referrals being made to LA children's social care in line with [section 6. Referral and assessment](#). Failure to put immediate and appropriate safeguarding plans in place may leave a child at risk of harm.
- 5.24.6 Protocols should outline responsibilities and necessary actions in accordance with legal duties, procedures and accepted good practice:

- Case responsibility for the child rests with the home authority (see [section 11. Mobile children and families, 11.9.2. Definition of home and host authorities](#)), and the home authority should work in partnership with the Trust and with the host authority children's social care service. If a difference of opinion occurs, this should be resolved by discussion between managers (see [section 18. LSCBs, quality assurance and conflict resolution](#));
- Where the child is already known to the home authority, and child protection concerns exist, the child should have an allocated social worker who should make contact with the relevant hospital social work department;
- Where a child protection concern which is already known to the home authority exists, relevant child protection plans (which also detail any action the relevant hospital trust staff may need to take to protect the child) should be immediately passed to the hospital social work department or, if out of hours, the Trust's out of hours lead for inclusion in hospital and social work records;
- Where a child protection concern arises, or a pre-existing concern changes on or after admission, the home authority should act immediately, in line with procedures for a s47 enquiry, to ensure the child is appropriately protected. Where necessary, a strategy meeting / discussion should be held in line with procedural timescales. This may be held at the hospital and chaired by a LA children's social care manager from the home authority;
- To ensure the safety of the child, members of the strategy meeting / discussion must consider and agree, in discussion with relevant Trust and social work management, the need for a legal framework to be put in place by the home authority. Any dispute should immediately be referred to senior management within the home authority and the Trust;
- A written care plan for the child must be immediately faxed or emailed to the hospital social work department. Similarly, strategy meeting / discussion minutes, any decisions (which must be in writing) and a copy of any legal orders must be sent to the relevant hospital trust (to the social work department during working hours and if there is one, or the Trust out-of-hours lead if out of hours) for inclusion in the child's records at the hospital;
- The care plan should be regularly reviewed, as appropriate, in a multi-agency / disciplinary meeting usually held at the hospital and chaired by the relevant person from the home authority;
- Where there are concerns about unauthorised removal of the child or unsupervised visiting by the parents to a child with injuries of a non-accidental nature, the senior hospital staff and senior staff from the home authority should discuss whether an immediate legal order is required to protect the child. If an order is required, the senior hospital staff and senior staff from the home authority should decide whether the home or host authority will make the application and on what grounds. If the risk to the child is potentially life threatening and the need for protection is immediate, the local police should be contacted to consider using their powers of police protection to ensure that the child is not removed from the hospital;

- The home authority needs to work in partnership with the specialist hospital;
- Where the child is admitted to the hospital from outside the UK, the child's home authority is the local authority in which the child has a temporary address (this could be an embassy address where an embassy has negotiated the contract with the hospital);
- A visiting non-UK citizen child should receive the same duty of care as a child resident in the UK (i.e. checks made, assessments completed, care plan initiated and reviewed).

## Serious case reviews

- 5.24.7 Specialist Hospital Trusts may be involved in serious case reviews because of the nature of the services they offer. Such hospitals should contribute to serious case reviews in line with [section 19. Serious case reviews](#).
- 5.24.8 Requests for a chronology and individual management reviews need to be made to the chief executive of the relevant Hospital Trust in cases where the specialist hospital is a non-local separate agency (in relation to the Local Safeguarding Children Board (LSCB) co-ordinating the review). The Chair of the LSCB in the local authority area for the specialist hospital should be informed of each request.
- 5.24.9 Depending on the level and nature of the relevant Hospital Trust's involvement in individual cases, they should be invited to send a representative to the serious case review panel meetings and given the opportunity to contribute to the terms of reference for the review.
- 5.24.10 Such hospitals should, where relevant, produce an individual management review, giving an holistic account of the hospital's involvement in the case and making recommendations.
- 5.24.11 The draft overview report should be circulated to the relevant hospital management board for consultation prior to completion.

## 5.25 Information and communication technology (ICT)-based forms of abuse

- 5.25.1 Information and communication technology (ICT)-based forms of child physical, sexual and emotional abuse can include bullying via mobile telephones or online (internet) with verbal and visual messages. See also [section 5.7. Bullying](#).
- 5.25.2 This section focuses on child sexual abuse. However, the procedure should be followed in other instances of ICT-based abuse e.g. physical abuse (such as, children being constrained to fight each other or filmed being assaulted).

### Recognition and response

- 5.25.3 The impact on a child of ICT-based sexual abuse is similar to that for all sexually abused children (see [section 4.3.19. Recognising sexual abuse](#)). However, it has an additional dimension of there being a visual record of the abuse.
- ICT-based sexual abuse of a child constitutes significant harm through sexual and emotional abuse. See [section 4.3. Recognition of abuse and neglect](#)
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and /



or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.25.4 Professionals in all agencies working with children, adults and families should be alert to the possibility that:
- A child may already have been / is being, abused and the images distributed on the internet or by mobile telephone;
  - An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. This process can involve the child being shown abusive images;
  - An adult or older child may be viewing and downloading child sexual abuse images.

### Concern about particular child/ren

- 5.25.5 Where the concerns involve a particular child/ren, professionals considering / making a referral to LA children's social care should do so in line with [section 6. Referral and assessment](#). See also [section 6.4. Referral criteria](#), which provides guidance on the difference within LA children's social care between a s47 / core assessment and an initial assessment.
- 5.25.6 Professionals should be aware that, for the reasons outlined in [sections 5.25.16](#) and [5.25.17](#) below, the child may not want to acknowledge their involvement or admit its abusive nature, and may resist efforts to offer protection. This should not be a deterrent and agencies will need to work together closely in order to continue to monitor and assess the nature and degree of any risk to the child.
- 5.25.7 The police should ensure that checks are made with regard to the subject adult and any other suspected adults, their contact with other children and other activities involving children. This is in order to identify the existence of organised and complex abuse or abuse of children through sexual exploitation. See [section 5.40. Sexually exploited children](#) and [section 14. Organised and complex abuse](#).
- 5.25.8 The police can draw upon powers to seize communications materials only in specified circumstances where the level of evidence would support an application to do so. The police Child Abuse Investigation Team (CAIT) will receive support from the [Child Exploitation and Online Protection Centre \(CEOP\)](#) as appropriate, to assist with enquiries of this kind. See [section 2. Roles and responsibilities](#).

### Concern about an adult

- 5.25.9 Professionals may identify a concern through a relationship with a child or an adult, from visits to the family home or from information shared by the victim's friends or family.
- 5.25.10 A professional who has a concern should discuss this with their line manager and / or their agency's nominated safeguarding children adviser. See the [London guidance for assessing children and families affected by adults viewing child sexual abuse images on the Internet \(London Board 2010\)](#).
- 5.25.11 A concern about an adult should be shared even where there is no evidence to support it. A referral should be made to the police about the adult. The police must consider the possibility that the individual might also be involved in the active abuse of children and their access to children should be established,

including family and work settings, and a referral made to LA children's social care.

## Allegations against colleagues

- 5.25.12 Professionals in all agencies should be aware of alerting indicators amongst their subordinates and colleagues, and follow the procedures in [section 17. Safer recruitment](#) and [section 15. Allegations against staff](#).
- 5.25.13 Human resources and IT professionals should be aware of the new legal framework created by the [Sexual Offences Act 2003](#) (see [sections 5.25.14](#) and [5.25.15](#) below).

## Supplementary guidance

- 5.25.14 The making, distribution and viewing of child sexual abuse images is instrumental in the ongoing sexual abuse of children, within organised abuse (sexual exploitation, sex rings and trafficking), within and outside the family and with adults and children, both known and unknown. Online abuse cannot be separated from offline abuse.
- 5.25.15 The distribution of child abuse images continues to grow (a recent UK police operation seized over 750,000 images). Research shows that in the UK, over eight million children have access to the internet and a high proportion of these children (1 in 12), have met someone offline who they initially encountered in an online environment.

## Impact on children

- 5.25.16 Children have great difficulty in talking about their abuse, some denying that it is their image even when there is categorical proof. The reasons for this include that children:
- Can experience intense feelings of powerlessness, knowing that there is nothing they can do about others viewing pornographic pictures / films of themselves (and sometimes their coerced sexual abuse of others) indefinitely;
  - Express concerns over how pornography will be viewed (i.e. that they enjoyed it or were complicit in its production);
  - Are aware that the sexual abuse they endured to produce the pornography can be distributed commercially or non-commercially for the arousal of others. They are also aware that it can be used to groom and abuse other children;
  - Suffer in the knowledge that there is a permanent record of their sexual abuse and this knowledge has implications for the need for long-term support and treatment of the children to reflect the harm that indefinite circulation can cause.
- 5.25.17 Children may also be shown images of their own abuse by their abuser, and they typically hold a personal responsibility for not stopping their own abuse and that of others involved. All these aspects reflect the impact of the grooming process of the abusers, who endeavour to make the child feel that it is their fault and that they could have stopped the abuse.

## Definition and legislation

- 5.25.18 The UK legislates against the production, distribution and possession of abusive images of children (also known as child pornography). It is an offence to take,

permit to be taken, make, possess, distribute or advertise indecent images (photographs or pseudo-photographs) of children (Protection of Children Act 1978 [England and Wales) as amended by the [Criminal Justice and Public Order Act 1994](#).

- 5.25.19 An indecent image of a child is a visual record of the sexual abuse of a child, either through sexual acts by adults, other children (or which involves bestiality), or children posed in a sexually provocative way.
- 5.25.20 It is a serious arrestable offence to seek out images of child abuse. The making of (this includes the voluntary downloading of) and possession of such images carry maximum sentences of ten and five years respectively.
- 5.25.21 The UK laws which relate to child abuse images are:
- [Protection of Children Act 1978 \(England and Wales\)](#) as amended by the [Criminal Justice and Public Order Act 1994](#)
  - [Civic Government Act, 1982 \(Scotland\)](#)
  - [Sexual Offences Act 2003: Key Changes \(England and Wales\)](#)
  - [Memorandum of Understanding: Section 46 Sexual Offences Act 2003](#)

### Chat room grooming and offline abuse

- 5.25.22 Grooming of children online is a faster process than usual grooming, and totally anonymous. The abuser develops a 'special' relationship with the child online (often adopting a false identity), which remains a secret to enable an offline meeting to occur in order for the abuser to sexually harm the child. The abuser grooms online by finding out as much as they can about their potential victim, establishes the risk and likelihood of the child telling, finds out about the child's family and social networks and, if safe enough, will isolate their victim, usually through bribes or threats, and gain control.
- 5.25.23 Abusers may use child sexual abuse images to break down the child's barriers to sexual behaviour (and communicate to the child the abuser's sexual fantasies). Repeated exposure to abusive images is intended to diminish the child's inhibitions and give the impression that sex between adults and children is normal, acceptable and enjoyable.
- 5.25.24 There is an additional dimension to the silencing of children who have been groomed in chatrooms. Children's behaviour on the net is far less inhibited. They will talk about things and people and use language that they wouldn't in their everyday lives and they are fearful of those close to them finding out what they have said.
- 5.25.25 Children who have been 'duped' into believing that their online contact is a 'friend' have a serious concern of their own peer group finding out that they have been 'foolish' enough to be conned in this way. The majority say they would have told no one about their abusive experiences.

### Child Exploitation and Online Protection Centre (CEOP)

- 5.25.26 The Child Exploitation and Online Protection Centre (CEOP, [www.ceop.gov.uk](http://www.ceop.gov.uk)) brings together law enforcement officers, specialists from children's charities and industry to tackle online child sexual abuse. CEOP provides a dedicated 24 hour online facility for reporting instances of online child sexual abuse. See also [section 2. Roles and responsibilities, 2.12.13 Metropolitan Police Child Abuse Investigation Command](#).

## Local Safeguarding Children Boards

- 5.25.27 Local Safeguarding Children Boards should support parents to ensure the safest possible use of the internet and mobile telephones for their children through public awareness campaigns and support for member agencies to communicate this message through the many varied environments where children may have access to the internet.
- 5.25.28 The primary concern for teachers with regard to the online environment is the safe and effective supervision of pupils using the internet in schools. However, because many children are using the internet at home for homework, socialising, and playing games, schools need to work with parents in educating children about the positive ways in which the internet can be used but also some of the associated risks.
- 5.25.29 Becta is the Government agency leading the national drive to improve learning through technology. As part of this remit, they are the key agency in supporting Local Safeguarding Children Boards to understand and respond to the issues and risks related to the use of ICT by children. See [www.becta.org.uk](http://www.becta.org.uk)

## 5.26 Left alone

- 5.26.1 The law is not clear because it does not state an age when children can be left alone. However, parents can be prosecuted for wilful neglect if they leave a child unsupervised 'in a manner likely to cause unnecessary suffering or injury to health' (*Children and Young Persons Act, 1933*).
- 5.26.2 Nor does the law state an age when young people can baby-sit. However, where a baby-sitter is under the age of 16 years, parents remain legally responsible to ensure that their child comes to no harm.
- 5.26.3 This is, in part, in recognition that all children are different and demonstrate different levels of maturity and responsibility.
- 5.26.4 In any situation where a child is left alone, consideration should be given to the context (e.g. the ages, needs and maturity of the children, the length of time involved, the frequency of such incidents, the safety of the location and any other relevant factors). Having taken into account the circumstances above, the key question to ask is *was the child left to their own fate?*

## Responses to situations

- 5.26.5 If the child is already known to LA children's social care, professionals should check whether the case record indicates a plan of action to take if the child is found alone. It may be that the file indicates the need for police protection or an application for an emergency protection order in these circumstances.
- 5.26.6 In any case, if immediate protection of the child is assessed to be necessary, professionals should:
- Either under police protection or EPO, take the child to a suitable place and arrange a placement;
  - If entry cannot be gained to an unsupervised child, obtain police assistance by contacting the police CAIT or the local police station:
    - when an emergency protection order is made, a warrant authorising any constable to assist in entering and searching the named premises can be obtained ([Children Act 1989](#), s48)

- in dire emergencies, the police can exercise their powers under s17(1)e of the *Police and Criminal Evidence Act 1984* to enter and search premises without a warrant for the purposes of saving life and limb. If this action is taken, the police may consider it appropriate for the child/ren to be placed in police protection ([Children Act 1989](#), s46)
- Leave a note for the parent or responsible adult, giving all information regarding the action to be taken and the reason, and advising them of what to do. If English is not the first language the note should be translated;
- Collect the child's immediate necessities and familiar toys. Ensure the child understands as far as is possible what is happening, recognising that being taken away from home by unknown adults (one of whom may be in uniform) may be understandably more frightening to the child than being left alone;

5.26.7 If immediate protection is assessed as not necessary, professionals should:

- Establish the child's understanding of the whereabouts of the parent or responsible person and of the arrangements made;
- If the parent can be located, reunite parent and child and advise the parent of the dangers of leaving children alone;
- If the parent or responsible person seems likely to return shortly, wait with the child;
- If the parent or responsible adult has not returned within 30 minutes, either arrange for another responsible person to take responsibility for the child, or remove the child. A suitably responsible person could be a neighbour, relatives, someone with parental responsibility or a residence order, or friends known to and trusted by the child and professionals.

### Subsequent action

5.26.8 On finding that a child has been left alone, it will be appropriate for consideration to be given to whether there needs to be further involvement with the family. An initial assessment of need, including the need for protection, should always be undertaken to see if there are identifiable needs within the family and for the child. The decision made and the reasons for this must be recorded.

### Child left alone in a public place

5.26.9 A child inappropriately left alone in a public place will normally be dealt with in the first instance by the police.

### Bed and breakfast accommodation

5.26.10 A child left alone in a room in bed and breakfast accommodation, where no suitable arrangements have been made by the parent/s to supervise the child, will be treated the same as a child left alone in a household, even where there are other adults present in the accommodation.

### Messages for parents

5.26.11 For further information and advice for parents, see the NSPCC leaflet [Home alone: guidance for parents](#), available at [www.nspcc.org.uk](http://www.nspcc.org.uk).

## 5.27 Male circumcision

- 5.27.1 Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are parents who request circumcision for assumed medical benefits.
- 5.27.2 There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

### Circumcision for therapeutic / medical purposes

- 5.27.3 The British Association of Paediatric Surgeons advises that there is rarely a clinical indication for circumcision. Doctors should be aware of this and reassure parents accordingly.
- 5.27.4 Where parents request circumcision for their son for assumed medical reasons, it is recommended that circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.
- 5.27.5 Doctors / health professionals should ensure that any parents seeking circumcision for their son in the belief that it confers health benefits are fully informed that there is a lack of professional consensus as to current evidence demonstrating any benefits. The risks / benefits to the child must be fully explained to the parents and to the young man himself, if Fraser competent.
- 5.27.6 The medical harms or benefits have not been unequivocally proven except to the extent that there are clear risks of harm if the procedure is done inexpertly.

### Non-therapeutic circumcision

- 5.27.7 Male circumcision that is performed for any reason other than physical clinical need is termed non-therapeutic circumcision.

### Legal position

- 5.27.8 The legal position on male circumcision is untested and therefore remains unclear. Nevertheless, professionals may assume that the procedure is lawful provided that:
- It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination;
  - It is believed to be in the child's best interests;
  - There is valid consent from family / parents and the child, if old enough, is Fraser competent.
- 5.27.9 If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

### Principles of good practice

- 5.27.10 The welfare of the child should be paramount, and all professionals must act in the child's best interests. Children who are able to express views about circumcision should always be involved in the decision-making process:



- Even where they do not decide for themselves, the views that children express are important in determining what is in their best interests;
- Parental preference alone does not constitute sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests;
- When the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to take into account. Each individual case needs to be considered on its own merits.

5.27.11 An assessment of best interests in relation to non-therapeutic circumcision should include consideration of:

- The child's own ascertainable wishes, feelings and values;
- The child's ability to understand what is proposed and weigh up the alternatives;
- The child's potential to participate in the decision, if provided with additional support or explanations;
- The child's physical and emotional needs;
- The risk of harm or suffering for the child;
- The views of parents and family;
- The implications for the child and family of performing, and not performing, the procedure;
- Relevant information about the child and family's religious or cultural background.

5.27.12 Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the implications (including that it is a non-reversible procedure) and risks. Where people with parental responsibility for a child disagree about whether he should be circumcised, the child should not be circumcised without the leave of a court.

### Doctors' response

5.27.13 Doctors are under no obligation to comply with a request to circumcise a child and circumcision is not a service which is provided free of charge. Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions.

5.27.14 Poorly performed circumcisions have legal implications for the doctor responsible. In responding to requests to perform male circumcision, doctors should follow the guidance issued by the:

- General Medical Council, at: [www.gmc-uk.org/guidance/current/library/guidance\\_circumcise.asp](http://www.gmc-uk.org/guidance/current/library/guidance_circumcise.asp)
- British Medical Association in respect of responding to requests to perform male circumcision, at: [www.bma.org.uk/ap.nsf/Content/malecircumcision2006](http://www.bma.org.uk/ap.nsf/Content/malecircumcision2006)
- Royal College of Surgeons, at: [www.baps.org.uk/documents/Circumcision%20statement%20RCS.htm](http://www.baps.org.uk/documents/Circumcision%20statement%20RCS.htm)

## Recognition of harm

- 5.27.15 Circumcision may constitute significant harm to a child if the procedure was undertaken in such a way that he:
- Acquires an infection as a result of neglect;
  - Sustains physical functional or cosmetic damage;
  - Suffers emotional, physical or sexual harm from the way in which the procedure was carried out;
  - Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account.

See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

- 5.27.16 Harm may stem from the fact that clinical practice was incompetent (including lack of anaesthesia) and / or that clinical equipment and facilities are inadequate, not hygienic etc.
- 5.27.17 The professionals most likely to become aware that a boy is at risk of, or has already suffered, harm from circumcision are health professionals (GPs, health visitors, A&E staff or school nurses) and childminding, day care and teaching staff.

## Multi-agency response

- 5.27.18 If a professional in any agency becomes aware, through something a child discloses or another means, that the child has been or may be harmed through male circumcision, a referral must be made to LA children's social care in line with [section 6. Referral and assessment](#). LA children's social care should assess the risk of harm to other male children in the same family, including unborn children.

## Role of community / religious leaders

- 5.27.19 Community and religious leaders should take a lead in the absence of approved professionals and develop safeguards in practice. This could include setting standards around hygiene, advocating and promoting the practice in a medically controlled environment and outlining best practice if complications arise during the procedures.

## 5.28 Missing families for whom there are concerns for children or unborn children

### Recognition and referral

- 5.28.1 Professionals in local agencies should be alert to the possibility that an expectant mother / family missing appointments or repeatedly being unavailable for home visits may indicate that a child or unborn child is at risk of, or is experiencing, significant harm. This could be physical, sexual or emotional abuse, and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

- 5.28.2 Professionals should take reasonable steps to reassure themselves as soon as possible that an expectant mother / family is not missing, whereabouts unknown.
- 5.28.3 Professionals should involve all the agencies with current or recent contact with the expectant mother / family to assess the child/ren's or unborn child's vulnerability. Professionals should consider questions such as:
- Is the mother a child herself, Is she subject to a child protection plan and/or is she a looked after child;
  - Is there good reason to believe that the expectant mother / family may be the victim of a crime?
  - Has there been a pre-birth conference for the child and is the unborn child subject to a pre-birth child protection assessment?
  - Are any of the children the subject of child protection plans?
  - Is the family currently subject to a s47 enquiry?
  - Is the mother a child herself, or is she looked after by the local authority?
  - Is there a person present in the household or visiting the mother with previous convictions for an offence against children, or other person who poses a risk of harm to children?
  - Is it clear that the expectant mother / family is missing, whereabouts unknown?
- 5.28.4 If the answer to any of the above questions is yes, or an agency reaches the judgement that a child or unborn child is at risk of significant harm on the basis of the assessment, a referral should be made to LA children's social care, the mother / family's social worker or duty officer (in line with [section 6. Referral and assessment](#)), the police Child Abuse Investigation Team and, in the case of missing person's whose whereabouts are unknown, the police Missing Person's Unit.
- 5.28.5 If the expectant mother is a child, then [section 5.29 Missing from care and home](#) should be followed.
- 5.28.6 The assessment may have been very brief because the degree of concern for the child/ren or unborn child may have triggered an immediate referral to LA children's social care and the police.

### **Immediate action**

- 5.28.7 The LA child protection adviser must be informed if a child subject of a child protection plan or an unborn child subject of a pre-birth child protection plan goes missing.
- 5.28.8 LA children's social care, the police Child Abuse Investigation Team and police Missing Person's Unit should exchange information and work together.
- 5.28.9 LA children's social care must complete the assessment of risk to the child / unborn child, and of their needs. The assessment will require LA children's social care to engage with all the agencies that have current or recent involvement with the child or expectant mother / family. Existing records in these

agencies must be checked to obtain any information which may help to trace the mother / family (e.g. details of friends and relatives), and this information should be passed to the police officer undertaking enquiries to trace the mother.

- 5.28.10 LA children's social care should consider whether to notify members of the missing expectant mother / family's extended family, and if so how.

### Strategy meeting / discussion

- 5.28.11 If, following the above procedures, the expectant mother / family has not been traced, a strategy meeting / discussion should be convened within five working days. See [section 7. Child protection enquiries](#).
- 5.28.12 The strategy meeting / discussion should consider whether the details of the expectant mother / family should be circulated to other local authorities. If so, then the LA child protection adviser should notify other LA children's social care services and Local Safeguarding Children Boards using the notification proforma available at: [www.londonscb.gov.uk/runaways/](http://www.londonscb.gov.uk/runaways/). London local authorities should be notified electronically to the missing persons' mailbox in each London LA children's social care service. The strategy meeting / discussion should also consider whether other agencies could be notified (e.g. designated nurses in PCTs can be notified in writing, and they may circulate details to neighbouring maternity units and health visiting teams).

### When the expectant mother / family is found

- 5.28.13 When an expectant mother / family is found the police must be informed so that they can cancel the missing person report.
- 5.28.14 When an expectant mother / family is found, there should, if practicable, be a strategy meeting / discussion between previously involved agencies within one working day, to consider:
- Immediate safety issues;
  - Whether to instigate a s47 enquiry and any police investigation;
  - Who will interview the expectant mother / family;
  - Who needs to be informed of the expectant mother / family being found (locally and nationally).

## 5.29 Missing from care and home

- 5.29.1 This section is a summary of the supplementary London child protection procedure: [Safeguarding Children Missing from Care and Home \(London Board, 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction.
- 5.29.2 These *London Child Protection Procedures* define a child as 'missing' if their whereabouts are unknown, whatever the circumstances of their disappearance. Sometimes children stay out longer than agreed as a boundary testing activity which is well within the range of normal teenage behaviour. These children have taken 'unauthorised absence', and would not usually come within the definition of 'missing'. If a child's whereabouts are known then they cannot be 'missing'. Unauthorised absences should be carefully monitored as the child may subsequently go missing.
- 5.29.3 Children who are most vulnerable to going missing from care and home include those missing from school (see [section 5.30. Not attending school](#)), looked after

children (see [section 5.29.15](#) below) and asylum seeking children. The local authority, police and other agency response to an asylum seeking child going missing should be exactly the same as for all other children, whether they are looked after or living in the community.

- 5.29.4 When a child goes missing from care or home, they could be at risk of significant harm through physical or sexual abuse. The child may be missing from care or home because they are suffering physical, sexual or emotional abuse and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect), which is so harmful that there needs to be intervention by child protection agencies into the life of the child and their family.

### **Prevention, recognition and response**

- 5.29.5 The agency first alerted to the child's absence should (together with the child's parents), decide whether the child is having an 'unauthorised absence' or are 'missing'.
- 5.29.6 There is an expectation that parents will report their child is missing. Failure to do so may be a child protection issue and professionals should consider a referral to LA children's social care in line with [section 6. Referral and assessment](#).

### **Referral and assessment**

- 5.29.7 The police are the lead agency for the investigation of missing children.
- 5.29.8 Whenever a professional becomes concerned that a child is at risk of significant harm, a referral must be made to LA children's social care (verbal referral, followed by a written referral within 48 hours) in accordance with [section 4. Recognition and response](#) and [section 6. Referral and assessment](#)

### **Strategy meeting / discussion**

- 5.29.9 For any child who is missing from home, a strategy meeting / discussion should be held within 28 days, arranged by LA children's social care and the police invited (if the child is subject of a child protection plan, then officers from the Missing Person's Unit and the Child Abuse Investigation Team, or if not then the Missing Person's Unit only).
- 5.29.10 When a child is found, the risk indicators will be considered. For the critical few that are deemed at risk, a strategy meeting / discussion will be held between appropriate agencies and procedures followed as outlined in this protocol.
- 5.29.11 A police officer will interview all children upon their return, to establish what happened while the child was missing and whether there is any allegation of crime.

### **Independent interviews**

- 5.29.12 Any child who is found following a period missing should, regardless of whether they are believed to have experienced, or be at risk of, significant harm, be offered an independent interview by an independent professional (e.g. social worker, teacher or police officer who does not usually work with the child); all reasonable efforts must be made to accommodate the child's wishes. This

interview must take place within 72 hours of the child being located or returning from absence.

- 5.29.13 For children living in the community, the police and LA children's social care have responsibility for ensuring that the opportunity for an independent interview is offered.
- 5.29.14 This interview should provide a safe opportunity for the child to discuss any concerns regarding their care, including if they chose to run away from an abusive situation. If possible, the interview should take place without parents, foster carers or residential staff either present or in close proximity.

## Looked after children

- 5.29.15 All looked after children must have an assessment, undertaken by LA children's social care staff, of the risks of the child absenting themselves using the social care pre-incident risk assessment form - see appendix 2 of the supplementary procedure [Safeguarding Children Missing from Care and Home \(London Board, 2006\)](#).
- 5.29.16 Where there is a high risk of a child going missing, residential unit staff / foster carers should prepare an information sharing form to help the police and other agencies to locate the child if they do go missing, see appendix 4 of [Safeguarding Children Missing from Care and Home \(London Board, 2006\)](#). This form should always be provided to the police at the time of reporting a looked after child missing.
- 5.29.17 On every occasion that a looked after child goes missing:
- A social care risk assessment record should be completed - see appendix 3 of [Safeguarding Children Missing from Care and Home \(London Board, 2006\)](#);
  - The child's parents should be informed after taking in to consideration the reason the child is in care and whether there informing the family may put the child at further risk; and
  - A police investigation must be initiated.
- 5.29.18 LA children's social care are responsible for children in their care at all times, and this responsibility is not absolved when a child is reported missing to the police.
- 5.29.19 LA children's social care must hold a discussion on the first available working day after a looked after child has been reported missing. This discussion should be clear about when and if a strategy meeting / discussion should be held, in line with [sections 5.29.9](#) to [5.29.11](#) above.
- 5.29.20 A looked after child who is found following a period missing should be offered an independent interview as outlined in [sections 5.29.12](#) to [5.29.14](#) above. For looked after children, it is the responsibility of the residential unit manager / supervising social worker and placing authority to ensure that this happens.
- 5.29.21 See [section 7. Child protection enquiries](#), [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#).

## 5.30 Not attending school

- 5.30.1 A minimum standard of safety should be afforded to children not attending school. This includes four groups of children:



- Children who are registered with schools and who are or go missing from school, and give rise to concern about their welfare (these children may be classified as missing, whereabouts unknown);
- Children who are poor attendees at school or who have interrupted school attendance;
- Children of school age who are not registered with a school;
- Children of school age who are educated at home but where there are concerns about their welfare.

5.30.2 This section should be read in conjunction with the supplementary London procedure: [Safeguarding Children Missing from School \(London Board 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk).

## Child registered at school who goes missing

### Initial response

- 5.30.3 On the first day a child is not in school without a valid reason (e.g. a telephone call or letter from the parent giving a valid explanation), a staff member trained to do so should telephone the child's parent / home to seek reasons for the absence and reassurance from a parent that the child is safe at home.
- 5.30.4 If contact is made with the parent and the child is missing, the staff member should advise the parent to contact all family and social contacts, the police and services such as the local accident and emergency departments and the child's GP.
- 5.30.5 If contact cannot be made with the parent or the staff member is concerned about the response they receive (e.g. the parent not informing the people listed above), the staff member should consider, with the school's nominated safeguarding children adviser, the degree of vulnerability of the child to decide on whether any further action is required at this stage (see [section 5.28.10](#) below). Any decision not to act should be reviewed on each subsequent day the child is absent.

## Children with poor, irregular or interrupted school attendance

### Initial response

- 5.30.6 On the first day a child is not in school, the procedures outlined in [sections 5.30.3](#) to [5.30.5](#) above should be followed.
- 5.30.7 If contact is made with the parent and the child is not missing from home, the member of staff will follow their school procedures for children who are absent. However, if they are concerned about the welfare of the child (and this is likely to be the case if there is any reason to doubt the reason given by the parent for the child's absence from school), the staff member should discuss the case with the school's nominated safeguarding children adviser.
- 5.30.8 Schools must have systems for monitoring attendance, and where children are attending irregularly the LA education welfare or school attendance service should be notified to ensure the child is safe. The Government threshold for concern about school attendance is that 20 per cent plus non-school attendance raises concern about a child's education. Most LA education services therefore use this threshold for referral to education welfare and school attendance services. The local authority has a range of legal powers to enforce school attendance, including the prosecution of parents who fail to ensure that their children attend school regularly.

- 5.30.9 If a parent fails to comply with local authority efforts to ensure regular school attendance for a child, this must be viewed as a child welfare matter and a referral made to LA children's social care in line with [section 6. Referral and assessment](#).

### **Children who are vulnerable or at risk of harm**

- 5.30.10 When a child is absent or missing from school, they could be at risk of significant harm through physical or sexual abuse. The child may be absent or missing because they are suffering physical, sexual or emotional abuse and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be intervention by child protection agencies into the life of the child and their family.

Children who are absent or missing from school may also be missing from care or home. See [section 5.29. Missing from care and home](#).

- 5.30.11 Teachers, in consultation with the designated safeguarding children professional at the school, should make an immediate referral to LA children's social care in line with [section 6. Referral and assessment](#), if:

- There is good reason to believe the child may be the victim of a crime;
- The child is subject of a child protection plan (see [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#));
- The child is a looked after child (see [section 5.18. Foster care](#) and [section 5.40. Residential care](#));
- The child is privately fostered child (see [section 5.34 Private fostering](#));
- There is planned or current LA children's social care or adult social care involvement (e.g. a child protection [s47 enquiry] investigation);
- There is a person present in or visiting the family who poses a risk of harm to children.

- 5.30.12 The family may be avoiding contact and therefore the quicker the response the more likely they will be traced. Delay may increase the risk of harm to the child.

- 5.30.13 Additional concerns may be caused if:

- There has been LA children's or adult's social care or criminal justice system involvement in the past;
- There is a history of mobility;
- There are immigration issues;
- The parents been subject to proceedings in relation to attendance;
- There is a history of poor attendance;
- There is information which suggests the child may be subject to:
  - a forced marriage (see [section 5.16. Forced marriage of a child](#))
  - Honour based violence (see [section 5.22. Honour based violence](#))
  - Female genital mutilation (see [section 5.13. Female genital](#))

[mutilation](#))

- sexual exploitation (see [section 5.40. Sexually exploited children](#)) and / or trafficking (see [section 5.46. Trafficked and exploited children](#)).

5.30.14 [Safeguarding Children Missing from School \(London Board, 2006\)](#) lists further questions to assist a judgement about a child's vulnerability.

## Reasonable enquiry

### Day one

5.30.15 The process of 'reasonable enquiry'<sup>51</sup> starts with the questions above as soon as the child is discovered to be missing (i.e. on the first day). After school staff have exhausted the avenues of enquiry open to them, the LA education welfare or school attendance service should continue checking databases within the local authority and other databases (e.g. housing, health and the police) with agencies known to be involved with the family, with the local authority the child moved from originally, and with any local authority to which the child may have moved.

### Days two to twenty-eight

5.30.16 If the judgement on the first day of absence is that there is no reason to believe the child is at risk of harm and the school delays further action, the process of reasonable enquiry should be repeated and enhanced, including reviewing the responses to the causes for concern listed in [sections 5.28.11](#) and [5.28.13](#) above, for up to four weeks. This should be undertaken jointly between the school and the local education welfare or school attendance service and / or the local authority designated person.

### More than four weeks

5.30.17 If a child continues to be absent from school for four weeks and neither the school, the LA education welfare, school attendance nor children's social care service has been able to confirm any reason given for absence and there are concerns about the child's welfare, it is permissible under current regulations for the child's name to be removed from the school roll and for their details to be uploaded to the [DCSF Lost Pupil Database](#) at: [www.teachernet.gov.uk/management/ims/datatransfers/](http://www.teachernet.gov.uk/management/ims/datatransfers/). However, this would be very unusual in these circumstances.

5.30.18 If concerns remain in relation to the welfare of the child, the education welfare service and / or LA children's social care should continue to pursue reasonable enquiries in accordance with [section 5.29. Missing from care and home](#).

5.30.19 If the school, education welfare, school attendance or any other service or agency becomes aware that the child has moved to another school, that service should ensure all relevant agencies are informed in writing so arrangements can be made to forward records from the previous school.

## Children of school age who are not registered with a school

5.30.20 Children of school age who are not registered with a school share the same vulnerabilities as those outlined in [section 5.28.10](#) above.

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<sup>51</sup> The Education (Pupil Registration) Regulations 1995 (S.I. 1995/2089), Regulation 9(1)(c) requires schools and local authorities to make 'reasonable enquiries' to locate pupils who have been absent for 4 weeks or more before they can be deleted from the register.

- 5.30.21 Educational achievement contributes significantly to children's well-being and development; all children have a right to education and young children who reach school age or children already in education who move home should be supported to enrol in a new school as seamlessly as possible. This is particularly because children who move frequently are often already vulnerable through being looked after or in temporary accommodation.
- 5.30.22 Where parents appear not to have taken steps to ensure their child is registered with a school or receiving an appropriate education, the LA education welfare or school attendance service should make urgent enquiries about the child's welfare, and interview the child. If the parent fails to comply with LA efforts to place the child in school or to receive education in some other way and there are concerns that the child is suffering or is likely to suffer significant harm, this must be referred to LA children's social care as a child protection matter in line with [section 6. Referral and assessment](#).
- 5.30.23 This process should be initiated for all children, including those who are likely to remain in a borough only temporarily or whose stay in the UK is intended to be temporary (other than if a child is visiting for a short holiday).  
In particular, this process should be implemented for children whose stay may originally be temporary but where they are privately fostered. See [section 5.34 Private fostering](#).
- 5.30.24 Local authority areas with high numbers of new arrivals from abroad should ensure that parents are aware they are required to enrol their children in school or to receive education in some other way. The local authority must assist parents to do so. All authorities must maintain effective systems for monitoring that any children from abroad living in their area are attending school.
- 5.30.25 Any professional encountering a child of school age who does not appear to be in a school should ask the parent about this and, if the child is not on a school roll or they are concerned that the parent may be evasive about this issue, they must contact their agency's nominated child protection advisor to discuss whether to make a referral to the LA education welfare or school attendance service.

### **Children of school age who are educated at home but where there are concerns about their welfare**

- 5.30.26 The law allows parents of children in England and Wales to educate their child however they wish. The local authority has limited powers to intervene or even to be informed about this.
- 5.30.27 If a parent never registers their child at a school, they are not obliged to inform the local authority.
- 5.30.28 If a parent registers their child at an independent sector school and then withdraws their child from school to educate them at home, they are not obliged to inform the local authority. Nor is the independent school obliged to inform the local authority.
- 5.30.29 If the parent registers their child at a state school and then withdraws their child to educate them at home, they are not obliged to inform the local authority. However, they are obliged to inform the state school, which in turn is obliged to inform the local authority within two weeks of removing the child from the school roll.
- 5.30.30 Where the local authority is informed of a parent's desire to educate their child at home, they have limited powers but the parent is required to assure them about the nature and quality of the education they are giving to the child.

5.30.31 However, there may be circumstances where the parent is seeking to avoid agency intervention in the child's life to conceal abuse or neglect or where, however well meaning, their desire to educate their child at home may give rise to general concerns about the child's welfare.

5.30.32 In these circumstances, it may be necessary for LA children's social care to conduct an assessment into whether the child's needs are being met or whether they are at risk of significant harm. See [section 4. Recognition and response](#) and [section 6. Referral and assessment](#).

## 5.31 Parental lack of control

5.31.1 When children are brought to the attention of the police or the wider community because of their anti-social behaviour, this may reflect vulnerability due to their parents experiencing difficulties or being neglectful. These children may be at risk of, or experiencing, significant harm. This could be through physical, sexual or emotional abuse, and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

5.31.2 These children's needs should be assessed and they should receive an appropriate multi-agency response. A range of powers should be used to engage families to improve the child's behaviour where engagement cannot be secured on a voluntary basis:

- Child safety order (CSO) – this is a compulsory intervention below the threshold of the child being at risk of significant harm. A local authority can apply for a CSO where a child has committed an act that would have been an offence if s/he were aged 10 or above, where it is necessary to prevent such an act, or where the child has caused harassment, distress or harm to others (i.e. behaved antisocially);
- A parenting order can be made alongside a CSO or when a CSO is breached – this provides an effective means of engaging with and supporting parents, while helping them develop their ability to undertake their parental responsibilities. A parenting order consists of two elements:
  - a requirement on the parent to attend counselling or guidance sessions (for example, parenting education or parenting support classes). This is the core of the parenting order and lasts for three months
  - a requirement on the parent to comply with such requirements as are determined necessary by the court. This element can last up to 12 months; and
- An education related parenting order – this is a civil court order which consists of the same two elements as standard parenting orders, except that they focus specifically on improving the behaviour and attendance of the child. Parent Support Advisers can be used instead of or as support for, an education related parenting order. See [www.teachernet.gov.uk/wholeschool/behaviour/pcspospns/](http://www.teachernet.gov.uk/wholeschool/behaviour/pcspospns/)

- 5.31.2 Arrangements should be in place for local community safety teams to seek help or advice about when antisocial behaviour by children should be regarded as evidence of need.
- 5.31.3 Children may participate in the neglect or mistreatment of a vulnerable adult within their family. Professionals in safeguarding adults' and children's teams should work together to protect both vulnerable adults and children.

## 5.32 Parental mental illness

5.32.1 Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have mental ill health may be seen as children with additional needs requiring professional support, and in these circumstances the need for a common assessment should be considered.

5.32.2 Where a parent has enduring and / or severe mental ill-health, children in the household are more likely to be at risk of, or experiencing, significant harm. This could be through physical, sexual or emotional abuse, and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

5.32.3 A child at risk of significant harm or whose well-being is affected, could be a child:

- Who features within parental delusions;
- Who is involved in his / her parent's obsessional compulsive behaviours;
- Who becomes a target for parental aggression or rejection;
- Who has caring responsibilities inappropriate to his / her age (see [section 5.47 Young carers](#));
- Who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide);
- Who is neglected physically and / or emotionally by an unwell parent;
- Who does not live with the unwell parent, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays);
- Who is at risk of severe injury, profound neglect or death;

Or s/he could be an unborn child:

- Of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also, severe personality disorders involving known risk of harm to self and / or others.

5.32.4 The following factors may impact upon parenting capacity and increase concerns that a child may have suffered or is at risk of suffering significant harm:

- History of mental health problems with an impact on the sufferer's functioning;



- Unmanaged mental health problems with an impact on the sufferer's functioning;
- Maladaptive coping strategies;
- Misuse of drugs, alcohol, or medication;
- Severe eating disorders;
- Self-harming and suicidal behaviour;
- Lack of insight into illness and impact on child, or insight not applied;
- Non-compliance with treatment;
- Poor engagement with services;
- Previous or current compulsory admissions to mental health hospital;
- Disorder deemed long term 'untreatable', or untreatable within time scales compatible with child's best interests;
- Mental health problems combined with domestic abuse and / or relationship difficulties;
- Mental health problems combined with isolation and / or poor support networks;
- Mental health problems combined with criminal offending (forensic);
- Non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems);
- Previous referrals to LA children's social care for other children.

5.32.5 Adult mental health services should have named nurses / doctors / professionals for safeguarding children within their agency and seek advice from them if necessary.

### **Importance of working in partnership**

- 5.32.6 Adult mental health professionals must identify those service users who are pregnant and those who are parents or who have regular access to children, whether they reside with children or not. Professionals should consider the needs of all children as part of their [Care Programme Approach](#) (CPA) assessments.
- 5.32.7 When adult mental health services and LA children's social care are both involved with a family, joint assessments should be carried out to assess the support parents need and the risk of harm to the child/ren, in line with [section 6. Referral and assessment \(section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment). Other agencies / services should be involved as appropriate (e.g. primary care).
- 5.32.8 Where appropriate, children should be given an opportunity to contribute to assessments as they often have good insight into the patterns and manifestations of their parent's mental ill-health.
- 5.32.9 CPA assessments and meetings for any adult who is a parent must include ongoing monitoring of the needs and risk factors for the children concerned. LA children's social care should be invited to contribute if they are involved with a family or where risks and needs have been identified that justify their involvement.

- 5.32.10 Mental health professionals must be included in strategy meetings, child protection conferences or associated meetings if a mental health service user is involved.
- 5.32.11 Mental health inpatient services should have written policies regarding the welfare of children and particularly the visiting of inpatients by children. See [section 5.36. Psychiatric wards and facilities \(children visiting\)](#).
- 5.32.12 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-agency / disciplinary protocols are in place to clarify arrangements for co-ordination of assessment, support and collaboration.

## 5.33 Parents with learning disabilities

- 5.33.1 Parental learning disabilities do not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess the implications for each child in the family. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly necessary where the parent/s experience the additional stressors of:
  - Social exclusion;
  - Having a disabled child (see [section 5.10. Disabled children](#));
  - Experiencing domestic violence (see [section 5.12 Domestic violence](#));
  - Having poor mental health (see [section 5.32 Parental mental illness](#));
  - Having substance misuse problems (see [section 5.34 Parents who misuse substances](#));
  - Having grown up in care (see [section 5.18 Foster care](#) and [section 5.40 Residential care](#)).
- 5.33.2 In most cases it is these additional stressors, when combined with a parent's learning disability, that are most likely to lead to concerns about the care their child/ren may receive. If a parent with learning difficulties appears to have difficulty meeting their child/ren's needs, a referral should be made to LA children's social care, who have a responsibility to assess the child's needs and offer supportive and protective services as appropriate.
- 5.33.3 Where a parent has enduring and / or severe learning disabilities, children in the household are more likely to be at risk of, or experiencing, significant harm through emotional abuse, and / or neglect, but also through physical and / or sexual abuse. [See section 4.3. Recognition of abuse and neglect.](#)  
 Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.33.4 The following factors may contribute to a child having suffered or being at risk of suffering significant harm:
  - Children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric

disorders and behavioural problems, including alcohol / substance misuse and self-harming behaviour;

- Children having caring responsibilities inappropriate to their years placed upon them, including looking after siblings (see [section 5.47 Young carers](#));
- Neglect leading to impaired growth and development, physical ill health or problems in terms of being out of parental control;
- Mothers with learning disabilities may be targets for men who wish to gain access to children for the purpose of sexually abusing them.

5.33.5 LA children's social care, vulnerable adult's services and other agency services must undertake a multi-disciplinary assessment using the [Assessment Framework](#) (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework), including specialist learning disability and other assessments, to determine whether or not parents with learning disabilities require support to enable them to care for their children. Such assessment will also assist in considering whether the level of learning disability is such that it may impair the health or development of the child for an adult with learning disabilities to be the primary carer.

5.33.6 All agencies must recognise that their primary duty is to ensure the promotion of the child's welfare, including their protection from any risk of harm.

5.33.7 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring inter-disciplinary / agency protocols are in place for the co-ordination of assessment and support, and for close collaboration between all local children's and adult's services.

5.33.8 LA vulnerable adult's services should ensure eligibility criteria for service provision is such that parents with learning disabilities who need help in order to be able to care for their children can benefit from support provided under the [NHS and Community Care Act 1990](#).

5.33.9 Group education combined with home-based support increases parenting capacity. Supported parenting should include:

- Accessible information;
- Advocacy;
- Peer support;
- Multi-agency and multi-disciplinary re/assessments;
- Long-term home-based and other support.

5.33.10 For further information see [Good practice guidance on working with parents with a learning disability \(DH / DfES, 2007\)](#), available at [www.dh.gov.uk](http://www.dh.gov.uk).

## 5.34 Parents who misuse substances

5.34.1 Although there are some parents who are able to care for and safeguard their child/ren despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

- 5.34.2 Where a parent has enduring and / or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing, significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

### **Maternal substance misuse in pregnancy**

- 5.34.3 Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic violence and mental health. Assessing the impact of parental substance misuse must take account of such factors. Pregnant women (and their partners) must be encouraged to seek early antenatal care and treatment to minimise the risks to themselves and their unborn child. See [section 6.8. Pre-birth referral and assessment](#).

### **Newborn babies and children**

- 5.34.4 Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent / child bonding process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury.

- 5.34.5 The risk to child/ren may arise from:
- Substance misuse affecting their parent/s' practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger (e.g. getting out of the home unsupervised);
  - Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
  - Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (e.g. absence of consistent emotional and physical availability), inappropriate sexual and / or aggressive behaviour, or neglect (e.g. no stability and routine, lack of medical treatment or irregular school attendance);
  - Children are particularly vulnerable when parents are withdrawing from drugs;
  - The risk is also greater where there is evidence of mental ill health, domestic violence and when both parents are misusing substances;
  - There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);
  - Exposing children to unsuitable friends, customers or dealers;
  - Normalising substance use and offending behaviour, including children being introduced to using substances themselves;

- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle). Where a child has been exposed to contaminated needles and syringes (see also [section 5.4 Blood-borne viruses](#));
  - Children having caring responsibilities inappropriate to their years placed upon them (see [section 5.47 Young carers](#));
  - Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences);
  - Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
  - Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
  - Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving.
- 5.34.6 Children whose parent/s are misusing substances may suffer impaired growth and development or problems in terms of behaviour and / or mental / physical health, including alcohol / substance misuse and self-harming behaviour.
- 5.34.7 See the National Patient Safety Alert (November 2009) *Preventing harm to children from parents with mental health needs*, at <http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=59898>

### Importance of working in partnership

- 5.34.8 Substance misuse professionals must identify those adults who are parents, or who have regular care giving access to children, and share the information with LA children's social care as early as possible.
- 5.34.9 LA children's social care, substance misuse services and other agency services must undertake a multi-disciplinary assessment using the [Assessment Framework](#) (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework), including specialist substance misuse and other assessments, to determine whether or not parents with substance misuse problems can care adequately for their child/ren. Such assessment should include whether they are willing and able to lower or cease their substance misuse, and what support they need to achieve this.
- 5.34.10 Professionals in all agencies must recognise that their primary duty is to safeguard and promote the welfare of the child/ren.
- 5.34.11 All care programme meetings for adults who are a parent must include ongoing assessment of the needs or risk factors for the child/ren concerned. LA children's social care should be invited to such meetings if appropriate and contribute.
- 5.34.12 Strategy meetings / discussions, child protection conferences and core group meetings, must include professionals from any drug and alcohol service involved with the subject child and their family.
- 5.34.13 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-disciplinary / agency protocols and training are in place for the co-ordination of assessment and support and for close collaboration between all local children's and adult's services.

## 5.35 Pregnancy and motherhood for a child

- 5.35.1 This section should be read in conjunction with [section 5.41 Sexually active children](#) and [section 5.40. Sexually exploited children](#). Professionals should seek more detail, as appropriate, from the supplementary London child protection procedure [Safeguarding Sexually Active Children \(London Board, 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk).
- 5.35.2 Professionals have a responsibility to consider the welfare of both the prospective mother and her baby. However, the paramount concern must be for the welfare of the baby, and there should be no circumstances in which concerns about the baby are not shared and investigated for fear of damaging a relationship with a young parent.
- 5.35.3 Where a parent is herself a child, in the absence of support for her needs and responsibilities, her baby could be at risk of significant harm, primarily through neglect or emotional abuse. See [section 4.3. Recognition of abuse and neglect](#). Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

### Mother under 16 years

- 5.35.4 Professionals in all agencies should be alert to situations where a teenage mother is not in contact with LA children's social care. If she is under 16, then a referral should be made to LA children's social care at the earliest opportunity, in line with [section 6. Referral and assessment](#) (see also [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment). See also [section 5.41 Sexually active children](#). Health and education professionals are most likely to have contact with pregnant teenagers.
- 5.35.5 LA children's social care should undertake an assessment of the unborn child's needs (see [section 6.8. Pre-birth referral and assessment](#)) and any potential risk of harm posed to them from the mother's needs and circumstances, including the mother's relationship with the father / current partner (including using the indicators in [section 5.41 Sexually active children](#)).

### Mother over 16 years

- 5.35.6 If a young mother is over 16, professionals should:
- Make an assessment of the risk of harm to the baby, consulting their agency's child protection adviser as appropriate;
  - Assess the risk of harm to the mother through her relationship with the father / current partner.
- 5.35.7 If, on the basis of these assessments, a professional has concerns about the ability of a young mother over the age of 16 to care for her baby without additional support, then a referral should be made to LA children's social care in line with [section 6. Referral and assessment](#)



## 5.36 Pre-trial therapy

- 5.36.1 One or more assessment interview should be conducted in order to determine whether and in what way the child is emotionally disturbed, and also whether therapy treatment is needed. This could be as part of an assessment undertaken using the [Assessment Framework](#) (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework).
- 5.36.2 The decision about the need for therapeutic support (separate from formal court preparation of a child witness) should be considered:
- Keeping the child's interests paramount;
  - Taking the child's wishes and feelings into account;
  - On a multi-agency basis;
  - In consultation with the child's parent/s;
  - Taking the potential impact on criminal proceedings into account.
- 5.36.3 The decision should normally be made following a professional assessment of the child's need for therapy, and may be taken as part of a strategy meeting / discussion or in a child protection conference, or, if the child is not subject to child protection processes, in a multi-agency meeting arranged for this purpose.
- 5.36.4 If there is a demonstrable need for the provision of therapy and it is possible that the therapy will prejudice the criminal proceedings, consideration may need to be given to abandoning those proceedings in the interests of the child's wellbeing.
- 5.36.5 Alternatively, there may be some children for whom it will be preferable to delay therapy until after the criminal case has been heard, to avoid the benefits of the therapy being undone.
- 5.36.6 While some forms of therapy may undermine the evidence given by the witness, this will not automatically be the case. Multi-agency advice must be sought on the likely impact on the evidence of the child receiving therapy.
- 5.36.7 An assessment may be needed to inform a decision on whether a child with special needs (e.g. disabled children and those with learning disabilities, hearing and speech impairments etc) can, with the appropriate assistance, be a competent witness.
- 5.36.8 Therapeutic support may be sought / offered through a number of routes. Professionals who provide therapeutic support to children must be aware of the guidance [Provision of Therapy for Child Witnesses \(Home Office / CPS / DoH 2001\)](#), available at [www.cps.gov.uk](http://www.cps.gov.uk) and the implications for the criminal process in terms of both disclosure and contamination of evidence.
- 5.36.9 The initial joint investigative interview with the child, including any visually recorded interview, should be undertaken prior to any new therapeutic work in order that the original disclosure is not undermined.
- 5.36.10 Where it becomes apparent that a child is already receiving therapeutic support at the point of the criminal investigations and child protection enquiries, there must be discussion as to how the work should proceed. The fact that therapeutic work is already underway will not necessarily prevent a case proceeding before a criminal court.

- 5.36.11 Prosecutors may need to be made aware of the contents of the therapy sessions, as well as other details specified in the above paragraph, when considering whether or not to prosecute and their duties of disclosure.

### **Crown Prosecution Service**

- 5.36.12 The police should inform the Crown Prosecution Service as soon as therapeutic support is recommended, using a named contact point for the case relating to the child. Direct consultation between the professionals may be advisable in some cases and should be arranged through the police officer in the case.
- 5.36.13 The Crown Prosecution Service should advise the police of the potential impact of any proposed therapeutic support on criminal proceedings in each individual case.
- 5.36.14 It is the responsibility of the reviewing crown prosecution lawyer to seek confirmation from the police as to:
- Whether therapeutic work has been undertaken;
  - If so, whether the witness said anything inconsistent with the disclosure to the police;
  - What sort of therapeutic work was undertaken.

### **Therapeutic services**

- 5.36.15 Professionals who provide therapeutic support to children must have appropriate training according to the level of work to be undertaken, as well as a thorough understanding of the effects of abuse. They must be a member of an appropriate professional body or have other recognised competence. They must also have a good understanding of how the rules of evidence for witnesses in criminal proceedings may require modification of techniques.

### **Pre-trial planning meeting**

- 5.36.16 Where it is considered that therapeutic intervention is appropriate and has been commissioned, a pre-trial planning meeting should be convened.
- 5.36.17 Where LA children's social care is involved with the child, the team manager or service manager should convene and chair the meeting, and arrange for a formal record of it to be made.
- 5.36.18 Where LA children's social care is not involved, the therapeutic service commissioned to undertake work, or already involved with the child, should convene the meeting.
- 5.36.19 A formal record of the meeting should be made, and it should be noted that this may be disclosed in criminal proceedings.
- 5.36.20 Pre-trial planning meetings will involve relevant professionals from LA children's social care, police and the service offering therapeutic work. They may also include:
- Parents (unless implicated in the alleged abuse);
  - The child, if of sufficient age and understanding;
  - Other relevant professionals.

### **Considerations at the pre-trial therapy meeting**

- 5.36.21 The purpose of the pre-trial meeting is to:

- Confirm that therapeutic intervention is in the best interests of the child (including taking into account the child's right to justice);
  - Agree the parameters and nature of any proposed therapeutic support, ensuring that the process is subject to regular review;
  - Agree lines of communication between the professional who will undertake the work and other professionals.
- 5.36.22 In deciding on what therapeutic support is appropriate to pursue pre-trial, the following considerations apply:
- Therapeutic support is on an individual basis (i.e. no joint or group sessions are normally acceptable because of the increased risk of contamination of evidence);
  - Where joint or group sessions are already in progress, the implications for continuing must be considered, and in addition the particular implications for recording what takes place;
  - Therapeutic support may be subject to challenge at court. Therefore, it is better that only one worker provides the support.

## Therapy

- 5.36.23 The professional providing therapeutic support must be able to demonstrate professional competence or a sufficient level of supervision if called in a subsequent trial.
- 5.36.24 If, during a therapeutic session, a child refers to the abuse they have suffered, the worker should:
- Listen and acknowledge what has been said;
  - Not seek clarification or ask probing or investigative questions;
  - Consider whether there is new or additional allegations or information which require urgent discussion with the police / social worker.
- 5.36.25 The professional who will provide therapeutic support should be given sufficient information about the nature of the abuse alleged by the child to be able to judge if the child begins to make new or additional allegations within a session.
- 5.36.26 Care should be taken in the recording of therapeutic sessions (videos, tapes and written records). Immediate, factual, concise and accurate notes must be made for each session, which must be retained in their original format so that they can be produced at a later date if required. Any notes, visual or audio recordings, pictures etc. used during the therapeutic sessions must be similarly maintained.
- 5.36.27 A pro-forma document will be completed following each session and will include:
- Date and location of session;
  - Duration of session;
  - Details of the professional undertaking the work with the child;
  - Details of child;
  - Details of other professionals present;
  - Confirmation that records of the therapy sessions have been made.
- 5.36.28 The pro-forma documents will be copied prior to any criminal trial and the original document forwarded to the Crown Prosecution Service via the police.

## Confidentiality not guaranteed

- 5.36.29 The professional undertaking therapeutic work needs to ensure that parents and any child of sufficient age and understanding are told that records are kept and that confidentiality cannot be guaranteed.
- 5.36.30 Any disclosure of new allegations by the child, or any material departure from or inconsistency with the original allegations, should be reported to the detective inspector of the police Child Abuse Investigation Team (CAIT) and to the social worker allocated to the child.
- 5.36.31 In newly arising allegations, therapy should not usually take place before a witness has provided a statement or, if appropriate, before a video-recorded interview has taken place. A further pre-trial planning meeting will be convened at the earliest opportunity to determine and agree the best course of action in the light of the new information or allegations.

## Problem resolution

- 5.36.32 Any dissatisfaction should be resolved as simply as possible. This would normally be via discussion between the social worker, the professional providing the therapeutic support and the police officer in the criminal case.
- 5.36.33 Where disputes remain, a further pre-trial planning meeting should be convened with the Crown Prosecution Service, and involving appropriately senior agency representatives.

See also [Provision of Therapy for Child Witnesses \(Home Office/ CPS/ DoH 2001\)](#).

## 5.37 Private fostering

- 5.37.1 A private fostering arrangement is essentially an arrangement between families / households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents) for 28 days or more. This could be an arrangement by mutual agreement between parents and the carers or a situation where a child has left home against their parent's wishes and is living with a friend and the friend's family.

The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

- 5.37.2 Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include:
- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
  - Asylum seeking and refugee children;
  - Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
  - Children of prisoners placed with distant relatives;
  - Language students living with host families;

- Trafficked children (see also [section 5.46. Trafficked and exploited children](#)).

5.37.3 Private foster carers and those with parental responsibility are required to notify LA children's social care of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

5.37.4 There will be circumstances in which a privately fostered child experiences physical, sexual or emotional abuse and / or neglect to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.37.5 Teachers, health and other staff working with children should make a referral to LA children's social care and the police if:

- They become aware of a private fostering arrangement which is not likely to be notified to the local authority; or
- They have doubts about whether a child's carers are actually their parents, and there is any evidence to support these doubts (including concerns about the child/ren's welfare (see also [section 5.46. Trafficked and exploited children](#)).

It is likely that LA children's social care will not have been notified of most private fostering arrangements. See also [section 6. Referral and assessment](#) and [section 7. Child protection enquiries](#).

5.37.6 When LA children's social care become aware of a privately fostered child, they must assess the suitability of the arrangement. They must make regular visits to the child and the private foster carer.

5.37.7 LA children's social care should visit and see the child alone unless this is inappropriate; they must visit the parent of the child when reasonably requested to do so. The child should be given contact details of the social worker who will be visiting him/her while s/he is being privately fostered.

5.37.8 [The Children \(Private Arrangements for Fostering\) Regulations 2005](#), at: [www.ecm.gov.uk](http://www.ecm.gov.uk) and the amended s67 of the [Children Act 1989](#) strengthens the duties upon local authorities in relation to private fostering by requiring them to:

- Satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted;
- Ensure that such advice as appears to be required is given to private foster carers;
- Visit privately fostered children at regular six weekly intervals in the first year and 12 weekly in subsequent years;
- Satisfy themselves as to the suitability of the private foster carer, and the private foster carer's household and accommodation. The local authority has the power to impose requirements on the foster carer or, if there are serious concerns about the arrangement, to prohibit it;

- Promote awareness in the local authority area of the requirement to notify, advertise services to private foster carers and ensure that relevant advice is given to privately fostered children and their carers;
- Monitor their own compliance with all the duties and functions in relation to private fostering, and to appoint an officer for this purpose.

5.37.9 Private fostering can place a child in a vulnerable position because checks as to the safety of the placement will not have been carried out if the local authority is not advised in advance of a proposed placement. The carer may not provide the child with the protection that an ordinary parent might provide. In many cases, the child is also looked after away from a familiar environment in terms of region or country.

## 5.38 Psychiatric care for children

5.38.1 This section provides additional guidance to [section 5.23 Hospitals](#) and [section 5.24 Hospitals \(specialist\)](#), and the sections should be read in conjunction with each other.

See also the [National Service Framework for children, young people and maternity services \(Children's NSF\)](#) which sets out standards for hospital services in respect of individual children's safety and well-being.

5.38.2 Children who require treatment as an in-patient in a psychiatric setting will usually be admitted on a voluntary basis, otherwise the [Mental Health Act 1983](#) or the [Children Act 1989](#) will apply. The admission criteria will differ, such as acute (crisis or short term), for eating disorders or challenging behaviour. Age ranges can vary considerably and some children may be admitted to an adult psychiatric setting. Catchment areas for some hospitals may cover a regional or national area depending on the specialism.

5.38.3 Where consent for treatment is required, it should be clarified by the lead professional (e.g. LA children's social care, child and adolescent mental health services (CAMHS)) whether this is being carried out under the [Mental Health Act 1983](#) or the [Children Act 1989](#).

5.38.4 If any child who is considered to be Fraser competent is unwilling to remain as an informal patient consideration should be given to use the [Mental Health Act 1983](#). For children under 16 where a Fraser competent child wishes to discharge him or herself as an informal patient from hospital, the contrary wishes of those with parental responsibility will ordinarily prevail. Where there is dispute consideration should be given to use the Act. Similarly if a 16 or 17 year old is unwilling to remain in hospital as an in-patient, consideration may need to be given whether he or she should be detained under the Act.

5.38.5 Children in psychiatric settings may need to be isolated from other patients or require control and restraint on occasions, and staff should be appropriately trained to meet their needs and safeguard their welfare. When a child is admitted to psychiatric settings where adults are inpatients, a risk assessment must be undertaken to avoid the child being placed in vulnerable situations.

5.38.6 Children admitted to psychiatric settings may disclose information about abuse or neglect concerning themselves or others. Disclosures may be made when the child feels it is safe to talk or when the child is angry, distressed or anxious. All allegations should be treated seriously and usual procedures followed.

See also [section 5.18. Harming others](#).



## 5.39 Psychiatric wards and facilities (children visiting)

- 5.39.1 Visits by children to psychiatric wards or hospitals should be undertaken to maintain a positive relationship for the child with the patient, who will usually be their parent or more rarely a family member such as a sibling. A visit by a child should only take place if it is in their best interest.
- 5.39.2 When a child visits a psychiatric ward or hospital, they could be at risk of significant harm through physical, sexual and/or emotional harm (see [section 4.3. Recognition of abuse and neglect](#)).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm through abuse or neglect, which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.39.3 This section applies to children visiting all patients receiving in-patient treatment and care from specialist psychiatric services, whether or not they are detained under the [Mental Health Act 1983](#). This includes children visiting detained adolescent patients and adolescents who are being cared for in adult facilities.

### Visiting patients in psychiatric wards

- 5.39.4 When children visit adult patients, all psychiatric in-patient settings should:
- Place child welfare at the heart of professional practice for all staff involved in the assessment, treatment and care of patients;
  - Take account of the needs and wishes of children as well as patients;
  - Address the whole process, including preadmission assessment, admission, care planning, discharge and aftercare;
  - Assess the desirability of contact between the child and patient, identify concerns and assess the potential risks of harm to the child in a timely way;
  - Establish an efficient procedure for dealing with requests for child visits in those cases where concerns exist;
  - Establish a process for child visits which is:
    - not bureaucratic
    - supportive of both the child and the adult
    - does not cause delay in arranging contact
    - maximises the therapeutic value of the visit
    - ensures the child's welfare is safeguarded
  - Set and maintain standards for the provision of facilities for child visiting;
  - Ensure that staff are competent to manage the process of child visits.
- 5.39.5 See the [Mental Health Act 1983 Code of Practice](#)<sup>52</sup>.

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<sup>52</sup> The Guidance on the Visiting of Psychiatric Patients by Children HSC 1999/222; and

## Pre-visit arrangements

### Compulsory admission

- 5.39.6 When a compulsory admission is planned for an adult who is a parent, the approved social worker must assess the child/ren's needs and the suitability of arrangements for their care. If there are concerns (see [5.36.16](#) and [section 5.32. Parental mental illness](#)) about the safety or care arrangements of the child/ren, the approved social worker must request that LA children's social care undertakes an assessment (see [section 6. Referral and assessment](#)). LA children's social care should make a recommendation to the hospital about the suitability of the children visiting their parent.
- 5.39.7 The approved social worker should, wherever possible, provide the hospital with the child/ren's assessment information. This may, as appropriate, include the recommendation made by LA children's social care when the patient was admitted, together with the views of those with parental responsibility about the child/ren visiting the patient in hospital.

### Expected visit by a child

- 5.39.8 The ward manager/nurse in charge is responsible for the decision to allow a visit by a child. When a visit by a child is expected, the ward manager/nurse in charge should consider the available information about the child (as outlined in [5.39.6](#) and [5.39.7](#), above), alongside the assessment of the patient's needs for treatment and care and an assessment of the current state of the patient's mental health. The ward manager/nurse in charge should then make the decision in consultation with other members of the multi-disciplinary hospital team.
- 5.39.9 The ward manager/nurse in charge must make their decision on the basis of the interests of the child being paramount, superseding those of the adult patient.

### Unexpected visit by a child

- 5.39.10 If a child visits unexpectedly, the ward manager/nurse in charge is responsible for deciding whether it is feasible, whilst they wait, to consider the available information about the child (as outlined in [sections 5.39.6](#) and [5.39.7](#) above), alongside the assessment of the patient's needs for treatment and care and an assessment of the current state of the patient's mental health. The ward manager/nurse in charge should then make the decision in consultation with other members of the multi-disciplinary hospital team. If this is not feasible, the visit must be refused.

### Patients admitted informally

- 5.39.11 Most patients are admitted informally. When a patient has been admitted on an informal basis, nursing staff should seek out information about children who may be visiting. When nursing staff are aware that a patient has a child, and there is a LA children's social worker or adult mental health care co-ordinator working with the patient, nursing staff should check with the social worker / care co-ordinator about the desirability of children visiting and the arrangements which have been made. Such discussions should be clearly documented.
- 5.39.12 If there are concerns about the safety or care arrangements of the child/ren (see [section 5.39.16](#) below, and [section 5.32. Parental mental illness](#)) and there is no LA children's social worker involved, the ward manager/nurse in charge must request that LA children's social care undertake an assessment (see [section 6. Referral and assessment](#)). LA children's social care should make a

recommendation to the hospital about the suitability of the child/ren visiting the patient.

- 5.39.13 Where LA children's social care has been asked to undertake such an assessment, their report should be sent back within one week of receipt of the written request / referral from the ward manager/nurse in charge (see [section 5.39.12](#), above) in order to avoid delay in arrangements for the child.
- 5.39.14 The ward manager/nurse in charge is responsible for the decision to allow a visit by a child, and must follow the same decision making process for informal admissions and for compulsory admission (see [sections 5.39.8](#) to [5.39.10](#) above).
- 5.39.15 In the vast majority of cases where no concerns have been identified, arrangements should be made to support the patient and child and to facilitate contact.

### Identifying concerns

- 5.39.16 Concerns about the desirability of a child visiting may arise in a number of areas. These could relate to:
- Consideration of the child's best interests;
  - The patient's history and family situation;
  - The patient's current mental state (which may differ from an assessment made immediately prior to or on admission);
  - The response by the child to the patient's illness;
  - The wishes and feelings of the child;
  - The developmental age and emotional needs of the child;
  - The views of those with parental responsibility;
  - The nature of the service and the patient population as a whole;
  - Availability of a suitable environment for contact.

See also [section 5.32. Parental mental illness](#).

- 5.39.17 The hospital multi-disciplinary team may use the [Framework for Assessing Children in Need and their Families](#) (see [appendix 5](#) for a summary of the *Assessment Framework*) to consider the best interests of the child in these situations.
- 5.39.18 A range of options may present themselves when concerns are identified in any of the areas above, and the concerns need not automatically result in a refusal of visiting. The hospital multi-disciplinary team must obtain a balance between the management of risk of harm and the interests of the child/ren and patients.
- 5.39.19 It may be helpful for the Hospital Trust and / or Local Safeguarding Children Board to consider whether or not to provide a service to facilitate contact. Research has highlighted the dangers of loss of contact with children for people who are psychiatric in-patients in hospital.

### Decisions to refuse a child's visits

- 5.39.20 The ward manager/nurse in charge may refuse to allow a child to visit if they have reason to believe it is not in the best interest of the child or patient.
- 5.39.21 The decision to prohibit a visit should be regarded as a serious interference with the rights of the patient and should only be taken in exceptional circumstances.

- 5.39.22 Decisions to refuse visits should be given verbally and confirmed in writing. They must be supported by clear evidence of concerns and the difficulties of managing them.
- 5.39.23 Policies should clearly set out the steps to be taken in making the decision to refuse visiting, including the process for:
- Consulting with the patient, the child (depending on age and understanding), those with parental responsibility and, if different, person/s with day to day care for the child, advocates and, where relevant, the LA children's social care;
  - Communicating the decision to the patient, other family members, the child and those with parental responsibility;
  - Reviewing any decision and the means of communicating this to the patient, advocate or other person or agency involved in the decision;
  - Enabling a patient and others with parental responsibility to make representation against any decision not to visit, including access to assistance and independent advocacy. Such a system should be consistent with the Trust's overall complaints procedure and should contain an independent element.

#### **Making arrangements for visits**

- 5.39.24 The hospital or mental health trust providing the service must ensure that the hospital contains facilities for all patients to have contact with their children in a venue which is conducive to the child's safety and good quality contact for both child and patient.
- 5.39.25 Children should have appropriate supervision according to their age and need when they are visiting mental health service users. They should normally be accompanied by someone who has parental responsibility for their care and well being.
- 5.39.26 In some cases, it may be better for arrangements to be made for visiting away from the hospital. In the case of detained patients, this will require due consideration of the need for leave. Staff must be aware of the child protection and child welfare issues in granting leave of absence under s.17 of the [Mental Health Act 1983](#).

#### **Visiting patients in the special hospitals: Ashworth, Broadmoor and Rampton**

- 5.39.27 Specialist hospitals must have procedures for child visiting that have been developed specifically for that service. Decisions about whether to permit a child to visit a unit must always be based on:
- The interests of the child;
  - The service user's offending history;
  - The clinical history of the service user;
  - The conditions under which the visit will take place.
- 5.39.28 A hospital may not allow a child to visit any patient unless the hospital's authority has approved the visit in accordance with the directions pertaining to the patient's admission (see [5.39.41](#) and [The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities \(HSC 1999/160\)](#)) and in particular is satisfied that the visit is in the child's best interests.

The only exception to this is where there is a contact order made under the [Children Act 1989](#) which specifies that the child may visit the patient in the special hospital. In such cases, visits should be allowed except where there are concerns about the patient's mental state at the time of the proposed visit, such that the nominated officer decides the visit would not be in the child's best interests (see [5.39.40](#)).

### Request for a child to visit

5.39.29 There may be cases where the patient has been:

- Convicted of murder or manslaughter, or an offence which leads to them being identified (by probation / youth offending services, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child; or
- Found unfit to be tried or not guilty by reason of insanity, in respect of a charge of murder or manslaughter or an offence which leads to them being identified (by probation / youth offending services, police or health services, individually or via the Multi-Agency Public Protection Arrangements) as posing an ongoing risk to a child,

In these circumstance, the child must be within the permitted categories of relationship set out in [The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities \(HSC 1999/160\)](#) (see [5.39.41, below](#)).

5.39.30 If the patient's circumstances are not those in [section 5.38.29](#), above or the child is within the permitted categories of relationship, the nominated officer should:

- Obtain written permission from the patient to contact those with parental responsibility for the child;
- Write to the person/s with parental responsibility for the child:
  - explaining that a request for a visit has been made
  - asking for confirmation of the relationship between the patient and the child
  - requesting consent for the child to visit the patient
  - explaining that before a visit can proceed, LA children's social care will be asked to assess whether the visit is in the child's best interests
- Write to any person/s without parental responsibility but with day-to-day care for the child (e.g. a grandparent), explaining that a request for a visit has been made and that the person with parental responsibility will be contacted.

5.39.31 In the case of a child who is looked after by the local authority and subject to a care order (with parental responsibility shared by the local authority and the parent/s), LA children's social care has responsibility for providing consent (following consultation with those with parental responsibility). Where a child is looked after by the local authority but not subject to a care order, the person with parental responsibility is required to give their consent.

5.39.32 If those with parental responsibility state that they are prepared to allow their child to visit the patient, the nominated officer should arrange for the patient's clinical team to undertake an assessment. This assessment is to judge the level of risk, if any, presented by the patient to children and to the particular child for whom the visit request has been made. Procedures for undertaking this type of

assessment should be agreed with both the relevant LA children's social care service and Local Safeguarding Children Board for the hospital.

5.39.33 If the hospital's assessment of the risk of harm posed by the patient to the child does not rule out a visit, the nominated officer must:

- Contact the Director of Children's Services for the LA children's social care service where the child resides to request advice on whether the visit is in the best interests of the child;
- Include in the request a copy of the hospital's assessment and any other any relevant information about the patient, to assist LA children's social care to assess whether the proposed visit is in the child's best interests;
- Include in the request any information about other LA children's social care services which have relevant information about the child or the child's family;
- Inform the parents of the child that LA children's social care have been asked to make contact with the family.

#### **LA children's social care response**

5.39.34 On receipt of the request from the hospital (see [section 5.39.33](#), above), LA children's social care should contact those with parental responsibility (and those caring for the child if they are different) to arrange to undertake an assessment to establish:

- The child's legal relationship with the named patient;
- The quality of the child's relationship with the named patient, prior to hospitalisation and currently;
- Whether there has been past abuse of the child, alleged or confirmed, by the patient;
- The likelihood of future risks of significant harm to the child if the visits took place;
- The child's wishes and feelings about the visit, taking account of their age and understanding;
- The views of those with parental responsibility and, if different, person/s with day-to-day care for the child;
- If it is known the child has lived in other LA children's social care areas, what other relevant information is known about the child and family;
- The frequency of contact that would be appropriate.

5.39.35 LA children's social care should send the completed assessment report to the nominated officer, advising whether the visit would be in the best interests of the child.

5.39.36 If LA children's social care advises that a visit would be in the child's best interests, the nominated officer should discuss this with LA children's social care and make a decision about the visit, taking account of any potential risk posed by the patient and the potential risk of significant harm being suffered by the child.

5.39.37 If the person/s with parental responsibility refuses to co-operate with the LA children's social care assessment, LA children's social care should consider its legal position:



- If the child is known to LA children's social care, it could make its report on the basis of the information it has already but make clear that the information is not up to date and does not take account of the wishes and feelings of the child;
- If LA children's social care holds no information about the child, it should inform the hospital that it is unable to make any report.

### The visit

5.39.38 Any visits by children must:

- Take place in an appropriate atmosphere and setting (i.e. child-centred and child-friendly), taking account of the age of the children (as advised by the LA children's social care service local to the hospital) whilst maintaining the required level of security;
- Be properly supervised throughout the visit, with sufficient staff present (of an appropriate grade and with requisite knowledge and understanding and enhanced Criminal Record Bureau checks - for children, not just vulnerable adults) to supervise the children's visits at all times and to prevent unauthorised contacts;
- Allow the child contact with only the named patient for whom a visit has been approved. No children are to visit on the ward areas.

5.39.39 The nominated officer must ensure that a child's contact with a patient within the hospital takes place at a frequency which is in the child's best interests, taking account of advice from LA children's social care. All visits by children shall be specifically authorised by the nominated officer.

### Refusing a visit

5.39.40 There are five circumstances in which the nominated officer must refuse to allow a child to visit. These are if:

- The relationship between the patient and the child is not within the permitted categories of relationship as set out in paragraph 2(2)(b) of the *Directions* (see [section 5.39.41](#) below). The nominated officer must notify the patient of the decision and reasons for it in writing. However, the patient has no right to make representations against this decision.
- The person/s with parental responsibility responds to the nominated officer stating that they do not agree to the child visiting the patient. The decision and the reasons for the decision must be put in writing to the patient.
- The hospital's assessment indicates that the patient's mental health state and/or risk to children is such (in the immediate or longer-term) that it would not be appropriate for the child to visit the patient. The decision to refuse the visit must be put in writing to the patient and the person with parental responsibility and include details of the complaints procedure.
- The relevant LA children's social care service concludes that a visit is not or may not be in the child's best interests. The decision to refuse the visit must be put in writing to the patient, the child (if appropriate), those with parental responsibility, person/s with day to day care for the child, if different, and LA children's social care. Details of the review procedure should be given.
- There are concerns about the patient's mental state at the time of the visit. The reasons for the refusal should be explained to the patient,

those with parental responsibility, person/s with day to day care for the child, if different, and, if appropriate, the child.

- 5.39.41 [The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities \(HSC 1999/160\)](#) sets out the assessment process to be followed when deciding whether a child can visit a named patient in these hospitals; and [LAC\(99\)23](#) sets out local authority duties and responsibilities assist the hospital by assessing whether it is in the interests of the child to visit the patient.

## 5.40 Residential care

- 5.40.1 A child in residential care is vulnerable to physical, sexual or emotional abuse and / or neglect. If there are lapses in the care provided, the child can suffer to such a degree that it constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Good quality planning and care

- 5.40.2 The welfare and safety of children living in residential care should be promoted and provided for at a minimum, in line with the relevant [National Minimum Standards](#) (see [www.ofsted.gov.uk](http://www.ofsted.gov.uk)), in all residential care settings.
- 5.40.3 All commissioners and providers of residential care services for children are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare. Local Safeguarding Children Boards should monitor the welfare of children living in residential care. See [section 18. LSCBs, quality assurance and conflict resolution](#).
- 5.40.4 Local authorities placing children in another local authority area are required to notify the host authority prior to placement.
- 5.40.5 As part of their statutory responsibilities for planning children's care, social workers are required to maintain a regular up to date assessment of child's needs, see looked after children in foster care on their own and take appropriate account of the child's wishes and feelings. Evidence of their engagement with the child must be recorded so that the plan for the child's care is kept up to date, with the child being offered the right services to respond to the full range of their needs.
- 5.40.6 Independent Reviewing Officers (IROs) are responsible for chairing meetings that must be scheduled at prescribed intervals to review the child's care plan. IROs have specific responsibilities to ensure that the plan has taken the child's wishes and feelings into account and that their care plan remains appropriate in view of the child's needs, including their need to be effectively safeguarded.
- 5.40.7 The standards for children living in residential care include that:
- Children feel valued and respected and their self-esteem is promoted;

- There is an openness on the part of the residential care service to the external world and external scrutiny, including contact with families and the wider community;
- Residential care and support staff are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and are knowledgeable about how to implement safeguarding children procedures;
- Children who live in residential care are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the residential care setting (e.g. 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 ChildLine (see [section 2. Roles and responsibilities, 2.24.12 NSPCC](#));
- Residential care and support staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant LA children's social care service;
- In relation to complaints:
  - complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language
  - procedures should address all expressions of concern, including formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed
  - records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes)
  - children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously

See [section 18. LSCBs, quality assurance and conflict resolution](#).

- Bullying is effectively countered (see [section 5.6. Bullying](#));
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers (see [section 17. Safer recruitment](#));
- There is effective supervision and support, which extends to temporary staff and volunteers (see [section 16. Supervision and training](#));
- The residential care service contract staff are effectively checked and supervised when on site or in contact with children;

- Clear procedures and support systems are in place for dealing with expressions of concern by residential care and support staff about other staff or carers (see [section 15. Allegations against staff](#));
- Organisations have a code of conduct instructing residential care and support staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the ‘whistle-blower’s’ own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Residential care and support staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

## Promoting and protecting a child’s welfare

- 5.40.8 It is important that children have a voice outside the residential unit. Social workers are required to see children in residential units on their own (taking appropriate account of the child’s wishes and feelings) at regular intervals and evidence of this should be recorded.
- 5.40.9 Residential carers should be provided with full information about the child and their family, including details of abuse or possible abuse and whether the child has harmed others, both in the interests of the child and of the staff and other children in the residential unit.
- 5.40.10 Residential carers should monitor the whereabouts of the children, including their patterns of absence and contacts. Residential carers should follow the recognised procedure of their agency on sharing general concerns about a child, and whenever a child is missing from the unit. This will involve notifying the placing authority and, where necessary, the police of any unauthorised absence by a child. See [section 5.29. Missing from care and home](#).
- 5.40.11 Residential carers should have guidance on sharing more general concerns (e.g. alerting other professionals, considering child behaviour around contact, absences, school, moods etc.).
- 5.40.12 The local authority’s duty to undertake s47 enquiries, when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, applies on the same basis to children in residential care as it does to children who live with their own families.
- 5.40.13 Such enquiries will consider the safety of any other children living in the residential unit. If child protection concerns are raised about the care in a residential unit, the local authority in which the child is living has the responsibility to convene a strategy meeting / discussion, which should include representatives from the responsible local authority which placed the child; a representative from Ofsted should also be invited. At the strategy meeting / discussion, it should be decided which local authority should take responsibility for the next steps, which may include a s47 investigation. If the case appears to be a complex one, see [section 14. Organised and complex abuse](#).

For further details on this see [section 15. Allegations against staff](#), [section 6. Referral and assessment](#), including [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children’s social care between s47 / core assessment and an initial assessment; and [section 7. Child protection enquiries](#).

5.40.14 See also [section 8. Child protection conferences](#).

## 5.41 Self-harming and suicidal behaviour

5.41.1 Self-harm and suicide threats and gestures by a child put the child at risk of significant harm, and should always be taken seriously. They may also be indicative of psychological or emotional disturbance triggered by physical, sexual and / or emotional abuse or chronic neglect which may also constitute significant harm. See [section 4.3 Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.41.2 Professionals should also consider the circumstances of a serious eating disorder or extreme risk-taking as a threat or attempt at self-harm or suicide by a child.

5.41.3 Children can be particularly vulnerable at times of transition, when any emotional difficulties they may be experiencing are compounded by changes which they may find stressful or frightening (e.g. leaving home or care, transferring to adult services, facing or being in custody, experiencing a family break-up).

5.41.4 Professionals may be able to reduce or prevent self-harming behaviours by planning for transitional support for children already receiving care services, and being alert to children becoming stressed and isolated in universal settings.

5.41.5 Professionals in all agencies who become aware, through disclosure or otherwise, that a child has self-harmed or threatened or attempted suicide, should discuss this with their line manager and their agency's nominated safeguarding children adviser.

5.41.6 Whenever a child is known to have deliberately harmed themselves, a parent should be contacted urgently. Either they or, if unavailable, a responsible adult should go with the child to the accident and emergency department (A&E) to obtain a physical and psychological assessment of his / her needs and the risk of further harm.

Professionals should base the assessment on the [Assessment Framework](#) (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework).

5.41.7 Children under 16 should be admitted to a children's ward under the care of a paediatrician. Irrespective of whether the child requires physical monitoring or treatment, s/he should receive the necessary assessment of mental health need and risk, together with support, from child and adolescent mental health services (CAMHS). See [section 5.23 Hospitals](#), [section 5.24 Hospitals \(specialist\)](#) and [section 5.38 Psychiatric care for children](#).

5.41.8 If the assessment indicates that there are child protection concerns, the hospital staff should consult with their nominated safeguarding children adviser and / or, as appropriate, make a referral to LA children's social care in line with [section 6. Referral and assessment](#).

5.41.9 Any discharge should involve co-ordinated planning with community health services, CAMHS, LA children's social care and the police where appropriate.

## 5.42 Sexually active children

- 5.42.1 This section is a summary of the supplementary London child protection procedure [Safeguarding Sexually Active Children \(London Board, 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction. See also the [Sexual Offences Act 2003](#) and [section 5.43 Sexually exploited children](#).
- 5.42.2 Underage sexual activity which presents cause for concern is likely to raise difficult issues and should be handled particularly sensitively.

### Recognition and referral

- 5.42.3 A sexual relationship can present a risk of significant harm to a child if one of the intimate partners is coercive or abusive. The abuse can include physical, sexual abuse and emotional abuse. See [section 4.3. Recognition of abuse and neglect](#). Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

### Children under 13 years

- 5.42.4 A child under 13 is not legally capable of consenting to sexual activity, accordingly under the [Sexual Offences Act 2003](#) penetrative sex with a child under 13 years old is classed as rape.
- 5.42.5 Where a professional is concerned that a child is involved with penetrative sex or other intimate sexual activity, there would always be reasonable cause to suspect that a child, whether girl or boy, is suffering, or is likely to suffer, significant harm. There should be a presumption that the case will be referred to LA children's social care, in line with [section 6. Referral and assessment](#) and that a strategy discussion will be held in accordance with [section 7. Child protection enquiries](#) to discuss appropriate next steps.
- 5.42.6 Cases involving children under 13 should always be discussed with the agency's nominated safeguarding children adviser.
- 5.42.7 All cases involving under 13s should be fully documented, including giving detailed reasons if a decision is taken not to share information. These decisions should be exceptional and only made with the documented approval of a senior manager.

### Children 13 to 16 years

- 5.42.8 Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the child's welfare. In every case of sexual activity involving a child aged 13 to 15, professionals should consider, with their agency's nominated safeguarding children adviser, whether they should initiate a discussion with other agencies about the risk of harm to the child and whether a referral should be made to LA children's social care. Professionals should base this judgement on an assessment using the considerations in [sections 5.42.11](#) and [5.42.12](#) below.



- 5.42.9 Where there is reasonable cause to suspect that a child is at risk of, or is suffering significant harm, there is a presumption that professionals in all agencies will make a referral to LA children's social care in line with [section 6. Referral and assessment](#). See [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), for guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.
- 5.42.10 All cases should be carefully documented, including where a decision is taken not to share information, and the reasons for not referring the case given.

### Assessment of risk

- 5.42.11 Sexual abuse and exploitation of a child/ren involves an imbalance of power. The assessment should seek to identify possible power imbalances within a relationship. These can result from differences in size, age, material wealth and / or psychological, social and physical development. In addition, gender, sexuality, race and levels of sexual knowledge can be used to exert power.
- 5.42.12 In order to determine whether a relationship presents a risk of harm to a child, the following indicators should be considered:
- Whether the child is competent to understand, and consent to, the sexual activity they are involved in (children under 13 are not legally capable of consenting to sexual activity);
  - What the child/ren in the relationship's living circumstances are, whether they are attending school, whether they or their siblings are receiving services from LA children's social care or another social care agency etc;
  - The nature of the relationship between those involved, particularly if there are age or power imbalances;
  - Whether overt aggression, coercion or bribery was or is involved, including misuse of alcohol or other substances as a disinhibitor;
  - Whether the child's own behaviour (e.g. through misuse of alcohol or other substances) places them in a position where they are unable to make an informed choice about the activity;
  - Any attempts to secure secrecy by the sexual partner beyond what would be considered usual in a teenage relationship;
  - Whether methods used to secure a child's compliance, trust and / or secrecy by the sexual partner are consistent with grooming for sexual exploitation. Grooming is likely to involve efforts by a sexual predator (usually older than the child) to befriend a child by indulging or coercing them with gifts / treats (i.e. money or drugs), developing a trusting relationship with the child's family, developing a relationship with the child through the internet etc in order to abuse the child;
  - Whether the sexual partner is known by one of the agencies as having, or previously having had, other concerning relationships with children (which presupposes that checks will be made with the police);
  - Whether the child denies, minimises or accepts the concerns held by professionals.

### Requests for police information

- 5.42.13 In cases where an agency requests information from the police for the purposes of a risk assessment, the police will:

- Receive the information;
- Search relevant indices and pass the results to legitimate enquirers;
- Only record the request and details provided for intelligence purposes (such requests will not be treated as allegations of crime referrals);

Depending on the result, the enquirer may then make a subsequent referral.

- 5.42.14 In situations where asking the police for information is deemed inappropriate due to the confidential nature of an agency's relationship with the client, the agency making the decision not to check with the police must take responsibility for conducting a risk assessment without relevant police information. This decision must be made within the agency's supervision arrangements, at a managerial level.
- 5.42.15 On each occasion that a professional in any agency has contact with a child (by telephone or a meeting) or receives information about them, the professional should consider whether the child's circumstances (in relation to the indicators in [sections 5.42.11](#) and [5.42.12](#) above) have changed in a way which may require referral (or re-referral) to LA children's social care and the police.

### LA management decision

- 5.42.16 There may be cases where LA children's social care staff receive a referral or become aware of a sexually active child aged 13 to 16, and decide not to make a referral to the police. This decision must be made at a managerial level, after an initial assessment, including checking police indices and with clear evidence that the child is not being abused or exploited through the sexual relationship. The decision, and the reasons for it, must be recorded contemporaneously in the child's LA children's social care record.

### Criminal action against a child

- 5.42.17 Whilst it is an offence for any child to engage in a sexual relationship under the age of 16, in the majority of cases it will not be in the best interests of the child for criminal proceedings to be instigated against them.
- 5.42.18 The decision as to whether or not to proceed with criminal action against a child who has been referred to the police will be made by the Crown Prosecution Service, acting upon the advice of the police. The best interests of the child concerned will be one factor in informing this decision.

### Disabled children

- 5.42.19 Disabled children are more likely to be abused than non-disabled children, and they are especially at risk of harm when they are living away from home. They may be particularly vulnerable to coercion due to physical dependency or because a learning disability or a communication difficulty means that it is not easy for them to communicate their wishes to another person. This increases the risk that a sexual relationship may not be consensual.
- 5.42.20 In assessing whether a relationship presents a risk of harm to a disabled child or young person, professionals need to consider the indicators listed in [sections 5.42.11](#) and [5.42.12](#) above in the light of these potential additional vulnerabilities.

### Children 16 and 17 years

- 5.42.21 Sexual activity involving a 16 or 17 year old, though unlikely to involve an offence, may still involve harm or the risk of harm. Professionals should still bear

in mind the considerations and processes outlined in this guidance in assessing that risk, and should share information as appropriate. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them (see the [Sexual Offences Act 2003](#)).

## 5.43 Sexually exploited children

- 5.43.1 This section is a summary of the supplementary London child protection procedure [Safeguarding Children Abused Through Sexual Exploitation \(London Board, 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction. See also the [Sexual Offences Act 2003](#) and [section 5.42. Sexually active children](#).
- 5.43.2 The sexual exploitation of children is a form of child sexual abuse which includes some combination of:
- Pull factors: children exchanging sex for attention, accommodation, food, gifts or drugs;
  - Push factors: children escaping from situations where their needs are neglected and there is exposure to unsafe individuals;
  - Control, brain washing, violence and threats of violence by those exploiting the child.
- 5.43.3 Sexually exploited children also suffer physical and emotional abuse and, often, neglect. See [section 4.3. Recognition of abuse and neglect](#).
- Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.43.4 Boys and girls may be drawn into sexual exploitation by peers who are already involved. Girls in particular are frequently coerced into sexual exploitation by an older man, posing as and viewed by them as their boyfriend. The girl is physically and emotionally dependent upon him, which may be reinforced by the use of alcohol and drugs. Over time, access to friends and family becomes curtailed and the child becomes alienated from agencies which may be able to identify and interrupt the abuse.
- 5.43.5 Sexually exploited children are rarely visible on the streets, and grooming children for abuse via the internet has contributed to the invisibility of the sexual exploitation of children (see [section 5.25. ICT-based forms of abuse](#)).
- 5.43.6 Increasingly, victims are identified under 16 years of age, across all cultures. Many children are exploited in the community, although the behaviours associated with exploitation may bring them into care and a significant number of children are targeted whilst being looked after by LA children's social care.
- 5.43.7 Sexually exploited children commonly have low self-esteem and have experiences which include the following signs and symptoms:
- Going missing frequently and / or from a young age;
  - Bullying in or out of school;
  - Previous and sometimes current sexual abuse, neglect and physical abuse, and domestic violence within the family;

- Family involvement in sexual exploitation, drugs or alcohol;
- Drug and alcohol use themselves;
- Emotional symptoms, including eating disorders, mood swings and self harm (sometimes very extreme, e.g. genital cutting);
- Involvement in theft, shoplifting, deception etc. often organised by the person exploiting them;
- A preoccupation with their mobile phone which indicates the child is being controlled (e.g. possession of multiple phones, extreme distress when one is lost or not working);
- Having limited freedom of movement;
- Showing signs of sexual activity / abuse, including STDs, terminations and pregnancy scares;
- Possession of money and goods not accounted for;
- Having an older “boyfriend” - in some cases the “boyfriend” drives them about.

## Referral and assessment

### Risk Assessment Framework

- 5.43.8 Professionals in all agencies should be alert to the possibility that a child for whom they have concerns may be sexually exploited. They should discuss their concerns with their agency’s nominated safeguarding children adviser and they should use the risk assessment framework (see [Safeguarding Children Abused through Sexual Exploitation \[London Board, 2006\]](#)) to make a judgement about the risk of harm to the child.
- 5.43.9 The framework groups indicators of risk of harm into categories:
- Category 1 (at risk): a vulnerable child who is at risk of being targeted and groomed for sexual exploitation;
  - Category 2 (medium risk): a child who is targeted for opportunistic abuse through the exchange of sex for attention, accommodation, food, gifts and drugs. The likelihood of coercion and control is significant;
  - Category 3 (high risk): a child whose sexual exploitation is habitual, often self defined and where coercion / control is implicit.
- 5.43.10 These categories also include situations where:
- A child is at immediate risk of significant harm and has other additional vulnerabilities;
  - The sexual exploitation may be being facilitated by a child’s parent;
  - The sexual exploitation may be being facilitated by a child’s parent failing to protect;
  - A related or unrelated adult in a position of trust or responsibility to a child may be organising or encouraging the sexual exploitation.

### Response

- 5.43.11 Category 1: a professional, together with their agency’s safeguarding children adviser, should consider whether the agency can provide focused early

intervention and diversion to meet the child's needs as a single agency, and how to proceed if not.

- 5.43.12 A professional or agency view that a child is at risk (category 1) may be inaccurate. Sharing information about that child may reveal them to be at medium or high risk and in need of immediate protection. See [Safeguarding Sexually Active Children \(London Board, 2006\)](#), which describes the process for gathering information from the Metropolitan Police.
- 5.43.13 If a single agency cannot meet the child's needs, they should call a network meeting of the agencies currently involved with the child, or ask LA children's social care to do so.
- 5.43.14 Category 2 and 3: professionals in all agencies should make a referral to LA children's social care in line with [section 6. Referral and assessment](#).
- 5.43.15 Children and their families should be made aware of the concerns and engaged in developing the diversion plans. However, this should be approached with a high level of sensitivity, and attendance at network and multi-agency planning (MAP) meetings is not normally recommended as the children concerned are often subject to significant threats, bribes and conflicted loyalties. They may feel impelled to tell their abusers what is being planned and in turn become more isolated from services. Similarly, families may be unable to promote the child's best interests.

#### **Multi-agency planning (MAP) meeting**

- 5.43.16 LA children's social care should consider initiating s47 enquiries (see [section 6. Referral and assessment](#), including [section 6.4. Referral criteria](#) and the [indicator table at 6.4.4](#), which provides guidance on the difference in LA children's social care between s47 / core assessment and an initial assessment.
- 5.43.17 MAP meetings may run alongside other planning meetings, child protection conferences, or looked after children reviews. However, they may be the sole form of planning for the child.
- 5.43.18 The aim of MAP meetings is to develop a plan to enable the child to protect themselves, to recognise and avoid risky behaviours and people, and to engage in positive activities and relationships.
- 5.43.19 Plans should also consider:
- The risks to other children in the household or placement;
  - Whether the child should remain at home or in their present placement; and
  - The feasibility of controlling the child's movements, and the likely effects of doing so.
- 5.43.20 The child's parents, including staff in residential units and foster carers, should be asked to take positive action to clarify and record suspicions and minimise the child's involvement in sexual exploitation.
- 5.43.21 The safeguarding and support plan should specify who is responsible for undertaking the work. A copy of the plan and minutes should be sent to all the agencies involved with the child and a date for a review meeting should be agreed, to take place no later than three months after the initial meeting.
- 5.43.22 The LA children's social care child protection adviser should advise on the diversion plan for category 1 cases and agree MAP meetings for category 2 and 3 cases.

- 5.43.23 Implementing effective diversionary and safeguarding and support plans for children may require professionals to be extremely persistent in continuing to offer support and services. It may be that a non-LA children's social care professional may best be able to provide a direct service.

#### Looked after children

- 5.43.24 Staff in residential units should also be aware that more than one child in a unit may be being targeted, or that the abuser has previously been involved with children at the unit.
- 5.43.25 When a referral is received regarding a looked after child, the child's social worker must inform their team manager and the lead professional. For a description of a lead professional see [section 1. Preface and introduction, 1.2.9 Lead professional](#) and [1.6. Glossary](#).
- 5.43.26 If the child is in foster care, the social worker and fostering link worker should meet with the foster carer to decide which of the above steps could reasonably be taken by the foster carer. This needs to take place in consultation with the fostering team manager.

#### Role of the police

- 5.43.27 If there are suspicions that a child is involved in sexual exploitation, but there is no immediate or direct evidence, the police officer noting the concern should complete a coming to notice (PAC) form on the Merlin system. The Borough Public Protection Desk (PPD) will risk assess the form and share the information with LA children's social care.
- 5.43.28 LA children's social care and the police should put in place arrangements for deciding which officers will be responsible for investigating whether a crime has been committed.
- 5.43.29 Criminal action in respect of the child will not be instigated until the matter has been discussed within a MAP meeting, and then only in very limited circumstances, when it is established that all attempts at diversion have failed. Particular attention should be paid to the following:
- The age and vulnerability of the child;
  - The return to sexual exploitation must be considered genuinely voluntary, with no evidence of physical, mental or emotional coercion;
  - The child has been told, and understands, that criminal proceedings may take place, and the implications of this for them now and in the future.
- 5.43.30 See [section 7. Child protection enquiries](#), [section 8. Child protection conferences](#) and [section 9. Implementation of child protection plans](#), and also [Safeguarding Children and Young People from Sexual Exploitation \(DCSF, 2009\)](#), at: <http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/safeguarding/>

## 5.44 Spirit possession or witchcraft

- 5.44.1 Current guidelines for praying for children and engaging with them in a faith context are available in the '[Safe and Secure](#)' booklet, available at: [www.ccpas.co.uk](http://www.ccpas.co.uk), produced by the [Churches' Child Protection Advisory Service \(CCPAS\)](#) and the Metropolitan Police. Whilst the booklet is specifically for



Christian communities, the principles it sets out for safeguarding children are the same across all faith communities and can be adapted accordingly.

See also [section 2. Roles and responsibilities. 2.24.22 Faith communities.](#)

5.44.2 Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers.

5.44.3 Parents can be initiated into and / or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist / indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members.

5.44.4 A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. See [section 4.3. Recognition of abuse and neglect.](#)

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

5.44.5 The forms the abuse can take include:

- Physical abuse: beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes;
- Emotional abuse: in the form of isolation (e.g. not allowing a child to eat or share a room with family members or threatening to abandon them). The child may also be persuaded that they are possessed;
- Neglect: failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing or warmth;
- Sexual abuse: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation.

## Reasons for the abuse

5.44.6 A belief in spirit possession is not confined to particular countries, cultures, religions or communities. Common factors that put a child at risk of harm include:

- Belief in evil spirits: this is commonly accompanied by a belief that the child could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely, but includes through food that they have been given or through spirits that have flown around them;
- Scapegoating because of a difference: it may be that the child is being looked after by adults who are not their parents (i.e. privately fostered), and who do not have the same affection for the child as their own children.
- Rationalising misfortune by attributing it to spiritual forces and when a carer views a child as being 'different' because of disobedience,

rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability; Disabilities involved in documented cases included learning disabilities, mental ill health, epilepsy, autism, a stammer and deafness;

- Changes and / or complexity in family structure or dynamics: there is research evidence (see [Stobart, Child Abuse linked to Accusations of Spirit Possession \[DfES 2006\]](#)) that children become more vulnerable to accusations of spirit possession following a change in family structure (e.g. a parent or carer having a new partner or transient or several partners). The family structure also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement (see [section 5.34 Private fostering](#)). In some cases, this may even take on a form of servitude;
- Change of family circumstances for the worse: a spiritual explanation is sought in order to rationalise misfortune and the child is identified as the source of the problem because they have become possessed by evil spirits. Research evidence is that the family's disillusionment very often had its roots in negative experiences of migration:
  - in the vast majority of identified cases in the UK to date, the families were first or second generation migrants suffering from isolation from extended family, a sense of not belonging or feeling threatened or misunderstood. These families can also have significantly unfulfilled expectations of quality of life in the UK;
- Parental difficulties: a parent's mental ill health appears to be attributed to a child being possessed in a significant minority of cases. Illnesses typically involved include post-traumatic stress disorder, depression and schizophrenia.

## Recognising child abuse or neglect linked to spirit possession

5.44.7 Indicators of abuse include:

- A child's body showing signs or marks, such as bruises or burns, from physical abuse;
- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- A child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or food money or being unkempt with dirty clothes and even faeces smeared on to them;
- It may also be directly evident that the child's parent does not show concern for or a close bond with them;
- A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised;
- A child reporting that they are or have been accused of being evil, and / or that they are having the devil beaten out of them.

5.44.8 Professionals who are best placed to recognise when a child has been labelled as spirit possessed are those who have regular contact with children - teachers and school nurses, health professionals, community groups and churches, and

in some instances LA children's social care professionals. Professionals working with parents may also become aware that a parent has come to believe that an evil spirit has entered their child.

## Professional response

5.44.9 Faith based abuse may challenge a professional's own faith and / or belief, or the professional may have little or no knowledge on the issues that may arise. This makes it difficult for the professional to identify what they might be dealing with and affect their judgement. It will often take a number of contacts with the child or pieces of information to recognise the abuse.

5.44.10 Professionals should consider:

- How to build a relationship of trust with the child, and whether there is another professional who already has a trusting relationship with the child;
- Whether to involve the family. A belief that the child is possessed may mean they are stigmatised in their family. If the child has been labelled as possessed, professionals should find out how this affects the child's relationship with others in the extended family and community;
- What the beliefs of the family are;
- Where to obtain expert advice about cultures or beliefs that are not their own;
- What pressures the family are under. These cases of abuse will sometimes relate to blaming the child for something that has gone wrong in the family. Professionals should consider whether there is anything that can or should be done to address relevant pressures on the family;
- That the abuser may have a deeply held belief that they are delivering the child of evil spirits and that they are not harming the child but actually helping them. Holding such a belief is no defence or mitigation should a child be abused.

5.44.11 Professionals should consider:

- Whether these beliefs are supported by others in the family or in the community, and whether this is an isolated case or if other children from the same community are being treated in a similar manner;
- Whether there is a faith community and leader which the family and the child adhere to:
  - as a minimum, the full details of the faith leader and faith community to which the family and child adhere to should be obtained
  - the exact address of the premises where worship or meetings take place should be obtained
  - further information should be obtained about the belief of the adherents and whether they are aligned to a larger organisation in the UK or abroad (websites are particularly revealing in terms of statements of faith and organisational structures);
- The family structure:

- the roles of the adults in the household should be clarified (e.g. who the child's main carer is, whether the child is being privately fostered)
  - whether the abuse relates to the arrival of a new adult into the household or the arrival of the child, perhaps from abroad
  - If the child has recently arrived, what their care structure in their country of origin was. What the child's immigration status is
  - the identities and relationships of all members of the household. These should be confirmed with documentation; it may be appropriate to consider DNA testing;
- Whether there are reasons for the child to be scapegoated (e.g. the child's behaviour or physical appearance may be different from other children in the family or community, the child may be disabled or their parents labelled as possessed);
  - Whether an interpreter is required. If working with a very small community, the professional should assure themselves that the interpreter and the family are not part of the same social network.
- 5.44.12 Professionals should ensure that all the agencies in the child's network understand the situation so that they are in a position to support the child appropriately. The child can themselves come to hold the belief that they are possessed and this can significantly complicate their rehabilitation.
- 5.44.13 To dismiss the belief may be harmful to the child involved. With careful and appropriate engagement and adequate support, harm can be reduced or in some cases totally removed.

### **Working with places of worship and faith organisations**

- 5.44.14 In some circumstances, it may be appropriate to work in partnership with a responsible leader/s from a faith community or to assist a community in terms of safeguarding children through education and training. Such training provides preventative and parenting opportunities.
- 5.44.15 Before embarking on this course of action, a risk assessment should be conducted to ensure that the child/ren, professionals and others involved in the engagement can do so safely. This strategy is best conducted utilising agencies such as the police and trusted community partners. There are charities and statutory bodies who can access faith communities to assist in this training.
- 5.44.16 Concerns about a place of worship may emerge where:
- A lack of priority is given to the protection of children and there is a reluctance of some leaders to get to grips with the challenges of implementing sound safeguarding policies or practices;
  - Assumptions exist that 'people in our community' would not abuse children or that a display of repentance for an act of abuse is seen to mean that an adult no longer poses a risk of harm;
  - There is a denial or minimisation of the rights of the child or the demonisation of individuals;
  - There is a promotion of mistrust of secular authorities.
- 5.44.17 Professionals should consult with their agency's nominated safeguarding children adviser and make a referral to LA children's social care, in line with [section 6. Referral and assessment](#).

## Children being taken out of the UK

- 5.44.18 If a professional is concerned that a child who is being abused or neglected is being taken out of the country, it is relevant to consider:
- Why the child is being taken out of the UK;
  - Whether the care arrangements for the child in the UK allow the local authority to discharge its safeguarding duties;
  - What the child's immigration status is. Professionals should also consider whether the child recently arrived in the UK, and how they arrived;
  - What the proposed arrangements are for the child in their country of destination, and whether it is possible to check these arrangements;
  - Whether the arrangements appear likely to safeguard and promote the child's welfare;
  - That taking a child outside of the UK for exorcism or deliverance type procedures is likely to cause significant harm.

See [section 5.46 trafficked and exploited children](#).

- 5.44.19 See also [Safeguarding Children from Abuse Linked to a Belief in Spirit Possession \(DfES, 2007\)](#), available at [www.ecm.gov.uk](http://www.ecm.gov.uk).

## 5.45 Surrogacy

- 5.45.1 Surrogacy is legal in the UK, with reasonable expenses only being paid to the surrogate mother. Surrogacy arrangements are not legally enforceable.
- 5.45.2 It is illegal to advertise for a surrogate in the UK. Most people have a family member or friend willing to carry the child, others join a surrogacy organisation.
- 5.45.3 Partial surrogacy uses the egg of the surrogate mother and the sperm of the intended father, thus the baby is biologically related to the intended father and the surrogate mother. This can make it difficult for the surrogate mother to give up her own biological child, but also for the intended mother to accept a child which her husband has fathered with another woman.
- 5.45.4 Total surrogacy uses the egg of the intended mother combined with the sperm of her husband or donor sperm. A baby conceived by this method has no biological connection to the surrogate mother, making it easier for her to give up the child she is carrying.
- 5.45.5 A professional in any agency may become aware of the surrogacy arrangement and have concerns about:
- The suitability of the intended parents to care for the child;
  - Conflict between the adults in a surrogacy arrangement e.g. that the surrogate mother is under pressure to relinquish the child against her will (see, as appropriate, [section 5.11. Domestic violence](#)); and / or
  - The amount being paid for the child.
- 5.45.6 An unborn or newborn child in these circumstances could be at risk of physical and emotional abuse and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

- 5.45.7 In these circumstances, all staff have a responsibility to safeguard and promote the welfare of the unborn or newborn child, and professionals should follow the procedures for referral to LA children's social care set out in [section 6. Referral and assessment](#).
- 5.45.8 LA children's social care responses should be proportionate to what are likely to be very individual circumstances, and legal advice should be sought.

## 5.46 Trafficked and exploited children

- 5.46.1 This section is a summary of the supplementary London child protection procedure [Safeguarding Trafficked and Exploited Children \(London Board, 2006\)](#), accessible at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk), and the two should be read in conjunction. See also [section 5.40. Sexually exploited children](#) and [section 5.44. Spirit possession or witchcraft](#).
- 5.46.2 A trafficked child is coerced or deceived by the adult who brings them into the country or moved within the UK. When the child arrives in the UK or is moved within the country, they are denied their human rights and are forced into exploitation by the trafficker or the adult/s into whose control the child is delivered. The UK is a transit and a destination country for trafficked children.
- 5.46.3 Exploitation may include domestic servitude, sexual exploitation, forced marriage, criminal activity such as street robbery or credit card fraud, begging, benefit fraud, acting as a drug mule or decoy for adult traffickers, sweatshop or restaurant work. A child may be exploited by more than one of these means at once. There is evidence that some UK resident children, mainly young girls, are being groomed, coerced and moved around between towns and cities within the UK for the purposes of sexual exploitation.
- 5.46.4 The physical, sexual and / or emotional abuse, and neglect, a trafficked child may suffer constitutes significant harm. See [section 4.3. Recognition of abuse and neglect](#).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.
- 5.46.5 Rarely, children may be used for ritual killing or exorcism. Children in this country are not currently thought to be to be trafficked as part of the trade in human organs.

### Recognition

- 5.46.6 Even children who understand that they are being trafficked and exploited may still appear to submit willingly, through fear for themselves or their family, or because they believe their parents have agreed to the situation, or sometimes also because of bribes.



5.46.7 Recognition of trafficked and exploited children will normally rely on a combination of general signs of abuse and neglect, signs associated with exploitation and issues concerned with the child's immigration status:

5.46.8 Signs and symptoms associated with sexual or other exploitation can be found in [section 5.40 Sexually exploited children \(5.40.7\)](#).

5.46.9 Signs and symptoms specific to trafficking include children who are:

- Not in possession of their own travel documents;
- Excessively afraid of being deported;
- Known to have had their journey or visa arranged by someone other than themselves or their family;
- In possession of false papers, and these have been provided by another person;
- Unable to confirm which adult is going to accept responsibility for them;
- Accompanied / controlled by a person who has applied for visas on behalf of many others, or acts as guarantor for other visa applications;
- Travelling on a visa application that has been guaranteed by a person who has acted for other visitors who have not returned to their countries of origin on the expiry of the visa;
- Being cared for by adult/s who are not their parents (see [section 5.34 Private fostering](#)), or the quality of the relationship between the child and their adult carers is not good;
- Scantily dressed, or have the labels cut out of their clothes;
- Required to earn a minimum amount of money every day;
- Required to pay off an exorbitant debt, perhaps for the travel costs, before being able to have control over their own earnings;
- Handing over a large part of their earnings to another person;
- Presenting a history with missing links and unexplained moves;
- Working in various locations;
- Known to beg for money.

5.43.10 For more information see:

- Section 10.1 of the supplementary guidance [Safeguarding Trafficked and Exploited Children \(London Board, 2006\)](#) for an expanded list of signs and symptoms;
- [Safeguarding children who may have been trafficked](#)<sup>53</sup> (DCSF and the Home Office, 2007); and
- The child trafficking assessment toolkit designed to help front line staff identify children who may have potentially been trafficked as part of a new National Referral Mechanism.

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<sup>53</sup> *Safeguarding Children who may have been trafficked* (HM Government, 2008) <http://publications.everychildmatters.gov.uk/default.aspx?PageFunction=productdetails&PageMode=publications&ProductId=HMG-00994-2007&>

## National Referral Mechanism

- 5.46.11 The National Referral Mechanism (NRM) is a multi-agency framework designed to enable frontline practitioners to work together to identify and support victims of trafficking. Designated expert 'Competent Authorities' within the UK Human Trafficking Centre (UKHTC) and the UK Border Agency (UKBA) are responsible for determining, from the evidence gathered, but in particular on the basis of advice from children's services, whether a child meets the Council of Europe Convention on Action Against Trafficking in Human Beings ('the Convention') definition of trafficking. It was launched on 1 April 2009 and will ensure consistency of approach across all relevant agencies.
- 5.46.12 Decisions about who is a victim of trafficking are made by trained specialists in designated 'Competent Authorities'. The UKHTC hosts one such Competent Authority. The UKHTC Competent Authority deals with cases referred by all external agencies such as the police, local authorities etc where the person is a UK or EEA national, or where there is an immigration issue but the person is not yet known to UKBA. A linked but separate Competent Authority sits in UKBA for situations where trafficking is raised as part of an asylum claim or in the context of another immigration process.
- 5.46.13 An integral part of the NRM is the provision of accommodation and support to victims, and local authorities will continue to take the lead in providing appropriate services for vulnerable children (including trafficked children). Further details of the NRM process, including the trafficking toolkit, can be found on the Home Office crime reduction website<sup>54</sup>.

## Children at port of entry

- 5.46.11 Immigration officers are empowered to refer children to LA children's social care in the area the port is located, if a child's immigration documentation is incorrect or if the officer has concerns about the child's welfare. However, officers have a very limited opportunity to assess the child's welfare, and adults bringing children into the country illegally are adept at concealing irregularities in their relationship with the child, including using threats to ensure that the child presents appropriately.

## Children already in the UK

- 5.46.12 Most trafficked children are invisible to statutory services.
- 5.46.13 As most trafficked children are not aware of their rights or that they can claim asylum, they are unlikely to come to the notice of asylum or immigration services once they are in the UK.
- 5.46.15 Many trafficked and exploited children are not registered at school or with a GP. These children do not come into contact with the statutory services who could raise concerns about their welfare, although younger children may be known to LA housing services or the benefits service.
- 5.46.15 Professionals in all agencies should be alert to the possibility that a newly immigrant child could be living with adults who are exploiting the child (i.e. that the child is trafficked). A child may be presented at accident and emergency services, walk-in centres, minor injury units or GUM clinics, or could be registered at school for a short period only. See also [section 5.28. Not attending school](#).

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<sup>54</sup> [www.crimereduction.homeoffice.gov.uk/humantrafficking005.htm](http://www.crimereduction.homeoffice.gov.uk/humantrafficking005.htm)

- 5.46.16 A child in this situation is being privately fostered, and professionals should check with LA children's social care to establish whether the arrangement has been notified to them (see [section 5.34. Private fostering](#)).

## Responding to concerns

- 5.46.17 LA children's social care should urgently:
- Obtain as much information as possible from the referrer (see also [section 5.48. Accessing information from abroad](#));
  - Verify that the child is living at the address;
  - In the case of a referral from a school or education department, obtain the list of documentation provided at admission;
  - Complete a Home Office check to clarify the status of the child/ren and the adult/s caring for them.
- 5.46.18 On completion of the initial information gathering, LA children's social care should plan one of four ways forward:
- An initial assessment to gather more information (see [section 6. Referral and assessment](#));
  - Accommodation of the child under s20 [Children Act 1989](#), e.g. if:
    - the child is lost or abandoned, or there is no person with parental responsibility for the child (i.e. the child is an unaccompanied minor)
    - the person who has been accommodating the child is prevented, for whatever reason, from providing suitable accommodation or care
    - there is reasonable cause to believe that the child is suffering or likely to suffer significant harm, an emergency protection order may be sought. Consideration should be given to police powers of protection in an emergency;
  - A s47 and a core assessment of need in line with [section 6. Referral and assessment](#). See also [section 6.4. Referral criteria](#), which provides guidance on the difference within LA children's social care between a s47 / core assessment and an initial assessment;
  - No further action.

LA children's social care should advise the referrer which plan is in place.

## Interviewing the child and adults

- 5.46.19 Once information has been gathered, LA children's social care and the police should decide whether to conduct joint interviews with the Child Abuse Investigation Team or borough police and / or the immigration service.
- 5.46.20 Where it is decided that the family should be visited and interviewed, standard social work practice should be followed. The child should be seen alone, preferably in a safe environment. Ensure that carers are not in the proximity. Children will usually stick to their account and not speak until they feel comfortable.
- 5.46.21 Professional interpreters who have a clear Criminal Records Bureau check should be used; it is not acceptable to use a family member or friend. See [section 5.50. Working with interpreters / communications facilitators](#).

- 5.46.22 The adults in the family should be interviewed (separately if possible) on the same basis, using the same questions. A comparison can then be made between the answers to ensure they match.
- 5.46.23 All documentation should be seen and checked. This includes Home Office documentation, passports, visas, utility bills, tenancy agreements, birth certificates. Particular attention should be given to the documentation presented to the school at point of admission. It is not acceptable to be told *'the passport is missing'* or *'I can't find the paperwork right now'*. It is extremely unlikely that a person does not know where their paperwork / official documentation is kept.
- 5.46.24 On completion of the assessment, a meeting should be held with the social worker, their supervising manager, the referring agency (as appropriate), the police and any other professionals involved to decide on future action. Further action should not be taken until this meeting has been held and multi agency agreement obtained.

### Issues to consider when working with trafficked children

- 5.46.25 The child is likely to need:
- Safe accommodation if they are victims of an organised trafficking operation;
  - Legal advice about their rights and immigration status;
  - Their whereabouts to be kept confidential;
  - Discretion and caution to be used in tracing their families;
  - A risk assessment to be made into the danger they face if they are repatriated;
  - Support and protection against reprisals if acting as a witness.

### Criminal prosecution

- 5.46.26 The police and the Home Office are responsible for any action regarding fraud, trafficking, deception and illegal entry to the country.

### Local Safeguarding Children Boards

- 5.46.27 Local Safeguarding Children Boards should offer training to improve:
- Professionals' and volunteers' ability to recognise a trafficked and exploited child;
  - Multi-agency working to protect and promote the welfare of such children.
- 5.46.28 Local Safeguarding Children Boards should:

- Maintain close links with community groups and have a strategy in place for raising awareness within the local community of the possibility that children are trafficked and exploited, and how to raise a concern;
- At ports of entry, they should maintain close relationships with local immigration services;
- Be aware of the child trafficking agenda within their local authority and ensure all suspected child victims of trafficking are referred through the NRM using the correct procedure; and
- Identify trafficking co-ordinators who can ensure a co-ordinated campaign of information-sharing to support the safeguarding agenda between local authorities, police and the NRM competent authorities to ensure a full picture is provided on child NRM referrals and secure the best safeguarding outcome for the child.

5.46.29 For those requiring more information on the nature and scale of child trafficking in the UK, please refer to the *Child Trafficking Strategic Threat Assessment 2008/09* produced by the Child Exploitation and Online Protection (CEOP) Centre<sup>55</sup>.

## 5.47 Young carers

- 5.47.1 In many families, children contribute to family care and well-being as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative (usually a parent, grandparent, sometimes a sibling or very occasionally a friend) who has an illness or disability. This can be primary or secondary caring.
- 5.47.2 Caring responsibilities can significantly impact upon a child's health and development. Many young carers experience:
- Social isolation;
  - A low level of school attendance;
  - Some educational difficulties;
  - Impaired development of their identity and potential;
  - Low self-esteem;
  - Emotional and physical neglect;
  - Conflict between loyalty to their family and their wish to have their own needs met.
- 5.47.3 Professionals in all agencies should be alert to a child being a young carer. Where a young carer is identified, professionals should consider the child's support needs using the Common Assessment Framework.
- 5.47.4 There are circumstances in which a young carer can be suffering, or at risk of suffering, significant harm through emotional abuse and / or neglect. See [section 4.3. Recognition of abuse and neglect](#).

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<sup>55</sup> This and other related documents is available from [www.ceop.police.uk/publications](http://www.ceop.police.uk/publications).

Significant harm is defined in [section 4. Recognition and response](#) as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful there needs to be intervention by child protection agencies into the life of the child and their family.

- 5.47.5 A referral should be made to LA children's social care, in line with [section 6. Referral and assessment](#), where a young carer is:
- Unlikely to achieve or maintain a reasonable standard of health or development because of their caring responsibilities;
  - At serious risk of harm through abuse or neglect;
  - Providing intimate body care.
- 5.47.6 Unless there is reason to believe that it would put the child at risk of harm, young carers should be told if there is a need to make a referral, in order that their trust in a professional is retained.
- 5.47.7 Wherever possible, the young carer's consent and the consent of their parent should be sought, through a discussion of why the referral must be made and the possible outcomes.
- 5.47.8 Where a young carer or parent does not give consent, but it is still considered necessary to initiate a child protection enquiry, both the child and parent should be kept informed of all decisions made and offered support throughout (see [section 6. Referral and assessment](#)).
- 5.47.9 Professionals in all agencies should enquire, from LA adult social care, whether the family is receiving all their entitlements under the provisions of the [Carers \(Recognition and Services\) Act 1995](#).
- 5.47.10 Where a young carer is caring for another child, each individual child should be assessed using the Common Assessment Framework, except if the child/ren are at risk of significant harm. Professionals should consult with their agency's nominated safeguarding children adviser and make referral to LA children's social care in line with [section 6. Referral and assessment](#), for an assessment of each child's needs using the [Assessment Framework](#) (see [section 6. Referral and assessment](#) and [appendix 5](#) for a summary and diagram of the Assessment Framework).
- 5.47.11 Agencies that work with young carers such as schools, should implement policies outlining the support services available to these children.
- 5.47.12 Young carers may not meet some agencies thresholds for referral and may need to be referred to young carers' projects where appropriate.
- 5.47.13 See the [National Strategy for Carers \(chapter 8 Young Carers\) \(DH, 1999\)](#), available at [www.dh.gov.uk](http://www.dh.gov.uk).

## Additional guidance

### 5.48 Accessing information from abroad

- 5.48.1 A child for whom significant relevant information may be held abroad includes a child who may:
- Be recently immigrant into the UK, with or without their parents, and for whom there are concerns of harm, including through accusations of



- spirit possession or witchcraft (see [section 5.44 Spirit possession or witchcraft](#));
- Have been, or is suspected to have been, trafficked into or out of the UK for sexual exploitation, domestic servitude, benefit fraud etc (see [section 5.46 Trafficked and exploited children](#));
  - Be at risk of abuse or has already been abused, through, female genital mutilation (see [section 5.13 Female genital mutilation](#));
  - Threatened with forced marriage or at risk of honour based violence (see [section 5.15. Forced marriage of a child](#) and [5.20 Honour based violence](#)).
- 5.48.2 Professionals contributing to a multi-agency assessment (in line with [section 6. Referral and assessment](#)) of a child for whom relevant information is likely to be held abroad, should seek information from their respective counterpart agencies abroad (i.e. health professionals in the UK are responsible for retrieving health information from health professionals abroad, etc).
- 5.48.3 Where an assessment is required of family or relatives' circumstances abroad, LA children's social care should contact an organisation such as [International Social Services \(UK\)](#), whose details are available at: [www.issuk.org.uk](http://www.issuk.org.uk).
- 5.48.4 Professionals should contact national embassies and consulates in London for the countries concerned. [Embassy and consulate details](#) are available on the Foreign and Commonwealth Office website, at: [www.fco.gov.uk](http://www.fco.gov.uk).
- 5.48.5 Where local agencies abroad cannot assist in divulging information about a child and their family, UK professionals should seek assistance from [International Social Services \(UK\)](#).

## 5.49 Criminal injuries compensation scheme

### Eligibility

- 5.49.1 All children who are victims of offences of violence, committed within or outside the family, may be entitled to criminal injuries compensation, whether or not there has been a prosecution or conviction, including where there is no visible physical injury (e.g. sexual assault).

### Criminal Injuries Compensation Authority (CICA)

- 5.49.2 The [Criminal Injuries Compensation Authority \(CICA\)](#) has a duty to compensate fairly all those who suffer personal injuries directly attributable to a crime of violence (legal aid may be available to assist in submitting applications and deciding whether or not to accept awards).
- 5.49.3 Conditions CICA operates are:
- There is a minimum award and the injury must be serious enough to award this minimum compensation payment;
  - The incident should have been reported to the police. CICA may withhold or reduce compensation if an applicant did not take, without delay, all reasonable steps to inform the police or another appropriate authority of the circumstances of the injury;
  - There is a two year limitation period on making a claim after the incident, unless CICA exercises its discretion to 'allow an application

out of time' (in the case of child abuse, CICA may be sympathetic to applications no matter how long ago the incident occurred);

- CICA is concerned always to make awards which take into account the best interests of the victim;
- Where a child and the person causing the injuries are living in the same household (e.g. as members of the same family) at the time of the injuries, compensation will only be paid where the person responsible has been prosecuted (unless there are good reasons why not), and CICA is assured that the offender will not benefit from the award;
- Following from this, CICA may appoint trustees to hold the compensation for the benefit of the child making such provisions for maintenance and education as necessary.

## Conducting claims by children

### Looked after children

- 5.49.4 Where the local authority holds parental responsibility, LA children's social care should help the child make the claim or should initiate the claim on the child's behalf. The form should be completed by the child's social worker and approved by the LA children's social care manager.
- 5.49.5 The local authority's power to make a claim on behalf of a child is limited to children who are subject to a care order.
- 5.49.6 Where a child is looked after but the local authority does not have parental responsibility, the child's social worker should approach the person with parental responsibility, if it is appropriate to do so, and inform them of their right to make a claim for the child and assist them in doing so.
- 5.49.7 If this is inappropriate (e.g. because the person with parental responsibility caused the injuries, or is cohabiting with the person who did, or the person with parental responsibility does not initiate the claim), LA children's social care should refer the child to a solicitor or to Victim Support.
- 5.49.8 A child who has been the subject of a child protection conference may be eligible to apply. LA children's social care should give the child and / or their parent/s advice and guidance about criminal injuries compensation.

### Children not looked after

- 5.49.9 When a child is not looked after or where the offence did not give rise to a child protection conference, the police are responsible for advising the child and / or their parents that they can make a criminal injuries compensation claim.
- 5.49.10 Further information about CICA and an application form can be obtained from [www.cica.gov.uk](http://www.cica.gov.uk), or on 0800 358 3601 (freephone). Alternatively, write to the Criminal Injuries Compensation Authority, Tay House, 300 Bath Street, Glasgow G2 4LN.

## 5.50 Working with interpreters / communication facilitators

- 5.50.1 All agencies need to ensure that they are able to communicate fully with parents and children when they have concerns about child abuse and neglect, and ensure that family members and professionals fully understand the exchanges

that take place. Agencies should make arrangements to ensure that children are seen with an interpreter within the same timescales for assessment or investigation as for any other intervention.

## Recognition of communication difficulties

- 5.50.2 The use of accredited interpreters, signers or others with special communication skills must be considered whenever undertaking enquiries involving children and families:
- For whom English is not the first language (even if reasonably fluent in English, the option of an interpreter must be available when dealing with sensitive issues);
  - With a hearing or visual impairment;
  - Whose disability impairs speech;
  - With learning difficulties;
  - With a specific language or communication disorder;
  - With severe emotional and behavioural difficulties;
  - Whose primary form of communication is not speech.
- 5.50.3 When taking a referral, LA children's social workers should establish the communication needs of the child, parents and other significant family members.
- 5.50.4 Family members and children themselves should not act as interpreters within the interviews.

## Interviewing children

- 5.50.5 If a child has communication difficulties, these should be considered and planned for in the strategy meeting / discussion. See [section 7. Child protection enquiries](#).
- 5.50.6 If a child communicates by means other than speech, professionals should seek specialist expertise to enable the child to properly express themselves and to ensure that the interview with the child meets criminal proceedings standards.
- 5.50.7 A written explanation should be included in the child's plan about any departure from usual interviewing processes and standards.
- 5.50.8 Every effort should be made to enable such a child to tell their story directly to those undertaking enquiries.
- 5.50.9 It may be necessary to seek further advice from professionals who know the child well or are familiar with the type of impairment the child has (e.g. paediatrician at the child development centre or from the child's school).
- 5.50.10 When the child is interviewed, it may be necessary for the interviewer and the child to be assisted by specialised communication equipment and / or an appropriate professional, such as a:
- Speech and language therapist;
  - Teacher of the hearing impaired;
  - Specialist teacher for children with learning difficulties or a suitable professional who is skilled in using facilitated communication methods (e.g. Makaton);

- Professional translator (including people conversant with British Sign Language for hearing impaired individuals);
- Child and adolescent mental health professional;
- Professional from a specific advocacy / third sector group;
- Social worker specialising in working with disabled children.

## Video interviews

- 5.50.11 [Achieving Best Evidence \(Home Office, 2002\)](http://www.homeoffice.gov.uk/documents/achieving-best-evidence/), available from <http://www.homeoffice.gov.uk/documents/achieving-best-evidence/>, provides guidance on interviewing vulnerable witnesses, including those who are learning disabled and of the use of interpreters and intermediaries.
- 5.50.12 Interviews with witnesses with special communication needs may require the use of an interpreter or an intermediary and are usually much slower. The interview may be long and tiring for the witness and might need to be undertaken in two or three parts, preferably, but not necessarily, held on the same day.
- 5.50.13 A witness should be interviewed in the language of their choice, and vulnerable or intimidated witnesses, including children, may have a supporter present when being interviewed.

## Interpreters and communication facilitators

- 5.50.14 If the family's first language is not English, the offer of an interpreter should be made even if they appear reasonably fluent, to ensure that all issues are understood and fully explained.
- 5.50.15 Interpreters / communication facilitators used for child protection work should be subject to references, Criminal Records Bureau (CRB) checks and a written agreement regarding confidentiality. Wherever possible, interpreters should be used to interpret in their own first language. Local Safeguarding Children Boards should ensure that interpreters / communication facilitators for this work are specifically trained so as to ensure that they are able to work effectively alongside professionals in the role of interpreter in discussing highly sensitive matters.
- 5.50.16 Social workers need to first meet with the interpreter / communication facilitator to explain the nature of the investigation and clarifying:
- The interpreter / communication facilitator's role in translating direct communications between professionals and family members;
  - The need to avoid acting as a representative of the family;
  - When the interpreter / communication facilitator is required to translate everything that is said and when to summarise;
  - That the interpreter / communication facilitator is prepared to translate the exact words that are likely to be used - especially critical for child abuse;
  - When the interpreter / communication facilitator will explain any cultural or other issues that might be overlooked (usually at the end of the interview, unless any issue is impeding the interview);
  - The interpreter / communication facilitator's availability to interpret at other interviews and meetings and provide written translations of reports (taped versions if literacy is an issue);

- 5.50.17 Family members may choose to bring along their own interpreter / communication facilitator as a supporter but not another family member. This person will be additional to the agency's own interpreter / communication facilitator.
- 5.50.18 Invitations to child protection conferences, reports and conference minutes must be translated into a language / medium that is understood by the child, where appropriate, and the family.
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## 6 Referral and assessment

### Contents

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## 6.1 Introduction

*For quick referral flowchart, see [section 6.10](#)*

- 6.1.1 In all assessment processes, the safety of the child should remain paramount at all times and in all circumstances.
- 6.1.2 Early assessment and intervention is important because incidents of neglect and abuse within families are on a continuum and situations where abuse is developing can, at times, be resolved by preventative services outside the child protection procedures.
- 6.1.3 At all stages of referral and assessment, consideration must be given to issues of diversity, taking into account:
- The impact of cultural expectations and obligations on the family;
  - The family's knowledge and understanding of UK law in relation to parenting and child welfare;
  - The impact on the family if recently arrived in the UK and their immigrant status;
  - The need to use interpreters for discussions about parenting and child welfare, even though the family's day-to-day English may appear / be adequate (see [section 5.47. Working with interpreters / communications facilitators](#)).
- 6.1.4 All assessments must:
- Be holistic in approach;



- Involve children and their families (in addition to collating verbal and written contributions from relevant agencies);
- Build on strengths as well as identifying difficulties.

6.1.5 Types of assessment include:

- Common assessment undertaken by practitioners in any of the agencies or organisations providing services for children and their families (see [section 6.2. Common Assessment Framework](#));
- Initial assessment undertaken by LA children's social care with the involvement of other professionals, the child and family, using the [Framework for the Assessment of Children in Need and their Families \(Department of Health et al. 2000\)](#), the *Assessment Framework* (see [section 6.6 Initial assessment](#));
- Core assessment undertaken by LA children's social care with the involvement of other professionals, the child and family using the *Assessment Framework* (see [section 6.7 Core assessment](#));
- Other specialist assessments undertaken by health, education or other specialist professionals (e.g. special educational needs assessments or medical / psychiatric diagnoses).

6.1.6 Assessments should, as far as possible, build on rather than repeat recent and previous generic (common assessment) and specialist assessments.

## 6.2 The Common Assessment Framework

6.2.1 The [Common Assessment Framework](#) (CAF) offers a basis for early identification of children's additional needs, sharing of this information between organisations and the co-ordination of service provision. Where it is considered a child may have additional needs, with the consent of the child or parents/carers, professionals may undertake a common assessment in accordance with the national practice guidance<sup>56</sup> to assess these needs and to decide how best to support them.

6.2.2 The common assessment is designed for when:

- There are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
- The child's needs are unclear or broader than a single service can address.

6.2.3 A common assessment should be completed when a professional in any agency (all health, childcare, early years settings, schools, education, Connexions, adult social care, crime reduction and the third sector) has concerns that a child will not progress towards the [five Every Child Matters priority outcomes](#) (being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well-being), without additional services. Professionals should consult their local guidance and protocols in relation to thresholds for referral in their Local Safeguarding Children Board area.

6.2.4 Completing a common assessment should:

- Enable the professional to identify the child's needs;

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<sup>56</sup> See [www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework](http://www.dcsf.gov.uk/everychildmatters/strategy/deliveringservices1/caf/cafframework)

- Provide a structure for systematic gathering and recording of information;
- Record evidence of concerns and a base-line for measuring progress in addressing them;
- Potentially provide a framework for a referral discussion to LA children's social care for an initial or core assessment or to another service for a specialist assessment.

6.2.5 The findings from the common assessment may however give rise to concerns about a child's safety and welfare. Professionals should be particularly concerned regarding children whose parents or caregivers are experiencing difficulties in meeting their needs as a result of domestic violence, substance misuse, mental illness and/or learning disability (see [section 5 Children in specific circumstances](#)). All staff members who have or become aware of concerns about the safety or welfare of a child or children should know:

- Who to contact in what circumstances, and how; and
- When and how to make a referral to local authority children's social care services or the police (including whether local protocols allow for use of the common assessment proforma as a referral).

#### **Discussion of concerns about a child's safety and welfare**

6.2.6 Irrespective of whether a common assessment has been undertaken, where there are concerns that a child may be a possible child in need, and in particular where there are concerns about a child being harmed, relevant information about the child and family should be discussed with a manager, or a named or designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency, (for example, children's social care services) in order to develop an understanding of the child's needs and circumstances.

6.2.7 A common assessment can be considered, along with the provision of services without first completing a CAF, if a child is not considered to be a possible child in need under section 17 of the Children Act 1989.

6.2.8 If it is agreed that the child may be a child in need under the Children Act 1989, then a referral to children's social care should be discussed with the child and parents. If they consent, then the child should be referred to local authority children's social care and the processes set out in this chapter followed.

6.2.9 If the child is believed or suspected to be suffering significant harm a referral should always be made to children's social care (see [6.5 Making and receiving a referral](#)). If concerns arise about a child who is already known to local authority children's social care, the allocated social worker should be informed immediately of these concerns.

6.2.10 There should always be the opportunity to discuss concerns about a child's safety and welfare with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies but:

- Never delay emergency action to protect a child from harm;
- Always record in writing concerns about a child's welfare, including whether or not further action is taken; and
- Always record in writing discussions about a child's welfare in the child's file. At the close of a discussion, always reach a clear and

explicit recorded agreement about who will be taking what action or that no further action will be taken.

## 6.3 The Assessment Framework

- 6.3.1 The [Framework for the Assessment of Children in Need and their Families \(Department of Health et al, 2000\)](#) (the *Assessment Framework*) provides a systematic multi-agency approach to analyse and record what is happening to a child within their family and the wider context of the community in which they live. See [appendix 5](#) for a summary and diagram of the *Assessment Framework*.
- 6.3.2 The assessment stages involve gathering and analysing information about the three domains of the *Assessment Framework*. These are the:
- Child's developmental needs;
  - Parents' or caregivers' capacity to respond appropriately;
  - Impact of the wider family and environmental factors on parenting capacity and the child.
- 6.3.3 Staff in all agencies should be competent in contributing to the assessment of a child using the *Assessment Framework*.
- 6.3.4 Where appropriate staff should also be competent to use *HOME Inventory and the Family Pack of Questionnaires and Scales* which accompany the *Assessment Framework* (see [appendix 6. Questionnaires and scales to evidence assessment and decision making](#)) The *HOME (Home Observation and Measurement of the Environment) Inventory* is user-friendly and is well received by families. It involves an hour long semi-structured interview in the home with the main caregiver and child to collect information about the nature and variety of the child's day-to-day experiences and the parenting capacity of the caregivers and to explore a range of other aspects of the child's world and the life of the family. The *HOME Inventory* has been shown to be a good predictor of outcomes for children.

## 6.4 Referral criteria

- 6.4.1 Professionals in all agencies have a responsibility to refer a child to LA children's social care when it is believed or suspected that the child:
- Has suffered significant harm (see [section 4. Recognition and response](#) and/or [section 5. Children in specific circumstances](#));
  - Is likely to suffer significant harm (see [section 4. Recognition and response](#) and/or [section 5. Children in specific circumstances](#));
  - Has developmental and welfare needs which are likely only to be met through provision of family support services (with agreement of the child's parent).
- 6.4.2 Other than in cases where it is immediately clear that a child is, or is likely to be, at risk of significant harm, professionals should complete a common assessment and discuss this with their agency's nominated safeguarding children adviser, LA children's social care or the police, to help them reach a decision that the concerns they have about a child are sufficiently serious for a referral to be made to LA children's social care. See [section 6.2. Common Assessment Framework](#).

6.4.3 If, as a result of consultation, LA children’s social care conclude that a referral is required, then the referrer should comply by making the referral without delay using the appropriate referral form.

### Indicator table

6.4.4 The table below is an indicator guide of the difference within LA children’s social care between a s47 core assessment and an initial assessment. This table is intended as a guide and is not exhaustive. Each local area will have their own arrangements for the Common Assessment Framework (see section [6.2. Common Assessment Framework](#)) and the wider children in need population. See [section 5. Children in specific circumstances](#).

<b>LA children’s social care assessments</b>	
<b>Section 47 / core assessment</b>	<b>Initial assessment</b>
Any allegation of abuse or neglect or any suspicious injury in a pre- or non mobile child.	Allegation of physical assault with no visible or only minor injury (other than to a pre-or non mobile child).
Allegations or suspicions about a serious injury / sexual abuse to a child. See also <a href="#">section 4.3. Recognition of abuse and neglect</a> and <a href="#">section 5.23. ICT-based forms of abuse</a> .	Any injury / incident triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).
Two or more minor injuries in pre-mobile or non verbal babies or young children (including disabled children).	Any incident / injury triggering concern (e.g. a series of apparently accidental injuries or a minor non-accidental incident).
Inconsistent explanations or an admission about a clear non-accidental injury.	
Repeated allegations or reasonable suspicions of non-accidental injury.	Repeatedly expressed minor concerns from one or more sources.
A child being traumatised, injured or neglected as a result of domestic violence. See also <a href="#">section 5.11. Domestic violence</a>	Level 3 domestic violence. See <a href="#">Safeguarding Children Abused Through Domestic Violence (London Board, 2006)</a> for the assessment of risk to a child.
Repeated allegations involving serious verbal threats and/or emotional abuse. See also <a href="#">section 5.6. Bullying</a> .	Allegation concerning serious verbal threats to children. Allegations of emotional abuse including that caused by minor domestic violence.

<p>Allegations / reasonable suspicions of serious neglect.</p> <p>See also <a href="#">section 4.3. Recognition of abuse and neglect</a>.</p>	<p>Allegations of periodic neglect including insufficient supervision; poor hygiene, clothing or nutrition; failure to seek / attend treatment or appointments; age; young carers undertaking intimate personal care.</p>
<p>Medical referral of non-organic failure to thrive in under fives.</p> <p>See also <a href="#">section 4.3. Recognition of abuse and neglect</a>.</p>	
<p>Direct allegation of sexual abuse made by child or abuser's confession to such abuse.</p> <p>See also <a href="#">section 4.3. Recognition of abuse and neglect</a>, <a href="#">section 5.39. Sexually active children</a> and <a href="#">section 5.40. Sexually exploited children</a>.</p>	<p>Suspicions of sexual abuse (e.g. sexualised behaviour, medical concerns or referral by concerned relative, neighbour, carer).</p>
<p>Any allegation suggesting connections between sexually abused children in different families or more than one abuser.</p> <p>See also <a href="#">section 5.23. ICT-based forms of abuse</a> and <a href="#">section 14. Organised and complex abuse</a>.</p>	
<p>An individual (adult or child) posing a risk to children.</p> <p>See also <a href="#">section 5.18. Harming others</a> and <a href="#">section 13. Risk management of known offenders</a>.</p>	
<p>Any suspicious injury or allegation involving a child subject of a current child protection plan or looked after by a local authority.</p> <p>See also <a href="#">section 5.7. Custodial settings for children</a>, <a href="#">section 5.17. Foster care</a> and <a href="#">section 5.37. Residential care</a>.</p>	
<p>No available parent and child vulnerable to significant harm (e.g. an abandoned baby).</p>	<p>No available parent, child in need of accommodation and no specific risk if this need is met.</p>

<p>Suspicion that child has suffered or is at risk of significant harm due to fabricated or induced illness.</p> <p>See also <a href="#">section 5.12. Fabricated or induced illness.</a></p>	
<p>Child/ren subject of parental delusions.</p> <p>See also <a href="#">section 5.29. Parental mental illness.</a></p>	
<p>A child at risk of sexual exploitation or trafficking.</p> <p>See also <a href="#">section 5.40. Sexually exploited children</a> and <a href="#">section 5.43. Trafficked and exploited children.</a></p>	
<p>Registered sex offender or convicted violent offender subject to MAPPA moving into a household with under 18 year olds.</p> <p>See also <a href="#">section 13. Risk management of known offenders.</a></p>	
<p>Pregnancy in a child aged under 13.</p> <p>See also <a href="#">section 5.39. Sexually active children</a> and <a href="#">section 5.40. Sexually exploited children</a></p>	
<p>A child at risk of FGM, honour based violence or forced marriage.</p> <p>See also <a href="#">section 5.13. Female genital mutilation</a>, <a href="#">section 5.15. Forced marriage of a child</a> and <a href="#">section 5.20. Honour based violence.</a></p>	

## 6.5 Making and receiving a referral

- 6.5.1 New referrals and referrals on closed cases should be made to the LA children's social care duty social worker. Referrals on open cases should be made to the allocated social worker for the case (or in their absence the manager or the duty social worker). The referrer should have the opportunity to discuss their concerns with a qualified social worker.
- 6.5.2 For all referrals to LA children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the day of receipt (and no later than within one working day), and a decision made regarding the next course of action.
- 6.5.3 Local authority children's social care should ensure that the social work professionals who are responding to referrals are supported by experienced first line managers competent in making sound evidence based decisions about what to do next.



## Checks and information gathering

6.5.3 When taking a referral, LA children's social care must establish as much of the following information as possible:

- Full names (including aliases and spelling variations), date of birth and gender of child/ren;
- Family address and (where relevant) school / nursery attended;
- Identity of those with parental responsibility;
- Names and date of birth of all household members;
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents;
- Any significant / important recent or historical events / incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies / professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The information held on ContactPoint, where available. If there is a flag, establish the reasons for this.

6.5.4 At the end of the referral discussion the referrer and LA children's social care should be clear about proposed action, timescales and who will be taking it, or that no further action will be taken.

6.5.5 All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours.

6.5.6 If the referrer has not received an acknowledgement within three working days, they should contact LA children's social care again.

6.5.7 The social worker should gather information through:

- Discussion with the referrer;
- Consideration of any existing records for the child and for any other members of the household;
- Involving other agencies as appropriate (including the police if an offence has been or is suspected to have been committed or probation if the child is at risk of harm from an offender).

6.5.8 This process should establish:

- The nature of the concern;
- How and why it has arisen;
- What the child's and the family's needs appear to be;

- Whether the concern involves abuse or neglect; and
  - Whether there is any need for any urgent action to protect the child or any other children in the household or community.
- 6.5.9 Personal information about non-professional referrers should not be disclosed to third parties (including subject families and other agencies) without consent.
- 6.5.10 The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. See [section 3.3.15](#), about whose consent to share information should be sought.
- 6.5.11 Interviews with family members (which may include the child) should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.
- 6.5.12 A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a LA children's social care manager, and the reasons recorded.
- 6.5.13 LA children's social care should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies, and contribute to the exemplar completed at the end of the assessment.
- 6.5.14 This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and / or interventions.
- 6.5.15 The LA children's social care manager should be informed of any potential s47 enquiries and authorise the decision to initiate action. In most cases this will first involve an initial assessment, which may be brief when the threshold for child protection enquiries is met (see [section 7. Child protection enquiries. 7.3. Threshold for s47 enquiries and the core assessment](#)). If the child and / or family are well known to professional agencies or the facts clearly indicate that a s47 enquiry is required, it may be appropriate to hold a strategy meeting / discussion immediately.
- 6.5.16 The threshold may be met for a s47 enquiry at the time of referral, following checks and information gathering or at any point of LA children's social care involvement.
- 6.5.17 The police must be informed at the earliest opportunity if a crime may have been committed. The police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.
- 6.5.18 The immediate response to referrals may be:
- No further action at this stage;
  - Provision of services;
  - A fuller initial assessment of needs (which may be very brief if the criteria for initiating a s47 enquiry are met);
  - A core assessment if indications exist that the case is particularly complex or several initial assessments have previously been completed;
  - Emergency action to protect a child;

- A s47 strategy meeting / discussion (where child and/or family are well known or the facts clearly indicate that s47 enquiry is required).
- 6.5.19 A LA children's social care manager must approve the outcomes of a referral and ensure an ICS chronology has been commenced and/or updated.
- 6.5.20 LA children's social care must acknowledge all referrals within one working day.

### No further action

- 6.5.21 Where there is to be no further LA children's social care action, feedback should be provided to family and referrers about the outcome of this stage of the referral.
- 6.5.22 In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

## 6.6 Initial assessment

- 6.6.1 The initial assessment should be taken in accordance with the *Assessment Framework* (see [appendix 5](#) for a summary and diagram of the *Assessment Framework*). Where a common assessment has been completed, this information should be used to inform the initial assessment.
- 6.6.2 The initial assessment must be completed within a maximum of **ten** working days of the date of the referral. There are no circumstances in which national guidance permits extension to the above timescales. Where it becomes apparent that a timescale will require extension, a LA children's social care first line manager must review the file, record the reason for the extension and agree the new timescale.
- 6.6.3 The initial assessment must be led by a qualified and experienced LA social worker who is supervised by a highly experienced and qualified social work manager. The social worker should, in consultation with their manager and the other agencies involved with the child and family, carefully plan action with clarity about who is doing what:
- When to interview the child/ren (within an appropriate timescale);
  - Whether the child/ren should be seen and spoken to with or without their parents;
  - When to interview parents and any other relevant family members;
  - What the child and parents should be told of any concerns;
  - What contributions (historical and contemporary information) to the assessment from other agencies should be and who will provide them;
  - Whether information from abroad is required. If it is, then professionals from each agency will need to request information from their equivalent agencies in the countries in which the child has lived.
- 6.6.4 Personal information about non-professional referrers should not be disclosed to third parties (including subject families and other agencies) without consent.
- 6.6.5 The parents' permission should be sought before discussing a referral about them with other agencies. If the manager decides to proceed with checks without parental knowledge or permission, they must record the reasons, e.g. that doing so would:

- Prejudice the child's welfare;
- Aggravate seriously concerning behaviours of the adult;
- Increase the risk of further significant harm to the child;
- Prejudice a criminal investigation.

See [section 3.3.15](#), about whose consent to share information should be sought.

- 6.6.6 The checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 6.6.7 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.
- 6.6.8 All discussions and interviews with family members (which may include the child) should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.
- 6.6.9 LA children's social care should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies and contribute to the written form completed at the end of the assessment.
- 6.6.10 If during the course of the assessment it is discovered that a school age child is not attending an educational establishment, the LA education service where the child resides should be contacted to establish the reason for this. LA education must take responsibility for ensuring that the child receives education as soon as possible.

### Information from previous LAs / countries

- 6.6.11 If the child and their parents have moved into the LA children's social care area, all practitioners should seek information from their respective agencies covering previous addresses in the UK and abroad.
- 6.6.12 For information from foreign countries, see [section 5.47 Accessing information from abroad](#). In some cases, specialist assessments and information can be undertaken or obtained through independent consultants or through specialist agencies such as [International social services \(UK\)](#) (see [section 5.47](#)).
- 6.6.14 It is never acceptable to delay immediate action required whilst information from foreign countries is accessed.

### Notifying the police

- 6.6.15 It will not necessarily be clear whether a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions.
- 6.6.16 The police must be informed at the earliest opportunity if a crime may have been committed. The police will decide whether to commence a criminal investigation.

### Outcome of initial assessment

- 6.6.17 The focus of the initial assessment is the welfare of the child. In the course of an initial assessment, LA children's social care should ascertain:
- Is this a child in need? (s17 [Children Act 1989](#));

- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (s47 [Children Act 1989](#)).
- 6.6.18 The possible outcomes of the initial assessment are:
- No further action;
  - An initial plan for immediate provision of child in need services to promote the child's health and development;
  - Instigation of a s17 core assessment for a more in-depth assessment of the child's needs and circumstances;
  - Instigation of a strategy meeting / discussion, a child protection enquiry and a s47 core assessment;
  - Emergency action to protect a child (see [section 7. Child protection enquiries, 7.2. Immediate protection](#)).
- 6.6.19 The outcome of the initial assessment should be:
- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
  - Taking account of confidentiality, provided to professional referrers.
- 6.6.20 A LA children's social care manager must approve the outcomes of an initial assessment consistent with the *Initial Assessment Record (DoH 2002)*. The manager must also record and authorise the reasons for decisions, future actions to be taken and also that:
- The child/ren has been seen or there has been a recorded management decision that this is not appropriate (e.g. a s47 enquiry and police investigation initiated which will plan method of contact with child);
  - The needs of all children in the household have been considered;
  - An ICS chronology has been completed and / or updated;
  - Written feedback has been provided to the family, other agencies and referrers about the outcome of this stage of the referral in a manner consistent with respecting the confidentiality and welfare of the child.
- 6.6.21 If the criteria for initiating s47 enquiries are met at any stage during an initial assessment, the assessment should be regarded as concluded.

## 6.7 Core assessment

- 6.7.1 A core assessment should be undertaken when a more in-depth assessment is necessary to understand the child's developmental or welfare needs and circumstances and the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm now and in the future.
- 6.7.2 The decision to undertake a core assessment may be taken:
- At the conclusion of an initial assessment which recommends further assessment;
  - When a strategy meeting / discussion initiates a s47 enquiry;

- When new information is obtained on an open case.
- 6.7.3 A core assessment should be based on the *Assessment Framework* (see [appendix 5](#) for a summary and diagram of the *Assessment Framework*). It must be led by a qualified and experienced LA social worker.
- 6.7.4 The core assessment must provide a rigorous analysis of the child's needs and the capacity of the child's parents to meet these needs within their family and environment. Based on this analysis the key questions to be answered are:
- What is likely to happen if nothing changes in the child's current situation?
  - What are the likely consequences for the child?
- The answers to these questions should inform decisions about what interventions are required to safeguard and promote the welfare of a child and where possible to support parents in achieving this aim.
- 6.7.5 The core assessment must be completed within a maximum of 42 working days, including the maximum seven working days taken to complete an initial assessment. It may be necessary to commission specialist assessments (e.g. from child and adolescent mental health services) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point.
- 6.7.6 Where it becomes apparent that a timescale will require extension, a LA children's social care first line manager must review the electronic record, record the reason for the extension and agree the new timescale. Any request to LA children's social care from another agency for a core assessment must be given serious consideration and if there is a decision not to undertake the core assessment the decision and the reasons for it must be recorded in the child's electronic record and conveyed in writing to the referring agency.
- 6.7.7 A LA children's social care manager must approve the outcomes of a core assessment and ensure that:
- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account;
  - All the children in the household have been seen and their needs considered;
  - The child's home address has been visited and the child's bedroom has been seen;
  - The parent has been seen and their views and wishes have been recorded and taken into account;
  - The analysis has been completed;
  - The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and family;
  - The ICS chronology is up-to-date.
- 6.7.8 A core assessment is deemed complete once the assessment has been discussed with the child and family and the team manager as viewed and authorised the assessment.
- 6.7.9 If the assessment is that further support is required, a child in need plan should be agreed with family and other agencies. This should be monitored and reviewed regularly at maximum intervals of six months.



## 6.8 Pre-birth referral and assessment

### Referral

- 6.8.1 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be at risk of significant harm, a referral to LA children's social care must be made as soon as the concerns are identified. See [section 4. Recognition and response, 4.4 Potential risk to an unborn child](#).
- 6.8.2 The referrer should clarify as far as possible, using the Common Assessment Framework, their concerns in terms of how the parent's circumstances and / or behaviours may impact on the baby and what risks are predicted.
- 6.8.3 A referral should be made at the earliest opportunity in order to:
- Provide sufficient time to make adequate plans for the baby's protection;
  - Provide sufficient time for a full and informed assessment;
  - Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
  - Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome to assessments;
  - Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.
- 6.8.4 Concerns should be shared with prospective parent/s and consent obtained to refer to LA children's social care unless obtaining consent in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with investigative agencies.

### Pre-birth initial assessment

- 6.8.5 A pre-birth initial assessment should be undertaken on all pre-birth referrals, and when appropriate a strategy meeting / discussion held, where:
- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see [section 13. Risk management of known offenders](#));
  - A sibling in the household is subject of a child protection plan;
  - A sibling has previously been removed from the household either temporarily or by court order;
  - The parent is a looked after child;
  - There are significant domestic violence issues (see [section 5.11. Domestic violence](#));
  - The degree of parental substance misuse is likely to impact significantly on the baby's safety or development (see [section 5.31. Parents who misuse substances](#));

- The degree of parental mental illness / impairment is likely to impact significantly on the baby's safety or development (see [section 5.29. Parental mental illness](#));
- There are significant concerns about parental ability to self care and / or to care for the child e.g. unsupported, young or learning disabled mother;
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child (see [section 5.12. Fabricated or induced illness](#)) or harming a child;
- A child aged under 13 is found to be pregnant (see [section 5.39. Sexually active children](#) and [section 5.40. Sexually exploited children](#)).

### **Pre-birth strategy meeting / discussion**

- 6.8.6 The need for a s47 enquiry should be considered and, if appropriate, initiated at a strategy meeting / discussion held as soon as possible following receipt of the referral. The expected date of delivery will determine the urgency for the meeting.
- 6.8.7 Consideration of the need to initiate a s47 enquiry should follow the procedures described in [section 7. Child protection enquiries](#).
- 6.8.8 The strategy meeting / discussion should follow the procedures described in [section 7. Child protection enquiries, 7.5. Strategy meeting / discussion](#). It should take place at the hospital where the birth is planned or expected, or where the responsible midwifery service is or would be if the parents have not booked for service provision prior to birth.
- 6.8.9 The meeting must decide:
- Whether a s47 enquiry and pre-birth core assessment is required (unless previously agreed at any earlier ante-natal meeting);
  - What areas are to be considered for assessment;
  - Who needs to be involved in the process;
  - How and when the parent/s are to be informed of the concerns;
  - The actions required by adult services working with expectant parent/s (male or female);
  - The actions required by the obstetric team as soon as the baby is born. This includes labour / delivery suite and post-natal ward staff and the midwifery service, including community midwives;
  - Any instructions in relation to invoking an emergency protection order (EPO) at delivery should be communicated to the midwifery manager for the labour / delivery suite.
- 6.8.10 The parents should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and / or mother.

### **Pre-birth s47 enquiry and core assessment**

- 6.8.11 In undertaking a pre-birth s47 enquiry and core assessment, LA children's social care, the police and relevant other agencies must follow the procedures

described in [section 7. Child protection enquiries](#) and [section 6.7. Core assessment](#).

6.8.12 In summary, the enquiry should identify:

- Risk factors;
- Strengths in the family environment;
- The factors likely to change, the reasons for this and the timescales.

6.8.13 The enquiry must make recommendations regarding the need, or not, for a pre-birth child protection conference which should wherever possible be held ten weeks prior to the expected delivery date or earlier if a premature birth is anticipated.

See [section 8. Child protection conferences](#), and [section 8.14. Pre-birth conference](#).

### **If it is suspected that a child may be born at home**

6.8.14 The local Primary Care Trust (PCT) and LA children's social care service have a duty to contact any relevant agencies if they have a concern about an unborn child. If professionals are concerned that a child may be born at home or is likely to be delivered before getting to the hospital, a referral should be made to the London Ambulance Service.

6.8.15 There is an agreement between the police and the London Ambulance Service for information to be shared where a pre-birth child protection conference has decided that the baby is likely to suffer significant harm and should be taken into police protection when s/he is born.

6.8.16 The local police child abuse investigation team (CAIT) will inform the London Ambulance Service of all relevant details concerning the unborn baby and mother. Any change of details obtained by agencies should be passed to the local CAIT, who will forward the information to the London Ambulance Service.

## 6.9 Good practice checklist

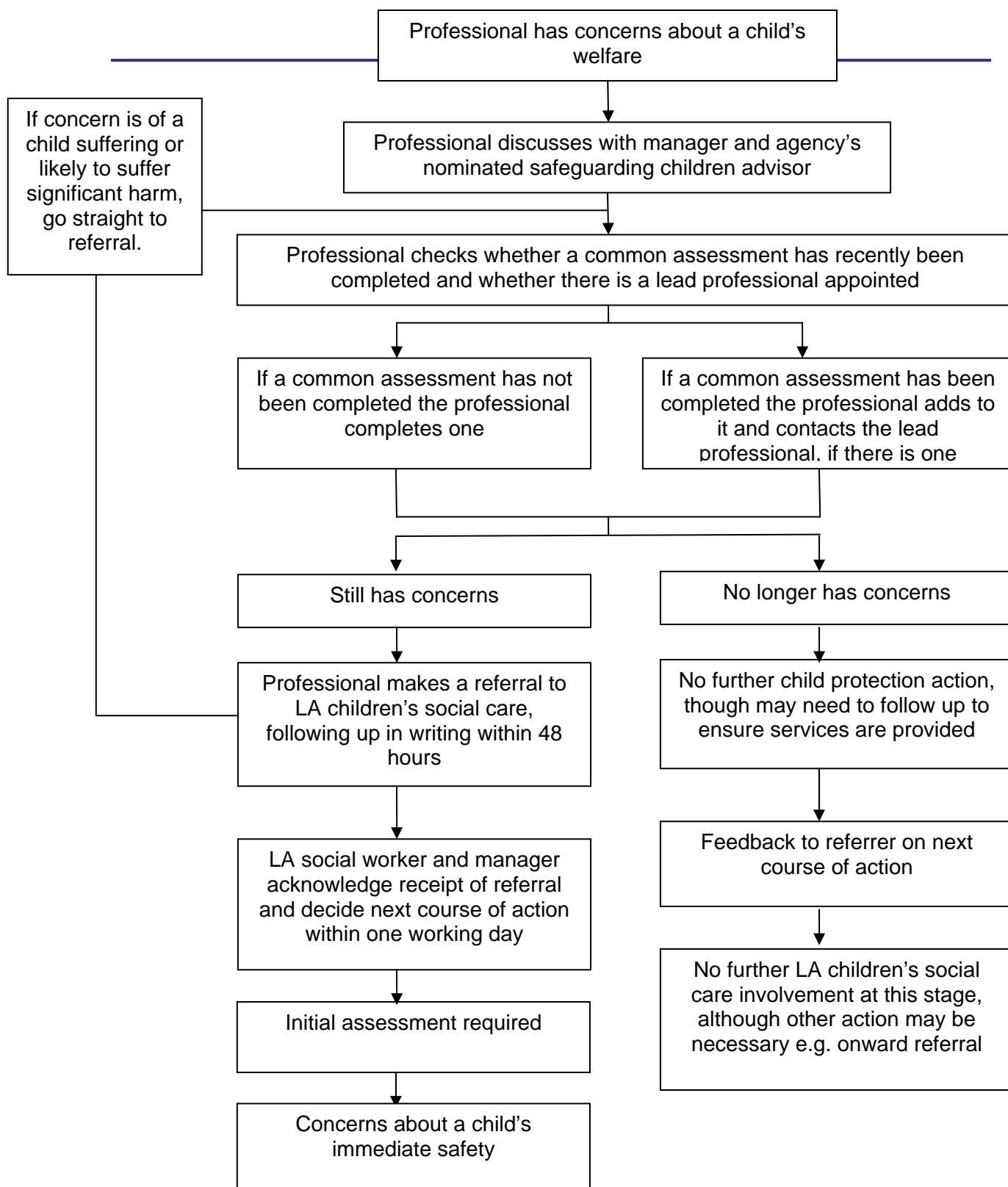
6.9.1 Information from serious case reviews continues to highlight that, when faced with the complex circumstances of a child's life, professionals find it difficult to keep the focus on the child and the key elements which should contribute to ensuring his / her safety.

Professionals should consider regularly checking their actions against this checklist as a good practice prompt:

### Good practice checklist

- Have you been able to speak to the child alone? Can you still do so?
- Where will the child be for the next 24 hours? Is the child at immediate risk of harm (physical, sexual, emotional)?
- What information do you have about the child and their family?
- Have you completed a CAF or equivalent?
- Are there other children (siblings, peers) who could be at risk of harm?
- Is the mother at risk of harm? Do she and the child/ren have a safety plan?
- Is it safe to discuss your concerns with the child's parents – or will doing so put the child at greater risk of harm?
- Is there a reason that makes it likely that the child will resist efforts to safeguard him/her (e.g. fear of a pimp, need for drugs)?
- Have you recorded everything that has been said to you by the child, the parents / family, and other professionals? Have you recorded everything you have said to others?
- Is there disagreement between health staff about the diagnosis of non-accidental injury? If there is, it must be resolved before the child is allowed home.
- Have you discussed your concerns with your agency's nominated safeguarding children adviser? If not, have you been able to reflect on your concerns with a colleague (in your or another agency) who has appropriate expertise?
- Have you complied with your agency's child protection procedures?
- Is there a need to inform the police because a crime has been committed?

## 6.10 Quick referral flowchart



## 7 Child protection enquiries

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### 7.1 Duty to conduct section 47 (s47) enquiries

- 7.1.1 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the [Children Act 1989](#) to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.
- 7.1.2 Responsibility for undertaking s47 enquiries lies with LA children's social care in whose area the child lives or is found. 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g. day nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers. For the purposes of these procedures the LA children's social care in which the child lives, is called the 'home authority' and the LA children's social care in which the child is found is



the child's 'host authority'. See [section 11.9.2 Definition of 'home' and 'host' authority](#).

- .7.1.3 Whenever a child is harmed or concerns are raised that a child may be at risk of harm or neglect, the host authority is responsible for informing the home authority immediately and invited to participate in the strategy meeting / discussion to plan action to protect the child. Only once agreement is reached about who will take responsibility is the host authority relieved of the responsibility to take emergency and ongoing action. Such acceptance should occur as soon as possible and should be confirmed in writing. See also [section 15. Allegations against staff](#).

## Responsibilities of all agencies

- 7.1.4 All agencies have a duty to assist and provide information in support of child protection enquiries.

## 7.2 Immediate protection

- 7.2.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police, LA children's social care and the NSPCC) should act quickly to secure the immediate safety of the child.
- 7.2.2 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents. Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.
- 7.2.3 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.
- 7.2.4 Responsibility for immediate action rests with the host authority where the child is found, but should be in consultation with any home authority (as described in [section 7.1](#) above).
- 7.2.5 Planned emergency action will normally take place following an immediate strategy meeting / discussion between police, LA children's social care, and other agencies as appropriate (see [section 7.5 strategy meeting / discussion](#)); see [appendix 1. Statutory framework](#) for the range of emergency protection powers available.
- 7.2.6 Immediate protection may be achieved by:
- A parent taking action to remove an alleged abuser;
  - An alleged abuser agreeing to leave the home;
  - The child not returning to the home;
  - The child being removed either on a voluntary basis or by obtaining an emergency protection order (EPO);
  - Removal of the child/ren or prevention of removal from a place of safety under police powers of protection;

- Gaining entry to the household under police powers and assessing to assess the situation.
- 7.2.7 The LA children's social worker must seek the agreement of their first line manager and obtain legal advice before initiating legal action.
- 7.2.8 Police powers of protection should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.
- 7.2.9 When police powers of protection are used, an independent police officer of at least inspector rank must act as the designated officer.
- 7.2.10 Where an agency with statutory child protection powers has to act immediately to protect a child, a strategy meeting / discussion should take place within 1 working day of the emergency action to plan the next steps.
- 7.2.11 Emergency action addresses only the immediate circumstances of the child/ren. It should be followed quickly by a s47 enquiry and an assessment of the needs and circumstances of the child and family as necessary. Where an EPO applies, LA children's social care will have to consider quickly whether to initiate care or other proceedings or to let the order lapse and the child/ren return home.

## 7.3 Section 47 enquiry thresholds and the core assessment

- 7.3.1 See [section 6. Referral and assessment](#) and the [indicator table at 6.4.4](#),
- 7.3.2 A s47 enquiry must always be commenced immediately when:
  - There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;
  - Following an EPO or use of police powers of protection;
  - A child breaches curfew criteria, in which case the response must be initiated within 48 hours of receipt of the information (s47(1)(a)(iii) [Children Act 1989](#) inserted by s15(4) [Crime and Disorder Act 1998](#)).
- 7.3.3 The threshold criteria for a s47 enquiry may be identified during an initial assessment, but may be apparent at the point of referral, during the multi-agency checks and information gathering stage, or during a core assessment.
- 7.3.4 If not already in progress, a core assessment should be commenced whenever a s47 enquiry is initiated. The core assessment framework will be the means of gathering and analysing information for the enquiry (see [section 6.7. Core assessment](#)). The conclusions and recommendations of the enquiry should inform the core assessment (see also [section 8. Child protection conferences, 8.10.4. Decision that a child needs a child protection plan](#)).
- 7.3.5 The s47 enquiry and the core assessment should begin by focusing primarily on the information identified at point of referral, during multi-agency checks and information gathering or during the initial assessment, which appears most important in relation to the risk of significant harm to the child.

## 7.4 Initiating an enquiry

- 7.4.1 LA children's social care is the lead agency for child protection enquiries and the LA children's social care manager has responsibility for authorising a s47 enquiry.
- 7.4.2 In deciding whether to call a strategy meeting / discussion, the LA children's social care manager must consider the:
- Seriousness of the concern/s;
  - Repetition or duration of concern/s;
  - Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after');
  - Source of concern/s;
  - Accumulation of sufficient information;
  - Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
  - Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, domestic violence or immigrant family issues, such as social isolation).
- 7.4.3 A s47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation (see [section 7.6. Police CAIT criminal investigations](#)) and LA children's social care have the lead for the s47 enquiries and the child's welfare.

### Multi-agency checks

- 7.4.4 Whenever a s47 enquiry is initiated, even when there has been a recent initial assessment, the LA children's social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views.
- 7.4.5 The social worker, together with their manager, must decide whether to seek parental permission to undertake multi-agency checks.
- 7.4.6 If the manager decides not to seek permission, they must record the reasons, e.g:
- Prejudicial to the child's welfare;
  - Serious concern about the behaviours of the adult;
  - Concern that the child would be at risk of further significant harm.
- 7.4.7 Where permission is sought and denied, the manager must determine whether to proceed, and if so, record the reasons.
- 7.4.8 The checks should be undertaken directly with involved professionals and not through messages with intermediaries.
- 7.4.9 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.

- 7.4.10 Agency checks should include accessing any relevant information that may be held in one or more other countries. See [section 5.45. Accessing information from abroad](#).

## 7.5 Strategy meeting / discussion

- 7.5.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting / discussion. See [section 7.3. s47 enquiry thresholds and the core assessment](#).

- 7.5.2 A strategy meeting / discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether a core assessment under s47 of the [Children Act 1989](#) (s47 enquiries) should be initiated, or continued if it has already begun;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and / or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting / discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

- 7.5.3 Relevant matters include:

- Agreeing a plan for how the core assessment under s47 of the [Children Act 1989](#) will be carried out – what further information is required about the child/ren and family and how it should be obtained and recorded;
- Agreeing who should be interviewed, by whom, for what purpose and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and in increasing the likelihood of maintaining constructive working relationships with families when a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses can have important implications for the collection and preservation of evidence;
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the lead social worker during the course of these enquiries and the methods by which the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;
- In the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and

- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers).

7.5.4 Strategy discussions by telephone will usually be adequate to plan an enquiry, but meetings are likely to be more effective where:

- There is concern that the child is suffering complex types of neglect or maltreatment (see [section 5.12. Fabricated or induced illness](#) and [section 14. Organised and complex abuse](#));
- There is an allegation that a child has abused another child - separate strategy meetings should be held for both children (see [section 5.18. Harming others](#));
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;
- There are concerns about the future risk of harm to an unborn child.

This list is not exhaustive.

7.5.5 The strategy meeting / discussion should be convened by LA children's social care. In addition to LA children's social care and the police, the meeting / discussion may need to involve the other agencies (e.g. schools and health services) which hold information relevant to the concerns about the child.

7.5.6 More than one strategy meeting / discussion may be required.

7.5.7 Where it is decided that there are grounds to initiate a s47 enquiry, decisions should be made about whether this is a single or joint investigation and should consider:

- Further information required and how it should be obtained;
- The scope of the enquiry, including siblings and other children at possible risk of harm;
- The need for any paediatric or specialist assessment;
- How to meet the best interests of the child/ren in the enquiry, taking account of any additional needs such as that arising from a disability or a need for an interpreter, speech and language therapist;
- How the child's wishes and feelings will be ascertained so that they can be taken into account;
- When, how and who will undertake interviews with the child/ren and if a video interview will be used;
- Any further action if consent is refused for interview or medical assessment;
- The needs of other children in contact with the alleged abuser/s, including all children in the household;
- Who other than the family should be interviewed, by whom, when, and for what purpose (e.g. the referrer);
- Agree what other actions may be needed to protect the child or provide interim services and support, including securing the safe discharge of a child in hospital;

- What information may be shared, with whom and when, taking into account the possibility of information sharing placing a child at risk of significant harm or jeopardising police investigations;
- Any implications for disciplinary action, e.g. use of evidence statements (see [section 15. Allegations against staff](#));
- Any legal action required;
- The need for further strategy meetings / discussions;
- Timescales, agency and individual responsibility for agreed actions, including the timing of police investigations and relevant methods of evidence gathering;
- Any need to reconvene the strategy meeting / discussion during the enquiry if the circumstances are particularly complex or unknown;
- The mechanism and date for reviewing the completion of agreed actions (i.e. further strategy meetings / discussions in complex cases).

This list is not exhaustive.

- 7.5.8 For sharing information between the local authority and criminal justice professionals, the [Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases \(2003\)](#), may be needed. The protocol was developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly, and can be found at [www.cps.gov.uk](http://www.cps.gov.uk).
- 7.5.9 The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence. See [section 7.8. Visually recorded interviews / achieving best evidence](#).

### The strategy meeting / discussion

- 7.5.10 The strategy meeting / discussion should be co-ordinated and chaired by the LA children's social care first line manager.
- 7.5.11 The strategy meeting / discussion must involve LA children's social care and the police. The referring agency may need to be included, as may other agencies which are likely to include the child's nursery / school, health visitor / GP / local hospital accident and emergency etc..
- 7.5.12 Professionals participating in strategy meetings / discussions must have all their agency's information relating to the child to be able to contribute it to the meeting / discussion, and must be sufficiently senior to make decisions on behalf of their agencies.
- 7.5.13 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included. If the child is receiving services from a hospital or child development team, the meeting / discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.
- 7.5.14 A professional may need to be included in the strategy meeting / discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.



## Strategy meeting / discussion record

- 7.5.15 It is the responsibility of the chair of the strategy meeting / discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form, (e.g. *Strategy Discussion Record (DH 2002)*, [Integrated Children's System](#)). A copy should be made available immediately for all participants.
- 7.5.16 For telephone discussions, decisions authorised by the LA children's social care manager should be circulated within one working day to all parties to the discussion.

## Timing of strategy meeting / discussion

- 7.5.17 Strategy meetings / discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:
- For allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
  - For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
  - Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
  - Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.
- 7.5.18 The plan made at the strategy meeting / discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the last strategy meeting / discussion. If the strategy meeting / discussion concludes that further strategy meetings / discussions are required, then a timescale should be set for this (see [What To Do If You're Worried A Child Is Being Abused, DfES, 2006](#)).

## Location of strategy meeting

- 7.5.19 Where the strategy discussion is a meeting, it should be held at the venue, which is most likely to maximise attendance of those who are vital to share information (e.g. a hospital, school, police station, LA children's social care office). If the child is an in-patient in hospital or if the case is one where hospital staff hold key information, the strategy meeting should be held at the hospital to maximise input from relevant staff.

## 7.6 Police child abuse investigation team (CAIT) criminal investigations

- 7.6.1 The primary responsibility of police CAIT officers is to undertake criminal investigations of suspected or actual crime and to inform LA children's social care when they are undertaking such investigations.

- 7.6.2 The police and LA children's social care must co-ordinate their activities to ensure the parallel process of a s47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through planning at strategy meetings / discussions.
- 7.6.3 At the strategy meeting / discussion, the police CAIT officers should share current and historical information with other services where it is necessary to do so to ensure the protection of a child.

### Referral to the police CAIT

- 7.6.4 All suspected, alleged or actual crime must be referred to the police CAIT. Telephone referrals should be confirmed in writing, within 48 hours, using MPS form 87A (available at: [www.londonscb.gov.uk](http://www.londonscb.gov.uk)).
- 7.6.5 The police CAIT referral manager will make a decision, based on police threshold policy (see below) and following checks and information sharing, on whether to initiate a criminal investigation.
- 7.6.6 The following matters will always be investigated by police:
- All alleged sexual assaults;
  - Allegations of physical abuse amounting to offences of actual bodily harm (*s47 Offences Against the Person Act 1861*) and more serious assaults;
  - Allegations of serious neglect / cruelty;
  - Allegations and concerns involving minor offences where there are aggravating features.
- 7.6.7 In respect of other offences of a minor nature, the police CAIT referral manager will determine the necessity for a criminal investigation according to a number of criteria (threshold policy) which include whether the facts are clear and undisputed, known history and likely impact on child.
- 7.6.8 If a minor crime, initially assessed by the police referral manager as inappropriate for further investigation, is subsequently discovered to be more serious than originally perceived, then the case must be referred back to the police CAIT for further consideration.

### Criminal investigation and strategy meeting / discussion

- 7.6.9 Where the police CAIT is undertaking a criminal investigation, the police are responsible for all the associated investigative activities and keeping LA children's social care informed (e.g. conducting interviews of witnesses and suspects; visiting crime scenes and, in conjunction with LA children's social care, arranging medical examinations).
- 7.6.10 At the strategy meeting / discussion, the police CAIT should agree with the other agencies whether this is a single or joint investigation, and the timing and methods of evidence gathering which are likely to affect the s47 enquiry.
- 7.6.11 In urgent criminal cases (critical incidents) the police may need to act unilaterally, however the police will advise the appropriate agencies of the actions and outcomes as soon as possible.
- 7.6.12 Following a full assessment of the available facts, the police CAIT may decide at any stage (e.g. during or following a strategy meeting / discussion), to terminate a criminal investigation and will inform LA children's social care of the decision. Among other factors, the police decision will take account of the best interests of the child/ren.

## 7.7 Involving parents, family members and children

- 7.7.1 Section 47 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. LA children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.
- 7.7.2 LA children's social care should provide written information about the purpose, process and potential outcomes of s47 enquiries to the parents and child/ren (having regard to age and understanding). The information should be both general and specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources.
- 7.7.3 In the majority of cases, children remain with their families following s47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, s47 enquiries should be conducted in a way that allows for future constructive working relationships with families.
- 7.7.4 The way in which a case is managed initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child/ren.
- 7.7.5 Where a child is living in a residential establishment, consideration should be given to the possible impact on other children living in the same establishment.

### Involving parents

- 7.7.6 The LA children's social care social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation. See [section 6. Referral and assessment, 6.6. Initial assessment](#).
- 7.7.7 Consideration should be given to:
- The capacity of the parents to understand this information in a situation of significant anxiety and stress;
  - Those for whom English is not their first language or who may have a physical / sensory / learning disability and may need the services of an appropriate interpreter (see [section 5.47. Working with interpreters / communications facilitators](#));
  - Factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health.
- 7.7.8 It may be necessary to provide the information in stages to parents and to repeat it; this must be taken into account in planning the enquiry. The information should cover:
- An explanation of the reason for concern and where appropriate the source of information;
  - The procedures to be followed (this must include an explanation of the need for the child to be seen, interviewed and/or medically examined and seeking parental agreement for these aspects of the enquiry and/or investigation);

- An explanation of their rights as parents including the need for support and guidance from an advocate whom they trust (advice should be given about the right to seek legal advice);
- An explanation of the role of the various agencies involved in the enquiry and/or investigation and of the wish to work in partnership with them to secure the welfare of their child.

7.7.9 Enquiries should involve interviews with parents. Planning intervention with parents should cover:

- The need to gather initial information on the history and structure of the family, the child and other relevant information to enable an assessment of the current concerns and the risk of harm to the child to be made;
- In situations of domestic violence and where parents live apart, opportunity should be made for the parents to be seen separately;
- The risk of damaging evidence that may impact on a police investigation and recovery of evidence that may confirm or refute an allegation or suspicion of crime;
- The provision of an opportunity for parents to be able to ask questions and receive support and guidance.

7.7.10 In the event of any conflict between the needs and wishes of the parents and those of the child, the child's welfare is the paramount consideration in any decision or action.

7.7.11 Parents should be provided with an early opportunity to explain their perception of the concerns, recognising that there may be alternative accounts and disparities.

7.7.12 In the course of an enquiry it may be necessary for statutory agencies to make decisions or initiate legal action to protect children, or require the parents to agree to such action. The statutory agency which has undertaken any legal action should inform relevant agencies in writing without delay.

## Involving children

7.7.13 Section 47 enquiries should always involve interviews with the child/ren who are the subject/s of concern. Children are a key and sometimes the only source of information about what has happened to them especially in child sexual abuse cases.

7.7.14 The child/ren should be seen by the lead social worker and communicated with alone when appropriate. Some children may need to be seen, with an interpreter or a person who can use their preferred method of communication. Others, such as babies, may need to be seen in the presence of their primary caregiver so as to minimise their distress.

7.7.15 All children within the household must be seen alone and directly communicated with (in their own first language) during an enquiry.

7.7.16 Even initial discussions with children should be conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide helpful information. Children may need time and more than one opportunity in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young or are experiencing mental health problems.

- 7.7.17 The objectives in seeing the subject child, and other children in the family, are to:
- Record and evaluate their appearance, demeanour, mood state and behaviour;
  - Hear the child's account of allegations or concerns;
  - Observe and record the interactions of the child and their carers;
  - See and record the circumstances in which the child is currently living and sleeping and, if different, their ordinary residence;
  - Evaluate the physical safety of the environment, including seeing the child's bedroom;
  - Ensure that any other children who need to be seen are identified;
  - Assess the degree of risk of harm and possible need for protective action;
  - Ascertain the child's wishes and feelings
  - Meet the child's needs for information and re-assurance;
  - Observe and record any injury without removing the child's clothing.
- 7.7.18 A child for whom there are significant health concerns (e.g. serious physical injury, malnourishment, acute mental ill health etc.) should be seen and clinically examined on the same working day as the referral is received.
- 7.7.19 The child/ren should also be interviewed with the parents and observations made and recorded of the interactions between parents and the child/ren. Wherever possible this should encompass a variety of settings.
- 7.7.20 Exceptionally, a joint enquiry team may need to speak to a suspected child victim without the knowledge of the parent or carer:
- When there is a concern that the child would be threatened; or
  - Coerced into silence; or
  - There is a strong likelihood that important evidence would be destroyed; or
  - The child does not wish the parent to be involved, and is Gillick competent.
- 7.7.21 All interaction and communication with the child/ren must take account of:
- The child/ren's developmental stage and cognitive ability;
  - Factors such as race, culture, religion, gender and sexuality together with issues arising from disability and health;
  - The gender of interviewers, particularly in cases of alleged sexual abuse. A child should not be interviewed by a single professional who is the same sex as the abuser.
- 7.7.22 In order to avoid undermining any subsequent criminal case, in any contact with a child prior to an interview, staff must:
- Listen to the child rather than directly questioning them;
  - Never stop the child freely recounting significant events;

- Fully record the discussion including timing, setting, presence of others as well as what was said.

7.7.23 The local authority children's social care record for the child should set out clearly the dates on which the child was seen by the lead social worker during the course of the enquiries, if they were seen alone, and if not, who was present and for what reasons. Parents and children of sufficient age and appropriate level of understanding (together with professionals and agencies who have been significantly involved) should receive a copy of this record, in particular in advance of any initial child protection conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English.

## Involving others

7.7.24 Enquiries may also include:

- Interviews with those who are personally (for example, wider family members) and professionally connected with the child;
- Specific examinations or assessments of the child by other professionals (for example, medical or developmental checks, assessment of emotional or psychological state); and
- Interviews with those who are personally and professionally connected with the child's parents and/or caregivers.

## Missing or inaccessible children

7.7.25 If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the LA children's social care social worker, the following action must be taken within 24 hours:

- A strategy meeting / discussion with police CAIT;
- Agreement reached with the LA children's social care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.

7.7.26 If access to a child is refused or obstructed the social worker, in consultation with their manager, should co-ordinate a strategy meeting / discussion, including legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

See also [section 5.27. Missing from care and home](#).

## 7.8 Visually recorded interviews / Achieving Best Evidence

7.8.1 Visually recorded interviews must be planned and conducted jointly by LA children's social care and the police CAIT in accordance with the [Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children \(Home Office 2002\)](#) available at: <http://www.cps.gov.uk/publications/docs/bestevidencevol3.pdf>

7.8.2 All events up to the time of the video interview must be fully recorded.

7.8.3 Visually recorded interviews serve two primary purposes:

- Evidence gathering for criminal proceedings;



- Examination in chief of a child witness.
- 7.8.4 Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.
- 7.8.5 In accordance with [Achieving Best Evidence](#), all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Specialist / expert help may be needed:
- If the child's first language is not English (see [section 5.47. Working with interpreters / communications facilitators](#));
  - They appear to have a degree of psychiatric disturbance but are deemed competent;
  - They have a physical / sensory / learning disability;
  - Where interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

### Criteria for visually recorded interviews

- 7.8.6 [Achieving Best Evidence](#) covers all children under the age of 17 years who may be witnesses to any type of crime, both as victims or witnesses to crimes perpetrated on others. Interviewing in this way may not take place if the child objects and / or there are other difficulties (e.g. abuse of the child has involved the use of video).
- 7.8.7 The decision to interview a child in line with [Achieving Best Evidence](#) would normally be taken jointly by police and LA children's social care at a strategy meeting / discussion. Exceptionally, there will be occasions when police will have the autonomy to carry out the interview (i.e. when LA children's social care is not available or in urgent matters to assist in forensic retrieval).
- 7.8.8 In other cases of children giving evidence the decision on whether or not to video should take account of the:
- Individual child's needs and circumstances;
  - Likelihood of maximising the quality of that particular child's evidence;
  - Type and severity of offence;
  - Circumstances of offence (e.g. relationship to alleged abuser);
  - Child's state of mind;
  - Perceived fears regarding intimidation and recrimination.
- 7.8.9 Consideration should be given to:
- The purpose and likely value of the specific video recorded interview;
  - The competence, compellability and availability of child for cross-examination;
  - How comfortable and able the child will be to talk in a formal interview setting;
  - How comfortable and able the child will be with the interview being recorded via audio visual equipment – s/he may have been the subject of abusive images.
- 7.8.10 An increasing number of children have been the subject of abusive images. The child might not have divulged this information prior to the interview. In cases

where there is a possibility that the child could have been the subject of abusive images, professionals making the decision about whether to video an interview with a child should provide an opportunity for the child to disclose this information.

7.8.11 Additional specialist help may be required if:

- The child is very young;
- The child does not speak English at a level which enables him or her to participate in the interview;
- The child appears to have a degree of psychiatric disturbance but is deemed competent;
- The child has an impairment; or
- The interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background.

Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.

## 7.9 Paediatric assessment

7.9.1 Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest accident and emergency department.

7.9.2 In other circumstances, the strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by police and / or LA children's social care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and social work service.

7.9.3 A paediatrician may refer on to other professionals, particularly if there are suspicions of sexual abuse.

7.9.4 A paediatric assessment should demonstrate an holistic approach to the child and assess the child's well being, including mental health, development and cognitive ability.

7.9.5 A paediatric assessment is necessary to:

- Secure forensic evidence;
- Obtain medical documentation;
- Provide re-assurance for the child, parent and LA children's social care;
- Inform treatment follow-up and review for the child (any injury, infection, new symptoms including psychological).

7.9.6 Only doctors may physically examine the whole child. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

### Consent for paediatric assessments or medical treatment

7.9.7 The following may give consent to a paediatric assessment:

- A child of sufficient age and understanding (Gillick competent);
  - Any person with parental responsibility, providing they have the capacity to do so;
  - The local authority when the child is the subject of a care order (though the parent should be informed);
  - The local authority when the child is accommodated under s20 of the [Children Act 1989](#), and the parent/s have abandoned the child or are physically or mentally unable to give such authority;
  - The High Court when the child is a ward of court;
  - A family proceedings court as part of a direction attached to an emergency protection order, an interim care order or a child assessment order.
- 7.9.8 When a child is looked after under s20 and a parent has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent still has full parental responsibility for the child).
- 7.9.9 A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a paediatric assessment or emergency treatment.
- 7.9.10 A young person aged 16 or 17 has an explicit right ([s8 Family Law Reform Act 1969<sup>57</sup>](#)) to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental health, no further consent is required.
- 7.9.11 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment, though refusal can potentially be overridden by a court.
- 7.9.12 Wherever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and / or other medical treatment.
- 7.9.13 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:
- Regard the child to be of an age and level of understanding to give their own consent;
  - Decide to proceed without consent.
- 7.9.14 In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.
- 7.9.15 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

### Arranging the paediatric assessments

- 7.9.16 In the course of s47 enquiries, appropriately trained and experienced practitioners must undertake all paediatric assessments.
- 7.9.17 Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the local service.

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<sup>57</sup> [http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1987/cukpga\\_19870042\\_en\\_1](http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1987/cukpga_19870042_en_1)

- 7.9.18 The paediatrician may arrange to examine the child themselves, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.
- 7.9.19 In cases of suspected abuse, GPs must not perform a detailed examination unless this is agreed by the police and the LA children's social care.
- 7.9.20 The assessment may be carried out jointly by a forensic medical examiner and a paediatrician. If a forensic medical examiner is not available, two paediatricians may carry out the assessment provided one has received forensic training.
- 7.9.21 In these cases, a child abuse investigation team (CAIT) officer should directly brief the doctors and take possession of evidential items.
- 7.9.22 Single examinations should only be undertaken if the person has the requisite skills and equipment. For further guidance for paediatricians and forensic medical examiners (see the [Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse \(The Royal College of Paediatrics and Child Health and the Association of Forensic Physicians, 2004<sup>58</sup>\)](#)).
- 7.9.23 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.
- 7.9.24 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.
- 7.9.25 In planning the examination, the police CAIT officer and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings.
- 7.9.26 Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

### Recording of paediatric assessment

- 7.9.27 The paediatrician should supply a report to the social worker, GP and, where appropriate, the police. The timing of a letter to parents should be determined in consultation with LA children's social care and police.
- 7.9.28 The report should include:
- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
  - Documentary findings in both words and diagrams;
  - Site, size, shape and where possible age of any marks or injuries;
  - Opinion of whether injury is consistent with explanation;
  - Date, time and place of examination;
  - Those present;
  - Who gave consent and how (child / parent, written / verbal);
  - Other findings relevant to the child (e.g. squint, learning or speech problems etc);

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<http://www.google.co.uk/search?q=Royal+College+of+Paediatrics+and+Association+of+Police+Surg+ons+Child+Health+Guidelines>

- Confirmation of the child's developmental progress (especially important in cases of neglect);
- The time the examination ended.

7.9.29 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

## 7.10 Risk assessment

7.10.1 The scope and focus of the assessment during the enquiry will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long term risk assessment are considered. See also [section 6. Referral and assessment, 6.6. Initial assessment](#) and [section 6.7. Core assessment](#).

7.10.2 Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child is to be discharged from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs).

## 7.11 Outcome of child protection enquiries

7.11.1 LA children's social care is responsible for deciding how to proceed based on the strategy meeting / discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer).

7.11.2 At the completion of a s47 enquiry, LA children's social care may need to undertake a number of actions.

7.11.3 The outcome will reflect that the original concerns may be:

- Unsubstantiated;
- Substantiated, but assessed as posing no continuing risk of significant harm;
- Substantiated and at continuing risk of significant harm.

### Concerns are not substantiated

7.11.4 Where the concerns are not substantiated, the LA children's social care manager must authorise whether the decision that no further action is necessary, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.

- 7.11.5 In these circumstances, the core assessment will have ended and services provided where needed to improve the welfare of the child.
- 7.11.6 In some cases, there may remain concerns about the welfare of the child. It may be appropriate to put in place arrangements to monitor the child's welfare. Monitoring should never be used as a means of deferring or avoiding difficult decisions. The purpose of monitoring should always be clear, that is, what is being monitored and why, in what way and by whom. It will also be important to inform parents about the nature of any on-going concern. There should be a time set for reviewing the monitoring arrangements through the holding a further meeting / discussion.

### **Concerns are substantiated but the child is not considered to be at continuing risk of significant harm**

- 7.11.7 There may be substantiated concerns that a child has suffered significant harm, but the agencies most involved may judge that a parent or members of the child's wider family are willing and able to co-operate with actions to ensure the child's future safety and welfare and that the child is therefore not at continuing risk of significant harm.
- 7.11.8 Other reasons which may or may not contribute to a judgement that the child is not at continuing risk of harm include that:
- The caregiver has taken responsibility for the harm they caused the child;
  - The family's circumstances have changed;
  - The person responsible for the harm is no longer in contact with the child;
  - The significant harm was incurred as the result of an isolated abusive incident e.g. abuse by a stranger.
- 7.11.9 A child protection conference may not be required when there are sound reasons, based on an analysis of evidence obtained through s47 enquiries, for judging that a child is not at continuing risk of significant harm.
- 7.11.10 In taking the decision that a family's co-operation is sufficient to ensure a child's future safety, LA children's social care should take into account:
- All relevant information obtained during a s47 enquiry;
  - A soundly based assessment of the likelihood of successful intervention;
  - Recently sought wishes and feelings of the child;
  - The need for clear evidence;
  - The dangers of misplaced professional optimism;
  - The pressure that can be felt by professionals not to challenge hostile and obstructive families.
- 7.11.11 LA children's social care may convene a meeting involving the child and their family and professionals engaged with the family. The meeting should agree:
- What actions should be undertaken in response to the core assessment findings;
  - Who is responsible for which actions;
  - The intended outcomes for the child's health and development;



- The timescale for the actions;
- How progress will be reviewed and by whom.

### **Concerns are substantiated and the child is considered to be at continuing risk of significant harm**

7.11.12 Where concerns are substantiated and the child is assessed to be at continuing risk of significant harm, there must be a child protection conference.

### **Feedback from enquiries**

- 7.11.13 The LA children's social worker is responsible for recording the outcome of the s47 enquiries consistent with the requirements of the integrated children's system. This should be put on the child's electronic record with a clear record of the discussions, authorised by the LA children's social care manager.
- 7.11.14 A copy of the requirements of the integrated children's system should be given to all the agencies who have been significantly involved, the parents and children of sufficient age and appropriate level of understanding, in particular in advance of any initial child conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. See [section 5.47. Working with interpreters / communications facilitators](#).
- 7.11.15 Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child.
- 7.11.16 If there are ongoing criminal investigations, the content of the LA children's social worker's feedback should be agreed with the police.
- 7.11.17 Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

### **Disputed decisions**

- 7.11.18 Where LA children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the LA children's social worker, their manager and/or the nominated safeguarding children adviser. The concerns, discussion and any agreements made should be recorded in each agency's files.
- 7.11.19 If concerns remain, the professional should discuss with a designated / named / lead person or senior manager in their agency. If concerns remain the agency may formally request that LA children's social care convene an initial child protection conference. LA children's social care should convene a conference where one or more professionals, supported by a senior manager / named or designated professional requests one.
- 7.11.20 If this approach fails to achieve agreement, the procedures for resolution of conflicts should be followed. See [section 18. LSCBs, quality assurance and conflict resolution](#).

## 7.12 Timescales

### Routine

- 7.12.1 From when LA children's social care receive a referral or identify a concern of risk of significant harm to a child:
- The initial strategy meeting / discussion which instigates the s47 enquiry must take place within three days of child protection concerns being identified (for exceptions, see [section 7.5.17](#));
  - The core assessment must be completed within 35 working days from the completion of the initial assessment or 42 working days in total.
- 7.12.2 The maximum period from the strategy meeting / discussion (or last meeting / discussion if more than one has been held) of an enquiry to the date of the initial child protection conference is 15 working days.

## 7.13 Recording

- 7.13.1 A full written record must be completed by each agency involved in a s47 enquiry, using the required agency proformas, authorised and dated by the staff.
- 7.13.2 The responsible manager must countersign / authorise LA children's social care s47 recording and forms.
- 7.13.3 Practitioners should, wherever possible, retain rough notes in line with local retention of record procedures until the completion of anticipated legal proceedings.
- 7.13.4 LA children's social care recording of enquiries should be consistent with the integrated children's system:
- Agency checks;
  - Content of contact cross referenced with any specific forms used;
  - Strategy meeting / discussion notes;
  - Details of the enquiry;
  - Body maps (where applicable);
  - Assessment including identification of risks and how they may be managed;
  - Decision making processes;
  - Outcome / further action planned.
- 7.13.5 At the completion of the enquiry, the social work manager should ensure that the concern and outcome have been entered on a chronology and other agencies informed.
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## **8 Child protection conferences**

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### **8.1 Initial child protection conference**

#### **Purpose of initial conference**

- 8.1.1 The initial child protection conference brings together family members (and the child where appropriate), supporters / advocates and those professionals most involved with the child and family following a s47 enquiry. Its purpose is to:

- Bring together and analyse, in an multi-agency setting the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
- Consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of a child suffering significant harm in future and decide whether the child is at continuing risk of significant harm;
- Decide what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these;
- Allocate a key worker from LA children's social care for each child who requires a child protection plan. The key worker is responsible for ensuring that the child protection plan is developed, co-ordinated and fully implemented to timescale;
- Identify a multi-agency core group to develop and monitor implementation of the child protection plan.

### Convening initial conference

- 8.1.2 An initial child protection conference must be convened when it is believed that a child is suffering or likely to suffer significant harm. See [section 8.14. Pre-birth conference](#).
- 8.1.3 The conference must consider all the children in the household, even if concerns are only being expressed about one child.
- 8.1.4 For all cases going to conference there should have been a strategy meeting / discussion and a referral to the police.
- 8.1.5 The LA children's social care manager is responsible for making the decision to convene a child protection conference and the reasons for calling the conference (or not calling a conference following completion of a s47 enquiry) must be recorded.
- 8.1.6 A conference should be convened if requested by a professional, supported by a senior manager / named or designated professional. If disagreement remains between agencies, the conflict resolution procedures in [section 18. LSCBs, quality assurance and conflict resolution](#) should be followed.

### Timing of initial child protection conference

- 8.1.7 The initial child protection conference should take place within 15 working days of:
- The strategy meeting / discussion, or the strategy meeting / discussion at which the section 47 enquiries were initiated if more than one was held; or
  - Notification by another local authority that a child subject of a child protection plan has moved into the borough.

- 8.1.8 If there is an emergency protection order (EPO) and it is decided to hold a child protection conference, the conference should, whenever possible, be held before the EPO expires.
- 8.1.9 Where a child assessment order has been made, the conference should be held immediately on conclusion of examinations and assessments.
- 8.1.10 Where there is delay, this must be reported to the LA children's social care manager (including reasons for the delay) and LA children's social care must ensure risks of harm to the child are monitored and action taken to safeguard the child.

## 8.2 Child protection review conference

### Purpose of review conference

- 8.2.1 The purpose of the child protection review conference is to:
- Review whether the child is continuing to suffer, or is likely to suffer, significant harm and their health and developmental progress against planned outcomes set out in the child protection plan;
  - Ensure that the child continues to be safeguarded from harm; and
  - Consider whether the child protection plan should continue or should be changed.
- 8.2.2 Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If not, then the child should no longer be the subject of a child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings. For further guidance see Volume 1 of the Children Act 1989 Guidance and Regulations, Court Orders 96.
- 8.2.3 The review conference requires as much preparation, commitment and management as the initial child protection conference. The same decision-making and other procedures should be used to reach a judgement on continuing to have a child protection plan as is used at the initial child protection conference.
- 8.2.4 Thorough regular review is critical to achieving the best possible outcomes for the child and includes:
- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent's capacity to ensure and promote the child's welfare;
  - Ensuring that the measures already in place to safeguard the child from harm are effective and in line with local arrangements;
  - Making changes to the child protection plan (e.g. where a family is not co-operating);
  - Deciding what action is required to safeguard the child if there are changes to the child's circumstances;
  - Setting or re-setting desired outcomes and timescales;
  - Seeking and taking into account the child's (possibly changed) wishes and feelings;

- Making judgements about the likelihood of the child suffering significant harm in the future;
  - Deciding whether there is a need for a new core assessment.
- 8.2.5 The conference must consider all the children in the household, even if concerns are only being expressed about one child.
- 8.2.6 The core group has a collective responsibility to produce reports for the child protection review which together provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan. The content of the report to the child protection review conference should be consistent with the information set out in the *Child Protection Review (DoH, 2002)*.
- 8.2.7 Every review should consider explicitly whether the child continues to be at risk of significant harm, and hence continues to require safeguarding from harm through adherence to a formal child protection plan.
- 8.2.8 If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support may benefit the child and family. See [section 8.12. Child does not require a protection plan](#).

### Timing of review conference

- 8.2.9 The first child protection review conference should be held within three months of the date of the initial child protection conference.
- 8.2.10 Further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan (unless the initial conference was a pre-birth conference - see [section 8.14. Pre-birth conference](#)).
- 8.2.11 Where necessary, reviews should be brought forward where / when:
- Child protection concerns relating to a new incident or allegation of abuse have been sustained;
  - There are significant difficulties in carrying out the child protection plan;
  - A child is to be born into the household of a child or children already subject of child protection plans;
  - An adult or child who poses a risk to children (see [section 1.6. Glossary](#)) is to join, or commences regular contact with, the household;
  - There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;
  - A child subject of a child protection plan is also looked after by the local authority and consideration is being given to returning them to the circumstances where care of the child previously aroused concerns (unless this step is anticipated in the existing child protection plan);
  - The core group believe that an early cancellation of the need for a child protection plan should be considered.

### Review conference quorum

- 8.2.12 As a minimum quorum, at every review conference there should be attendance by local authority children's social care and at least two other professional groups or agencies, which have had direct contact with the child who is the subject of the conference. In addition, attendees may also include those whose contribution



relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, local authority children's social care and two others), this minimum quorum may be breached.

## 8.3 Looked after children and child protection conferences

### Looked after children with child protection plans

- 8.3.1 Where a child has suffered, or is likely to suffer, significant harm in the future it is the local authority's duty to decide whether to initiate legal action e.g. care proceedings. Where a child who is the subject of a child protection plan becomes looked after by the local authority, the child protection plan should form part of the looked after child's overarching care plan
- 8.3.2 Children who are already looked after will not usually be the subject of child protection conferences, though they may be the subject of a s47 enquiry. The circumstances in which a child who is looked after may be subject to a child protection plan or be considered for a child protection conference would be:
- A child who is the subject of an interim care order who remains at home pending the outcome of the final family court proceedings hearing;
  - A child subject to a care order who is to be returned to their birth family / returned home;
  - A child looked after under s20 of the [Children Act 1989](#) who has been or is about to be returned to a parent's care about whom there are concerns in terms of safeguarding the child's welfare; and
  - A child who's behaviour is likely to result in significant harm to themselves or others e.g. a child who presents a risk of sexual abuse or other harmful behaviour to other children or adults.
- 8.3.3 If it is proposed that a child subject to a care order should be returned to their birth family / returned home, the members of the looked after child care review (child care review) considering the proposal for rehabilitation must decide and record whether an initial child protection conference should be convened. If the decision is that an initial child protection conference should be convened, the child's social worker must request it.
- 8.3.4 If a child is made subject to an interim care order as a result of proceedings commenced whilst the child is subject to a s47 enquiry, there should be consideration of whether the child should be the subject of an initial child protection conference. If the decision is not to convene an initial child protection conference, the issue of the child's safety must be considered at every child care review until the final hearing and the Chair must record whether an initial child protection conference is necessary and what steps have been taken to ensure the child is protected from significant harm.
- 8.3.5 If a parent removes or proposes to remove a child looked after under s20 from the care of the local authority and there are serious concerns about that parent's capacity to provide for the child's needs and protect them from significant harm, the LA social worker must discuss the case with the LA manager and make a decision about whether a child protection enquiry should be initiated. If a child protection enquiry is initiated, the reasons for this must be clearly recorded on

the child's record and may lead to an initial child protection conference. In such circumstances, the LA social worker and manager should consider whether legal action is required to protect the child.

### **Children with child protection plans who become looked after**

- 8.3.6 When a child who is subject of a child protection plan becomes looked after, there must be a careful assessment of the risk of significant harm.
- 8.3.7 If a child subject of a child protection plan becomes looked after under s20, their legal situation is not permanently secure and the next child protection review conference should consider the child's safety in the light of the possibility that the parent can simply request their removal from the local authority's care. The child protection review conference must be sure that the looked after child care plan provides adequate security for the child and sufficiently reduces or eliminates the risk of significant harm identified by the initial child protection conference.
- 8.3.8 If a child ceases to be subject of a child protection plan as a result of a decision at a child protection review conference, and the parent then unexpectedly requests the return of the child from the local authority's care, the LA social worker and manager should discuss the need for an initial child protection conference. The social worker must record the reasons for the decision whether or not to hold a conference. If the decision is not to convene an initial child protection conference, the LA social worker and manager must record their core assessment analysis of the factors that have reduced or removed the risk of significant harm.
- 8.3.9 If a child who is subject of a child protection plan becomes the subject of an emergency protection order, the next child protection review conference should consider their safety.
- 8.3.10 The child protection review conference must decide whether the looked after child care plan provides adequate security for the child and reduces sufficiently or eliminates the risk of significant harm identified by the initial child protection conference. If the child protection review conference believes the child's circumstances provide sufficient protection from the risk of significant harm, the conference may decide that the child no longer needs to be subject of a child protection plan.
- 8.3.11 If a court grants a care order in respect of a child who is subject of a child protection plan, the subsequent child protection review conference must make an assessment about the security of the child, considering issues such as contact and the looked after care plan for the child. If the care plan for the child involves remaining in or returning to the family of origin, the child protection review conference should give careful consideration to whether the child can be adequately protected through the framework of the child care reviews.
- 8.3.12 When there is a considerable delay until the date of the next child protection review conference, this can be brought forward to consider a proposal that a child should cease to be subject of a child protection plan.

### **Review conferences**

- 8.3.13 Where a looked after child remains the subject of a child protection plan there must be a single plan and a single planning and reviewing process, led by the Independent Reviewing Officer (IRO). This means that the timing of the review of the child protection aspects of the care plan under the requirements of these *London Child Protection Procedures* should be the same as the review under the *Care Planning, Placement and Case Review (England) Regulations 2010*

and the accompanying statutory guidance *Putting Care into Practice*. This will ensure that up to date information in relation to the child's welfare and safety is considered within the review meeting and informs the overall care planning process.

- 8.3.14 Consideration should be given to whether the criteria continue to be met for the child to remain the subject of a child protection plan. Significant changes to the care plan should only be made following the looked after child's review.
- 8.3.15 Significant changes to the care plan can only be made at the looked after children review meeting.
- 8.3.16 Consideration should be given to the IRO chairing the child protection conference where a looked after child remains the subject of a child protection plan despite there being:
- Different requirements for independence of the IRO function compared to the chair of the child protection conference; and
  - A requirement for the child protection conference to be a multi-agency forum while children for the most part want as few external people as possible at a review meeting where they are present.
- 8.3.17 This should be decided on an individual case basis and managed to ensure that the independence of the independent reviewing officer is not compromised. Where it is not possible for the IRO to chair the child protection conference the IRO will attend the child protection review conference.

## 8.4 Membership of child protection conference

- 8.4.1 A conference should consist of only those people who have a significant contribution to make due to their knowledge of the child and family or their expertise relevant to the case. This is likely to include:
- The child or their representative;
  - Parents and those with parental responsibility;
  - Family members (including the wider family);
  - Foster carers (current or former);
  - Residential care staff;
  - LA children's social care staff who have led and been involved in an assessment of the child and family (social worker and their first line manager);
  - Professionals involved with the child (e.g. health visitor, school nurse, paediatrician, GP, NHS Direct, school staff, early years staff, education welfare officers, Connexions staff);
  - Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition (e.g. a disability or long term illness);
  - Those involved in investigations (e.g. the police);
  - Involved third sector organisations;
  - A professional who is independent of operational or line management responsibilities for the case as Chair. The status of the Chair should be

sufficient to ensure multi-agency commitment to the conference and the child protection plan;

- Standing members, if applicable.

8.4.2 Additional invitations to conference should be provided to all professionals with a need to know or who have a contribution to the task involved. These may include:

- Local authority legal services (child protection), if it is anticipated that legal advice will be required;
- The child/ren's guardian where there are current court proceedings;
- Professionals involved with the parents or other family members (e.g. family support services, adult mental health services, probation, the GP, NHS Direct);
- Midwifery services where the conference concerns an unborn or newborn child (see [section 8.14. Pre-birth conference](#));
- Probation or the Youth Offending Team;
- Local authority housing services;
- Domestic violence adviser;
- Alcohol and substance abuse services;
- A representative of the armed services, in cases where there is a service connection;
- Any other relevant professional or service provider;
- A supporter / advocate for the child and/or parents (e.g. a friend or solicitor); solicitors must comply with the Law Society guidance [Attendance of Solicitors at Child Protection Conferences, 1997](#).

See also the [National Standards for the Provision of Children's Advocacy Services, 2002 DoH](#), and the [Protocol for Advice and Advocacy for Parents \(Child Protection\), 2002](#)<sup>59</sup>, which outlines ethical and practice issues when advocates become involved in helping parents.

8.4.3 A professional observer can only attend with the prior consent of the Chair and the family, and must not take part in discussions or decision-making.

8.4.4 Professionals who are invited but unable to attend for unavoidable reasons should:

- Inform the conference administrator;
- Submit a written report; and
- Arrange for a well-briefed agency representative to attend and speak to the report

8.4.5 Babies and young children should not normally be permitted to enter the conference room as they will cause distraction from the business-like nature of the meeting. Parents should be assisted to make arrangements for their care where necessary.

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- 8.4.6 Agencies are expected to share information about the child and family in written form, prior to the conference, whether or not they are able to attend the conference. See [section 8.8. Information for conference](#).

### Location, timing and safety for conferences

- 8.4.7 The location and timing of the conference should be planned to ensure maximum attendance from the most critical attendees. Conferences should not be scheduled for times when parents will be busy looking after children at home (e.g. after the end of the school day). Wherever possible, LA children's social care should provide parents with the opportunity to utilise appropriate day care for their children to enable their attendance at the conference.
- 8.4.8 LA children's social care is responsible for taking into account health and safety issues and security arrangements when planning each conference. See also [section 8.6. Exclusion of family members from a conference](#).

### Quorate conferences

- 8.4.9 The primary principle for determining quoracy is that there should be sufficient agencies present to enable safe decisions to be made in the individual circumstances.
- 8.4.10 The minimum representation is LA children's social care and at least two professional groups or other agencies who have had direct contact with the child who is the subject of the conference. In this context, a school is a separate agency from the rest of the local authority's children's services. The local authority should provide a representative each for LA children's social care and the school.
- 8.4.11 Attendees whose contribution relates to their professional expertise or responsibility for relevant services are not counted in determining quoracy.
- 8.4.12 Where a conference is inquorate it should not ordinarily proceed, and in such circumstances the Chair must ensure that either:
- An interim protection plan is produced; or
  - The existing plan is reviewed with the professionals and the family members that do attend, so as to safeguard the welfare of the child/ren.
- 8.4.13 Another early conference date must be set immediately.
- 8.4.14 In exceptional circumstances, the Chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:
- A child has not had relevant contact with three agencies (e.g. pre-birth conferences);
  - Sufficient information is available; and
  - A delay will be detrimental to the child.
- 8.4.15 Where an inquorate conference is held, an early review conference should be arranged.

## 8.5 Involving child/ren and family members

- 8.5.1 It is important that the principles of partnership with children and parents are maintained in the child protection process. The following are minimum requirements for all attendees of the conference and the responsibility of the Chair of the conference to uphold:
- Treat all family members with dignity and respect and offer a caring and courteous service;
  - Ensure family members know the child's safety and welfare have priority;
  - Minimise infringement of privacy consistent with protecting the child;
  - Be clear about powers and purpose of any intervention;
  - Be aware of the impact on the family of professional actions;
  - Respect confidentiality and pass on information / observations about the family only with permission or to protect the child;
  - Listen to and try to understand the concerns, wishes and feelings of the child and family before formulating explanations and plans;
  - Learn about the child's religious, cultural, community and familial context;
  - Consider strengths, potential and limitations of family members;
  - Ensure all family members know their responsibilities and rights with respect to receipt or refusal of services and its consequences;
  - Use simple jargon-free language appropriate to age and culture of each individual;
  - Be open and honest about concerns and professionals' responsibilities, plans and limitations;
  - Allow individuals time to absorb professional concerns and processes;
  - Distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibilities and seek and use supervision to check achievement of this;
  - Always acknowledge errors, failures or oversights and the distress caused to families.
- 8.5.2 Explicit consideration should be given to the potential for conflict between family members and possible need for children or adults to speak without other family members present.

### Involving parents

- 8.5.3 All parents and carers must be invited to conferences (unless exclusion is justified as described below).
- 8.5.4 The social worker must facilitate their constructive involvement by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution.
- 8.5.5 The social worker must explain to parents the purpose of the meeting, who will attend, the way in which it will operate and the complaints process.



- 8.5.6 Preparation should include consideration of childcare arrangements to enable the attendance of parent/s.
- 8.5.7 Written information should be left with the family regarding conferences, the right to bring a friend, supporter (including an advocate) or solicitor (in role of supporter), details of any local advice and advocacy services and the conference complaints procedure.
- 8.5.8 The role of the supporter is to enable the parent to put their point of view, not to take an adversarial position or cross-examine participants.
- 8.5.9 Those for whom English is not a first language must be offered and provided with an interpreter, if required. A family member should not be expected to act as an interpreter of spoken or signed language. See [section 5.47. Working with interpreters / communications facilitators](#).
- 8.5.10 Provision should be made to ensure that visually or hearing impaired or otherwise disabled parents are enabled to participate.
- 8.5.11 If parents feel unable to attend the conference, alternative means should be provided for them to communicate with the Chair of the conference. This might include providing the parent with independent assistance for views to be written or recorded for the conference or encouraging a parent to appoint a professional advocate or solicitor to attend on their behalf.
- 8.5.12 Prior to the conference, the Chair should meet with any family members to ensure they understand the process. This may, where the potential for conflict exists, involve separate meetings with the different parties.
- 8.5.13 Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. Where a parent attends only part of a conference as a result of exclusion, they must receive the record of the conference. The Chair should decide if the entire record is provided or only that part attended by the excluded parent (see [section 8.6. Exclusion of family members from a conference](#)).

### **Involving children**

- 8.5.14 The child, subject to their level of understanding, needs to be given the opportunity to contribute meaningfully to the conference.
- 8.5.15 In practice, the appropriateness of including an individual child must be assessed in advance and relevant arrangements made to facilitate attendance at all or part of the conference.
- 8.5.16 Where it is assessed, in accordance with the criteria below, that it would be inappropriate for the child to attend, alternative arrangements should be made to ensure their wishes and feelings are made clear to all relevant parties (e.g. use of an advocate, written or taped comments).

### **Criteria for presence of child at conference, including direct involvement**

- 8.5.17 The primary questions to be addressed are:
- Does the child have sufficient understanding of the process?
  - Have they expressed an explicit or implicit wish to be involved?
  - What are the parents' views about the child's proposed presence?
  - Is inclusion assessed to be of benefit to the child?

- 8.5.18 The test of 'sufficient understanding' is partly a function of age and partly the child's capacity to understand. The following approach is recommended:
- A (rebuttable) presumption that a child of less than twelve years of age is unlikely to be able to be a direct and/or full participant in a forum such as a child protection conference;
  - A presumption (also rebuttable by evidence to the contrary) that from the age of twelve and over, a child should be offered such an opportunity.
- 8.5.19 In order to establish their wishes with respect to attendance, the child must first be provided with a full and clear explanation of purpose, conduct and membership of the conference and potential provision of an advocate or support person.
- 8.5.20 Written information translated into the appropriate language should be provided to those able to read and an alternative medium (e.g. tape) offered those who cannot read.
- 8.5.21 A declared wish not to attend a conference (having been given such an explanation) must be respected.
- 8.5.22 Consideration should be given to the views of and impact on parent/s of their child's proposed attendance.
- 8.5.23 Consideration must be given to the impact of the conference on the child (e.g. if they have a significant learning difficulty or where it will be impossible to ensure they are kept apart from a parent who may be hostile and / or attribute responsibility onto them). Consideration must be given in particular to the extent to which it is appropriate for a child to hear details of a parent's personal difficulties and a parent's view about this must be respected.
- 8.5.24 In such cases, energy and resources should be directed toward ensuring that, by means of an advocate and / or preparatory work by a social worker, the child's wishes and feelings are effectively represented.

### **Direct involvement of a child in a conference**

- 8.5.25 In advance of the conference, the Chair and social worker should agree whether:
- The child attends for all or part of the conference, taking into account confidentiality or parents and / or siblings;
  - The child should be present with one or more of their parents;
  - The Chair meets the child alone or with a parent prior to the meeting.
- 8.5.26 If a child attends all or part of the conference, it is essential that they are prepared by the social worker or independent advocate who can help them prepare a report or rehearse any particular points that the child wishes to make.
- 8.5.27 Those for whom English is not a first language should be offered and provided with an interpreter. A family member should not be expected to act as an interpreter of spoken or signed language. See [section 5.47. Working with interpreters / communications facilitators](#).
- 8.5.28 Provision should be made to ensure that a child who has any form of disability is enabled to participate.

- 8.5.29 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

### **Indirect contributions when a child is not attending**

- 8.5.30 Indirect contributions from a child should, whenever possible, include a pre-meeting with the conference Chair.
- 8.5.31 Other indirect methods include written statements, e-mails, text messages and taped comments prepared alone or with independent support, and representation via an advocate.
- 8.5.32 Childcare professionals should all be able to represent a child's views and a particular responsibility falls upon the social worker to do so. It is more important that the child feels involved in the whole process of child protection assessment rather than merely receiving an invitation to the conference.

## **8.6 Exclusion of family members from a conference**

- 8.6.1 Exceptionally, it may be necessary to exclude one or more family members from part or all of a conference.
- 8.6.2 These situations will be rare and the conference Chair, or other participants, must be notified as soon as possible by the social worker if it is considered necessary to exclude one or both parents for all or part of a conference. The Chair should make a decision according to the following criteria:
- Indications that the presence of the parent may seriously prejudice the welfare of the child;
  - Sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, racist or other forms of discriminatory or oppressive behaviour, or being in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty). In their absence, a friend or advocate may represent them at the conference;
  - A child requests that the parent / person with parental responsibility is not present while they are present;
  - The presence of one or both parents would prevent a professional from making their proper contribution through concerns about violence or intimidation (which should be communicated in advance to the conference Chair).
  - The need (agreed in advance with the conference Chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation;
  - Conflicts between different family members who may not be able to attend at the same time (e.g. in situations of domestic violence).
- 8.6.3 Where a worker from any agency believes a parent should, on the basis of the above criteria, be excluded, representation must be made, if possible at least three working days in advance, to the Chair of the conference.
- 8.6.4 The agency concerned must indicate which of the grounds it believes is met and the information or evidence on which the request is based. The Chair must consider the representation carefully and may need legal advice.

- 8.6.5 If, in planning a conference, it becomes clear to the Chair that there may be a conflict of interest between the children and the parents, the conference should be planned so that the welfare of the child can remain paramount.
- 8.6.6 This may mean arranging for the child and parents to participate in separate parts of the conference and make separate waiting arrangements.
- 8.6.7 Any exclusion period should be for the minimum duration necessary and must be clearly recorded in the conference record.
- 8.6.8 It may also become clear in the course of a conference that its effectiveness will be seriously impaired by the presence of the parent/s. In these circumstances the Chair may ask them to leave.
- 8.6.9 Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the Chair to ensure that the police representative can fully present their information and views and also that the parents participate as fully as circumstances allow. This might mean that if the police representative is a police officer they may be asked to leave a conference after providing information. It is not appropriate for a police officer to administer a caution to parents prior to the conference; the purpose of the conference is to enable analysis and not to progress a criminal investigation.
- 8.6.10 The decision of the Chair over matters of exclusion is final regarding both parents and the child/ren.
- 8.6.11 If, prior to the conference, the Chair has decided to exclude a parent, this must be communicated in writing with information on how they may make their views known, how they will be told the outcome of the conference and about the complaints procedure. See [section 8.17. Complaints by service users](#).
- 8.6.12 Those excluded should be provided with a copy of the social worker's report to the conference and be provided with the opportunity to have their views recorded and presented to the conference. The Chair will determine whether or not the excluded parent should receive the record of the conference.
- 8.6.13 If a decision to exclude a parent is made, this must be fully recorded in the record. Exclusion at one conference is not reason enough in itself for exclusion at further conferences.

## 8.7 The absence of parents and / or children

- 8.7.1 If parents and / or children do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:
- The use of an advocate or supporter to attend on behalf of the parent or child;
  - Enabling the child or parent to write or tape or use drawings to represent their views;
  - Agreeing that the social worker, or any other professional, expresses their views.

## 8.8 Information for the conference

- 8.8.1 In order for the conference to reach well-informed decisions based on evidence, it needs adequate preparation and sharing of information on the child/ren's

needs and circumstances by all agencies who have had significant involvement with the child and family, including those who were involved in the s47 enquiry.

## LA children's social care report

- 8.8.2 LA children's social care should provide the conference with a written report that summarises and analyses the information obtained in the course of the initial assessment and the core assessment undertaken under s47 of the [Children Act 1989](#) (in as far as it has been completed within the available time period) and information in existing records relating to the child and family.
- 8.8.3 The report for a child protection conference should be consistent with the information set out in the *Initial Child Protection Conference Report (DoH, 2002)* and local procedures.
- 8.8.4 Where decisions are being made about more than one child in a family the report should consider the safeguarding needs of each child.
- 8.8.5 The core assessment is the means by which a s47 enquiry is carried out. Although a core assessment will have been commenced, it is unlikely it will have been completed in time for the conference, given the 35 working day period that such assessments can take.
- 8.8.5 The conference report should include information on the dates the child was seen by the lead social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons.
- 8.8.6 The LA children's social care child protection conference report should include:
- The reason for convening the conference;
  - A chronology of significant events and agency and professional contact with the child and family;
  - Information on the child's current and past state of developmental needs;
  - Information on the capacity of the parents and other family members to ensure the child is safe from harm and to respond to the child's developmental needs, within their wider family and environmental context;
  - The expressed views, wishes and feelings of the child, parents, and other family members;
  - An analysis of the information gathered and recorded using the assessment framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. This analysis should address how the:
    - child's strengths and difficulties are impacting on each other
    - parenting strengths and difficulties are affecting each other
    - family and environmental factors are affecting each other
    - parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors
    - family and environmental factors are impacting on parenting and/or the child directly; and

- The local authority's recommendation to the conference.
- 8.8.7 The report should make clear which children are the subject of the conference, as previously decided by the LA children's social worker and his/her manager.
- 8.8.8 The report should include information on the dates the child was seen by the lead social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons.
- 8.8.9 The report must make clear the distinction between fact, observation, allegation and opinion. When information is provided from another source (i.e. it is second or third hand), this should be made clear.
- 8.8.10 All children in the household need to be considered and information must be provided about the needs and circumstances of each of them, even if they are not the subject of the conference.
- 8.8.11 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least two working days in advance of the initial conferences and a minimum of five working days before review conferences to enable any factual errors to be corrected and the family to comment on the content.
- 8.8.12 The contents of the report should be explained and discussed with the child and relevant family members, [in the preferred format \(for younger children and those with special needs\)](#) and language/s of the child and family members. A family member should not be expected to act as an interpreter of spoken or signed language. See [section 5.47. Working with interpreters / communications facilitators](#). Where necessary, the reports should be translated into the relevant language or medium.
- 8.8.13 The report should be available to the conference Chair at least one working day prior to the initial conference and five working days in advance of the review conference.
- 8.8.14 The report will be attached to (or subsumed in full into) the record of the conference for circulation to those invited to the conference.

### **Information from other agencies**

- 8.8.15 All the agencies invited to the conference should provide details of their involvement with the family and their assessment of the situation.
- 8.8.16 This information should be submitted in a written, legible and signed report for the conference. The report should be available to the conference Chair and other attendees two working days in advance of the conference and five working days for a review conference. All agencies should have a conference report proforma, approved by the Local Safeguarding Children Board.
- 8.8.17 The report must make clear which child/ren are the subject of the conference, whilst also addressing any known needs and circumstances of all children in the household.
- 8.8.18 The report must make clear the distinction between fact, observation, allegation and opinion. When information is provided from another source (i.e. it is second or third hand), this should be made clear.
- 8.8.19 For agencies in contact with the family, the report should be shared with the family before the conference in the same way as described for LA children's social care in [sections 8.8.9 and 8.8.10](#) above.



- 8.8.20 The reports will be attached to, or subsumed within, the record for circulation. Police reports must not be circulated with minutes, they must be collected at the end of the meeting.
- 8.8.21 Where any agency representatives are unable to attend the conference, they must ensure that a written report is made available to the conference and, where possible, that a colleague attends in their place.

### Information from children and families

- 8.8.22 Children and family members should be helped in advance to consider what they wish to convey to the conference, how they wish to do so and what help and support they will require (e.g. they may choose to communicate in writing, by tape or with the help of an advocate).
- 8.8.23 Families may need to be reminded that submissions need to be sufficiently succinct to allow proper consideration within the time constraints of the child protection conference.

See [section 8.5. Involving child/ren and family members](#).

## 8.9 Chairing the conference

### Conference Chair

- 8.9.1 The Chair of a child protection conference will be a LA children's social care manager or an independent Chair, accountable to the Director of Children's Services. They must not have or have had operational or line management responsibility for the case.
- 8.9.2 The status of the Chair should be sufficient to ensure multi-agency commitment to the conference and the child protection plan. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child.
- 8.9.3 A conference Chair should be trained in the role and should have:
- A good understanding and professional knowledge of children's welfare and development and best practice in working with children and families;
  - The ability to look objectively at, and assess the implications of, the evidence on which judgements should be based;
  - Skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken;
  - Knowledge and understanding of anti-discriminatory practice;
  - Knowledge of relevant legislation, including that relating to children's services and human rights.

### Chair's responsibilities

- 8.9.4 The Chair must meet with the family, child and social worker prior to the conference to ensure they understand the purpose of the conference and how it will be conducted.
- 8.9.5 At the start of the conference the Chair should:

- Set out the purpose of the conference;
- Confirm the agenda;
- Emphasise the need for confidentiality;
- Address equal opportunities issues and ensure necessary interpreters are present (e.g. specifying that racist, homophobic and threatening behaviour will not be tolerated);
- Clarify the contributions of those present, including supporters / advocates of the family.

8.9.6 During the conference the Chair should ensure that:

- They summarise the risk of harm to the child and what needs to change;
- Consideration is given to the needs and circumstances of all the children in the household;
- All those present, including the parents and child/ren, are enabled to make a full contribution and that full consideration is given to the information they present;
- Information from the reports of those not present is made known to the conference (the reports should have been circulated before the conference);
- The wishes and feelings of the child/ren are clearly outlined;
- Issues of race, religion, language, class, gender, sexuality and disability are fully taken into account in the work of the conference;
- Appropriate arrangements are made to receive third party confidential information;
- Appropriate arrangements are made for those attending only part of the conference;
- The conference reaches decisions in an informed, systematic and explicit way;
- Consideration is given to the issue of criminal injury compensation, if appropriate (see [section 5.46. Criminal injuries compensation](#));
- All concerned are advised / reminded of the LA children's social care complaints procedure;
- Ensure that arrangements are made with the LA children's social worker for absent child/ren and/or parents to be informed of the decisions of conferences.

8.9.7 If a decision is made that a child requires a protection plan to safeguard their welfare, the Chair should ensure that:

- They summarise and state the risks to the child and specify what is needed to change;
- A qualified LA children's social worker is identified as a key worker to develop, co-ordinate and implement the child protection plan A core group is identified of family members and professionals;
- A date is set for the first core group meeting within ten working days of the initial conference and timescales set for subsequent meetings;

- A date for the child protection review conference is set;
  - The outline child protection plan is formulated and clearly understood by all concerned including the parents and, where appropriate, the child (see [section 8.11. Outline protection plan](#))
- 8.9.8 If the conference determines that a child does not need the specific assistance of a protection plan but does need help to promote their welfare, the Chair may ensure that the conference draws up a child in need plan or makes appropriate recommendations for a plan. See [section 8.11. Outline protection plan](#).
- 8.9.9 The child protection plan should be reviewed at regular intervals of no more than every six months (initially three months).
- 8.9.10 The Chair is responsible for holding the conference in a timely manner - unless in exceptional circumstances, an initial conference should be no more than two hours and review conferences no more than one and a half hours.

## 8.10 Protection plan

### Threshold for a child protection plan

- 8.10.1 The conference should consider the following question when determining whether a child requires an multi-agency protection plan:
- Is the child at continuing risk of significant harm?
- 8.10.2 The test is that either:
- The child can be shown to have suffered maltreatment or impairment of health or development as a result of neglect or physical, emotional or sexual abuse, and professional judgement is that further ill-treatment or impairment is likely; or
  - A professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, predicts that the child is likely to suffer maltreatment or the impairment of health and development as a result of neglect or physical, emotional or sexual abuse.
- 8.10.3 If a child is at continuing risk of significant harm, then they will require multi-agency help and intervention delivered through a formal child protection plan.
- 8.10.4 The primary purposes of this plan are to:
- Prevent the child suffering harm or a recurrence of harm in the future; and
  - Promote the child's welfare.

### Decision that a child needs a child protection plan

- 8.10.4 In their decision making, the participants of the conference must take into account all the available evidence obtained through:
- Known family history, including previous contacts with relevant agencies;
  - The initial assessment;
  - The core assessment undertaken following the initiation of s47 enquiries; and

- Written and verbal contributions in the conference.
- 8.10.5 The decision making process must take account of the views of all agencies represented at the conference and will normally take place with parents present.
- 8.10.6 The Chair must ensure that the conference systematically elicits and records the views of each agency present or invited and the views of the parents and the child/ren, as appropriate.
- 8.10.7 The Chair must make the decision about whether to make the child subject to a formal child protection plan. In doing so the Chair must take into account the views of other professionals, but they are not bound by them. Any dissent must be recorded.
- 8.10.8 If parents disagree with the decision, the Chair must discuss the issue with them and explain their right to and the process for complaint. See [section 8.17 Complaints by service users](#).
- 8.10.9 If a decision is taken that the child is at continuing risk of significant harm and hence in need of a child protection plan, the Chair should determine which category of abuse or neglect the child has suffered or is at risk of suffering. The category used (that is physical, emotional, sexual abuse or neglect, see [section 4. Recognition and response](#) for definitions) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.
- 8.10.10 The need for a protection plan should be considered separately in respect of each child in the family or household.
- 8.10.11 Where a child is to be the subject of a child protection plan, the conference is responsible for recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others.
- 8.10.12 Specific tasks include the following:
- Appointing the lead statutory body (e.g. LA children's social care) and a key worker, who should be a qualified, experienced social worker and an employee of the lead statutory body;
  - Identifying the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool;
  - Establishing how the child, their parents (including all those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them;
  - Establishing timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings;
  - Identifying in outline what further action is required to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child;
  - Outlining the child protection plan, especially identifying what needs to change in order to achieve the planned outcomes to safeguard and promote the welfare of the child;

- Ensuring a contingency plan is in place if agreed actions are not completed and/or circumstances change (for example, if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety);
- Agreeing a date for the first child protection review conference and under what circumstances it might be necessary to convene the conference before that date.

## Discontinuing a child protection plan

- 8.10.13 The conference should use the same decision-making process to reach a judgement for when a protection plan is no longer needed. This includes situations where other multi-agency planning might need to replace a protection plan.
- 8.10.14 A child may no longer need a protection plan if:
- A review conference judges that the child is no longer at risk of significant harm and no longer requires safeguarding by means of a child protection plan;
  - The child has moved permanently to another local authority when a protection plan can only cease after the receiving authority has convened a transfer child protection conference (see [section 11. Mobile children and families, 11.4 case responsibility](#)) and confirmed in writing responsibility for case management;
  - The child has reached eighteen years of age, has died or has been judged to have permanently left the UK, when their name can be removed.
- 8.10.15 It is permissible for the LA child protection manager to agree the discontinuing of a child protection plan without the need to convene a child protection review conference only when:
- One or other of the latter two criteria in section 8.10.14 above are satisfied; and
  - The manager has consulted with relevant agencies present at the conference that first concluded that a child protection plan was required.
- 8.10.16 When the process carried out at section 8.10.15 is followed, the consultation with other agencies and the decision to discontinue the child protection plan must be clearly recorded in the LA children's social care child's record.
- 8.10.17 When a child is no longer subject of a child protection plan, notification should be sent, as a minimum, to the agencies' representatives who were invited to attend the initial conference that led to the plan.
- 8.10.18 When a child protection plan is discontinued, the key worker must discuss with the parents and child/ren what services might be wanted and required, based on the re-assessment of the needs of the child and family. A child in need plan should be developed for any continuing support. The plan should be reviewed at regular intervals of no more than every six months.

## 8.11 Outline protection plan

8.11.1 The Chair should ensure that an outline child protection plan is drawn up at initial and review conferences, following the decision that a child is likely to suffer significant harm without such a plan. It is the role of the initial child protection conference to formulate the outline child protection plan in as much detail as possible. The aim of the outline plan is to assist the core group to form a more detailed plan and ensure that it is implemented.

8.11.2 The outline plan should:

- Describe specific, achievable, child-focused outcomes intended to safeguard each child;
- Describe the types of services required by each child (including family support) to promote their welfare;
- Set a timescale for the completion of a core assessment, if appropriate;
- Identify any specialist assessments of each child and the family that may be required to ensure that sound judgements are being / can be made on how best to safeguard each child and promote their welfare;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- Lay down points at which progress will be reviewed, the means by which progress will be judged and who will monitor this;
- Develop a robust contingency plan to respond if the family is unable to make the required changes and the child continues to be at risk of significant harm (e.g. recommend the consideration of legal action and the circumstances which would trigger this).

## 8.12 Child does not require a protection plan

8.12.1 If the conference decides that a child is not at continuing risk of significant harm (see [sections 8.10.1 and 8.10.2](#) above) then the conference may not make the child the subject of a child protection plan. The child may nevertheless require services to promote his or her health or development. In these circumstances, the conference should consider the child's needs and make recommendations for further help to assist the family in responding to them.

8.12.2 The decision must be put in writing to the parent/s, and agencies as well as communicated to them verbally (use sections 4.33 and 4.36 of the [Framework for the Assessment of Children in Need and their Families](#)).

## 8.13 Dissent from the conference decision

8.13.1 If an agency does not agree with a decision or recommendation made at a child protection conference, their dissent will be recorded in the record of the conference.

8.13.2 If a professional concludes that a conference decision places a child at risk of harm, they must seek advice from their named, designated or lead professional or manager.

8.13.3 The professional and their manager are responsible for ensuring that the issue is resolved before the child is exposed to further risk of significant harm. They



should do this by making verbal and written representation to the conference Chair, and if this fails to resolve the issue then following the complaints procedure provided in [section 18. LSCBs, quality assurance and conflict resolution](#).

- 8.13.4 If parents disagree with the conference decisions, the Chair must further discuss their concerns and explain the appeals procedure / complaints process. See [section 8.17 Complaints by service users](#).

## 8.14 Pre-birth conference

### Purpose

- 8.14.1 A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status and purpose and must be conducted in a comparable manner to an initial child protection conference. See [section 8.1. Initial child protection conference](#).
- 8.14.2 Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment. See [section 6.8. Pre-birth referral and assessment](#).
- 8.14.3 A pre-birth conference should be held where:
- A pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm;
  - A previous child has died or been removed from parent/s as a result of significant harm;
  - A child is to be born into a family or household that already has children who are subject of a child protection plan;
  - An adult or child who is a risk to children resides in the household or is known to be a regular visitor.
- 8.14.4 Other risk factors to be considered are:
- The impact of parental risk factors such as mental ill health (see [section 5.29](#)), learning disabilities (see [section 5.30](#)), substance misuse (see [section 5.31](#)) and domestic violence (see [section 5.11](#));
  - A mother under 18 years of age about whom there are concerns regarding her ability to self-care and / or to care for the child.
- 8.14.5 All agencies involved with pregnant women should consider the need for an early referral to LA children's social care so that assessments are undertaken as early as possible in the pregnancy.

### Timing of the conference

- 8.14.6 The pre-birth conference should take place as soon as practical and at least ten weeks before the due date of delivery, so as to allow as much time as possible for planning support for the baby and family; see [section 8.14.12 Timing of review conference](#).
- 8.14.7 Where there is a known likelihood of a premature birth, the conference should be held earlier.

### Attendance

- 8.14.8 Those who normally attend an initial child protection conference must be invited. In addition, representatives of the midwifery and relevant neo-natal services should also be invited.
- 8.14.9 Parents or carers should be invited as they would be to other child protection conferences and should be fully involved in plans for the child's future.

### **Pre-birth child protection plan**

- 8.14.10 If a decision is made that the unborn child needs the safeguarding of a protection plan, this must be set out in terms that will commence prior to the birth of the baby.
- 8.14.11 The core group must be established and meet if at all possible prior to the birth, and definitely prior to the baby's return home after a hospital birth.

### **Timing of review conference**

- 8.14.12 The first review conference should take place within one month of the child's birth or within three months of the date of the pre-birth conference, whichever is sooner.
- 8.14.13 LA children's social care undertaking or commissioning a post-natal assessment should ensure that the assessment is structured in such a way as to provide a comprehensive report to the review child protection conference.
- 8.14.14 In exceptional circumstances, the review conference date may be extended by a month with the written authorisation of a LA children's social care manager / child protection adviser if the review falls so soon after the birth that information from a post-natal assessment cannot be collated in time for the review conference. When this review is extended, care must be taken to ensure it is held within the three month time period.

## **8.15 Children who are subject of a child protection plan living in another borough**

See [section 11. Mobile children and families](#)

## **8.16 Administrative arrangements for child protection conferences**

- 8.16.1 LA children's social care is responsible for administering the child protection conference service.
- 8.16.2 Each Local Safeguarding Children Board must have clear arrangements for the organisation of child protection conferences including:
- Information on any standing conference members;
  - Arrangements for sending out invitations, detailing those to be sent centrally and those by the social worker;
  - Information leaflets for children and for parents translated into appropriate languages;
  - Standard invitations to children, parents and professionals;

- Report formats for initial and review case conference.
- 8.16.3 All initial and review conferences should be minuted by a dedicated person whose sole task within the conference is to provide a written record of proceedings in a consistent format. Alternatively, an audiotape may be made by the LA children's social care for later transcriptions.
- 8.16.4 Conference records should include:
- The purpose of the conference;
  - Name, date of birth and address of the subject/s of the conference, parents and other adults in the household;
  - Who was invited, who attended the conference and who submitted their apologies;
  - A list of written reports available to conference and whether open to parents or not;
  - All the essential facts;
  - Opinions of conference members, clearly identified as such;
  - Views of child;
  - Views of parents;
  - A summary of discussion at the conference, accurately reflecting contributions made;
  - All decisions reached (e.g. to make a child subject of a protection plan, category of abuse or neglect), with information outlining the reasons;
  - An outline or revised child protection plan;
  - Name of the lead social worker (i.e. the social worker who is the lead professional for the case);
  - Members of the core group and date of first meeting;
  - Date of next conference.
- 8.16.5 The conference record, signed by the conference Chair, should be sent to all those who attended or were invited to the conference within fifteen working days of the conference. Any amendments should be received within one week of receipt of record.
- 8.16.6 A copy of the conference record should be given to and discussed with the parents by the LA social worker. The conference Chair may decide that confidential material should be excluded from the parent's copy.
- 8.16.7 Where a friend, supporter or solicitor has been involved, the Chair should clarify with the parent whether a record should be provided for those individuals.
- 8.16.8 Relevant sections of the record should be explained to and discussed with the child by the LA children's social worker.
- 8.16.9 The conference Chair should decide whether a child should be given a copy of the record. The record may be supplied to a child's legal representative on request.
- 8.16.10 Where parents and / or the child/ren have a sensory disability or where English is not their first language, the LA social worker should ensure that they receive appropriate assistance to understand and make full use of the record. A family member should not be expected to act as an interpreter of spoken or signed

language. See [section 5.47. Working with interpreters / communications facilitators](#).

- 8.16.11 Conference records are confidential and should not be shared with third parties without the consent of either the conference Chair or order of the court.
- 8.16.12 In criminal proceedings the police may reveal the existence of child protection records to the Crown Prosecution Service, and in care proceedings the records of the conference may be revealed in the court.
- 8.16.13 The record of the decisions of the child protection conference should be retained by the recipient agencies in accordance with their record retention policies.

### **Decision letter**

- 8.16.14 The outline plan, signed by the conference Chair, should be sent together with the decision letter, to all those who attended or were invited to the conference within one working day of the conference. This gives details of conference decisions and recommendations, the name of the key worker and details about the right to complain.

### **Managing and providing information about a child**

- 8.16.15 Each local authority should designate an experienced social care manager who has responsibility for:
  - Ensuring that records on children who are subject of a child protection plan are kept up to date;
  - Ensuring enquiries about children about whom there are concerns or who are subject of child protection plans are recorded and considered in accordance with the Integrated Children's System requirements (DoH, 2002);
  - Managing notifications of movements of children who are subject of a child protection plan, looked after children and other relevant children moving into or out of the local authority area;
  - Managing notifications of people who may pose a risk of significant harm to children who are either identified within the local authority area or have moved into the local authority area;
  - Managing requests for local authority checks to be made to ensure unsuitable people are prevented from working with children.
- 8.16.16 Information on each child known to LA children's social care should be kept up-to-date on the local authority's Integrated Children's System. This information should be confidential but accessible at all times to legitimate enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.
- 8.16.17 The GP should retain child protection initial conference and review reports as part of the child's health record, where practicable. Ultimately, the individual GP, depending on their type of health recording system, must make the best judgement on how to incorporate this information into the child's health record.
- 8.16.18 If an enquiry is made about a child and:
  - The child's case is open to LA children's social care, the enquirer should be given the name of the child's key worker and the key worker informed of this enquiry so that they can follow it up;

- The child is at the same address as a child who is the subject of a child protection plan, this information should be sent to the key worker of the child who is the subject of the child protection plan;
  - The child is not known to LA children's social care, this enquiry should be recorded together with the advice given to the enquirer. In the event of there being a second enquiry about a child who is not known to children's social care, not only should the fact of the earlier enquiry be notified to the later enquirer, but the designated manager in LA children's social care should ensure that LA children's social care consider whether this is may be a child in need.
- 8.16.19 The [Department for Education \(DfE\)](#) / relevant Government department should be notified of the name of the designated manager and should be notified of any changes in designated managers.

### Request for a change of worker

- 8.16.20 On occasion, the relationship between the parents or other family members and the key worker may not be productive in terms of working to safeguard and promote the welfare of the child/ren. Provided that such a change is in the best interests of the child who is the focus of concern, agencies should respond sympathetically to a request for a change of worker.

## 8.17 Complaints by service users

- 8.17.1 Parents and, on occasion, children, may have concerns about which they wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection conferences:
- The process of the conference;
  - The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan;
  - A decision for the child to become, to continue or not to become, the subject of a child protection plan.
- 8.17.2 Complaints about aspects of the functioning of conferences described above should be addressed to the conference Chair. Such complaints should be passed on to the Chair's manager in LA children's social care and the local authority complaints manager.
- 8.17.3 Whilst a complaint is being considered, the decision made by the conference stands.
- 8.17.4 The outcome of a complaint will either be that a conference is re-convened under a different Chair, that a review conference is brought forward or that the status quo is confirmed along with a suitable explanation.
- 8.17.5 Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's own complaints management process.

## Reconvened conference

- 8.17.6 The Chair of a reconvened child protection conference (either an initial or a review) must ensure that all those present have seen or are briefed at the conference about the decisions reached regarding the complaint.
- 8.17.7 A distinction must be made by the Chair between the need to discuss the conclusions of the panel and the task of the child protection conference, which is to consider the child/ren's current circumstances.

## Further challenge

- 8.17.8 No further internal processes for complaint exist in those cases where it is concluded that all relevant processes were followed and that the decisions that were made were reasonable.
  - 8.17.9 A complainant who nonetheless remains dissatisfied may wish to pursue their grievances via the Ombudsman or a Judicial Review.
  - 8.17.10 In what is likely to be a very rare case, where a reconvened conference has been recommended and held and the complainant does not accept the outcome, it is possible that, at the discretion of the complaints manager in liaison with the child protection manager, any remaining and clearly specified concerns may be reviewed.
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## 9 Implementation of child protection plans

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### 9.1 Introduction

- 9.1.1 When a conference decides that a child should be the subject of a child protection plan, a qualified and experienced LA children's social worker must be appointed as the lead social worker to co-ordinate all aspects of the inter-agency child protection plan.
- 9.1.2 The forum to undertake this co-ordinated multi-agency work is the core group, whose membership will have been identified at the child protection conference.

### 9.2 Core group

#### Responsibilities

- 9.2.1 The core group is responsible for the formulation and implementation of the detailed child protection plan, previously outlined at the conference. All members of the core group are jointly responsible for:
- Collecting information to assist the lead social worker in completing the core assessment;
  - Participating in the compilation of the core assessment;
  - The formulation and implementation of the detailed child protection plan, refining it as necessary;
  - Carrying out their part of the plan;
  - Monitoring progress against specified outcomes of the detailed child protection plan;
  - Making recommendations to subsequent review conferences about future protection plans and needs;

- Attending core group meetings and ensuring there is no drift in planning and intervention.

9.2.2 Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan.

## Membership

9.2.2 Membership of the core group will have been identified at the child protection conference and must include:

- The lead social worker, who leads / chairs the core group;
- The child if appropriate (see section [8.5 Involving children and/or families](#));
- Parents and relevant family members;
- Professionals involved with the child and / or parent;
- Foster carers or residential care staff who will have direct contact with the family.

9.2.3 Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. Where there are conflicts of interest between family members in the work of the core group, the child's best interests should always take precedence.

## Timing

9.2.4 The date of the first core group meeting must be within ten working days of the initial child protection conference. After that the core group should meet within six weeks of the first meeting and at a minimum frequency of once every two months following the first review conference. More regular meetings may be required according to the needs of the child.

9.2.5 The first core group meeting date must be arranged at the end of the conference, along with the required frequency of subsequent meetings.

9.2.6 Dates for future meetings must be agreed at the first core group meeting following each conference. Where a meeting needs to be rescheduled, this must be confirmed in writing to all concerned by the lead social worker.

## 9.3 Formulation of child protection plan

### Completion of core assessment

9.3.1 Completion of the core assessment, within 35 working days, should include an analysis of the risk of harm to the child; and the child's developmental needs and the parents' capacity to respond to those needs, including parents' capacity to ensure that the child is safe from harm. Decisions based on this analysis should be used to develop the child protection plan.

### Purpose of child protection plan

9.3.2 The purpose of a child protection plan is to facilitate and make explicit a co-ordinated approach to:

- Ensure that each child in the household is safe and prevent them from suffering further harm;

- Promote the child's health and development (i.e. welfare);
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

9.3.3 It must be clarified for parents:

- What the causes for concern are that have resulted in the decision that a child needs a child protection plan;
- What needs to change;
- What is expected of them as part of the plan for safeguarding the child.

9.3.4 Review of progress on achieving the outcomes set out in the child protection plan and consideration as to whether changes need to be made should be an agenda item at each review conference.

9.3.5 The child protection plan may be used as evidence, in any legal proceedings, of the efforts that have been made to work in partnership (this must be made clear to parents).

### **Detailed child protection plan – development**

9.3.6 The core group is responsible for drawing up in more detail the child protection plan for each child. The plans must be consistent with the information set out in the Child Protection Plan record (Department of Health, 2002). Each plan should:

- Describe the identified developmental needs of the child and what therapeutic services are required to meet these needs;
- Identification of what needs to change to reduce the risk of significant harm to the child;
- Include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- Ethnic / cultural / religious considerations (e.g. necessity for an interpreter, avoidance of appointments with family on significant religious festivals, likelihood that child might be taken out of the country);
- Issues arising from any disability;
- Identification of parenting strengths;
- Identification of what further core and specialist assessment is necessary to assist in judgements about safeguarding and promoting the welfare of the child;
- Include realistic strategies and specific actions to bring about the changes necessary to achieve the planned outcomes;
- Set out when and in what situations the child will be seen by the lead social worker, both alone and with other family members or caregivers present;
- Clearly identify and set out roles and responsibilities of family members and professionals including those with routine contact with the child (for example, health visitors, GPs and teachers) and the nature and frequency of contact by these professionals with the child and family members;

- Include a contingency plan to be followed if circumstances change significantly and require prompt action (including initiating family court proceedings to safeguard and promote the child's welfare); and
- Lay down points at which progress will be reviewed and the means by which progress will be judged.

## Interventions and services

9.3.7 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<sup>60</sup>. A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from the assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs and the wider family and environmental circumstances. Particular attention should be given to family history (for example, of domestic and other forms of violence, childhood abuse, mental illness, substance misuse and/or learning disability) and present and past family functioning.

9.3.8 The following questions need to be considered:

- What are the options for interventions which might help support strengths and/or help meet the child's identified unmet needs as well as addressing the known vulnerabilities and risk factors?
- What resources are available?
- With which agency or professional and with which approach is the family most likely to co-operate?
- Which intervention is most likely to produce the most immediate benefit and which might take time?
- What should be the sequence of interventions and why?
- Given the severity of any ill-treatment suffered or impairment to the child's health or development, the child's current needs and the capacity of the family to co-operate, what is the likelihood of achieving sufficient change within the child's time frame?

9.3.9 The interventions and the services provided should be offered on the basis that they give the child and family the best chance of achieving the required changes.

9.3.10 If a child cannot be cared for safely by his or her parents she or he should be placed elsewhere whilst the interventions offered through the child protection plan are undertaken with the child and family.

9.3.11 The interventions in the child protection plan should specifically address:

*For the child*

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<sup>60</sup> For further information from research findings on effective interventions see [www.dcsf.gov.uk/nsdu/research.shtml](http://www.dcsf.gov.uk/nsdu/research.shtml)

- The developmental needs of the child;
- The child's understanding of what has happened to him or her;
- Consideration of the child's views;
- Issues arising from any disability
- Ethnic, cultural, religious considerations

*For the parents*

- The abuser's relationship with the child and capacity to change and respond to the child's needs;
- The relationship between the adult caregivers both as adults and parents (including their strengths);
- Consideration of the parents' views;

*For the family & circumstances*

- Family relationships;
- The family's social and environmental circumstances, and the flexibility for change within these;
- Considerations of the family's ethnicity, culture or religion.

9.3.12 Intervention may have a number of inter-related components:

- Immediate action/services to make the child safe from harm and prevent recurrence from harm;
- Longer term actions/services to make the child safe from harm and prevent recurrence from harm;
- Further core and specialist assessments necessary to assist in judgements about safeguarding the child and promoting his or her welfare;
- Action/services to help promote a child's health and development, i.e. welfare (including therapeutic intervention);
- Action/services to help a parents(s) in safeguarding a child and promoting his or her welfare;
- Support or therapy for the protective parent and other family members with a role in supporting the child;
- Support or therapy for a perpetrator of abuse or neglect to prevent future harm to the child and where necessary to other children;
- The frequency that the child will be seen ([see section 9.3.20. Seeing the child](#));
- Identification of who (including family members) is responsible for what actions.

9.3.13 Family group conferencing could be considered as a means of progressing actions in some of these areas. For information about Family Group Conferences see: [Family Group Conferences: Principles and Practice Guidance \(2002, Barnardo's / Family Rights Group / Action for Children\)](#) at <http://www.frg.org.uk>.

## Decision-making considerations

- 9.3.14 When drawing up the detailed child protection plan the core group should take the following considerations into account:
- The development of secure parent/caregiver–child attachments is critical to a child’s healthy development.
  - The child’s developmental needs must be responded to in a timescale which is appropriate for the child
  - If it is safe for the child’s developmental needs should be responded to within his or her family context (this may not be possible if the timescale is not compatible with those for the parent or other family members)
  - The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view.
  - Where the family situation is not improving or changing fast enough to respond to the child’s needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context.
  - Therapeutic work with the child should continue, irrespective of where the child is placed, as long as is required in order for their needs to be met.
- 9.3.15 More information to assist with making decisions about interventions is available in the Chapter 4 of the *Assessment Framework* and the accompanying practice guidance (Department of Health, 2000). Recent research evidence on effective interventions in safeguarding children has been published by DfE and DH<sup>61</sup>.

### Detailed child protection plan – written agreement

- 9.3.16 The lead social worker must make a record of the core group meetings and formulate the detailed child protection plan in the form of a written agreement for all parties to sign. Each Local Safeguarding Children Board should ensure that standard arrangements for the recording of the written agreement are in place.
- 9.3.17 The child protection plan / agreement should be based on the findings of the core assessment and follow the dimensions of the assessment framework.
- 9.3.18 The child protection plan / agreement should take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child’s welfare. The lead social worker should make every effort to ensure that the child/ren and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it.
- 9.3.19 The lead social worker should achieve this by, as far as possible, constructing the plan / agreement together with the child and the family. An interpreter should be used if the child or family’s level of English means that they are not able to participate fully in these discussions unless they are conducted in their own language.

### Agreeing the plan with the child

- 9.3.20 The completed child protection plan / agreement should be explained to the child in a manner which is in accordance with their age and understanding. The

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<sup>61</sup> <http://tcru.ioe.ac.uk/scri/>



child should be given a copy of the plan written at a level appropriate to their age and understanding, and in their preferred language.

### **Negotiating the plan with parents**

- 9.3.21 Staff should ensure that the parents understand:
- The evidence of risk of significant harm which resulted in the child becoming the subject of a child protection plan;
  - What needs to change;
  - What is expected of them as part of the plan for safeguarding and promoting the child's welfare.
- 9.3.22 The parents should receive a written copy of the plan so that they are clear about who is doing what when and the planned outcomes for the child.
- 9.3.23 If the parents' preferences have not been accepted in the plan / agreement about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Parents should be told about their right to complain and make representations, and how to do so.
- 9.3.24 If the parents are not willing to co-operate in the implementation of the plan the local authority should consider what action, including the initiation of family proceedings, it should take to safeguard the child's welfare.

### **Negotiating the plan with agencies**

- 9.3.25 All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the child protection plan / agreement.
- 9.3.26 Copies of the notes and the written agreement should be circulated to core group members within five working days of the core group meeting. The agreement, signed by the members of the core group, should be returned to the lead social worker within another five working days. Implementation of the child protection plan must begin immediately and not await formal signatures.
- 9.3.27 Any disagreements should have been discussed at the core group meeting, recorded with reasons and reflected appropriately in the written plan / agreement. It is permissible to rely on electronic signatures or emails confirming acceptance of an agency's responsibilities under the child protection plan, but all such signatures and emails must be collected in the child's LA children's social care record.
- 9.3.28 The child protection plan / agreement should also be on the adult service user's record if the parent is known to LA adult social care or health services.
- 9.3.29 All agencies are responsible for the implementation of the child protection plan and all professionals must ensure they are able to deliver their commitments or, if not possible, that these are re-negotiated.

### **Seeing the child**

- 9.3.30 The core group must ensure the child/ren are seen at least every ten working days by the lead social worker or by another member of the core group unless a different frequency is stipulated by the child protection conference. The interaction must be clearly recorded, analysis of the risk of harm to the child should be made and all the information should be shared with the lead social worker and the core group.

## 9.4 Lead social worker role

- 9.4.1 It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.
- 9.4.2 At every initial or pre-birth conference, where a child protection plan is put into place, the conference chair must name a qualified social worker, identified by the LA children's social care manager, to fulfil the role of lead social worker for the child.
- 9.4.3 The lead social worker should complete the core assessment of the child and family, securing contributions from core group members and others as necessary. They should co-ordinate the contribution of family members and other agencies to plan the actions which need to be taken, put the child protection plan into effect, and review progress against the planned outcomes set out in the plan. It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.
- 9.4.4 The lead social worker should also regularly ascertain the child's wishes and feelings, and keep the child up to date with the child protection plan and any developments or changes.
- 9.4.5 The lead social worker should:
- Convene and chair / lead second and subsequent core group meetings (the first core group meeting having been chaired / led by their manager);
  - Provide a written record of meetings for all core group members and the LA children's social care manager;
  - Ensure that the outline child protection plan is developed, in conjunction with members of the core group, into a detailed multi-agency protection plan;
  - Clearly note and include in the written record any areas of disagreement;
  - Produce a written agreement from the protection plan to be signed by all members of the core group, copied to all signatories and maintained on the child's file;
  - Obtain a full understanding of the family's history, which must involve reading previous LA children's social care files as well as current records in use in LA children's social care, including those relating to other children who have been part of any households involving the current carers of the child. Additional information should be obtained from relevant other agencies and local authorities;
  - Complete the core assessment of the child and family, securing contributions / information from core group members and any other agencies with relevant information;
  - Co-ordinate the contribution of family members and all agencies in putting the plan into action and reviewing the objectives stated in the plan.

### Seeing the child

- 9.4.6 The lead social worker should:

- See the child at home and alone for part of each visit, at least every six weeks or at intervals specified by the child protection conference plan;
- Ensure that the child's bedroom is seen at least once between each conference;
- Ensure they see the child alone (with parents' agreement) or babies awake at least every six weeks or at the intervals specified by the child protection conference plan (if parents refuse, the LA children's social care manager must be informed). See [section 10. Working with unco-operative families](#).

9.4.7 The frequency of contact with the child by the lead social worker or core group members detailed above is a minimum standard. In exceptional circumstances the core group may decide that the required contact level should be less frequent. Any such decision should be authorised by the LA children's social care manager / child protection adviser.

### **Difficulties maintaining contact with the child**

9.4.8 If the lead social worker or any other involved professional has difficulty obtaining direct access to the child, the LA children's social care manager / child protection adviser should be informed, as well as other core group members. This must result in a plan of action agreed between core group members and the police.

9.4.9 In these circumstances, formal agreement must be reached that an appropriately qualified and experienced member of another core group agency carries out the direct contact, or that a review conference be called. Such a decision must be recorded and authorised by the LA children's social care manager, the police and the agency undertaking the direct contact.

### **Routine written records**

- 9.4.10 The lead social worker must maintain a complete and up-to-date signed record on the child's current file, electronic or manual, to include:
- The time and date of every home visit, stating who was present, confirmation that the lead social worker spoke with the child (including if alone), or providing a clear reason why not;
  - Any information gained or observations made during the visit relevant to the identified risk of harm to the child;
  - Circumstances of all family members;
  - Specific information about key subjects such as meals and sleeping arrangements (the lead social worker must observe the child's bedroom);
  - Factual reports of the child's presentation and behaviour (describing what they did, said and how they looked, avoiding non-specific labels such as 'disturbed / acting out / unkempt, unhappy' etc.);
  - Any new incidents or injuries, which must be subject to a full s47 enquiry;
  - The date, time and content of any communication which relates to the child and family (distinguishing between fact and opinion).

## Responsibility for convening conferences

- 9.4.11 The lead social worker is responsible, in liaison with the child protection chair and administrator, for convening the review child protection conference, the dates for which should have been set at the previous conference:
- No more than three months after the initial conference;
  - No more than six months after a review conference.
- 9.4.12 Dates for conferences should usually only be changed in exceptional circumstances and with the agreement of the LA child protection adviser or LA first line manager. When dates are changed, they should be brought forward where possible and should not be held at timescales that exceed the above timescales. The lead social worker must ensure that the invitation list is updated for every conference so that the correct professionals are invited in good time. Updating the invitation list is not an administrative task.
- 9.4.13 Consideration should be given to bringing forward the date of a review conference in the following circumstances:
- Following a new and significant incident relating to concerns about child protection, usually involving a s47 enquiry;
  - When there is a significant change in the circumstances of the child or family;
  - When there are significant difficulties in carrying out the child protection plan.
- 9.4.14 The request to bring forward the date of a review conference should be made by a strategy meeting / discussion of a s47 enquiry or by the LA children's social worker, following consultation with the core group members and the conference Chair, and must be authorised by the LA children's social care manager.

## Absence of the lead social worker

- 9.4.15 It is the joint responsibility of the lead social worker, and the LA children's social care manager, to ensure that clear cover arrangements are in place when the lead social worker is absent on annual leave, training etc.
- 9.4.16 Parents and children and other core group members must be informed of planned and unplanned absences of the lead social worker, who will be covering the role and what contacts will be made.

## LA children's social care – first line manager role

- 9.4.17 The first line manager has a vital role in managing the progress of the case and supporting the lead social worker.
- 9.4.18 The manager should:
- Read and approve all assessments, reports to the conference, plans and decisions on the child's file, including the incident log;
  - Chair the first core group and others where thought to be appropriate, such as in cases involving professional disagreement for instance;
  - Discuss the progress of the protection plan and any concerns in supervision, including ensuring that there has been adequate direct contact with the child/ren;

- Record management decisions in supervision in the child's record to note agreed actions or decisions and approve the record;
- Agree conference reports and the child protection plan;
- Review the plan with the lead social worker when unexpected developments or crises occur and together make a decision whether to recommend that a review child protection conference date be brought forward;
- Attend all conferences wherever possible;
- Arrange cover for the lead social worker in case of sickness and ensure arrangements are in place when the lead social worker is on annual leave and training, including the checking, and any necessary action resulting from, post, e-mails and telephone contacts.

## 9.5 Difficulties in implementing the child protection plan

- 9.5.1 See also [section 10. Working with unco-operative families](#).
- 9.5.2 Where any member of the core group is aware of difficulties implementing the protection plan due to changed or unforeseen circumstances, the lead social worker must be informed immediately and a core group meeting / discussion co-ordinated to agree a reconsidered child protection plan.
- 9.5.3 Circumstances about which the lead social worker should be informed include inability to gain access to a child who is subject to a child protection plan, for whatever reasons, on two consecutive home visits (the second visit being a second attempt to see the child in close succession of the first attempt). In any such circumstances, action must be agreed between the concerned agency, LA children's social care and the police.
- 9.5.4 If the difficulty in implementing the protection plan impacts on the safety of the child, managers and advisers (child protection manager for LA children's social care, police, designated / named doctor / nurse, teacher) must be consulted and consideration be given to the need for immediate legal action, emergency police action to gain access to a premises where appropriate, a s47 enquiry and/or to bring forward the date of the review child protection conference (see [section 9.4.9](#)).
- 9.5.5 If members are concerned that there are difficulties implementing the protection plan arising from disagreement amongst professional agencies or a core group member not carrying out agreed responsibilities this must be addressed by:
- First, discussion with core group members;
  - Second, if required, involvement of respective managers / child protection advisers (e.g. child protection manager for LA children's social care, designated / named doctor / nurse, teacher or police DCI);
  - If the situation remains unresolved (see [section 18. LSCBs, quality assurance and conflict resolution](#)).
- 9.5.6 In these situations it is likely to be helpful for a manager from the council's children's services or a specialist child protection officer to chair the core group meeting.

## 9.6 Interventions and services

- 9.6.1 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. A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs, and the wider family circumstances.
- 9.6.2 It is important that services are provided to give the child and family the best chance of achieving the required changes. If a child cannot be cared for safely by their parent/s, they will have to be placed elsewhere whilst work is being undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:
- The short and long-term developmental needs of the child;
  - The child's understanding of what has happened to them;
  - The abusing and non-abusing parent-child relationship and individual parent's capacity to respond to the child's needs;
  - The parent/s relationship with other adults, including the other parent if there is one;
  - If there are two parents, their ability to jointly parent the child;
  - Other family relationships;
  - Possible changes to the family's social and environmental circumstances.
- 9.6.3 Intervention may have a number of inter-related components:
- Action to make a child safe;
  - Action to help promote a child's short and longer term health and development (i.e. his / her welfare);
  - Action to help parent/s in safeguarding a child and promoting their welfare;
  - Support and therapy for an abused child;
  - Support or therapy for a perpetrator of abuse.
- 9.6.4 The development of secure parent-child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another; re-uniting a child with their birth family; or considering a permanent placement away from the child's family.
- 9.6.5 If the plan is to assess whether the child can be reunited with the caregiver/s responsible for the maltreatment, very detailed work will be required to help the caregiver/s develop the necessary parenting skills.
- 9.6.6 A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within their family context, and within timescales that are appropriate for the child. These timescales may not be compatible with those for the caregiver/s who is / are in receipt of therapeutic help.



- 9.6.7 The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view.
- 9.6.8 New information may change the assessment of risk of harm, either positively or negatively, and may require urgent decisions to protect the child. Similarly, where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context.
- 9.6.9 Key to these considerations is what is in the child's best interests, informed by the child's wishes and feelings.
- 9.6.10 Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living: whether remaining with or being reunited with their families or alternatively being placed in new families. This relates particularly to their behavioural and emotional development.
- 9.6.11 Therapeutic work with the child should continue, therefore, irrespective of where the child is placed, in order to ensure the needs of the child are responded to appropriately.
- 9.6.12 More information to assist with making decisions about interventions is available in the chapter 4 of the [Framework for the Assessment of Children in Need and their Families \(Department of Health, 2000\)](#) and accompanying practice guidance.
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## 10 Working with unco-operative families

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### 10.1 Definition

- 10.1.1 There can be a wide range of unco-operative behaviour by families towards professionals. From time to time all agencies will come into contact with families whose compliance is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes angry or hostile to their approaches.
- 10.1.2 In extreme cases, professionals can experience intimidation, abuse, threats of violence and actual violence. The child's welfare should remain paramount at all times and where professionals are too scared to confront the family, they must consider what life is like for a child in the family.
- 10.1.3 All agencies should support their staff by:
- Ensuring professionals are trained for the level of work they are undertaking;
  - Publishing a clear statement about unacceptable behaviour by those accessing their services (such as seen in hospitals and on public transport);
  - Providing training to enable staff to respond as safely as possible to risky or hostile behaviour in their target client group;
  - Supporting staff to work to their own professional code of conduct or their agency's code of conduct when responding to risky or hostile behaviour in their client group.

## 10.2 Recognition and understanding

10.2.1 There are four types of unco-operativeness:

- **Ambivalence:** can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to unco-operativeness. All service users are ambivalent at some stage in the helping process which is related to the dependence involved in being helped by others. It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals. Ambivalence may need to be acknowledged, but it can be worked through;
- **Avoidance:** a very common method of unco-operativeness, including avoiding appointments, missing meetings, and cutting visits short due to other apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). They may have a difficulty, have something to hide, resent outside interference or find staff changes another painful loss. They may face up to the contact as they realise the professional is resolute in their intention, and may become more able to engage as they perceive the professional's concern for them and their wish to help;
- **Confrontation:** includes challenging professionals, provoking arguments, extreme avoidance (e.g. not answering the door as opposed to not being in) and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having been taken away. They may have difficulty in consistently seeing the professional's good intent and be suspicious of their motives. It is important for the professional to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent's unco-operativeness must be challenged, so they become aware the professional / agency will not give up. This may require the professional to cope with numerous displays of confrontation and aggression until eventual co-operation may be achieved;
- **Violence:** threatened or actual violence by a small minority of people is the most difficult of unco-operative behaviours for the professional / agency to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The professional / agency should be realistic about the child or parent's capacity for change in the context of an offer of help with the areas that need to be addressed.

### Reasons for unco-operativeness

10.2.2 There are a variety of reasons why some families may be unco-operative with professionals, including the fact that they:

- Do not want their privacy invaded;
- Have something to hide;

- Refuse to believe they have a problem;
- Resent outside interference;
- Have cultural differences;
- Lack understanding about what is being expected of them;
- Have poor previous experience of professional involvement;
- Resent staff changes;
- Dislike or fear of authority figures;
- Fear their children will be taken away;
- Fear being judged to be poor parents because of substance misuse, mental health problems;
- Feel they have nothing to lose (e.g. where the children have already been removed).

10.2.3 A range of social, cultural and psychological factors influence the behaviour of parents. The more unco-operative the family, the more likely it is that the main influences are psychological.

10.2.4 In general a parent will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from the earlier losses in their lives. Paradoxically, the unco-operativeness may be the moment at which the person opens up their feelings, albeit negative ones, at the prospect of help. They are unlikely to be aware of this process going on.

## 10.3 Impact on assessment

10.3.1 Accurate information and a clear understanding of what is happening to a child within their family and community are vital to any assessment. The usual and most effective way to achieve this is by engaging parents and children in the process of assessment, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

10.3.2 Engaging with a parent who is resistant or even violent and / or intimidating is obviously more difficult. The behaviour may be deliberately used to keep professionals from engaging with the parent or child, or can have the effect of keeping professionals at bay. There may be practical restrictions to the ordinary tools of assessment (e.g. seeing the child on their own, observing the child in their own home etc). The usual sources of information / alternative perceptions from other professionals and other family members may not be available because no-one can get close enough to the family.

10.3.3 Professionals from all agencies should explicitly identify and record what areas of assessment are difficult to achieve and why.

10.3.4 The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

### Impact on assessment of the child

10.3.5 The professional needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child and when considering what the child is experiencing, many of the above may be equally relevant. The child may:

- Be coping with their situation with 'hostage-like' behaviour (see [section 10.6.7](#) below);
- Have become de-sensitised to violence;
- Have learnt to appease and minimise (including always smiling in the presence of professionals);
- Be simply too frightened to tell;
- Identify with the aggressor.

### Impact on assessment of the adults

10.3.6 In order to assess to what extent the hostility of the parent/s is impacting on the assessment of the child, professionals in all agencies should consider whether they are:

- Colluding with the parent/s by avoiding conflict, e.g:
  - Avoiding contact in person (home visits);
  - Using remote contact methods (e.g. telephone and letter contact instead of visits to see the child);
  - Accepting the parent's version of events unquestioningly in the absence of objective evidence;
  - Focusing on less contentious issues such as benefits / housing;
  - Avoiding asking to look round the house, not looking to see how much food is available, not inspecting the conditions in which the child sleeps, etc;
  - Focusing on the parent's needs, not the child's;
  - Not asking to see the child alone;
- Changing their behaviour to avoid conflict;
- Filtering out or minimising negative information;
- Conversely, placing undue weight on positive information (the 'rule of optimism') and only looking for positive information;
- Fear of confronting family members about concerns;
- Keeping quiet about worries and not sharing information about risks and assessment with others in the inter-agency network or with managers.

10.3.7 Professionals in all agencies should consider:

- Whether the child is keeping 'safe' by not telling professionals things;
- Whether the child has learned to appease and minimise;
- The child is blaming themselves;
- What message the family is getting if the professional / agency does not challenge the parent/s.

10.3.8 Professionals in all agencies should ask themselves whether:

- They are relieved when there is no answer at the door;
- They are relieved when they get back out of the door;

- They say, ask and do what they would usually say, ask and do when making a visit or assessment;
- They have identified and seen the key people;
- They have observed evidence of others who could be living in the house;
- In cases of high need adults (e.g. domestic violence, mental health, etc.) they only work with that adult (rather than both parents even when the other parent is a perpetrator of domestic violence).

10.3.9 Professionals and their supervisors should keep asking themselves the question: what might the children have been feeling as the door closes behind a professional leaving the family home?

### Drawing up a written contract

10.3.10 Professionals should consider drawing up a written contract with the family:

- Specifying exactly what behaviour is not acceptable (e.g. raising of voice, swearing, threatening etc);
- Spelling out that this will be taken into account in any risk assessment of the child;
- Clearly explaining the consequences of continued poor behaviour on their part. This could include seeing them only at the office (this needs to be considered against the necessity of seeing the child in their home environment), seeking a supervision order or taking steps to remove the child/ren.

## 10.4 Impact on multi-agency work

10.4.1 Agencies and families need to work in partnership to achieve the agreed outcome and all parties need to understand this partnership may not be equal.

10.4.2 Sometimes parents may be hostile to specific agencies or individuals. If the hostility is not universal, then agencies should seek to understand why this might be and learn from each other.

10.4.3 Where hostility towards most agencies is experienced, this needs to be managed on an inter-agency basis otherwise the results can be as follows:

- Everyone 'backs off', leaving the child unprotected;
- The family is 'punished' by withholding of services as everyone 'sees it as a fight', at the expense of assessing and resolving the situation for the child;
- There is a divide between those who want to appease and those who want to oppose - or everyone colludes.

10.4.4 When parents are only hostile to some professionals / agencies or where professionals become targets of intimidation intermittently, the risk of a breakdown in inter-agency collaboration is probably at its greatest. Any pre-existing tensions between professionals and agencies or misunderstandings about different roles are likely to surface.

10.4.5 The risks are of splitting between the professionals / agencies, with tensions and disagreement taking the focus from the child, e.g:



- Professionals or agencies blame each other and collude with the family;
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves;
- Those feeling 'approved of' may feel personally gratified as the family 'ally' but then be unable to recognise / accept risks or problems;
- Those feeling under threat may feel it is 'personal';
- There is no unified and consistent plan.

## Ensuring effective multi-agency working

10.4.6 Any professional or agency faced with incidents of threats, hostility or violence should routinely consider the potential implications for any other professional or agency involved with the family in addition to the implications for themselves and should alert them to the nature of the risks.

10.4.7 Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with hostile or violent parents, the need for very good inter-agency collaboration and trust is paramount and is also likely to be put under greatest pressure. It becomes particularly important that everyone is:

- Aware of the impact of hostility on their own response and that of others;
- Respectful of the concerns of others;
- Alert to the need to share relevant information about safety concerns;
- Actively supportive of each other and aware of the differing problems which different agencies have in working within these sorts of circumstances;
- Open and honest when disagreeing;
- Aware of the risks of collusion and of any targeting of specific professions / agencies;
- Prepared to discuss strategies if one agency (e.g. a health visitor) is unable to work with a family. In circumstances such as these, professionals in the multi-agency network must agree whether or not it is possible to gather information or monitor the child's well-being, and ultimately whether it is possible to have a truly multi-agency plan?

## Sharing information

10.4.8 There are reasonable uncertainties and need for care when considering disclosing personal information about an adult.

10.4.9 Concerns about the repercussions from someone who can be hostile and intimidating can become an added deterrent to sharing information. However, information sharing is pivotal, and also being explicit about experiences of confronting hostility / intimidation or violence should be standard practice.

## Supervision

10.4.10 Professionals and their first line managers should consider the following questions. If the answer is yes to any of them, the information should be shared with any other professionals involved with the family:

- Do you have experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?
- Is it general or in specific circumstances? For example, is it drink related / linked to intermittent mental health problems?
- Are you intimidated / fearful of the adult?
- Do you feel you may have been less than honest with the family to avoid conflict?
- Are you now in a position where you will have to acknowledge concerns for the first time? And are you fearful how they will respond to you?
- In their position, would you want to be made aware of these concerns?

10.4.11 Professionals in different settings and tiers of responsibility may have different thresholds for concern and different experience of having to confront difficult behaviour. It is vital the differing risks and pressures are acknowledged and supported.

See [section 10.9. Supervision and support](#) and also [section 16. Supervision and training](#).

## Multi-agency meetings

10.4.12 Avoiding people who are hostile is a normal human response. However, it can be very damaging to the effective inter-agency work needed to protect children, which depends on proactive engagement by all professionals with the family. Collusion and splitting between professionals and agencies will be reduced by:

- Clear agreements, known to all agencies and to the family, detailing each professional's role and the tasks to be undertaken by them;
- Full participation at regular multi-agency meetings, core group meetings and at child protection conferences with all agencies owning the concerns for the child rather than leaving it to a few to face the unco-operativeness and hostility of the family.

10.4.13 Although it is important to remain in a positive relationship with the family as far as possible, this must not be at the expense of being able to share real concerns about intimidation and threat of violence.

10.4.14 Options which professionals in the multi-agency network should consider are:

- Discussing with the Chair the option of excluding the parents if the quality of information shared is likely to be impaired by the presence of threatening adults;
- Convening a meeting of the agencies involved to share concerns, information and strategies and draw up an effective work plan that clearly shares decision-making and responsibilities. If such meetings are held, there must always be an explicit plan made of what, how and when to share what has gone on with the family. Confidential discussions are unlikely to remain secret and there are legal obligations to consider in any event (e.g. *Data Protection Act 1998*), and the aim should always be to empower professionals to become more able to be direct and assertive with the family without compromising their own safety;
- Convening a meeting to draw up an explicit risk reduction plan for professionals and in extreme situations, instituting repeat meetings

explicitly to review the risks to professionals and to put strategies in place to reduce these risks;

- Joint visits with police, colleagues or professionals from other agencies;
- Debriefing with other agencies when professionals have experienced a frightening event.

10.4.15 Although working with hostile families can be particularly challenging, the safety of the child is the first concern. If professionals are too scared to confront the family, consider what life is like for the child.

## 10.5 Response to unco-operative families

10.5.1 When a professional begins to work with a family who is known, or discovered, to be unco-operative, the professional should make every effort to understand why a family may be unco-operative or hostile. This entails considering all available information, including whether a common assessment has been completed and whether a lead professional has been appointed.

10.5.2 When working with unco-operative parents, professionals in all agencies can improve the chances of a favourable outcome for the child/ren by:

- Keeping the relationship formal though warm, giving clear indications that the aim of the work is to achieve the best for their child/ren;
- Clearly stating their professional and/or legal authority;
- Continuously assessing the motivations and capacities of the parent/s to respond co-operatively in the interests of their child/ren;
- Confronting unco-operativeness when it arises, in the context of improving the chances of a favourable outcome for the child/ren;
- Engaging with regular supervision from their manager to ensure that progress with the family is being made and is appropriate;
- Seeking advice from experts (e.g. police, mental health specialists) to ensure progress with the family is appropriate;
- Helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible child care;
- Being alert to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage the parent/s;
- Being willing, in such cases, to take appropriate action to protect the child/ren (despite this action giving rise to a feeling of personal failure by the professional in their task of engaging the parent/s).

10.5.3 With the help of their manager, professionals should be alert to, understand and avoid the following responses:

- Seeing each situation as a potential threat and developing a 'fight' response or becoming over-challenging and increasing the tension between the professional and the family. This may protect the professional physically and emotionally or may put them at further risk.

It can lead to that professional becoming desensitised to the child's pain and to the levels of violence within the home;

- Colluding with parents by accommodating and appeasing them in order to avoid provoking a reaction;
- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults;
- 'Filtering out' negative information or minimising the extent and impact of the child's experiences in order to avoid having to challenge. At its most extreme, this can result in professionals avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment – managers should monitor the actions of their staff to ensure they pick up this type of behaviour at an early stage – audits of case files on a regular basis will assist in spotting those (very rare) cases where a professional is so disempowered that they falsify records (e.g. records of visits which actually did not take place);
- Feeling helpless / paralysed by the dilemma of deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child's situation.

## Respecting families

- 10.5.4 Families may develop or increase resistance or hostility to involvement if they perceive the professional as disrespectful and unreliable or if they believe confidentiality has been breached outside the agreed parameters.
- 10.5.5 Professionals should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the appropriate treatment of service users.
- 10.5.6 Professionals should be aware that some families, including those recently arrived from abroad, may be unclear about why they have been asked to attend a meeting, why the professional wants to see them in the office or to visit them at home. They may not be aware of roles that different professionals and agencies play and may not be aware that the local authority and partner agencies have a statutory role in safeguarding children, which in some circumstances override the role and rights of parents (e.g. child protection).
- 10.5.7 Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be:
- Aware of dates of the key religious events and customs;
  - Aware of the cultural implications of gender;
  - Acknowledge cultural sensitivities and taboos e.g. dress codes.

Professionals may consider asking for advice from local experts, who have links with the culture. In such discussions the confidentiality of the family concerned must be respected.

- 10.5.8 Professionals who anticipate difficulties in engaging with a family may want to consider the possibility of having contact with the family jointly with another

person in whom the family has confidence. Any negotiations about such an arrangement must similarly be underpinned by the need for confidentiality in consultation with the family.

10.5.9 Professionals need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements, throughout. Professionals must consider whether:

- A parent has a low level of literacy, and needs verbal rather than written communication;
- A parent needs translation and interpretation of all or some communications into their own language;
- It would be helpful to a parent to end each contact with a brief summary of what the purpose has been, what has been done, what is required by whom and by when;
- The parent is aware that relevant information / verbal exchange is recorded and that they can access written records about them.

## 10.6 Dealing with hostility and violence

10.6.1 Despite sensitive approaches by professionals, some families may respond with hostility and sometimes this can lead to threats of violence and actual violence. It is therefore important to try and understand the reasons for the hostility and the actual level of risk involved.

10.6.2 It is critical both for the professional's personal safety and that of the child that risks are accurately assessed and managed. Threatening behaviour can consist of:

- The deliberate use of silence;
- Using written threats;
- Bombarding professionals with e-mails and phone calls;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Homophobic attitudes and comments;
- Using domineering body language;
- Using dogs or other animals as a threat – sometimes veiled;
- Swearing;
- Shouting;
- Throwing things;
- Physical violence.

10.6.3 Threats can be covert or implied (e.g. discussion of harming someone else), as well as obvious. In order to make sense of what is going on in any uncomfortable exchange with a parent, it is important that professionals are aware of the skills and strategies that may help in difficult and potentially violent situations.

## Making sense of hostile responses

10.6.4 Professionals should consider whether:

- They are prepared that the response from the family may be angry or hostile. They should ensure they have discussed this with their manager and planned strategies to use if there is a predictable threat (e.g. an initial visit with police to establish authority);
- They might have aggravated the situation by becoming angry or acting in a way that could be construed as being patronising or dismissive.
- The hostility is a response to frustration, either related or unrelated to the professional visit;
- The parent needs to complain, possibly with reason;
- The parent's behaviour is deliberately threatening / obstructive / abusive or violent;
- The parent is aware of the impact they are having on the professional;
- They are so used to aggression, they do not appreciate the impact of their behaviour;
- This behaviour is normal for this person (which nevertheless does not make it acceptable);
- The professional's discomfort is disproportionate to what has been said or done;
- The professional is taking this personally in a situation where hostility is aimed at the agency.

## Impact on professionals of hostility and violence

10.6.5 Working with potentially hostile and violent families can place professionals under a great deal of stress and can have physical, emotional and psychological consequences. It can also limit what the professional/s can allow themselves to believe, make them feel responsible for allowing the violence to take place, lead to adaptive behaviour, which is unconsciously 'hostage-like' (see [section 10.6.7](#) below) and also result in a range of distressing physical, emotional and psychological symptoms.

10.6.6 The impact on professionals may be felt and expressed in different ways e.g:

- Surprise;
- Embarrassment;
- Denial;
- Distress;
- Shock;
- Fear;
- Self-doubt;
- Anger;
- Guilt;
- Numbness;
- Loss of self-esteem and of personal and / or professional confidence;



- A sense of helplessness;
- Sleep and dream disturbance;
- Hyper vigilance;
- Preoccupation with the event or related events;
- Repetitive stressful thoughts, images and emotions;
- Illness; and
- Post traumatic stress.

10.6.7 Factors that increase the impact on professionals include:

- Previous traumatic experiences both in professional and personal life can be revived and heighten the fears;
- Regularly working in situations where violence / threat is pervasive - professionals in these situations can develop an adrenalin-led response, which may over- or under-play the threat. Professionals putting up with threats may ignore the needs / feelings of other staff and members of the public. Professionals can become desensitised to the risks presented by the carer to the child or even to the risks presented by the adults to themselves (i.e. the professional);
- 'Hostage-like' responses - when faced with significant fears for their own safety, professionals may develop a 'hostage-like' response. This is characterised by accommodating, appeasing or identifying with the 'hostage-taker' to keep safe.

10.6.8 Threats that extend to the professional's life outside of work:

- It is often assumed there is a higher level of risk from men than from women and that male professionals are less likely to be intimidated. These false assumptions decrease the chances of recognition and support. Male professionals may find it more difficult to admit to being afraid; colleagues and managers may not recognise their need for emotional support. This may be particularly so if the perpetrator of the violence is a woman or young person. In addition, male professionals may be expected to carry a disproportionate number of cases with threatening service users;
- Lack of appropriate support and a culture of denial or minimising of violent episodes as 'part of the job' can lead to the under-reporting of violent or threatening incidents and to more intense symptoms, as the professional feels obliged to deal with it alone. There is also a risk that professionals fail to respond to concerns, whether for the child or for their own protection.

10.6.9 Violence and abuse towards professionals based on their race, gender, disability, perceived sexual orientation etc. can strike at the very core of a person's identity and self-image. If the professional already feels isolated in their workplace in terms of these factors, the impact may be particularly acute and it may be more difficult to access appropriate support.

10.6.10 Some professionals are able to respond to unco-operative parents in a way which indicates that they are untroubled by such conflict. Some may even give the impression to colleagues that they 'relish' the opportunity for confrontation. Consequently, not all professionals will view confrontation as a negative experience and may generally appear unaffected.

## 10.7 Keeping professionals safe

### Professional's responsibility

10.7.1 Professionals have a responsibility to plan for their own safety, just as the agency has the responsibility for trying to ensure their safety. Professionals should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear protocols for information sharing (both internal and external). Agencies should ensure that staff and managers are aware of where further advice can be found.

10.7.2 Prior to contact with a family, professionals should consider the following questions:

- Why am I doing this visit at the end of the day when it's dark and everyone else has gone home? (Risky visits should be undertaken in daylight whenever possible);
- Should this visit be made jointly with a colleague or manager?
- Is my car likely to be targeted / followed? If yes, it may be better to go by taxi and have that taxi wait outside the house;
- Do I have a mobile phone with me or some other means of summoning help (e.g. personal alarm)?
- Could this visit be arranged at a neutral venue?
- Are my colleagues / line managers aware of where I am going and when I should be back? Do they know I may be particularly vulnerable / at risk during this visit?
- Are there clear procedures for what should be done if a professional does not return or report back within the agreed time from a home visit?
- Does my manager know my mobile phone number and network, my car registration number and my home address and phone number?
- Do my family members know how to contact someone from work if I don't come home when expected?
- Have I taken basic precautions such as being ex-directory at home and having my name removed from the public section of the electoral register?
- Have I accessed personal safety training?
- Is it possible for me to continue to work effectively with this family?

10.7.3 If threats and violence have become a significant issue for a professional, the line manager should consider how the work could safely be progressed, document their decision and the reasons for it.

10.7.4 Professionals should:

- Acquaint themselves with the agreed agency procedures (e.g. there may be a requirement to ensure the police are informed of certain situations);
- Not go unprepared, be aware of the situation and the likely response;
- Not make assumptions that previously non-hostile situations will always be so;

- Not put themselves in a potentially violent situation - they should monitor and anticipate situations to feel safe and in control at all times;
  - Get out if a situation is getting too threatening.
- 10.7.5 If an incident occurs, professionals should:
- Try to stay calm and in control of their feelings;
  - Make a judgement of whether to stay or leave without delay;
  - Contact the manager immediately;
  - Follow agreed post-incident procedures, including any recording required.
- 10.7.6 Professionals should not:
- Take the occurrence of an incident personally;
  - Get angry themselves;
  - Be too accommodating and understanding;
  - Assume they *have* to deal with the situation and then fail to get out;
  - Think they don't need strategies or support;
  - Automatically assume the situation is their fault and that if they had said or done something differently the incident would not have happened.

## 10.8 Management responsibility

- 10.8.1 Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation. This includes:
- Undertaking assessments to identify and manage the risks inherent in all aspects of the work;
  - Providing a safe working environment;
  - Providing adequate equipment and resources to enable staff to work safely;
  - Providing specific training to equip professionals with the necessary information and skills to undertake the job;
  - Ensuring a culture that allows professionals to express fears and concerns and in which support is forthcoming without implications of weakness;
  - In practice managers need therefore to ensure officers are not exposed to unnecessary risks by ensuring:
    - Professionals are aware of any home visiting policies employed in their service area and that these policies are implemented;
    - Time is allowed for professionals to work safely (e.g. obtain sufficient background information and plan contact; discuss and agree safety strategies with manager).
  - Adequate strategies and support are in place to deal with any situations that may arise;

- In allocating work, managers need to be mindful of the skills and expertise of their team and any factors that may impact on this. They need to seek effective and supportive ways to enable new professionals, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to unco-operative families;
- Similarly, more experienced staff may become desensitised and may make assumptions about families and situations;
- Awareness of the impact of incidents on other members of the team;
- Where an incident has occurred, managers need to try to investigate the cause (e.g. whether this was racially or culturally motivated);
- Awareness that threats of violence constitute a criminal offence and the agency must take action on behalf of staff (i.e. make a complaint to the police);
- Pro-actively ask about feelings of intimidation or anxiety so professionals feel this is an acceptable feeling.

#### 10.8.2 Managers should:

- Keep health and safety regularly on the agenda of team meetings;
- Ensure health and safety is on all new employee inductions;
- Ensure that staff have confidence to speak about any concerns relating to families;
- Prioritise case supervisions regularly and do not cancel;
- Ensure they have a monitoring system for home visits and for informing the office when a visit is completed;
- Analyse team training needs and ensure everyone knows how to respond in an emergency;
- Ensure training is regularly updated;
- Empower staff to take charge of situations and have confidence in their actions;
- Recognise individual dynamics;
- Pay attention to safe working when allocating workloads and strategic planning;
- Keep an 'ear to the ground' - be aware of what is happening in communities and within their own staff teams;
- Deal with situations sensitively. Acknowledge the impact on individuals.

## 10.9 Supervision and support

- 10.9.1 Each agency should have a supervisory system in place that is accessible to the professional and reflects practice needs. See [section 16.3 Supervision and support](#). Supervision discussions should focus on any hostility being experienced by professionals or anticipated by them in working with families and should address the impact on the professional and the impact on the work with the family.

- 10.9.2 Managers should encourage a culture of openness, where their professionals are aware of the support available within the team and aware of the welfare services available to them within their agency. Managers must ensure that staff members feel comfortable in asking for this support when they need it. This includes ensuring a culture that accepts no intimidation or bullying from service users or colleagues. A 'buddy' system within teams may be considered as a way of supporting professionals.
  - 10.9.3 Professionals must feel safe to admit their concerns knowing that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism.
  - 10.9.4 Discussion in supervision should examine whether the behaviour of the service user is preventing work being effectively carried out. It should focus on the risk factors for the child within a hostile or violent family and on the effects on the child of living in that hostile or aggressive environment.
  - 10.9.5 An agreed action plan should be drawn up detailing how any identified risk can be managed or reduced. This should be clearly recorded in the supervision notes. The action plan should be agreed prior to a visit taking place.
  - 10.9.6 The professional should prepare for supervision and bring case records relating to any violence / threats made. They should also be prepared to explore 'uneasy' feelings, even where no overt threats have been made. Managers will not know about the concerns unless the professional reports them. By the same token, managers should be aware of the high incidence of under reporting of threats of violence and should encourage discussion of this as a potential problem.
  - 10.9.7 Health and safety should be a regular item on the agenda of team meetings and supervisions. In addition, group supervision or team discussions can be particularly useful to share the problem and debate options and responsibilities.
  - 10.9.8 Files and computer records should clearly indicate the risks to professionals, and mechanisms to alert other colleagues to potential risks should be clearly visible on case files.
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# 11 Mobile children and families

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## 11.1 Introduction

- 11.1.1 Local authorities, the police, Youth Offending Teams and the health service have a specific 'duty to co-operate' to ensure better outcomes and to improve the well-being of all children, including children who move frequently.
- 11.1.2 In order to provide mobile families with responsive, consistent, high quality services, London local authorities and agencies must develop and support a culture of joint-responsibility and provision for all London children (rather than a culture of 'borough services for borough children').
- 11.1.3 Children and families who move most frequently between boroughs are homeless families, asylum seekers and refugees, gypsy and traveller families, looked after children, and families experiencing domestic violence. In London, 9,000 homeless families were placed in temporary accommodation outside their home borough in early 2006 (*GLA, March 2006*).
- 11.1.4 Sixty percent of London boroughs are identified as having high numbers of children and families who move; and of those London families who move, over one fifth were not registered with a GP (*ODPM, 2005*).
- 11.1.5 Frequent movers can find it difficult to access the services they need. For those already socially excluded, moving frequently can worsen the effects of their exclusion.



11.1.6 This section:

- Defines the terms 'originating authority' as the borough where the family previously lived, and the 'receiving authority' as the borough to which the family has moved;
- Does not distinguish between temporary or permanent moves or to the nature of accommodation in which the child and/or family are living – e.g. private or public housing;
- Addresses LA children's social care case and other responsibilities in relation to children in need, including those in need of protection. Other local authority services and other agencies will have arrangements determined by different legislation and guidance;
- Excludes LA housing provision or LA children's social care provision of housing or subsistence costs included in a child in need plan. These remain the responsibility of the originating authority until the housing issue is resolved, although the receiving authority may become responsible for other parts of service delivery.

### Negotiated alternatives

11.1.7 In exceptional cases, in response to the circumstances of an individual child, a LA children's social care first line manager or above may negotiate different arrangements to those set out here, with their equivalent in another borough.

11.1.8 Such negotiated departure from this procedure should be confirmed in writing by both the originating and receiving boroughs within 48 hours of the agreement being made.

## 11.2 Identifying children at risk of harm

11.2.1 When families move frequently, it is more difficult for agencies to identify risks and monitor a child's welfare. See also [section 5. Children in specific circumstances, 5.1.1 to 5.1.6 Socially excluded / isolated children and families](#).

11.2.2 Professionals in all agencies should be alert to the possibility that a child or family who has moved may not be in receipt of universal services. Professionals should be competent in proactively engaging with the family in order to link them into local universal services, e.g.:

- Seeking information about the child / family (full names, dates of birth, previous address, GP's name, if attending any school etc);
- Providing information about relevant services;
- Following up to ensure that the family has managed to make contact and register with a local GP, school and other relevant services to which the child is entitled;
- Engaging appropriately with relevant agencies regarding any concerns which emerge.

11.2.3 Along with the indicators of risk of harm in [section 4. Recognition and response](#), the following circumstances associated with children and families moving across borough boundaries are a cause for concern:

- A child and family, or pregnant woman, not being registered with a GP;
- A child not having a school place or whose attendance is irregular;

- A child or family having no fixed abode (e.g. living temporarily with friends or relatives);
- Several agencies holding information about the child and family, which is not co-ordinated and / or which has not followed the child or family (i.e. information which is missing or has gaps).

## 11.3 Information sharing

- 11.3.1 For agencies to maintain contact with children and families who move frequently, information needs to be accurate. Professionals should:
- Ensure that all forenames and surnames used by the family are provided, and clarification is obtained about the correct spelling;
  - Ensure that accurate dates and places of birth are obtained for all household members, wherever possible;
  - Obtain the previous full addresses, and earlier addresses within the last two years;
  - Clarify relationships between the child and other household members, if possible with documentary evidence;
  - Ask the child / family with which statutory or voluntary organisations they are in contact.
- 11.3.2 Professionals in originating authorities must ensure that their counterparts in the receiving authority have been sent a copy of all relevant records within five days of being notified of the move.
- 11.3.3 Professional staff in receiving authorities must ensure that they request relevant records from their counterparts in originating authorities immediately when notified of the move.
- 11.3.4 All attendances of children at accident and emergency departments should be communicated to the child's GP by the hospital's paediatric discharge system or paediatric liaison arrangements.

### NOTIFY

- 11.3.5 NOTIFY is a web-based database developed to provide information to relevant services about homeless households placed by LA housing services, who are moved into, between or out of temporary accommodation in London.
- 11.3.6 The weekly data that housing departments provide to NOTIFY includes relevant details of families who move into, between, and out of temporary accommodation across local authority boundaries.
- 11.3.7 All London boroughs need authorised users to access NOTIFY in a timely manner and contribute / receive the necessary information about children moving into, between, and out of units of temporary accommodation so that no borough misses out on the information that NOTIFY can provide.
- 11.3.8 Professionals in originating authorities who are authorised to access the NOTIFY website should provide relevant information relating to homeless households, including children who have recently moved out of their borough.
- 11.3.9 Professionals in receiving authorities who are authorised to access the NOTIFY website should receive notifications of homeless children and families who have moved into the borough.

11.3.10 NOTIFY alerts:

- The originating local authority to tag the household record with the requested information regarding the child/ren leaving the borough;
- A receiving local authority that a child/ren in temporary accommodation and who may be in need of safeguarding services, if not child protection services, is now living in their area. If a child appears to be in need of safeguarding services, the receiving authority should check with the originating authority whether a common assessment has been completed for the child;
- A receiving local authority to check that there has been an appropriate handover and transfer of information for any child who has moved into temporary accommodation in their area, and who is known to be a child in need or subject of a child protection plan.

11.3.11 LA children's social care professionals receiving notifications via NOTIFY are responsible for making the above checks and, if the child and family are not receiving additional services, deciding whether to initiate an assessment.

## 11.4 Case responsibility

11.4.1 The borough in which a child is living or found is responsible for providing the child with LA children's social care services, for exceptions to this see 11.4.2 below, regardless of whether the residence is viewed as temporary or permanent by either professionals or the family.

11.4.2 The circumstances when responsibility is retained by the originating authority are when the child is:

- Subject to a care order or an interim care order in the originating authority;
- Accommodated by the originating authority;
- Subject of a child protection plan in the originating authority;
- In receipt of services from the originating authority, other than rent and subsistence.

11.4.3 Where housing and any subsistence costs are being provided by the originating authority as part of a child in need plan, these costs should continue to be borne by the originating authority until the child and family's housing needs are resolved. Other LA children's social care or other services should be provided by the receiving authority in accordance with this procedure.

### Child subject to a statutory order in the originating authority

11.4.4 Children subject to a care order, an interim care order, any form of supervision or family assistance order, an emergency protection order, a child assessment order or subject to current use of police protection powers remain the responsibility of the originating authority.

11.4.5 Where a care, supervision or family assistance order is in force, the receiving authority may (and this must be confirmed in writing by a LA children's social care first line manager or above) agree to provide required services on behalf of the originating authority. However, the legal responsibility remains with the originating authority.

## Child accommodated by the original authority

- 11.4.6 An accommodated child remains the responsibility of the originating authority until:
- They are discharged from accommodation; or
  - Agreement is reached, and confirmed in writing by LA children's care first line managers for both authorities, that the receiving authority will accommodate the child.
- 11.4.7 Where a child is a mother / expectant mother and is accommodated or subject to leaving care arrangements (potentially up to 25 years), and is placed by the originating authority in another borough, the authority in which the mother is living is responsible for the baby (the subject is the new baby).

## Child subject of a child protection plan in the originating authority

- 11.4.8 All reasonable efforts should be made to house children who are subject of a child protection plan or to a child protection enquiry within the borough, unless a move is part of the child protection plan. This applies to both temporary and permanent housing provision.
- 11.4.9 The responsibility for a child subject of a protection plan remains with the originating authority until the receiving authority's transfer child protection conference. See [section 11.6](#).
- 11.4.10 The receiving authority may be some distance away, to the extent that home visits and other tasks cannot be effectively accomplished by a social worker within an originating authority. In such cases, the receiving authority must agree to implement the child protection plan on behalf of the originating borough from the date of the move. The agreement must be confirmed in writing at LA children's social care first line manager level or above. The receiving authority is responsible in law for making enquiries and taking action to safeguard and promote the child's welfare.
- 11.4.11 The originating authority's responsibility for a child subject of a child protection plan ceases when, following from a transfer child protection conference:
- The receiving authority's transfer child protection conference makes a decision about the continuing need for a protection plan;
  - Management responsibility is transferred to the receiving authority;
  - These decisions have been confirmed between the two authorities and this has been conveyed in writing between the originating and receiving authorities.
- 11.4.12 The LA child protection adviser in the originating authority must be informed in writing of the result of the conference and is responsible for notification of other agencies where case responsibility has transferred to a new area.

## 11.5 Information sharing

- 11.5.1 In cases where LA children's social care is aware in advance of a child's move, the children's social worker in the originating authority must, prior to the child's move (and in addition to informing relevant agencies within the originating authority) inform the receiving authority's LA children's social care of the child's move and ensure that appropriate agencies in that authority are aware of their needs.

- 11.5.2 Health and education agencies in the originating authority are responsible for providing information to their colleagues in the receiving authority prior to the child's move.
- 11.5.3 If this information has not been received by the time the child moves, it is the responsibility of the receiving agencies (once they become aware of the child's arrival) to request the information. In such cases, the first line manager for the relevant originating authority's services is responsible for providing the information within one working day.

### **Information sharing where child is subject of a protection plan**

- 11.5.4 If a professional from any agency discovers that a child subject of a protection plan is planning to move or has moved out of / into the area, they should inform the key worker immediately, and confirm this information in writing, whenever practicable on the same day.
- 11.5.5 The key worker must inform all other professionals involved in the case as well as the receiving LA children's social care. If the move has occurred already, the key worker should complete this task immediately. If the move is to be within the next 14 days, the key worker should complete this task within one working day.
- 11.5.6 The key worker from the originating authority must inform the child protection managers of both originating and receiving authorities of the (proposed) move.
- 11.5.7 It is the responsibility of each agency in the originating authority to try to ascertain that:
- Its reciprocal agency in the receiving authority receives detailed information and is made aware of the need to fulfil its role in the protection plan;
  - The key worker is informed of the name and details of staff in the receiving area;
  - The key worker is notified of any factors affecting the protection plan.
- 11.5.8 The key worker in the originating authority must:
- Make contact with agencies in the receiving authority to ensure that the level and type of service being provided satisfies the requirements of the protection plan;
  - Discuss any difficulties with their supervisor;
  - Initiate use of any of the local authority's statutory powers made necessary by the move;
  - Provide a report and attend the child protection transfer conference.
- 11.5.9 When case responsibility is to be transferred, the key worker must inform all agencies of the arrangements so that staff can transfer records and attend and provide information to the receiving authority's transfer child protection conference.
- 11.5.10 LA children's social care in the receiving authority must ensure, prior to the transfer conference, that it has received sufficient relevant information from the originating authority to clarify details of the case, responsibility for the child and plans.
- 11.5.11 Staff from agencies in the receiving authority must ensure prior to the transfer conference that where they have not already received it, they seek information from their counterparts in the originating authority.

## 11.6 Transfer child protection conference

- 11.6.1 The receiving authority must convene a transfer child protection conference within 15 working days from the date that a child subject of a protection plan moves into its area or discovering that a child subject of a protection plan has moved into its area.
- 11.6.2 The transfer child protection conference should be convened, in line with [section 8. Child protection conferences](#).
- 11.6.3 The transfer child protection conference may recommend that although case responsibility is transferred to the receiving authority, joint work with professionals from agencies in the originating authority continues for a time limited period. Where this occurs, the originating authority must comply with the terms of the revised child protection plan.
- 11.6.4 Families should be made aware that information will be shared with services in the receiving authority.
- 11.6.5 When a planned transfer of responsibility for a case is being arranged, a LA children's social care professional from the originating authority, who has knowledge of the case, must be invited to attend the transfer conference, along with any other significant contributors to the child protection plan.
- 11.6.6 Each of the receiving local agencies must ensure that they have obtained the relevant information from their originating authority counterparts, so that the transfer child protection conference has all the information required to make fully informed decisions and develop a proper protection plan. The agencies should also provide any new information to the conference.

## 11.7 Retention of child protection responsibilities by the originating authority

- 11.7.1 The originating borough should retain child protection responsibilities where the child protection plan specifies a move out of an authority for a time-limited period. The originating authority may require assistance from the receiving authority to carry out the protection plan.
- 11.7.2 These may be circumstances where:
- The child temporarily stays with friends / family in another borough;
  - The child is admitted to hospital in another borough (e.g. a tertiary treatment centre, see also [section 5.22. Hospitals \(specialist\)](#));
  - Parent/s, together with children, are provided with time-limited placement in a residential family assessment unit in another borough;
  - A parent is supported for a time-limited period to live with a specific person (e.g. a relative or friend in another authority).
- 11.7.3 The originating borough should also retain child protection responsibilities when a family moves so frequently that the child's welfare cannot be adequately monitored because of the continuing disruption to service provision and information transfer.
- 11.7.4 In this situation, the originating authority should retain child protection responsibility but should share information with the successive receiving



authorities and receive new information and assistance from the receiving authorities to carry out the protection plan.

- 11.7.5 Whenever one of the above circumstances applies, the key worker must:
- Agree with the LA children's social care first line manager that it is in the best interests of the child for the originating authority to retain case responsibility;
  - Inform the LA child protection advisers in both authorities that the originating authority will retain case responsibility;
  - Provide the receiving authority with written information on the child and the protection plan and the level of participation required of the receiving LA children's social care in implementing the plan;
  - Request that the child is added to the receiving authority's list of children subject of child protection plans, in a temporary category;
  - Make contact with agencies in the receiving authority to ensure that the level and type of service being / to be provided satisfies the requirements of the protection plan.
- 11.7.6 Both LA children's social care first line managers must:
- Confirm in writing their agreement to case responsibility being retained by the originating authority for a specific period, including the dates for the period;
  - Ensure that the arrangements made satisfy the requirements of the protection plan.
- 11.7.7 The LA child protection adviser of the receiving authority must ensure that a proper record is made of the existence of a child subject of another authority's protection plan living in the area of the receiving authority.
- 11.7.8 If first line managers are unable to immediately agree case responsibility, they must refer to their respective child protection managers, who should determine case responsibility. If agreement is still not achieved, the conflict resolution process in [section 18. LSCBs, quality assurance and conflict resolution](#), should be followed.
- 11.7.9 The originating authority must ensure effective completion of an assessment or s.47 enquiry before seeking to discharge a child from care or accommodation or to transfer case responsibility.

## **11.8 A child (not looked after or subject of a protection plan) in receipt of services from originating authority**

- 11.8.1 There will also be cases in which a family moves its address whilst undergoing child protection enquires. In these cases, it is normally advisable that assessments or particular pieces of work or treatment are concluded before transfer of case responsibility takes place. This ensures that services are working together to limit the extent to which children and families are exposed to having to repeat their stories and repeat work to overcome child protection concerns.

## LA children's social care

- 11.8.2 Where a child and / or family in receipt of services from one LA children's social care moves to another borough, the originating authority is responsible for notifying the receiving authority in writing of the child and family's circumstances and any ongoing need for services.
- 11.8.3 In response to notification by the originating authority of an ongoing need for services, the receiving LA children's social care must:
- Accept the assessment of need provided by the originating authority; or
  - Undertake an initial assessment within one calendar month of the family's move (or receipt of notification that the family have moved - if later).
- 11.8.4 The receiving LA children's social care will be responsible for making a decision on the child / family's eligibility for service provision based on an assessment of need one calendar month after notification of the move (or later if agreed).
- 11.8.5 The originating authority must retain case responsibility for the first calendar month unless a professional casework decision is taken to close the case or the receiving authority agree in writing to provide a service prior to this date.

## Exceptional arrangements

- 11.8.6 The exceptions to the transfer of case responsibility in [sections 11.8.1 to 11.8.5](#) above, are where the originating authority is:
- Providing a time limited service which requires consistent professional input;
  - Completing a core assessment;
  - Providing a specified package of support such as housing / subsistence for a defined period (e.g. family are 'over stayers' within the terms of immigration legislation or subject to benefit / housing restrictions under 'habitual residence' regulations, or are housed by LA children's social care, having being deemed 'intentionally homeless'); or
  - The family moves so frequently that in order for the child's welfare to be adequately monitored, the risk of disruption to service provision and information gathering which could happen with frequent case transfer needs to be minimised.
- 11.8.7 The originating authority must provide a child in need plan which sets out the authority's intention to continue to offer a service for a defined period in excess of one month (e.g. subsistence payments, housing costs, completion of a core assessment).
- 11.8.8 If the need for a s47 enquiry arises in respect of the child during this extended time-limited period, the receiving authority is responsible for this, as outlined in [section 11.9. Inter-borough arrangements for child protection enquiries.](#)
- 11.8.9 Once a s47 enquiry has commenced, the originating authority ceases to have responsibility for the child / family other than in respect of funding of the child in need plan originally formulated.

## Information sharing

- 11.8.10 Where a child in need is receiving services, but is not looked after or subject of a protection plan, the originating authority must (in addition to informing relevant

agencies in the originating borough) inform the receiving authority in writing of the plan, with intended date of move and details of the child's identified needs.

- 11.8.11 If the originating authority was unaware of the move before it occurred, the notification must occur within one working day following its discovery.
- 11.8.12 The receiving authority is responsible for seeking full information from the originating authority, including information from other agencies where appropriate.
- 11.8.13 It is the responsibility of health and education authorities in the originating authority to provide information to their colleagues in the receiving authority. The receiving agencies are responsible for requesting the information in writing.
- 11.8.14 Where a housing authority has been involved in the move of the child/ren and family, the originating housing authority must inform the originating and receiving LA children's social care services and Primary Care Trusts of the move (additionally, see [sections 11.3.5 to 11.3.11. NOTIFY](#)).

## 11.9 Inter-borough arrangements for child protection enquiries

- 11.9.1 A local authority has a lawful responsibility to conduct a s47 enquiry regarding suspected or actual significant harm to a child who lives or is found in its area.

### Definition of 'home' and 'host' authority

- 11.9.2 The term 'home authority' refers to the authority holding case responsibility or if the child is not on an active caseload in LA children's social care, the authority where the child is living (this could be either an originating or receiving authority).
- 11.9.3 The term 'host authority' refers to the authority where a child may be found, is visiting for a short break or in receipt of specified services (e.g. education) - this could be either a receiving authority without case responsibility or an entirely different authority.
- 11.9.4 In situations where the child is found, staying in or receiving a service from a host authority, it is not always clear which authority is responsible for protecting the child and conducting enquiries.
- 11.9.5 The following are examples of these circumstances:
- A child found in one authority but subject to a protection plan in another authority;
  - A looked after child placed in another local authority;
  - A child attending a boarding school in another area;
  - A child receiving in-patient treatment in another area (see also [section 5.22. Hospital \(specialist\)](#));
  - A family currently receiving services from another local authority;
  - A child staying temporarily in the area but whose family remains in the home authority;
  - A family who have moved into the area, but where another authority retains case responsibility temporarily;

- A child suspected of being abused (e.g. by a paedophile operating in the host authority).

## LA children's social care

11.9.6 Where more than one authority is involved with a child, LA children's social care responsibility for child protection enquiries will depend on whether the allegations or concerns arise in relation to the child's circumstances within their home authority or within their host authority.

11.9.7 The following should always be applied:

- All child protection enquiries should be managed in accordance with these *London Child Protection Procedures*;
- Immediate and full consultation and co-operation between both host and home authorities, with both involved in the planning and undertaking of enquiries;
- Case responsibility for child lies with the home authority;
- Any emergency action should be taken by the host authority unless agreement is reached between authorities for the home authority to take alternative action (e.g. if geographically close);
- Where concerns arise in relation to the child's home circumstances, the home police child abuse investigation team and social work services will lead the enquiry, involving the host authority where the child is placed;
- If concerns arise in relation to safe parenting (e.g. where parents are visiting a child in hospital, residential or boarding school), the home police child abuse investigation team and LA children's social care will lead the enquiry, involving the host authority where the child is placed;
- Where concerns arise in relation to the child's circumstances within the host borough (e.g. abuse in school or placement), the host LA children's social care will lead the enquiry, liaising closely with the home authority (the home police child abuse investigation team retain responsibility but may negotiate with their colleagues in the host area);
- Where emergencies and enquiries are dealt with by the host authority, responsibility for the child will revert to the home authority immediately thereafter. The home authority will also normally be responsible for the provision of any form of foster or residential care or other services to ensure the protection of a child found in a host authority. The welfare of the child will be the paramount consideration in this determination;
- Negotiations about responsibility must not cause delay in urgent situations.

## Procedure

11.9.8 There must be immediate contact between home and host authorities, initiated by the authority which receives the referral.

11.9.9 The home and host authority will agree initially:

- Any need for urgent action;
- Responsibility for any urgent action and enquiries in accordance with the above principles;

- Responsibility and plans for a strategy meeting / discussion;
  - Responsibility for liaison with other agencies.
- 11.9.10 The following people must be told, and sent written confirmation, of the referral in line with [section 3. Sharing information](#):
- The social workers for the child/ren or the relevant manager where there is no allocated social worker;
  - The child protection manager for both home and host authorities;
  - (Where relevant) the placement officers of both authorities;
  - Other local authorities using the service or placement;
  - The appropriate regulatory authority;
  - The local authority where an alleged abuser lives and / or works, in line with [section 13. Risk management of known offenders](#).
- 11.9.11 If agreement cannot be reached within the working day, the LA children's social care covering the area where the child is found has the responsibility to undertake the enquiry and take any protective action necessary.

### Strategy meeting / discussion

- 11.9.12 Strategy meetings / discussions must be held within the timescales set generally for strategy meetings / discussions and be convened, administered and chaired by the responsible LA children's social care as defined above.
- 11.9.13 Attendance at the meeting / discussion must include:
- A managerial representative of the service provider (unless suspected of involvement in the child protection concerns);
  - Home authority responsible for the child/ren;
  - Host authority;
  - Representatives of other agencies and authorities as decided by the responsible social worker (in consultation with the other authority).
- 11.9.14 Information provided to the strategy meeting / discussion will depend on the source of the concern, but must include basic details of the child/ren and family as well as relevant information about:
- Family and (where applicable) placement history of the child;
  - Basic details about alleged abuser (where applicable) employment history for the staff member / foster carer / volunteer etc.;
  - Registration history of the establishment service.
- 11.9.15 The responsible local authority should record the strategy meeting / discussion, including decisions, actions, responsibility for actions, timescales and process for review and closure, and distribute this to relevant parties.

### Outcome of enquiry

- 11.9.16 The outcome must be conveyed in writing by the social worker in line with [section 3. Sharing information](#), to:
- All local authorities with children affected;
  - All local authorities using the same service or placement;

- All agencies involved;
- The child/ren where appropriate;
- Parents, carers and any others with parental responsibility;
- The employee, foster carer and any other professional involved in the concerns;
- The appropriate registering authority.

## 11.10 Families moving during s47 enquiry

- 11.10.1 In the event that a family moves whilst a s47 enquiry is being undertaken (e.g. to a refuge in another borough), the originating authority should convene a strategy meeting / discussion within 72 hours. This must include the receiving authority.
- 11.10.2 The originating authority retains responsibility until the completion of the enquiry, unless an alternative arrangement is agreed. If a child protection conference is required it should be convened in the receiving authority. The originating authority must provide a report for the conference based on their investigation.

### Role of officers responsible for placements

- 11.10.3 Where allegations or concerns about a placement are the subject of enquiries, the officer responsible for placement in both host and home boroughs must:
- Consider the implications for other children and pass relevant information to other placing social workers;
  - Halt new placements until enquiries are concluded and outcomes evaluated;
  - Inform the regulatory authority of the placement;
  - Having considered the outcome of the enquiry, decide the implications for future placement and confirm in writing to the establishment or foster carer the outcome and implications for future use of the placement;
  - Follow up any other matters as appropriate in relation to the establishment or its management, staffing or registration.
- 11.10.4 The above is applicable to social care placements for children looked after, health placements for children with health difficulties in hospital or other forms of community health provision and for children attending educational placements involving residential accommodation.
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## 12 Death of a child

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## 12.1 The death of a child

### Introduction

- 12.1.1 This chapter sets out the processes to be followed when a child dies in the local safeguarding children board area/s covered by a Child Death Overview Panel. There are two inter-related processes for reviewing child deaths (either of which can trigger a serious case review, see [section 19. Serious case reviews](#)):
- Rapid response by a group of key professionals coming together for the purpose of enquiring into and evaluating each unexpected death of a child; and
  - An overview of all child deaths up to the age of 18 years (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law<sup>62</sup>) in the local safeguarding children board area/s, undertaken by a panel.
- 12.1.2 These processes are outlined in some greater detail in the supplementary procedures: [London Rapid Response and Child Death Overview Panel Procedures \(London Board, 2009\)](#), available at [www.londonscb.gov.uk/child\\_death/](http://www.londonscb.gov.uk/child_death/).

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<sup>62</sup> Reviews of deaths which follow a planned termination under the law (Abortion Act 1967) should not be carried out by Child Death Overview Panels even in instances where a death certificate has been issued. If the local safeguarding children board has general concerns about local procedures relating to planned terminations, it should contact the Care Quality Commission ([enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)). All other deaths (i.e. excluding those deaths which follow a planned termination of pregnancy under the law) which have been registered as live with the General Registrar's Office, should be reviewed by the Child Death Overview Panel.

## The Regulations relating to child deaths

- 12.1.3 One of the local safeguarding children board functions, set out in *Regulation 6 of the Local Safeguarding Children Boards Regulations 2006*, in relation to the deaths of any children normally resident in their area is as follows:
- (a) collecting and analysing information about each death with a view to identifying –
    - (i) any case giving rise to the need for a review mentioned in Regulation 5(1)(e);
    - (ii) any matters of concern affecting the safety and welfare of children in the area of the authority; and
    - (iii) any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and
  - (b) putting in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

## Overall principles

- 12.1.6 Each death of a child is a tragedy for his or her family (including any siblings), and enquiries / investigations seeking to understand the reasons for the child's death should:
- Treat families with sensitivity, discretion and respect at all times;
  - Approach enquiries with an open mind, keeping an appropriate balance between forensic and medical requirements and the family's need for support;
  - Be aware that only a minority of unexpected deaths are the consequence of abuse or neglect or are found to have abuse or neglect as an associated factor;
  - Address the possible needs of other children in the household, the needs of all family members; and
  - Consider any lessons to be learnt about how best to safeguard and promote children's welfare in the future.

## Children with life limiting or life threatening conditions

- 12.1.8 Chronic illness, disability and life limiting conditions account for a large proportion of child deaths. Whilst it is to be expected that children with life limiting or life threatening conditions (LL/LT conditions) will die prematurely young, it is not always easy to predict when, or in what manner they will die.
- 12.1.9 Professionals responding to the death of a child with a LL/LT condition should ensure that their response to these families is appropriate and supportive, does not cause any unnecessary distress. End of life care plans may be in place and where appropriate, families should be supported to choose where their child's body is cared for after death e.g. a children's hospice.
- 12.1.10 The unexpected, death of a child with LL/LT condition should be managed as for any other unexpected death so as to determine the cause of death and any contributory factors.

## Involvement of parents and family members (for all child deaths)

- 12.1.9 Local safeguarding children boards must have mechanisms in place for appropriately informing and involving parents and other family members in both the child death overview and the rapid response processes.
- 12.1.10 Parents should be advised that the child's death will be subject to a review in order to learn any lessons in order to improve the health, safety and well being of children with a view to preventing further such child deaths where possible. It should be emphasised that the process is not about culpability or blame. This would normally be done by the paediatrician confirming the child's death to the parents
- There is a local safeguarding children board leaflet available to assist parents and others with parental responsibility in understanding the review process and how they can contribute at [www.londonscb.gov.uk/child\\_death/](http://www.londonscb.gov.uk/child_death/).
- 12.1.11 Parents and family members should be assured that the objective of the child death review process is to learn lessons in order to improve the health, safety and well being of children with a view to preventing further such child deaths where possible. The process is not about culpability or blame.
- 12.1.12 The local safeguarding children board, acting through the child death overview panel should agree what information is to be shared with parents and family members and ensure that a professional known to the family conveys to them agreed information in a sensitive and timely manner.
- Decisions on what information is shared, with whom, and why must be recorded in each agency's records. It is not appropriate for parents to attend the child death overview panel meeting as this is a meeting for professionals to discuss not only the individual case but also wider public health issues. Parents should however be encouraged to contribute any comments or questions they might have to the review of their child's death.
- 12.1.13 Parents should be informed that all cases will be anonymised prior to discussion by the child death overview panel, information gathered will be stored securely and only anonymised data will be collated at a regional or national level. Parents should also be made aware that the child death overview panel will make recommendations and report on the lessons learned to the local safeguarding children board. The local safeguarding children board produces an annual report which is a public document, but it will not contain any personal information that could identify an individual child or their family.
- 12.1.14 Child death overview panels should ensure that whenever necessary, arrangements are made for the family to have the opportunity to meet with relevant professionals, e.g. a professional known to the family before their child died, a paediatrician or a police officer to help answer their questions.
- 12.1.15 Child death overview panels should review the services and immediate support offered to families of children who have died (see information around care of the bereaved family in the (see [section 12.4 Key strands of rapid response](#)).

## 12.2 Local framework for responding to child deaths

- 12.2.1 The framework which each local safeguarding children board should have in place for responding to child deaths should include:

- A designated paediatrician for child death;
- A single point of contact to be informed of all child deaths;
- A mechanism for multi-agency staff to access the London child death initial notification form and also the national templates for local safeguarding children boards to use to assist collecting information about child deaths;
- A child death overview panel (see [section 12.3 Child death overview panel](#));
- An working relationship with the local coroner's office; and
- A rapid response team. The local safeguarding children board should assure itself that Board partners have adequate local arrangements for responsible on-call professionals with relevant expertise to function as a multi-agency rapid response service to the unexpected death of a child (see [section 12.4 Key strands of rapid response](#)).

### Designated paediatrician for child death

12.2.2 Each PCT should ensure that the local safeguarding children board, through the child death overview panel, has access to a consultant paediatrician whose designated role is to provide advice on:

- The commissioning of paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood and the medical investigative services such as radiology, laboratory and histopathology services; and
- The organisation of such services.

The designated paediatrician for child death may provide advice to more than one PCT, and is likely to be a member of the local child death overview panel. This is a separate role to the designated doctor for child protection, but does not necessarily need to be filled by a different person. These responsibilities should be recognised in the job plan agreed between the consultant and his or her employer.

12.2.3 Actions assigned to the designated paediatrician for child death can be delegated to a nominated senior healthcare professional unless specifically stated otherwise. The terminology used in this procedure is therefore: 'designated paediatrician or equivalent'.

12.2.4 The designated paediatrician or equivalent, following consultation with the lead clinician, is responsible for making the final decision on whether a death is unexpected. An interim decision may be made by the nominated healthcare professional when the designated paediatrician or equivalent, is unavailable (e.g. on leave, unwell etc), however this must be reviewed by the designated paediatrician or equivalent, on their return. The final decision cannot be delegated, and must be recorded with clear reference to who was involved in the discussion.

12.2.5 The designated paediatrician or equivalent, is responsible for co-ordinating the multi-agency response to all child deaths in a local safeguarding board area which are unexpected or where the cause of the death is uncertain.

### Single point of contact (SPOC)

12.2.6 In order for local safeguarding children boards (LSCBs) to fulfil their child death reviewing responsibilities, each LSCB should be informed of all deaths of children normally resident in its geographical area. The LSCB Chair should

decide who will be the single point of contact (SPOC) to whom the notification and other data on each death, should be sent<sup>63</sup>. The Chair of the child death overview panel is responsible for ensuring that this process operates effectively.

- 12.2.7 The SPOC will also need be informed about the death of a child normally resident in the area but who has died elsewhere and must inform the relevant other SPOC about a child death where the child normally resides elsewhere.
- 12.2.8 The Registrar has a duty to send a notification of each child's death to the SPOC. This should enable the SPOC to check that he or she has been notified of all child deaths in the area.
- 12.2.9 Any professional or member of the public hearing of a local child death in circumstances that mean it may not yet be known about, e.g. a death occurring abroad, can inform the designated person in the LSCB.
- 12.2.10 The SPOC should to assist the designated paediatrician or equivalent, in initiating the multi-agency rapid response service as appropriate. Out of hours, rapid response processes must be instigated by the responsible on-call professionals as required and reported to the SPOC on the next working day.
- 12.2.11 The details of each borough's SPOC must be reported to the London Safeguarding Children Board to enable a list to be kept up to date on [www.londonscb.gov.uk/child\\_death/spoc/](http://www.londonscb.gov.uk/child_death/spoc/).

### Notification of a child death

- 12.2.12 National templates are available for local safeguarding children boards to use to assist collecting information about child deaths. For initial notification London will use the initial notification form available at [www.londonscb.gov.uk/child\\_death](http://www.londonscb.gov.uk/child_death) (in place of the national Form A). London will use the Forms B - E. Forms B and D are available at [http://www.londonscb.gov.uk/child\\_death/](http://www.londonscb.gov.uk/child_death/). Form E is available from <http://www.ecm.gov.uk/search/TP00045/>.

#### *Notification process*

- 12.2.13 Local agencies responding to a child's death should inform:
- The coroner, within one working day as appropriate;
  - The SPOC; and
  - The designated paediatrician or equivalent, if the death is unexpected or the cause of death is uncertain.
- The information can be conveyed to the designated paediatrician or equivalent, in a confidential telephone conversation. However, there must be agreement during this call as to who will take responsibility for completing the London child death initial notification form and sending it to the SPOC.
- 12.2.14 Where the information is passed by telephone it will be helpful for both parties to have a copy of the London child death initial notification form in front of them while talking to assist the sharing of information. The information should be treated in strictest confidence.
- 12.2.15 The London child death initial notification form should be completed as fully as possible and faxed or sent by secure email to the SPOC immediately at time of death whenever possible and no later than on the same working day.

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<sup>63</sup> A list of people designated by the Child Death Overview Panel to receive notifications of child death information is available at: [www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00351/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00351/)

- 12.2.16 For deaths which occur after 5pm, at weekends or on bank holidays, the completed initial notification form should be sent by 10am the next working day.
- 12.2.17 The police public protection desk has a key role in informing the designated paediatrician or equivalent, and/or the SPOC of child deaths.
- 12.2.18 It is best practice to seek consent before processing information about any individual, but it will be legitimate to share information with the designated paediatrician or equivalent, for unexpected deaths in childhood / the local safeguarding children board SPOC without seeking parental consent.

### Deaths of children out of area

- 12.2.19 When a child dies in an area s/he is not normally resident in, the SPOC for the area in which the child died will inform the SPOC in the area the child normally lived.

## 12.3 Child death overview panel (CDOP)

- 12.3.1 The purpose of a child death overview panel is to undertake an overview of all child deaths within the locality. This process uses a standard set of data (see [www.everychildmatters.gov.uk/socialcare/safeguarding/childdeathreview/](http://www.everychildmatters.gov.uk/socialcare/safeguarding/childdeathreview/)) based on information available from those who were involved in the care of the child, both before and immediately after the death, and other sources such as:
  - Case summaries from health records;
  - Case information from police, LA children's social care and education; and
  - Post-mortem reports.
- 12.3.2 The CDOP has responsibility for reviewing the deaths of all children, with priority given to those deaths that are both unexpected and unexplained.
- 12.3.3 Where necessary, the CDOP has the authority to recommend that a serious case review should be undertaken by the local safeguarding children board. If there is to be a serious case review, it will be undertaken by the local safeguarding children board where the child normally resides, with the final decision taken by the local safeguarding children board Chair. See [section 19. Serious case reviews](#).

### Partner agency representation and responsibility

- 12.3.4 The CDOP should have a permanent core membership drawn from the key organisations represented on the local safeguarding children board. The minimum should be senior management representation from:
  - Designated paediatrician for unexpected deaths in childhood
  - Public health
  - Community child health or designated nurse for safeguarding children
  - LA children's social care
  - Police
- 12.3.5 Other members should be co-opted as and when appropriate. This may be so that the membership of the CDOP better reflects the characteristics of the local population, to provide a perspective from the independent or voluntary sector or to contribute to the discussion of certain types of death (e.g. London Fire



Brigade, adult mental health services, education / early years, bereavement services etc.

- 12.3.6 The CDOP Chair is accountable to the local safeguarding children board, but should not be involved in providing direct services to children and families in the local safeguarding children board area.
- 12.3.7 Within each organisation represented on the local safeguarding children board, a senior person with relevant expertise should be identified as the lead professional with responsibility for implementation of the local procedures on responding to child deaths. Each organisation should expect to be involved in a child death review at some time.
- 12.3.8 The CDOP should have a clear relationship and agreed channels of communication with the local coronial service.
- 12.3.9 The LSCB should ensure that appropriate single and inter-agency training is made available to ensure successful implementation of these processes. LSCB partner agencies should ensure that relevant staff have access to this training<sup>64</sup>.

### Frequency of CDOP meetings

- 12.3.10 The CDOP should hold meetings on a regular basis to enable the circumstances of each child death to be discussed in a timely manner. The frequency of the meetings should reflect the number of child deaths in the local safeguarding children board area.
- 12.3.11 The CDOP should ensure that all other processes (e.g. coronial enquiries, legal proceedings, serious case reviews etc) have concluded before reviewing a child death, although data collection should continue in the meantime.

### Key functions

- 12.3.12 The key functions of the CDOP are to:
- Receive notification on all child deaths occurring in the local area;
  - Collect and collate an agreed national minimum data set;
  - Seek information from professionals who had involvement with the child before and immediately following the death and, where relevant, the child's family members;
  - Evaluate the data available and identify lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children;
  - Assess the cases with regard to the threshold criteria to enable specific cases to be reviewed in depth (available at [www.londonscb.gov.uk/child\\_death](http://www.londonscb.gov.uk/child_death)) ;
  - Ensure that individual case discussions have taken place regarding unexpected child deaths;
  - Monitor the appropriateness of the response of professionals to an unexpected death of a child, reviewing the reports produced by the rapid response team on each unexpected death of a child, making a

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<sup>64</sup> *Responding when a child dies* – a multi-agency training resource to support LSCBs in implementing the child death review processes have been published to support the training of staff at all levels. The resources are available at: [www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/trainingmaterials/trainingmaterials/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/trainingmaterials/trainingmaterials/)

full record of this discussion and providing the professionals with feedback on their work. Where there is an ongoing criminal investigation, the Crown Prosecution Service must be consulted as to what it is appropriate for the CDOP to consider and what actions it might take in order not to prejudice any criminal proceedings;

- Scrutinise the recommendations from the reports compiled by the designated doctor for unexpected deaths;
- Identify any common themes from individual cases and consider these in more depth (e.g. road traffic deaths, sudden unexpected death in infancy (SUDI), or deaths of children with life limiting conditions);
- Consider whether the death was preventable, if so how such deaths might be prevented in the future;
- Identify any patterns or trends in the local data and report these back to the local safeguarding children board;
- Consider the [\*Framework for the Assessment of Children in Need and their Families \(Department of Health et al, 2000\)\*](#) to assess any child, parent, social or environmental factors which could contribute to developing an understanding of the individual child's death;
- Alert the Chair of the local safeguarding children board about any deaths where, on evaluating the available information, the CDOP considers there may be grounds to undertake further enquiries, investigations or a serious case review and explore why this had not previously been recognised;
- Inform the Chair of the local safeguarding children board where specific new information should be passed to the coroner or other appropriate authorities;
- Provide relevant information to those professionals involved with the child's family so that they, in turn, can convey this information in a sensitive and timely manner to the family;
- Monitor the support and assessment services offered to families of children who have died;
- Monitor and advise the local safeguarding children board on the resources and training required locally to ensure an effective inter-agency response to child deaths;
- Identify any public health issues and consider, with the Director/s of Public Health, how best to address these and their implications for both the provision of services and for training;
- Co-operate with regional and national initiatives to identify lessons on the prevention of unexpected child deaths e.g. the *London learning from information about child deaths initiative* and the Confidential Enquiry into Maternal and Child Health (CEMACH)<sup>65</sup>; and
- Ensure each partner agency of the local safeguarding children board identifies a senior person with relevant expertise to have responsibility for advising on the implementation of the local procedures on responding to child deaths within their agency.

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<sup>65</sup> [www.cemach.org.uk/Publications-Press-Releases/Report-Publications/Maternal-Mortality.aspx](http://www.cemach.org.uk/Publications-Press-Releases/Report-Publications/Maternal-Mortality.aspx)

## The CDOP process

- 12.3.13 Any person notifying the SPOC of the death of a child should provide as much detail as is known to them in relation to the child and family and the circumstances of the death.
- 12.3.14 Following notification of the death of a child, the SPOC should seek to establish which agencies and professionals have been involved with the child or family either prior to or at the time of death. The lead professional in each agency to assist with this. Form B – Agency report form (and any relevant supplementary Form B's), is available at:  
<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforiscbs/lscbtemplates/>
- 12.3.15 Form B should be sent out to the lead professional in each agency and to any professionals known to be involved. If the death was either an early or a late neonatal death, the standard CMACE Perinatal Mortality Surveillance form should continue to be completed as normal and a copy should be sent to both the regional CMACE office and the relevant local safeguarding children board SPOC. This CMACE form is in addition to Form B2 having to be completed by the relevant professionals.
- 12.3.16 Professionals receiving an agency report form (Form B) should retrieve any relevant case records for the child or other family members to complete any information known to them or their organisation and return the form to the SPOC within the requested time frame using a secure means of transfer. Normally this should be within three weeks of notification, although there will be circumstances where, because of ongoing medical or police investigations information may not be available for a longer period. It may be appropriate for the lead professional in each agency to collate information from all involved professionals within their agency.
- 12.3.17 Once all agency report forms are received by the SPOC, the information should be collated onto a single Form B, anonymised and entered into a suitable database. The national agreed data set should be kept securely and separately from any identifiable data. The CDOP is likely to receive information that is personal data, including sensitive personal data, within the meaning of the Data Protection Act 1998 (DPA) for the purposes of child death reviews. CDOP s should be mindful of their obligations under the DPA when processing that information.
- 12.3.18 Prior to each panel meeting, anonymised, collated Form B's should be sent to all panel members in sufficient time to allow them to read all the material in preparation for the meeting. Panel members may wish for supplementary material (for example, individual case records, autopsy reports, scene photographs) to be made available at the panel meeting, but consideration should be given to its appropriateness for the meeting and issues of confidentiality. This information should be sent to the SPOC before the meeting.
- 12.3.19 The CDOP should review each case brought before it to consider any factors contributing to the death, its classification of the death, and any lessons to be learnt from this death or from patterns of similar deaths in the area. Form C – the case review form (available at:  
<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforiscbs/lscbtemplates/>) may be used to facilitate this discussion and provides a template for local and national data collection. These forms should remain anonymous with a unique identifier but no identifiable information. For each death, the panel should

classify the cause of death, make a decision as to the preventability of the death, identify any modifiable factors, and consider any recommendations that may be made about actions which could be taken to prevent such deaths in the future and to whom these recommendations should be addressed.

- 12.3. 20 If the CDOP is unable to classify the death, or adequately review it from the information available, a decision should be made as to whether and what further information could be obtained to assist the panel. Where appropriate, the case should be rescheduled for discussion at a subsequent meeting. Where it is recognised that no further learning is likely, even with further information, the final review of the case should not be delayed.
- 12.3. 21 Panels should designate certain meetings to discussing groups of similar deaths, e.g. road traffic deaths, sudden unexpected death in infancy (SUDI), or deaths of children with life limiting conditions). In addition to standing panel members, specialists in relation to the type of death being discussed could be invited.
- 12.3. 22 When reviewing neonatal deaths, these deaths should be discussed by the CDOP with appropriate representation of the professionals involved in this specialist area for example, midwifery, obstetrics, neonatal care. The process should focus on learning lessons from the deaths, and should use the minimum national data set when collecting information.
- 12.3. 23 Any recommendations made by the CDOP should be directed at interventions that could help to prevent future child deaths, or improve the safety and welfare of children in the local area or further afield. The panel will not normally make direct recommendations in respect to individual case management.
- 12.3.24 Recommendations should be few in number and should be carefully thought through to be specific, measurable, achievable, relevant and timely (SMART).
- 12.3.25 Recommendations should be submitted to the local safeguarding children board or any other relevant body identified by the CDOP. The local safeguarding children board should make arrangements for following up on the recommendations to ensure that appropriate actions are taken.

### Deaths of children out of area

- 12.3.26 The CDOP in the area where the child was normally resident will review the death and liaise with the area where the child died, where appropriate. For children not normally resident in London, the CDOP Chair for the area where the child died should also write to the CDOP conducting the review to ensure that any lessons are shared across both areas. The CDOP Chair for the area where the child was normally resident is responsible for ensuring that this process operates effectively. To avoid unnecessary additional burden on professionals and the child's family, it is not recommended that the two local safeguarding children boards conduct individual reviews.
- 12.3.27 If it is unclear in which CDOP area the child normally resided (such as in cases of shared care arrangements in different boroughs), the relevant CDOP Chairs should negotiate and agree who will lead the review. If no agreement can be reached, the CDOP chairs involved should escalate the issue to their respective local safeguarding children boards, for agreement to be reached by the local safeguarding children board Chairs. Timescales should not be allowed to slip, therefore until any dispute is resolved, the case must be treated as the responsibility of the disputing LSCB in whose area the child was last known to have been alive (*note: this point is currently subject to approval*)
- 12.3.28 Information sharing between two CDOPs when a child dies out of his / her normal residency area is in addition to informing the coroner and immediate

notification of the designated paediatrician or equivalent, if the death was unexpected or there is uncertainty about the cause of death.

- 12.3.29 Children who die in hospital will be reviewed by the CDOP for the area in which they were normally resident.
- 12.3.30 In the case of a looked after child, the CDOP for the area of the local authority looking after the child should exercise lead responsibility for conducting the child death review.
- 12.3.31 The CDOP must review the circumstances of children who are normally resident in the area but who die abroad.

## Consent and confidentiality

- 12.3.32 Information in CDOP meetings will not be anonymised.
- 12.3.33 It is best practice to seek consent before processing information about any individual, but it will be legitimate to share information with the designated paediatrician or equivalent, for unexpected deaths in childhood / the CDOP SPOC without seeking parental consent. It should only be shared with those who need to know, as governed by the *Caldicott Principles*, the [Data Protection Act](#) and [Working Together](#).
- 12.3.34 CDOP s should have arrangements in place for parents and carers to be advised that the child's death will be subject to a review in order to learn any lessons that may help to prevent future deaths of children.
- 12.3.35 All local safeguarding children board member agencies must be aware of the need to share information on all child deaths to enable the local safeguarding children board to carry out its statutory duty.
- 12.3.36 Members of the CDOP must sign a confidentiality agreement, including sharing and securely storing information (there is a model confidentiality statement in appendix 3 of the [London Child Death Overview Panel Procedure](#)) when they join the CDOP. This agreement should be reviewed at each meeting.
- 12.3.37 In no case should any CDOP member disclose any information pertaining to any individual case which has been dealt with by the CDOP outside the meeting, other than pursuant to the mandated agency responsibilities of that individual or for the purposes of joint investigations. Public statements about the general purpose of the child death review process may be made in line with the local safeguarding children board process for managing media interest (see [section 12.5 Rapid response service for unexpected child death](#)), as long as they are not identified with any specific case.

## Learning from child deaths

- 12.3.38 The CDOP will monitor and advise the local safeguarding children board on the resources and training required locally to ensure an effective inter-agency response to child deaths.
- 12.3.39 The CDOP will identify any strategic issues (such as public health, community safety, health and safety etc) and consider how best to address these and their implications for both the provision of services and for training.
- 12.3.40 The CDOP will contribute to regional and national initiatives to identify lessons on the prevention of unexpected child deaths e.g. the [London learning from information about child deaths initiative](#) and CEMACH.

## Reporting mechanisms

- 12.3.41 Each CDOP must submit an annual report to its respective local safeguarding children board.
- 12.3.42 The local safeguarding children board is responsible for:
- Disseminating the lessons to be learnt to all relevant organisations;
  - Ensuring that relevant findings inform the *Children and Young People's Plan*;
  - Acting on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children; and
  - Ensuring that data relating to child deaths is submitted to relevant regional and national initiatives to identify lessons on the prevention of unexpected child deaths.
- 12.3.43 For more details see the [London Child Death Overview Panel Procedure \(London Board, 2009\)](#), in particular the model terms of reference for a CDOP, threshold criteria for child death cases and model confidentiality statement.

## 12.4 Information sharing in relation to child deaths

- 12.4.1 Registrars of Births and Deaths are required by the Children and Young Persons Act 2008 to supply local safeguarding children boards with information which they have about the deaths of:
- Persons aged under 18 in respect of whom they have registered the death; or
  - Persons in respect of whom the entry of death is corrected and it is believed that person was or may have been under the age of 18 at the time of death.
- Registrars must also notify LSCBs if they issue a *Certificate of No Liability to Register* where it appears that the deceased was or may have been under the age of 18 at the time of death.
- 12.4.2 Registrars are required to send the information to the appropriate local safeguarding children board no later than seven days from the date of registration, the date of making the correction/ update or the date of issuing the certificate of no liability as appropriate. (The appropriate local safeguarding children board is the Board established by the children's services authority in England within whose area is situated the sub-district for which the register is kept). These requirements only apply in respect of deaths occurring on or after 1 April 2009.
- 12.4.3 In order to support these new responsibilities, it is a statutory requirement for each local safeguarding children board to make arrangements for the receipt of notifications from registrars and to publish these arrangements. In order to carry out this responsibility local safeguarding children boards are therefore required to notify the Department for Children, Schools and Families of the name and email address for the Child Death Overview SPOC (hereafter referred to as the 'SPOC') in each local safeguarding children board to whom child death



notifications should be sent. This information is published by the Department on the [Every Child Matters](#) website<sup>66</sup>.

### **Duty and powers of coroners to share information**

- 12.4.4 The Coroners Rules 1984 as amended by the Coroners (Amendment) Rules 2008 place a duty on coroners to inform the L local safeguarding children board, for the area in which the child died, of the fact of an inquest or post mortem. It also gives coroners powers to share information with local safeguarding children board s for the purposes of carrying out their functions, which include reviewing child deaths and undertaking serious case reviews. Where there is more than one local safeguarding children board in a coroner's area, arrangements should be made between the coroner and the local safeguarding children board s as to which local safeguarding children board should be informed of the coroner's decisions.
- 12.4.5 On receipt of an initial report of a death of a child, the local safeguarding children board or local safeguarding children board s with an interest in this information should inform the coroner of the address(es) (including email address(es)) to which future information should be supplied. If any information comes to the attention of an local safeguarding children board which it believes should be drawn to the attention of the relevant coroner, then the local safeguarding children board should consider supplying it to the coroner as a matter of urgency<sup>67</sup>.

### **Duty and powers of medical examiners (MEs) to share information**

- 12.4.6 In taking forward the proposed improvements to the process of death certification, the Department of Health will ensure that appropriate interfaces are established with these functions now being delivered by local safeguarding children board s. It is anticipated that under the [Coroners and Justice Act 2009](#)<sup>68</sup>, MEs will be required to share information with local safeguarding children board s about child deaths that are not investigated by a coroner.

### **Definition of a preventable child death**

- 12.4.7 A preventable child death is one in which modifiable factors may have contributed to the death. These are factors which, by means of nationally or locally achievable interventions, could be modified to reduce the risk of future child deaths<sup>69</sup>.
- 12.4.8 In reviewing the death of each child, the CDOP should consider modifiable factors, e.g. in the family and environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

### **Use of child death information to prevent future deaths**

- 12.4.9 Each CDOP should prepare an annual report of relevant information for the local safeguarding children board. This information should in turn inform the local safeguarding children board annual report. This information should include the

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<sup>66</sup> A list of people designated by the Child Death Overview Panel to receive notifications of child death information is available at: [www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00351/](http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/IG00351/)

<sup>67</sup> For further guidance see: [www.justice.gov.uk/guidance/coroners-guidance.htm](http://www.justice.gov.uk/guidance/coroners-guidance.htm)

<sup>68</sup> [www.legislation.gov.uk/ukpga/2009/25/contents](http://www.legislation.gov.uk/ukpga/2009/25/contents)

<sup>69</sup> See Working Together to Safeguarding Children 2010 [www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/workingtogether/workingtogethertosafeguardchildren/)

total numbers of deaths reviewed, recommendations made by the panel about required future actions to prevent child deaths, and any further description of the deaths that the panel deems appropriate. It should also include a review of actions taken to implement the recommendations from the previous year's report, and set out any such recommendations which have not yet been fully implemented which are to be carried forward. Appropriate care should be taken to ensure confidentiality of personal information and sensitivity to the bereaved families. Information which could lead to the identification of individual children or family members should not be included in the annual report. The local safeguarding children board annual report should serve as a powerful resource for driving public health measures to prevent child deaths and promote child health, safety and wellbeing.

- 12.4.10 The local safeguarding children board has responsibility for disseminating the lessons to be learned from the child death and other reviewing processes to all relevant organisations, ensures that relevant findings inform the Children and Young People's Plan and acts on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children. The local safeguarding children board is also required to supply anonymised data on child deaths to the Department for Children, Schools and Families, so that the Department can commission research and publish nationally comparable analyses of these deaths. The primary aims of this research are to support a reduction in the incidence of children whose deaths can be prevented, to improve inter-agency working and to safeguard and promote the welfare of children.

## 12.5 Rapid response service for unexpected child deaths

### Definition of an unexpected death of a child

- 12.5.1 An unexpected death is defined as the death of a child not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death.
- 12.5.2 The designated paediatrician or equivalent, responsible for child death (see [12.2.3](#) and [12.2.4](#), above) should be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made.

### Rapid response remit

- 12.5.3 The service response to an unexpected child death should be safe, consistent and sensitive to those concerned, bereaved parents and siblings should receive a similar response across London.
- 12.5.4 Professionals should be aware that, in certain circumstances, separate investigative processes may be taking place alongside those described in this procedure (e.g. murder investigations, SUDI processes etc). Professionals and agencies should liaise across processes to avoid duplication.
- 12.5.5 The purpose of a rapid response service is to ensure that the appropriate agencies are engaged and work together to:

- Ensure support for the bereaved family members, as the death of a child will always be a traumatic loss – the more so if the death was unexpected;
- Identify and safeguard any other children in the household or affected by the death;
- Respond quickly to the unexpected death of a child;
- Make immediate enquiries into and evaluate the reasons for and circumstances of the death, in agreement with the coroner when required;
- Enquire into and constructively challenge how each organisation discharged their responsibilities when a child has died unexpectedly (liaising with those who have ongoing responsibilities for other family members), and whether there are any lessons to be learnt;
- Collate information in a standard format (see Form B in appendix 6b of the [London Rapid Response Procedure \(London Board, 2009\)](#) for details of national templates for local safeguarding children boards to use when collecting information about child deaths)
- Co-operate appropriately post death, maintaining contact at regular intervals with family members and other professionals who have ongoing responsibilities to the family, to ensure that they are appropriately informed (unless such sharing of information would place other children at risk of harm or jeopardise police investigations);
- Consider media issues and the need to alert and liaise with the appropriate agencies;
- Provide bereavement support as needed, for any other children, family members or members of staff who may be affected by the child's death (see [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)).

See [section 12.7 Key strands to rapid response](#) for more information.

- 12.5.6 Rapid response begins at the point of death and ends when the final meeting has been convened and chaired by the designated paediatrician or equivalent. Any records of the meeting (i.e. Form B / meeting notes) should be forwarded to the CDOP at the time of the review.
- 12.5.7 The area in which the death of a child has been declared must take initial responsibility for convening and co-ordinating the rapid response process, until agreement for handover can be secured with the area where the child was normally resident. See [12.5.13](#) below for information around conflict resolution in cases where it is unclear where the child normally resided.
- 12.5.8 Where notified of a death abroad, the professionals responsible for child death in the local authority where the child is normally resident must consider implementing this procedure as far as is practically possible and fully record any decisions made.

### Rapid response timeline

- 12.5.9 The Designated paediatrician or equivalent, is responsible for ensuring all actions relating to the rapid response process are completed. The rapid response timeline involves three phases:
- Phase one (usually 0-5 days): the management of information sharing from the point at which the child's death becomes known to any

agency until the initial results of the post-mortem have been completed;

- Phase two (usually 5-7 days): the management of information sharing once the initial post mortem results are available; and
- Phase three (usually 8-12 weeks): the management of information sharing through the case discussion meeting when the final post-mortem report is available.

12.5.10 It is important that all agencies are clear that the rapid response process is multi-dimensional, the information flow is variable, and that a number of different processes can occur at the same time.

## Phase I: usually 0 – 5 days

### Immediate response

12.5.11 Children who die unexpectedly in the community should be taken to an accident and emergency department (A&E) rather than a mortuary, and resuscitation should always be initiated unless clearly inappropriate. See the UK Resuscitation Guidelines (2005)<sup>70</sup>

12.5.12 As with children who die in hospital, their parent/s should be allocated a member of hospital staff to support them throughout the process.

12.5.13 A child should not be taken to A&E in situations where:

- The circumstances of the death require the child's body to remain at the scene for forensic examination (police will be involved in these cases and decisions will be made after consideration by the police Senior Investigating Officer); or
- The death was expected in the context of the child's life limiting condition and they were receiving palliative care (the end of life care team must be involved in the decision on how to respond); or
- The child had a do not resuscitate agreement as confirmed in the care plan (as above, the end of life care team must be involved)<sup>71</sup>.

12.5.14 Where a child is not taken immediately to A&E, the professional confirming the death should inform the coroner, SPOC and the Designated paediatrician at the earliest opportunity. This death will be subject to local coronial guidelines if the doctor is unable to issue a Medical Certificate of the Cause of Death.

12.5.15 The families of children who are not taken to hospital should receive support throughout the process from a professional in the rapid response team whose role is to provide such support.

### *On arrival at hospital*

12.5.16 As soon as practicable (i.e. as a response to an emergency) after arrival at a hospital, the child should be examined by the consultant paediatrician or delegated senior paediatric clinician on call. In some cases, this examination might be undertaken jointly with a consultant in emergency medicine, or for some children over 16 years of age, the consultant in emergency medicine may be more appropriate than a paediatrician. A detailed and careful history of

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<sup>70</sup> [www.resus.org.uk/pages/guide.htm](http://www.resus.org.uk/pages/guide.htm)

<sup>71</sup> See also DCSF information sheet: Deaths in Children with Life-Limiting Conditions at: [http://childdeath.ocbmedia.com/public\\_docs/Information%20Sheet%20-%20Deaths%20in%20Children%20with%20Life-Limiting%20Conditions.pdf](http://childdeath.ocbmedia.com/public_docs/Information%20Sheet%20-%20Deaths%20in%20Children%20with%20Life-Limiting%20Conditions.pdf)

events leading up to and following the discovery of the child's collapse should be taken from the parents / carers.

- 12.5.17 Where the cause of death or factors contributing to it are uncertain, investigative samples should be taken immediately on arrival and after the death is confirmed. In order to be compliant with the [Human Tissue Act 2004](#), the removal of these investigative samples must take place on Human Tissue Authority licensed premises with the authorisation of the coroner (or, where the coroner is not involved, the consent of a parent)<sup>72</sup>. The samples need to be agreed in advance with the coroner and should include the standard set (listed in Table 1 of [Sudden Unexpected Death in Infancy \(Royal College of Pathologists and Royal College of Paediatrics and Child Health, 2004\)](#)<sup>73</sup>). Other samples may be required as guidance evolves. Consideration should always be given to undertaking a full skeletal survey, and if this is appropriate it should be done prior to autopsy.
- 12.5.18 In seeking to clarify the cause of death and the factors which contributed to it, the paediatrician should document:
- A full account of any resuscitation and any interventions or investigations carried out;
  - An account by the carer, including narrative, of the events leading to the death; and
  - A body chart documenting the examination findings and any post-mortem changes.
- 12.5.19 When the child is pronounced dead, the medical paediatric or A&E consultant or delegated senior clinician should inform the parents, having first reviewed all the available information. S/he should explain future police and coronial involvement, including the coroner's authority to order a post-mortem examination. This may involve taking particular tissue blocks and slides to ascertain the cause of death. The medical consultant must seek consent from those with parental responsibility for the child if the tissue is to be retained beyond the period required by the coroner.
- 12.5.20 The parents should normally be given the opportunity to hold and spend time with their child in a quiet designated area. The allocated member of staff should maintain a discrete presence throughout.
- 12.5.21 The medical consultant who saw the child must inform the designated paediatrician or equivalent, immediately after the coroner is informed. Once the death of a child has been referred to the coroner and s/he has accepted it, the coroner has jurisdiction over the body and all that pertains to it. Coroners must therefore be consulted over the local implementation of national guidance and protocols, and should be asked to give general approval for the measures agreed to reduce the need to obtain specific approval on each occasion.
- 12.5.22 The same processes will apply to a child who is admitted to a hospital ward and subsequently dies unexpectedly in hospital.
- 12.5.23 Professionals should be aware that, in certain circumstances, separate processes may be taking place alongside those described in this procedure (i.e. murder investigations, SUDI processes etc).

*Immediate notification and information sharing*

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<sup>72</sup> Further information can be found at: [www.hta.gov.uk/](http://www.hta.gov.uk/)

<sup>73</sup> [www.rcpath.org/resources/pdf/SUDI%20report%20for%20web.pdf](http://www.rcpath.org/resources/pdf/SUDI%20report%20for%20web.pdf)

- 2.6.24 The Designated paediatrician or equivalent, is responsible for co-ordinating the multi-agency response, and must ensure that the following have been notified:
- The coroner;
  - The police; and
  - Other agencies as appropriate (e.g. LA children's social care);
- And, in a timely manner, will notify:
- The CDOP; and
  - The Director of Public Health.
- 12.5.25 The Designated paediatrician or equivalent, must ensure that information is shared and initiate a planning discussion between relevant agencies such as the police, health and LA children's social care (and others, including the coroner's office) in a timely manner to decide next steps. This may or may not involve a meeting.
- 12.5.26 Where the death occurred in a hospital, the plan should also address the actions required by the Trust's serious incidents protocol. Where the death occurred in a custodial setting, the plan should ensure appropriate liaison with the investigator from the Prisons and Probation Ombudsman.
- 12.5.27 Before leaving the hospital, or if the child died at home, before the professionals leave the home, the parents have the contact details for the lead professionals (consultant paediatrician, senior investigating police officer or coroners officer), and the details of who they should contact for information on the progress of any investigation or if they wish to visit the hospital to see their child. Parents should be kept informed of the whereabouts of their child.
- 12.5.28 For each unexpected death of a child (including those not seen in A&E) urgent contact should be made with any other agencies who know or are involved with the child (including CAMHS, school or early years) to inform them of the child's death and to obtain information on the history of the child, the family and other members of the household. If a young person is under the supervision of a Youth Offending Team (YOT), the YOT should also be approached.

#### *Police investigation*

- 12.5.29 The police will begin an investigation into the unexpected death of a child on behalf of the coroner. They will carry this out in accordance with relevant Association of Chief Police Officers guidelines.

#### *Potential visit to the place where the child died*

- 12.5.30 When a child dies unexpectedly in a non-hospital setting the senior investigating police officer and Designated paediatrician or equivalent, should make a decision about whether a visit to the place where the child died should be undertaken. For all children aged 2 years and under, the London *Sudden Unexpected Death in Infancy* (SUDI)<sup>74</sup> protocol must be followed<sup>75</sup>.
- 12.5.31 As well as deciding if the visit should take place, it should be decided how soon within the 24 hours it should take place, who should visit and whether there would be an advantage in the professionals visiting separately. This will be a matter for professional judgement and agreement.

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<sup>74</sup> *Sudden Unexpected Death in Infancy: a multi-agency protocol for care and investigation. The report of a working party convened by the Royal Colleges of Pathologists and the Royal College of Paediatrics and Child Health (2004)*. London: RCPATH

<sup>75</sup> See paragraph 5.1 in the *Kennedy Report*



- 12.5.32 The purpose of the home visit is to gather information which may provide immediate insight into the cause of death, or which may later prove significant to the coroner or to any criminal investigation or may prompt a child protection referral (in line with [section 6. Referral and assessment](#)). The visits can also provide support to the family as part of their bereavement process

## **Phase II: within 5 – 7days**

- 12.5.33 A case discussion should take place within one week of the child's death, in order to:
- Ensure the right support is available for the family;
  - Ensure all agencies are aware of their roles and responsibilities;
  - Review the preliminary post-mortem results (if available);
  - Identify any safeguarding concerns around surviving children, and refer accordingly to the police child protection team and LA children's social care;
  - Ensure agencies are collating information for Form B;
  - Ensure all relevant agencies are involved in the process;
  - Identify what further investigations or enquiries are required, agree which agency will undertake each task and agree timescales (which may not exceed those set out in this procedure) for doing so. If abuse or neglect appear to be possible causes of death, LA children's social care and the police should be informed and serious case review procedures considered.
- 12.5.34 Prior to this meeting, the Designated paediatrician or equivalent, should discuss the case with the pathologist (when a post-mortem has taken place and consent obtained from the coroner) and the police senior investigating officer, where appropriate

### *Involvement of the coroner and pathologist*

- 12.5.35 If s/he deems it necessary (and in almost all cases of an unexpected child death it will be), the coroner will order a post-mortem examination to be carried out as soon as possible by the most appropriate pathologist available (this may be a paediatric pathologist, forensic pathologist or both) who will perform the examination according to the guidelines and protocols laid down by The Royal College of Pathologists. The Designated paediatrician or equivalent, should collate information collected by those involved in responding to the child's death and share it with the pathologist conducting the post mortem examination in order to inform this process. Where the death may be unnatural, or the cause of death has not yet been determined, the coroner will in due course hold an inquest.
- 12.5.36 All information collected relating to the circumstances of the death – including a review of all relevant medical, social and educational records – must be included in a report for the coroner prepared jointly by the lead professionals in each agency. This report should be delivered to the coroner within 28 days of the death, unless some of the crucial information is not yet available.
- 12.5.37 The results of the post mortem examination belong to the coroner. In most cases it is possible for these to be discussed by the paediatrician and pathologist, together with the senior investigating police officer, as soon as possible, and the coroner should be informed immediately of the initial results.

At this stage, the local safeguarding children board child death core data set<sup>76</sup> should be updated and, if necessary, previous information corrected.

- 12.5.38 If the initial post-mortem findings or findings from the child's history suggest evidence of abuse or neglect as a possible cause of death, the police and local authority children's social care should be informed immediately, and the serious case review processes in [section 19. Serious case reviews](#) should be followed. If there are concerns about surviving children living in the household, professionals should follow the procedures set out in [section 12.9 Child protection enquiry](#) below.
- 12.5.39 In all cases, the designated paediatrician or equivalent, for unexpected child deaths or the Designated paediatrician or equivalent, should convene a further multi-agency discussion (usually on the telephone) very shortly after the initial post-mortem results are available. This discussion usually takes place five to seven days after the death and should involve the pathologist, police, local authority children's social care and the paediatrician, plus any other relevant healthcare professionals, to review any further information that has come to light and that may raise additional concerns about safeguarding issues.

### **Phase III: usually within 8 – 12 weeks**

- 12.5.40 further case discussion meeting should be convened and chaired by the Designated paediatrician or equivalent, following the final results of the post-mortem examination becoming available. This should involve those who knew the child and family and those involved in investigating the death – the GP, health visitors, school nurse, paediatrician/s, pathologist or pathologist report, police senior investigating officers, coroner or coroner's officer and, where relevant, social workers.
- 12.5.41 At this stage the collection of the local safeguarding children board child death core dataset<sup>77</sup> should be completed. The purpose of the meeting is to share information to identify the cause of death and/or those factors that may have contributed to the death and then to plan the future care for the family. Potential lessons to be learned may also be identified at this stage. The outcome of this meeting should inform the inquest, if there is one.
- 12.5.42 The meeting should explicitly address the possibility of abuse or neglect as causes or contributory factors in the death, and the outcomes of this should be recorded.
- 12.5.43 The meeting should agree how and by whom, the parents will be informed about the post-mortem results and the outcome of the meeting. The meeting should also agree how and by whom the parents will be provided with on-going support and given the opportunity to have their views taken into account by the CDOP review.

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<sup>76</sup> The nationally agreed dataset is available at:  
[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforlocal safeguarding children boards/local safeguarding children boardtemplates/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforlocal%20safeguarding%20children%20boards/local%20safeguarding%20children%20boardtemplates/)

<sup>77</sup> The nationally agreed dataset is available at:  
[www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforlocal safeguarding children boards/local safeguarding children boardtemplates/](http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/childdeathreviewprocedures/nationaltemplatesforlocal%20safeguarding%20children%20boards/local%20safeguarding%20children%20boardtemplates/)

- 12.5.44 The Designated paediatrician or equivalent, must ensure that the results of the post-mortem examination are shared with parents, provided this is consistent with the requirements of the coroner and the police.
- 12.5.45 Where other investigations are ongoing, the meeting should conclude with a record of the current situation.
- 12.5.46 An agreed record of the case discussion meeting and all reports should be sent to the coroner, to take into consideration in the conduct of the inquest and, in the cause of death, notified to the Registrar of Births and Deaths. The record of the case discussions and the record of the core data set should also be made available to the relevant local CDOP. When a child dies away from their normal place of residence, a joint decision will need to be made by the rapid response team in the local safeguarding children board area in which the death occurred and the team in the child's normal area of residence as to which team will lead the investigation and in which local safeguarding children board area the case review meeting should be held. On occasion separate meetings may be appropriate in both local safeguarding children board areas, but good communication between the teams is essential.

## 12.6 Key strands to rapid response

- 12.6.1 The seven key strands to rapid response are:
- **Care of the bereaved family:** ensuring at every phase that the needs of the bereaved family are of paramount consideration to any professional involved with a family where a child is dying or has died. This includes the welfare and safety of remaining siblings, spiritual needs and possible involvement of the extended family (see [Cruse Bereavement Care at: www.crusebereavementcare.org.uk/](http://www.crusebereavementcare.org.uk/)).
  - **Deciding on response:** deciding on whether the death is unexpected and whether to implement the rapid response procedure. The designated paediatrician or equivalent, responsible for unexpected deaths in childhood is responsible for making the decision about whether a death is unexpected.
  - **Notification to the Single Point of Contact (SPOC):** the SPOC will be notified of all child deaths by the professional confirming the fact of death, using the notification form (available at: [www.londonscb.gov.uk/files/resources/cdop/notification\\_form\\_may\\_2009.doc](http://www.londonscb.gov.uk/files/resources/cdop/notification_form_may_2009.doc)). This will remain the responsibility of the professional confirming the fact of death until s/he is able to hand over to the DP. Notification must be made within 24 hours in order for the rapid response to commence.  
  
Depending on local arrangements, the SPOC / Designated paediatrician or equivalent, will initiate a phase II meeting or discussion.
  - **Child protection:** emerging information giving rise to child protection concerns about remaining siblings and/or other children in the household or peer group must take priority and will require formal referral to LA children's social care in line with [section 6. Referral and assessment](#). See also [section 5. Children in specific circumstances](#).
  - **Serious case review:** all agencies need to be mindful of any emerging information giving rise to the need for the local safeguarding children

board to consider conducting a serious case review in line with [section 19. Serious case reviews](#). A serious case review will be undertaken simultaneously to the rapid response procedure.

The decision to undertake a serious case review must be taken by the Chair of the local safeguarding children board where the child normally resided.

- **Media issues:** all Local Safeguarding Children Boards should have a process for managing media interest. Staff must be enabled to proceed with their functions without intrusion and the family provided with privacy.

Media attention and enquiries will be managed by the Local Safeguarding Children Board in collaboration with the Metropolitan Police press office.

- **Support to staff:** child deaths will have varying degrees of impact on staff. Agencies need to be aware that clear procedures, effective communication and leadership will provide staff with confidence and enable them to respond appropriately to families. Staff may respond to the emotions involved and agencies should have arrangements in place to manage this.

## 12.7 Other related processes

- 12.7.1 If, during the enquiries, concerns are expressed in relation to the needs of surviving children in the family, discussions should take place with local authority children's social care. It may be decided that it is appropriate to initiate an initial assessment using the [Framework for the Assessment of Children in Need and their Families \(2000\)](#)<sup>78</sup>. If concerns are raised at any stage about the possibility of surviving children in the household being abused or neglected, the inter-agency procedures set out in Chapter 5 in this guidance should be followed. Local authority children's social care has lead responsibility for safeguarding and promoting the welfare of children. The police will be the lead agency for any criminal investigation. The police must be informed immediately that there is a suspicion of a crime, to ensure that the evidence is properly secured and that any further interviews with family members and other relevant people accord with the requirements of the *Police and Criminal Evidence Act 1984*<sup>79</sup>.
- 12.7.2 If it is thought, at any time, that the criteria for a serious case review might apply, the Chair of the local safeguarding children board should be contacted and the serious case review procedures set out in Chapter 8 should be followed. If a serious case review is initiated, the CDOP will not be able to conclude the child death reviewing process until after the serious case review Executive Summary has been published. Similarly, the child death reviewing process will not be able to be completed if the CDOP is awaiting the outcomes of criminal proceedings and/or an inquest. This should not, prevent lessons from being learned and from being acted upon in a timely manner.
- 12.7.3 Where there is an ongoing criminal investigation, the Senior Investigating Officer and the Crown Prosecution Service must be consulted as to what it is

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<sup>78</sup>

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH\\_40032](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_40032)

<sup>56</sup>  
<sup>79</sup>

[www.statutelaw.gov.uk/content.aspx?parentActiveTextDocId=1871554&ActiveTextDocId=1871558](http://www.statutelaw.gov.uk/content.aspx?parentActiveTextDocId=1871554&ActiveTextDocId=1871558)

appropriate for the professionals involved in reviewing a child's death to be doing, and what actions to take in order not to prejudice any criminal proceedings. Where a death of a young person occurs in custody, local agencies must co-operate with the Prisons and Probation Ombudsman.

- 12.7.4 Where a child dies unexpectedly, all registered providers of healthcare services are obliged to notify the Care Quality Commission, but may discharge this duty by notifying the National Patient Safety Agency (NHS providers) or the Care Quality Commission, as set out in *Regulation 16 of the Care Quality Commission (Registration) Regulations 2009*<sup>80</sup>. The results of these investigations should be made available to the CDOP in order to allow the information to be included in the Panel's discussions.
- 12.7.5 The Youth Justice Board for England and Wales (YJB) requires Youth Offending Teams (Yots) to report and undertake local reviews of youth offending practice in cases where a child or young person has either died or attempted suicide whilst under supervision or within three months of the expiry of supervision. Where a child has died, the Local Management Review undertaken by the Yot in relation to the death should feed into the child death processes initiated by the CDOP.
- 12.7.6 When a child dies unexpectedly and no doctor is able to issue a medical certificate of the cause of death, the child's death must be reported to the coroner. Agencies and professionals contributing to the processes described in this chapter should co-operate with their local coroner to ensure the inquest is able to proceed appropriately. The process of the rapid response can greatly assist the coroner in gathering information to inform the inquest, whilst providing ongoing support to the family. Any information pertaining to the death arising from the rapid response, including the outcome of a final local case discussion should be passed to the coroner. The CDOP members may attend an inquest at the discretion of HM Coroner and ask questions as a 'properly interested person'; there may be issues identified through the inquest that the CDOP would then be able to review to identify any wider public health concerns.

### Professionals meeting to discuss an expected child death

- 12.7.7 When a child's death is not regarded as 'unexpected', the team looking after the child may choose to organise a discussion of the case, since it is likely that important lessons can be learnt that might improve the care of other children. Such a discussion may be conducted using the same format as a professionals' meeting, the output of which could be captured on the Analysis Proforma (Form C). Information from these discussions would provide the CDOP with evidence of good local practice and allow a wider engagement of professionals with the child death review process.

## 12.8 Child protection enquiry

- 12.8.1 If, at any point, there is a suspicion about the cause of death, child protection procedures must be initiated and a strategy meeting / discussion held regarding siblings and/or any other children who may be at risk of harm (as identified at the multi-agency planning meeting).

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<sup>80</sup> See 'Outcome 18 – Notification of death' in *Guidance about Compliance Essential Standards of Quality and Safety (CQC, 2009)*. NHS organisations should also follow locally agreed procedures for reporting and handling serious untoward and/or patient safety incidents.

- 12.8.2 Child protection enquiries in respect of the death of a child will be led by the police as a major crime investigation. Where the welfare of other children is concerned, the joint working arrangements described in this manual for all procedures should be followed.
- 12.8.3 There are diverging views about the relevance of a previous unexplained death of an baby (normally under age two) within a family. Further to recent case law, practitioners should work on the understanding that the mere fact of a previous child death will not automatically lead to concerns about the means of death of a child or to further child protection concerns. Medical research into the area of sudden unexplainable deaths of infants continues and may come to re-shape this section of the child protection procedures. Practitioners in the meantime must maintain an open mind and use normal analytical tools in sifting relevant information as to determine likely risk of harm to other children in the future.
- 12.8.4 See [section 18. LSCBs, quality assurance and conflict resolution](#) for information on local safeguarding children boards' responsibilities for the child death review processes.
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## 13 Managing individuals who pose a risk of harm to children

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### 3.1 Individuals who pose a risk of harm to children

- 13.1.1 This section relates to children and adults who have been accused, finally warned about or convicted of sexual offences, or other serious offences, identify them as posing a risk, or potential risk, of harm to children (replacing the term 'Schedule 1 offender').

#### Recognition and response

- 13.1.2 The Home Office *Guidance on offences against children (Home Office Circular 16/2005)*<sup>81</sup>, provides a list of offences which identify an offender who poses a risk of harm to children.
- 13.1.3 The [Sexual Offences Act 2003](#) introduced a number of new offences to deal with individuals who sexually exploit children, including:
- Paying for the sexual services of a child;
  - Causing or inciting child prostitution;
  - Arranging or facilitating child prostitution; and
  - Controlling a child prostitute.
- 13.1.4 Where an offender is given a community sentence, the Probation Service or Youth Offending Team (Yot) should monitor the individual's risk of harm to others and their behaviour, and alert other agencies if the individual poses a risk to children. Similarly, when an offender who has spent time in custody is

<sup>81</sup> See [www.homeoffice.gov.uk/about-us/publications/home-office-circulars/circulars-2005/016-2005/index.html](http://www.homeoffice.gov.uk/about-us/publications/home-office-circulars/circulars-2005/016-2005/index.html)

released, in some cases on licence, the professionals working with him or her must alert relevant partner agencies if he or she is assessed as posing a risk of harm to children.

- 13.1.5 In some circumstances, an individual might reasonably be regarded as posing a risk to children without a conviction. Where there have been a number of allegations from unconnected victims, or repeated acquittals, particularly for reasons of legal procedure or where the vulnerability of the victim might reduce their credibility as a witness would be examples. In these circumstances considerable care needs to be exercised but reasonable actions can be taken to protect children. Clear guidance is not possible given the complexity of this area. Workers should consult their line manager and record the assessment made the evidence on which it is based and any actions agreed.
- 13.1.6 Professional in direct contact with such an individual, or a child where such an individual has a significant level of contact, needs to gain an understanding of how much risk, if any, they pose. Professionals in all agencies should use the [Guidance on offences against children](#) list as a 'trigger' to a further assessment, including consideration of previous offences and behaviours, to determine if an offender should be regarded as presenting a continuing risk, or potential risk, of harm to children.
- 13.1.7 Specialist agencies such as the Probation and Prison Service will assess this risk using their assessment tools, e.g. Offender Assessment System (OASys) or Asset. [See sections 13.4.7](#) and [13.2.22](#) below.
- 13.1.8 Professionals from other agencies should contact the Probation Service or Yot to see if a relevant risk assessment has been undertaken. If not, they will need to form a judgement as to the risk posed on the basis of all information that can be reasonably obtained. This judgement will include evidence of a pattern of behaviour, similarity between the current context and the context of the offence/s, and the presence of any contextual factor such as isolation, stress, or substance misuse. Any evidence of grooming behaviour would immediately increase the assessed level of risk

## 13.2 Child offenders who pose a risk of harm to children (and adults)

- 13.2.1 There is a need to distinguish between those children who present a risk of harm to other children and adults, who:
- Have entered the criminal justice system: and those who
  - Have not been accused, finally warned / reprimanded about or convicted of sexual or other serious offences.
- 13.2.2 In the latter case, and in all cases where the harming child is under 10 years of age and is therefore under the age of criminal responsibility, [section 5.18. Harming others](#), rather than this section, applies.
- 13.2.3 Children ten years and over who are alleged to have committed one of these offences should be known to the local Youth Offending Team (Yot). All Yots provide a service to children who are ten years and over, and some Yots provide a service to children who are eight years and over.
- 13.2.4 If the Yot prevention team is involved in a joint assessment, with LA children's social care, for one of these children, then the [Onset](#) and [Asset](#) Yot assessment tools should be used.

- 13.2.5 The police, a Yot professional and / or a professional from another agency must make a referral to LA children's social care, in line with [section 6. Referral and assessment](#), whenever a child is accused or convicted of an offence which indicates that the child may present a risk of harm to other children or adults.
- 13.2.6 For information on how to respond to children who are not involved with Yots, but who harm others and/or set fires see [section 5.18. Harming others](#) and [section 5.14. Firesetting](#).

## Children and the criminal justice system

- 13.2.7 Children can enter the criminal justice system as:
- A child whose behaviour is deemed so serious at the outset that the police, in consultation with the Crown Prosecution Service (CPS), make an immediate decision to charge them;
  - A child who has previous offences and is therefore not eligible for the final warning and reprimand scheme, and is immediately charged;
  - A child who is likely to receive a reprimand or a final warning.

## Assessing risk to a child needing protection from harm

- 13.2.8 In all cases where a child harms or is alleged to have seriously / sexually harmed another child or an adult, referrals should be made, verbally and in writing, in line with [section 6. Referral and assessment](#), to LA children's social care for both:
- The child who is identified as the victim (if the victim is a child); and
  - The child who is known / alleged to have caused the harm.
- 13.2.9 This process is described in [section 5.18. Harming others](#). A first line LA children's social care manager must consider for each child, whether a child protection enquiry or initial assessment should be commenced, in line with [section 7. Child protection enquiries](#).
- 13.2.10 The interests of the identified victim must always be the paramount consideration.
- 13.2.11 The LA children's social care response to the referral for either child should include consideration of:
- Any child/ren in the household or community having already been harmed;
  - Any child/ren in the household or community at immediate risk of being harmed.
- 13.2.12 The LA children's social care first line manager must decide whether there is any immediate action necessary to protect the child/ren.
- 13.2.13 Any decision about proceeding with a child protection enquiry or initial assessment for the child who is known / alleged to have caused the harm, should take into account the fact that evidence suggests that children who display harmful behaviour to others may have:
- Been exposed to violence within the family;
  - Witnessed physical or sexual assault;
  - Been subject to physical or sexual assault;
  - Suffered considerable disruption in their lives;

- Have problems with their educational development.

Such children are likely to be children in need and some may be suffering, or be at risk of, significant harm and be in need of protection.

- 13.2.14 Any decision not to proceed with a child protection enquiry or initial assessment for either the child who is identified as the victim or the child who is alleged to have caused the harm, should take into account available information from the police and the Yot, and health, and, if possible education and other services involved with the children.
- 13.2.15 The decision should be made by a LA children's social care service manager. The decision must be recorded on the child's record in both LA children's social care and Yot.
- 13.2.16 Whether or not LA children's social care instigates an initial assessment or child protection enquiry, in all cases where Yot professionals must undertake an assessment, LA children's social care must contribute substantively to the assessment.
- 13.2.17 Where there are convictions for sexual offences, there may be a requirement for registration on the Sex Offenders' Register. In these circumstances, the Yot report and any LA children's social care assessment and recommendations should be considered at the MAPP meeting. See [section 13.3. Sex Offenders' Register](#).

### **Criminal justice assessment of a child**

- 13.2.18 For those children who have admitted the offence, have a clear admission of guilt on interview and fit the criteria for a reprimand or a final warning, the police and the Crown Prosecution Service should bail the child to allow Yot professionals to undertake an assessment and prepare a pre-sentence report.
- 13.2.19 For a child who is immediately charged, the assessment will be triggered by their admission of guilt in court or them having been found guilty in court. At this point a request for an adjournment should be made to undertake the assessment, which will inform the pre-sentence report.
- 13.2.20 All young people involved with the formal youth justice system must be referred to a Yot at the earliest stage and will have a named Yot caseworker. The Yot caseworker should take lead responsibility for the assessment process. In order to effectively manage the risk posed by young people in the youth justice system, it is important that managers and practitioners distinguish clearly between risk (likelihood) of reoffending, risk of serious harm to others and risk to the young person either from themselves or others. They should contact LA children's social care to identify a contact person / co-worker for the case.
- 13.2.21 A joint assessment between Yot and LA children's social care should be conducted whenever a child:
- Has committed a sex offence;
  - Has committed a serious violent offence against a child (or adult).
- 13.2.22 The Yot professional is responsible for requesting LA children's social care to arrange a multi-disciplinary strategy meeting / discussion when the assessment report is completed.
- 13.2.23 The report will make a recommendation to the police and CPS regarding disposal for the child. The police and CPS must make the final decision after considering the assessment team's recommendations fully and together with any other relevant information which has been collated regarding mitigating and aggravating factors.

- 13.2.24 An assessment must be undertaken even in cases where the child and / or their parent/s refuse to participate in the assessment. If consent is not given an assessment should be based on existing information.

### Asset – Yot assessment tool

- 13.2.25 Completion of [Asset](#) should be the basis for all assessments of potential risk. In particular, this should include:

- [Asset – Core Profile](#);
- [What do you think? form](#);
- [Asset – Risk of Serious Harm](#).

Asset documents are available for download from <http://www.yjb.gov.uk/en-gb/practitioners/Assessment/Asset.htm>.

- 13.2.26 A key part of this process is using the evidence boxes in both the *Asset – Core Profile* and *Asset – Risk of Serious Harm* to explain the significance of the risk and protective factors identified.

- 13.2.27 Effective use of *Asset – Risk of Serious Harm* is essential in making assessments of risk of harm and assisting the court in assessing dangerousness. *Asset – Risk of Serious Harm* should draw together information and assessments from all the agencies with significant past or current involvement with the child, and should lead to a more detailed analysis of the possible risks of serious harm to others than is possible within *Asset – Core Profile*.

- 13.2.28 The ‘indicators of serious harm’ section of the *Asset – Core Profile* is being revised to specify that *Asset – Risk of Serious Harm* should normally be completed where:

- A child has been convicted of a serious specified offence;
- A child is being sentenced in the crown court for a specified offence;
- A youth court specifically requests that the risk assessment in a pre-sentence report should contribute to its assessment of dangerousness in order to determine whether to remit the case to the Crown Court for sentencing.

### Risk factors

- 13.2.29 Section 1 of *Asset – Risk of Serious Harm* asks for evidence of previous “harm-related behaviour”. This includes behaviour that has actually resulted in serious harm to others, but also behaviour that might very likely have led to serious harm. With an adult offender, there may be a long record of violent or sexual offending, which gives a strong indication of the possibility of further harmful behaviour. A child is less likely to have such an extensive record, however; and a risk assessment that only focused on their previous convictions would be very limited. This element of the assessment, therefore, also needs to consider any evidence regarding violence or sexual aggression within the home, school or peer group that may not have resulted in a conviction.

- 13.2.30 Section 2 of *Asset – Risk of Serious Harm* looks at a child’s current circumstances. This enables the practitioner to do one of the following:

- Highlight factors about a current situation that might increase the risk of a child causing serious harm to others discuss factors which suggest that, although a child may previously have committed a violent or

sexual offence, their circumstances may have changed such that the likelihood of further such behaviour is reduced.

### Protective factors

- 13.2.31 In addition to identifying factors that indicate a risk of serious harm to others, an assessment also needs to consider the positive or protective factors which indicate how the risk can be reduced. These can include ability to impose internal self-control factors (e.g. in relation to anger) or external factors (e.g. increased boundary setting by parents).
- 13.2.32 Protective factors should be identified in as much detail as possible (e.g. explaining how support from a family member will affect the child's behaviour, or specifying why a child is motivated to avoid further offending).

### Future behaviour

- 13.2.33 Whilst knowledge of past behaviour is critical in making assessments about the likelihood of future behaviour, children can change. This is particularly relevant for children who may be experiencing a complex process of development. This has been highlighted in a recent judgment of the Court of Appeal stating that:
- 'It is still necessary, when sentencing young offenders, to bear in mind that, within a shorter time than adults, they may change and develop. This and their level of maturity may be highly pertinent when assessing what their future conduct may be and whether it may give rise to significant risk of serious harm'.* ([R v Lang, 2005](#))

## 13.3 Sex Offenders Register

### Notification to the register

- 13.3.1 Under the [Sexual Offences Act 2003](#), the notification requirements are an automatic requirement for child and adult offenders who receive a conviction or caution for certain sexual offences. The requirements also apply to those found not guilty by reason of insanity or to have been under a disability but to have done the acts charged in respect of those offences.
- 13.3.2 A person who is subject to the notification requirements is known as a 'relevant offender'. The notification requirements extend to the whole of the UK. The notification periods for child offenders (i.e. under 18 when convicted, cautioned etc.) are half the notification periods for adults.

### Initial notification

- 13.3.3 The offender must make an initial notification to the police within three days of their:
- Release from custody;
  - Release from imprisonment or service detention;
  - Release from hospital; or
  - Return to the UK.
- 13.3.4 The details they must give are their:
- Date of birth;
  - National insurance number;



- Name and any other names used on the date of conviction etc. and on the date of notification;
- Home address on the date of conviction etc. and on the date of notification (this means the offender's sole or main residence in the UK, or where the offender has no such residence, the location of a place in the UK where they can regularly be found and if there is more than one such place, such one of those places as the person may select);
- The address on any other premises in the UK which, at the time of notification, they regularly reside or stay.

### Changes to notified details

- 13.3.5 Should the notified details change, the offender must notify the police of new details within three days of:
- Using a name that they have not already notified to the police;
  - A change to their home address;
  - Having stayed at an address in the UK that they have not notified for a 'qualifying period' (this is a period of seven days or two or more periods in any 12 months which taken together amount to seven days);
  - Their release from detention in a prison, hospital etc..
- 13.3.6 A person who is subject to the notification requirements commits a criminal offence if they fail, without reasonable excuse (decided by the court), to make an initial notification or to notify a change of details.
- 13.3.7 Professionals in all agencies must inform the police if they are aware of a child or adult sex offender who has changed their address, or is planning to move, without informing the police.

### Child Sex Offender Review Disclosure Process

- 13.3.8 In June 2007, the Government published the *Review of the Protection of Children from Sex Offenders*. Action 4 of the Review created a process which allows members of the public to register a child protection interest in an identified individual who has access to, or a connection with, a particular child or children.
- 13.3.9 If an individual is found to have convictions for sexual offences against children and poses a risk of causing serious harm, there is a presumption that this information will be disclosed to the person who is best placed to protect the child or children, where it is necessary to do so for this purpose.
- 13.3.10 It should be noted that, under the scope of the Disclosure Process, the presumption for disclosure will only exist in cases where the individual has convictions for child sexual offences. However, it is felt that to restrict access to information regarding convicted child sexual offenders would severely limit the effectiveness of the process and ignore significant issues regarding offences committed against children.
- 13.3.11 The Disclosure Process will therefore include routes for managed access to information regarding individuals who are not convicted child sexual offenders but who pose a risk of harm to children. This may include persons who are:

- Convicted of other offences for example, serious domestic violence; and
- Un-convicted but about whom the police, or any other agency, holds intelligence indicating that they pose a risk of harm to children.

There would not however be a presumption to disclose such information.

- 13.3.12 It is important that the disclosure of information about previous convictions, for offences which are not child sex offences, is able to continue as it is not the intention of the Disclosure Process to make access to information concerning safeguarding children more restricted.
- 13.3.13 It should be stressed that the Disclosure Process will build on existing procedures such as MAPPA and will provide a clear access route for the public to raise child protection concerns and be confident that action will follow.
- 13.3.14 It is of paramount importance to all involved in delivering this process that we ensure that children are being protected from harm. By making a request for disclosure, a parent, guardian or carer will often also be registering their concerns about possible risks to the safety of their child or children. For that reason, it is essential to this process that police forces, LA children's social care and LSCBs work closely together to ensure that any possible risks of harm to the child or children are fully assessed and managed.
- 13.3.15 This process is due to be rolled-out nationally from August 2010. The roll-out will be regionally staggered and full details of progress and national and local contact details can be found on the Home Office website<sup>82</sup>.
- 13.3.16 For full guidance on this process please see ACPO *Guidance on Protecting the Public: Managing Sexual Offenders and Violent Offenders*. Prior to this visit the Home Office Circular website<sup>83</sup>.

## 13.4 Adult offenders

### Risk of harm from an un-convicted individual

- 13.4.1 The arrangements prescribed by the [Criminal Justice Act 2003](#) relate only to convicted offenders or offenders receiving cautions where criteria laid out above are met. Where the risk to children in a local area is perceived to emanate from an un-convicted individual, the lead agency is the Metropolitan Police Service and other services will need to refer such concerns to the police in the first instance and then co-operate with efforts to make further enquiries.
- 13.4.2 Where there is a perceived risk of harm to children in general, rather than to name individual children, the police and local authority children's services must ensure that discussions are held with all agencies and that a multi-agency planning meeting is held in order to determine a plan to manage the risk of harm. Attention will need to be paid to the need to consider in each case what if any information about this process would need to be shared with the person whose actions have brought about the concern.
- 13.4.3 In identifying such concerns, it is possible to empower professionals to take proper action to protect children where this is possible.
- 13.4.4 Whenever an adult is placed in temporary accommodation (e.g. bed and breakfast) and there are concerns about their potential to harm children, the

<sup>82</sup> [www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

<sup>83</sup> [www.homeoffice.gov.uk/about-us/publications/home-office-circulars/](http://www.homeoffice.gov.uk/about-us/publications/home-office-circulars/)

placing authority must inform the LA children's social care in whose area the adult is placed.

## Developing intelligence about organised or persistent offenders

- 13.4.5 The Metropolitan Police have a duty to develop local intelligence about organised or persistent offenders who pose a risk to children.
- 13.4.6 Each local police team has a dedicated 'intelligence officer' responsible for the:
- Collation and dissemination of relevant intelligence to local, area and central police databases regarding persons likely to be committing offences against children;
  - Initiation of proactive assessment and action plans regarding identified suspects and controlling or assisting with the implementation of these plans within the police;
  - Submission of intelligence reports through the appropriate channels for action in cases where suspects are committing offences outside the Metropolitan Police Service boundary;
  - Preparation of information to be shared within MAPPA.

## Assessment of an adult: *Offender Assessment System (OASys)*

- 13.4.7 For sexual and violent offenders, the approved assessment tools used by the prison and probation services are [OASys \(Offender Assessment System\)](#) and [Risk Matrix 2000](#) (see [section 13.4.16](#) for details of *Risk Matrix 2000*). OASys is a comprehensive assessment tool that applies to all offenders but is particularly valuable for sexual and violent offenders as it incorporates both static and dynamic aspects of risk posed by offenders. OASys places offenders into levels of risk – very high risk, high, medium and low risk. It provides the assessment necessary for effective case management, targeting of intervention treatment programmes, referrals to partnerships, resource allocation and risk management.
- 13.4.8 OASys is designed to:
- Assess how likely an offender is to be re-convicted;
  - Identify and classify offending related needs, including basic personality characteristics and cognitive behavioural problems;
  - Assess risk of serious harm, risks to the individual and other risks;
  - Assist with the management of the risk of harm;
  - Link the assessment to the sentence plan;
  - Indicate the need for further specialist assessments;
  - Measure change during the period of supervision / sentence.
- 13.4.9 OASys assesses an offender's risk of re-offending by systematically examining up to 13 offending-related factors which include offending history; accommodation, education / training and employment possibilities; relationships; drug and alcohol misuse; and emotional well-being, thinking and behaviour.
- 13.4.10 The offender's self-assessment, which is also a part of OASys, is a useful for two reasons:
- It reflects the accuracy of the offender's self perception;

- It indicates the offender's likelihood of re-offending because re-offending is linked to the offender's ability to recognise their own problems.

13.4.11 OASys can only be used on offenders aged 18 years or over. Youth Offending Teams use [Asset](#) assessments for children, see [section 13.2.22 for Asset – Youth Assessment Tool](#). There are common elements between *Asset* and OASys so that when an offender reaches 18 years, information from *Asset* can be drawn across to complete OASys.

### Levels of risk of harm

13.4.12 The levels of risk of harm used by OASys are as follows;

- Very high: there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- Medium: there are identifiable indicators of risk of serious harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances (e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse);
- Low: no significant, current indicators of risk of serious harm.

13.4.13 The categorisation includes risks to:

- The public: either generally or a specific group such as the elderly, women or a minority ethnic group;
- Prisoners: within a custodial setting;
- A known adult: such as a previous victim or partner;
- Children: who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect;
- Staff: anyone working with the offender whether from probation, prison, police or other agency. This relates to all forms of abuse, threats and assaults that arise out of their employment;
- Self: the possibility that the offender will commit suicide or self-harm.

13.4.14 OASys cannot provide in-depth assessment of all aspects, especially the specialist aspects of risk. It is designed to trigger further assessments in some areas relating, e.g. to sex offenders; violent offenders; basic skills, drugs and alcohol; mental health and dangerous and severe personality disorder; racially motivated offending and domestic violence.

13.4.15 Professionals must seek expert professional opinion when assessing the risk of sexual harm a child or adult poses to children.

### Risk Matrix 2000

13.4.16 [Risk Matrix 2000](#) is an evidence-based actuarial risk assessment, used by probation and the police to measure risk of reconviction (rather than risk of serious harm to others) for sex offenders. It is triggered by and uses the same classifications of risk of reconviction as OASys, and where there is any disparity between the two assessment tools in respect of the likelihood of re-conviction, the *Risk Matrix 2000* risk level should be applied.

## Other sources of risk assessment

- 13.4.17 The responsible authority (see [section 13.5.2](#)) may use other assessments or assessment tools to complement and critically inform the [OASys](#) assessment. The development and maintenance of close working relationships with other agencies in the MAPPA (see [section 13.5. MAPPA](#)) is essential to facilitate access to these assessments (e.g. from health, mental health or learning difficulties services, adults or LA children's social care, education, and housing services).
- 13.4.18 Multi-agency professional judgement must inform the assessment of risk of harm.

## 13.5 Multi-agency risk assessment conferencing

- 13.5.1 Multi-agency risk assessment conferencing (MARAC) is a local multi-agency meeting with a primary focus on the safety of high risk adult victims of domestic abuse (the top 10% of local cases). A MARAC should be part of a co-ordinated community response to domestic abuse.
- 13.5.2 The key objective of a MARAC is to reduce the risk of serious harm or death of the victims and increase the health, safety and wellbeing of both adult victims and children. This is achieved by:
- Sharing information to increase the safety, health and well-being of adult victims and their children;
  - Determining whether the alleged perpetrator poses a significant risk to particular individuals and to the general community;
  - Constructing jointly and implementing a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
  - Reducing repeat victimisation;
  - Improving agency accountability; and
  - Improving support for staff involved in high-risk domestic abuse cases.

For general information on MARACs, including toolkits for different agencies, go to [www.caada.org.uk](http://www.caada.org.uk)

### How a MARAC operates

- 13.5.3 Where a MARAC is operating it is likely to meet monthly, be chaired by a senior member of the local Police Community Safety Unit (CSU) and be co-ordinated by the local Community Safety Partnership.
- 13.5.4 To hold a MARAC requires, at a minimum, that:
- Police identify or confirm the identity of very high-risk victims;
  - Police circulate the details of these victims and their children to participating agencies (the MARAC 'list');
  - Police bring the files for these victims to the meeting;
  - MARAC meetings are minuted; and
  - The minutes are circulated to participating agencies.

- 13.5.5 Additionally, it is expected that:
- All participating agencies check the MARAC list against their own agency's records, in order to collate all the evidence available for the mother, abuser and child/ren;
  - Some agencies, such as the Women's Safety Unit, should also bring relevant files to the meeting;
  - Representatives should take notes at the MARAC, in order to delegate actions to workers;
  - Actions agreed at the MARAC should be progressed in a timely way;
  - Individual records held at agencies should be contemporaneously updated.
- 13.5.6 The following agencies should always be invited to a MARAC: police, LA children's social care, probation, health, LA education (where relevant). Other statutory or third sector agencies may also be invited depending on whether they have any specific involvement with any of the victims (e.g. Youth Offending Teams, community psychiatric nurse, NSPCC, Women's Safety Unit).
- 13.5.7 A MARAC should have an Independent domestic violence advisor (IDVA) who can provide specialist domestic violence input. The IDVA is a caseworker with specialist accredited domestic violence advocate training to work with high risk domestic abuse from the point of crisis and whose focus is on the MARAC.
- 13.5.8 A MARAC should have a minimum of two operating protocols which participating agencies sign up to. The two are, an information sharing protocol governing how information is shared and how decisions are made; and a process protocol setting out the process of MARAC meetings. Any agency invited to attend the MARAC on a case-by-case basis is required to sign up to these protocols.

### Referral and assessment

- 13.5.9 Any agency can refer an adult victim who they believe to be at very high risk of harm to a MARAC. Professionals should use the CAADA risk identification checklist (RIC)<sup>84</sup> to identify the current risk level to the adult and the domestic violence risk identification matrix (DVRIM) in the London procedure [Safeguarding Children Abused through Domestic Violence](#) to assess the level of risk to each child.
- 13.5.10 Referrals to the MARAC usually come through one of three routes:
- As a result of a domestic crime/incident recorded by the police and identified as being at high risk;
  - As a referral to the local IDVA who completes a risk assessment and refers the case if it is identified as being a high risk case; or
  - As a direct referral to the MARAC co-ordinator by a participating agency upon completion of an approved risk assessment which concludes there is a very high risk.
- 13.5.11 Referrals to MARACs should be made on local MARAC referral forms obtained from the MARAC co-ordinator. If the children are also identified to be at a high risk of harm a referral should be made in line with [section 6. Referral and assessment](#) before the MARAC meeting or as a result of the meeting.

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<sup>84</sup> See

[www.caada.org.uk/Practitioner\\_resources/Quick%20Start%20Guidance%20&%20RIC%2009062009.pdf](http://www.caada.org.uk/Practitioner_resources/Quick%20Start%20Guidance%20&%20RIC%2009062009.pdf).



## Case planning

- 13.5.12 At a typical MARAC meeting 15 to 20 cases are discussed in half a day with a very brief and focused information sharing process followed by a simple multi-agency action plan being put into place to support the victim and to make links with other public protection procedures, particularly safeguarding children, vulnerable adults and the management of perpetrators.
- 13.5.13 Where an offender is being managed at MAPPA Level 2 or Level 3, to avoid duplication of effort and resources, the MAPP meeting should take the lead over the MARAC. The reason for this is that the MAPPA is a statutory set of arrangements and therefore it takes precedence over the MARAC.

## 13.6 Multi-agency public protection arrangements

- 13.6.1 Multi-agency public protection arrangements (MAPPA) provide a national framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, as well as offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. MAPPA arrangements are statutory under the [Criminal Justice Act 2003](#).
- 13.6.2 MAPPA's aims are to:
- Ensure more comprehensive risk assessments are completed, taking advantage of co-ordinated information sharing across the agencies; and
  - Share information, assess and manage risk and direct the available resources to best protect the public from serious harm.
- 13.6.3 Offenders eligible for MAPPA are identified and information is gathered/shared about them across relevant agencies. The extent to which they pose a risk of serious harm is assessed and a risk management plan is implemented to protect the public.

### Responsible authority

- 13.6.4 The [Criminal Justice Act 2003](#) requires police and probation services (the 'Responsible Authority') in each area to consult with partner agencies and to:
- Establish local arrangements to assess and manage risks posed by child and adult sexual and violent offenders;
  - Review and monitor arrangements;
  - Prepare and publish an annual report on their operation.
- 13.6.5 The [MAPPA Guidance \(2009\)](#)<sup>85</sup> further develops processes particularly with regard to young people who pose a risk and the role of Yots.

### Duty to co-operate

- 13.6.6 The duty to co-operate under the [Criminal Justice Act 2003](#) requires the responsible authority to co-operate with each of the following agencies and requires them to co-operate with the responsible authority:

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<sup>85</sup> See [www.probation.homeoffice.gov.uk/output/page30.asp](http://www.probation.homeoffice.gov.uk/output/page30.asp).

- Councils with social services responsibilities;
- Primary Care Trusts, other NHS Trusts and Strategic Health Authorities;
- Jobcentres Plus;
- Youth Offending Teams;
- Social landlords which accommodate MAPPA offenders;
- Local housing authorities;
- Local education authorities;
- Electronic monitoring providers.

13.6.7 In practical terms the type of co-operation envisaged would involve representatives of the agencies:

- Attending risk management meetings where they are already involved in the case or where they have a responsibility;
- Providing advice (perhaps but not necessarily by attending risk management meetings) about cases in which they are not involved and have no direct responsibility so as to enable the responsible authority and the other agencies involved in the case to assess and manage risk more effectively. For example, this might involve explaining how specific housing, health or social services which are not currently required in the case may be accessed or involved later;
- Advising on broader, non case-specific, issues which may affect the operation of the MAPPA more generally;
- Sharing information about particular offenders and about broader issues so as to enable the responsible authority and the other agencies to work together effectively.

## **Strategic management board (SMB)**

### **SMB role**

13.6.8 Each of the 42 probation service areas in England and Wales must have a MAPPA Strategic Management Board (SMB) attended by senior representatives of each of the responsible authority and duty to co-operate agencies, plus two lay advisers. It is the SMB's role to ensure that the MAPPA are working effectively and to establish and maintain working relationships with the Local Safeguarding Children Boards (LSCBs).

13.6.9 While areas have some discretion in defining the role of the SMB, all SMBs must:

- Establish connections which support effective operational work with other public protection arrangements (e.g. LSCBs, local crime and disorder partnerships and local criminal justice boards);
- Identify and plan how to meet common training and developmental needs of those working in the MAPPA;
- Monitor (on at least a quarterly basis) and evaluate the operation of the MAPPA;
- Prepare and publish the annual report and promote the work of the MAPPA in the relevant probation area;

- Plan the longer-term development of the MAPPA in the light of regular (at least annual) reviews of the arrangements, and with respect to legislative and wider criminal justice changes.
- 13.6.10 The SMB must be chaired by the responsible authority, either police (e.g. the Chief Superintendent) or probation (e.g. the Assistant Chief Officer) representing those services.
- 13.6.11 Full SMB should meet at least quarterly and are expected to actively manage the full remit of the SMB during the course of the year.
- 13.6.12 In addition to organising the arrangements within their own area, the responsible authority may develop regional or sub-regional networking arrangements, including through the probation service and the [Association of Chief Police Officers of England, Wales and Northern Ireland \(ACPO\)](#), for sharing good practice, reciprocal resourcing etc.

### **SMB membership**

- 13.6.13 Government guidance recommends that SMB membership includes representatives from the key agencies that have a duty to co-operate, although their participation in the SMB is distinct from their specific duty to co-operate.
- 13.6.14 The responsible authority should make appropriate arrangements to involve others in the work of the SMB as needed. This may involve co-opting or even full membership where there is a significant and sustained engagement with MAPPA, although in most instances it will be sufficient for the responsible authority to ensure there is effective dialogue and the agency is aware of MAPPA and pertinent public protection issues. Those with a relevant interest may include:
- Victim liaison;
  - Treatment providers;
  - Local authority education department;
  - Employment services;
  - Crown Prosecution Service;
  - Housing associations;
  - Electronic monitoring providers;
  - The court service;
  - Other relevant third sector organisations (e.g. NSPCC).
- 13.6.15 Each SMB must have two members of the public appointed by the Secretary of State, to act as lay advisers in the review and monitoring of the arrangements and to help improve links with local communities.

## **13.7 MAPPA core functions**

- 13.7.1 The four core functions of MAPPA are to:
- Identify relevant adult and child offenders;
  - Assess the risk of serious harm to the public posed by individual adults and children;
  - Manage that risk of harm;

- Share appropriate information with those agencies involved in assessment of risk of harm from an offender.

13.7.2 See the national MAPPA guidance for a description of the framework in full, available on the National Probation Service website:  
[www.probation.homeoffice.gov.uk/output/page30.asp](http://www.probation.homeoffice.gov.uk/output/page30.asp)

### Identifying MAPPA eligible offenders

13.7.3 There are three categories of offender eligible for MAPPA:

- Category 1: registered sexual offenders – sexual offenders who are required to notify the police of their name, address and other personal details and notify any changes subsequently;
- Category 2: violent offenders – offenders sentenced to imprisonment/detention for 12 months or more, or detained under hospital orders (in relation to murder or offences specified in schedule 15 of the Criminal Justice Act 2003).

This category also includes a small number of sexual offenders who do not qualify for registration, and offenders disqualified from working with children; and

- Category 3: other dangerous offenders – offenders who do not qualify under categories 1 or 2 but who currently pose a risk of serious harm, there is a link between the offending and the risk posed, and they require active multi-agency management.

13.7.4 Offenders who can be referred to MAPPA and are likely to be categorised in one of the above categories include:

- Those cautioned / warned / reprimanded for, or found guilty of, one of the major offences against children;
- Individual's against whom there is a previous finding in civil proceedings (e.g. sexual offences prevention order or care proceedings);
- Those who had a relevant conviction or civil order and about whom there have been previous s47 enquiries that came to the conclusion that abuse had occurred;
- Offenders already subject to MAPPA elsewhere who transfer into the area;
- Relevant offenders arriving in England and Wales from overseas;
- In future, persons referred into the arrangements under the proposed mental health legislation where a danger to the public is perceived;
- Persons who may be referred into the arrangements at any time by one of the local agencies.

13.7.5 Yots have a duty to identify cases that meet MAPPA criteria and make appropriate referrals. However, the guidance emphasises that young people should be assessed and managed differently from adults, using age-appropriate assessment tools and always bearing in mind the need to safeguard the welfare of the young offender as well as to protect others from harm. LA children's social care services should always be represented at MAPP meetings when a young person is being discussed.

## Assessing the risk of serious harm

### Dangerous offenders

- 13.7.6 The [Criminal Justice Act 2003](#) defines a 'dangerous offender' as a child or adult who is:
- Convicted of an offence specified in schedule 15 of the [Criminal Justice Act 2003](#) (see [appendix 1. Statutory framework](#)), all of which are sexual or violent offences carrying a penalty of two years or more;
  - Assessed by the court as posing a significant risk to members of the public of serious harm by the commission of further specified offences.
- 13.7.7 Probation and Yot professionals have a significant role to play in contributing to the assessment of dangerousness by providing the court with detailed information and assessment regarding the child or adult and their level of risk of harm to others. This should be based on a comprehensive assessment made using the assessment tools [OASys](#) for adults (see [section 13.4.7](#)) and [Asset](#) for children (see [section 13.2.22](#)).
- 13.7.8 The term 'dangerous offender' should only be used in relation to cases where a court has made an assessment of dangerousness in accordance with the definitions given in the Act. It should not, for instance, be used to refer to a child or adult who may be assessed by Yot or probation professionals as presenting a risk of serious harm to others but who have not committed specified offences listed in schedule 15 of the [Criminal Justice Act 2003](#).

### Managing the risk

- 13.7.9 To enable strategies based upon these features to be drawn up, the MAPPA framework identifies four separate but connected levels at which risk of perpetrating serious harm is assessed and managed:
- Level 1: low risk – current evidence does not indicate likelihood of perpetrating serious harm;
  - Level 2: medium risk – identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm, but is unlikely to do so unless there is a change in circumstances e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse;
  - Level 3: high risk – identifiable indicators of risk of perpetrating serious harm. The potential event could happen at any time, and the impact would be serious; and
  - Level 4: very high risk – an imminent risk of perpetrating serious harm. The potential event is more likely than not to happen imminently, and the impact to be serious.
- 13.7.10 There are 3 levels of management within the MAPPA framework, which are based upon the level of multi-agency co-operation required to implement the risk management plan effectively.
- 13.7.11 The levels of risk management do not necessarily equate directly to levels of risk identified by [Asset](#), for children (see [section 13.2.22](#)) and [OASys](#), for adults (see [section 13.4.7](#)). However, generally the higher the assessed level of risk, the higher the level of management required. The level at which a case is managed is dependent upon the nature of the risk and how it can be managed. The levels of risk posed by an offender and the level at which an offender is managed can change.

- 13.7.12 In most cases, a MAPPA eligible offender will be managed without recourse to MAPPA meetings under the ordinary arrangements applied by the agency or agencies with supervisory responsibility. This will generally be the police for registered sexual offenders who are not on a licence to probation, and probation for violent offenders and those on a licence, but Yots will lead with young offenders and Mental Health Services with those on hospital orders.
- 13.7.13 A number of offenders, though, require active multi-agency management and their risk management plans will be formulated and monitored via multi-agency public protection (MAPP) meetings (see [section 13.7.23](#)).

## Levels of risk management

### Level 1: ordinary risk management

- 13.7.14 Level 1 risk management is the level used in cases in which the risks posed by the child or adult offender can be managed by one agency without actively or significantly involving other agencies. Level 1 can only be used for category 1 (registered sex offenders) or category 2 (violent and other sexual offenders who receive a sentence of 12 months imprisonment or more). Category 3 potentially dangerous offenders presenting a risk of serious harm which requires active, inter-agency management.
- 13.7.15 Level 1 management will primarily involve probation, police, youth offending teams or the prison service as the lead agency. Generally, offenders managed at level 1 will be assessed as presenting a low or medium risk; and the large proportion of all MAPPA offenders are likely to be managed at this level.

### Level 2: local inter-agency risk management

- 13.7.16 Level 2 risk management should be used where the active involvement of more than one agency is required but where either the level of risk or the complexity of managing the risk is not so great as to require referral to a Level 3 MAPP meeting. Cases may be referred to Level 2 after having been managed by referral to a MAPP meeting (e.g. when the seriousness of risk has diminished or where the multi-agency management of the risks is firmly established and functioning).
- 13.7.17 Level 2 arrangements are more than ad hoc groups which change with each case. A permanent representation from the MAPPA agencies, supplemented by representatives from others as needed, will help ensure robust risk management.
- 13.7.18 The responsible authority, through MAPPA co-ordination, must convene and support the level 2 arrangements. The composition of these arrangements must include, as permanent members, the local agencies which have an active role in risk management. The arrangements need to take into account the configuration of agency boundaries within the area (e.g. police operational units and local authority and PCT boundaries).
- 13.7.19 Depending upon the needs of the case, the following agencies can routinely play an active role in level 2 management:
- LA children's social care services departments;
  - Housing authorities / housing providers;
  - Youth Offending Teams;
  - The relevant health authority, including the Mental Health Trusts; and
  - Probation victim contact teams or other appropriate victim agencies.



- 13.7.20 Local inter-agency risk management has a significant caseload of offenders who require active management and review by the responsible authority. To achieve this, the responsible authority must ensure that the meetings are effectively managed and supported and either chaired independently or by a representative of either police or probation.
- 13.7.21 The Chair should have sufficient standing and expertise to command the respect and support of partner agencies, and must have a firm grasp of local offender management operational issues and multi-agency working.
- 13.7.22 The frequency of level 2 meetings should be decided by the responsible authority in conjunction with partner agencies and will reflect the number of cases being managed and their complexity. Setting regular monthly or fortnightly meetings will allow the opportunity for the systematic review of risk management plans.

### **Level 3: Multi-agency public protection (MAPP) meetings**

- 13.7.23 MAPP meetings are convened for the management of the 'critical few'. The criteria for referring a case to a MAPP meeting are defined as those in which the offender:
- Is assessed under [OASys](#) and [Asset](#) as being a high or very high risk of causing serious harm;
  - Presents risks that can only be managed by a plan which requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitments it requires;
  - Although not assessed as a high or very high risk, the case is exceptional because the likelihood of media scrutiny and/or public interest in the management of the case is very high and there is a need to ensure that public confidence in the criminal justice system is sustained.
- 13.7.24 Thus although the 'critical few' are not exclusively those assessed as high or very high risks, in almost all cases they will be. Also, while most will be adult or child offenders being released from prison, they may also include:
- An offender on discharge from detention under a hospital order;
  - An offender returning from overseas (whether immediately following their release from custody or not); and, conceivably;
  - An offender who has to date been managed as a medium or even a low risk in the community, but who comes to present a high or very high risk as the result of a significant change of circumstances, and accordingly, is referred to level 3.

### **Multi-agency involvement**

- 13.7.25 Multi-agency representation and involvement is key to the effectiveness of level 2 and level 3 arrangements. In determining the level of the representation and the nature of that involvement three factors must be considered:
- The representatives must have the authority to make decisions committing their agency's involvement. If decisions are deferred then the effectiveness of the multi-agency operation is weakened;
  - They require relevant experience of risk/needs assessment and management and the analytical and team-playing skills to inform deliberations. This experience and these skills can usefully contribute

both to specific case management and more broadly in providing advice on case management;

- The effectiveness of level 2 and level 3 arrangements depend in large part upon establishing continuity. Multi-agency work is often complex and benefits greatly from the continuity of personnel and their professional engagement.

13.7.26 The management of the 'critical few' at level 3 requires the commitment of senior representatives from the agencies involved. Agencies must be represented by senior personnel who:

- Understand the strategies for minimising or reducing the risk of serious harm;
- Have the authority to implement appropriate strategies agreed at level 3, on behalf of their agency;
- Be able to make decisions about committing the specialist or high level resources which may be required to manage the risk of harm from offenders at this level.

Given the imminence of serious harm associated with many offenders in levels 2 and 3 the resource implications of strategies for them may be significant and occur at short-notice.

13.7.27 In addition, there is likely to be a considerably higher media profile to many of the offenders considered and the responsible authority may wish to address media handling issues as a regular part of the risk management / contingency plans.

13.7.28 The identification and involvement of actual or potential victims maybe particularly important in identifying those offenders at level 3. Liaising with victims, particularly those most vulnerable, will be a sensitive matter which requires careful handling. The expertise of probation victim contact officers can be complemented by agencies such as Victim Support and local third sector domestic violence services.

13.7.29 The risks a child or adult offender may pose to children requires that the responsible authority develops and maintains close and effective links with the LSCB and other agencies, such as LA children's social care, education, and local third sector child care agencies.

13.7.30 Where it is known that an offender attends a church / place of worship arrangements should be made to contact the ministers or faith leadership to discuss with them how to manage the individual. Where appropriate the church or place of worship should be involved in MAPP strategies for managing the individual.

### **MAPP meetings**

13.7.31 In order for MAPP to be effective in safeguarding children from harm, MAPP meetings must ensure that:

- Decisions are defensible;
- Risk of harm assessments are rigorous;
- Risk of harm management plans match the identified need for public protection;
- Performance is evaluated and delivery improved.

- 13.7.32 MAPP meetings should be well organised and minuted, reflecting defensible decision making.
- 13.7.33 See the national MAPPA guidance for a description of the framework in full, available on the National Probation Service website:  
[www.probation.homeoffice.gov.uk/output/page30.asp](http://www.probation.homeoffice.gov.uk/output/page30.asp)

## Civil orders

### Notification Orders

- 13.7.34 Notification Orders are intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (the Sex Offenders Register) in the UK if they receive convictions or cautions for sexual offences overseas. The provisions also apply to young people who have offended.
- 13.7.35 Notification Orders are made on application from the police to a magistrates' court. Therefore, if an offender is identified who has received a conviction or caution for a sexual offence overseas, the case should be referred to the local police for action.
- 13.7.36 If a Notification Order is in force, the offender becomes subject to the requirements of the Sex Offenders Registration.
- 13.7.37 For example, a Notification Order could ensure that the notification requirements apply to a British man who, while on holiday in Southeast Asia, received a caution for a sexual offence on a child.
- 13.7.38 Any information that an individual has received a conviction or caution for a sexual offence overseas should, where appropriate, be shared with the police.

### Sexual Offences Prevention Orders (SOPOs)

- 13.7.39 Introduced by the Sexual Offences Act 2003, SOPOs are civil preventative orders designed to protect the public from serious sexual harm. A court may make a SOPO when it deals with an offender, including a young person who has offended, who has received a conviction for an offence listed at Schedule 3 (sexual offences) or Schedule 5 (violent and other offences) to the Act and is assessed as posing a risk of serious sexual harm. The police can also apply for a SOPO to a magistrates' court in respect of an offender who has a previous conviction or caution for a Schedule 3 or 5 offence and who poses a risk of serious sexual harm.
- 13.7.40 SOPOs include such prohibitions as the court considers appropriate. For example, a sex offender who poses a risk of serious sexual harm to children could be prohibited from loitering near schools or playgrounds. The offender will also, if s/he is not already, become subject to the notification requirements for the duration of the order.
- 13.7.41 SOPOs can be made on application from the police, so any violent or sex offender who poses a risk of serious sexual harm should be referred to MAPPA agencies, and the police in particular. In an application for an order, the police can set out the prohibitions they would like the court to consider.
- 13.7.42 Breach of any of the prohibitions in a SOPO is a criminal offence, with a maximum punishment of five years imprisonment. Therefore the police should be contacted whenever a SOPO is breached.
- 13.7.43 SOPOs can be particularly helpful in the management of sex offenders who are assessed as continuing to pose a high risk of harm, but are no longer subject to statutory supervision.

## **Risk of Sexual Harm Orders (RSHOs)**

- 13.7.44 Introduced by the Sexual Offences Act 2003, RSHOs are civil preventative orders. They cannot be applied to young people under the age of 18. They are used to protect children from the risks of harm posed by individuals who do not necessarily have a previous conviction for a sexual or violent offence but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children, and who pose a risk of further such harm. For a RSHO to be made, it is not necessary for there to be a risk that the defendant will commit a sexual offence against a child – the risk may be that s/he intends to communicate with children in a sexually explicit way. The RSHO can contain such prohibitions as the court considers necessary. For example, in the case of an adult found regularly communicating with young children in a sexual way in internet chat rooms, a RSHO could be used to prohibit the person from using the internet in order to stop him/her from such harmful activity.
- 13.7.45 RSHOs are made on application from the police, so any person who is thought to pose a risk of sexual harm to children should be referred to the police. In an application for an order, the police can set out the prohibitions they would like the court to consider.
- 13.7.46 Breach of any of the prohibitions in a RSHO is a criminal offence, with a maximum punishment of five years imprisonment. It is also an offence that makes the offender subject to the notification requirements. The police should be contacted whenever a RSHO is breached.

## **Violent Offender Orders (VOOs)**

- 13.7.47 Violent Offender Orders (VOOs) are civil preventative orders that came into effect on 3 August 2009 (contained in Part 7 of the Criminal Justice and Immigration Act 2008). VOOs were developed as a tool to help the Police Service to manage those offenders who continue to pose a risk of serious violent harm to the public even after their release from prison or when their licence has ceased. Although not specifically designed as a tool to protect children, there may be circumstances where VOOs would be an appropriate mechanism to manage an individual who poses a serious risk of harm to children.
- 13.7.48 VOOs are available on application by a chief officer of police to a Magistrates' Court and, if granted, will contain such restrictions, prohibitions or conditions authorised by section 102 of the Act as the court considers necessary to protect the public from the risk of serious violent harm caused by the offender. This may include prohibiting their access to certain places, premises, events or people to whom they pose the highest risk. Breach of any of the prohibitions, restrictions or conditions contained in a VOO without reasonable excuse is a criminal offence, with a maximum punishment of five years' imprisonment.

## **Sharing relevant information**

### **Introduction**

- 13.7.49 MAPP plans provide a framework which supports and enables lawful, necessary, proportionate, secure and accountable information sharing. MAPPA protocols should provide answers to the questions of to whom, when, how and where information should be shared.

### **Information sharing principles**

- 13.7.50 Information sharing must:
- Have lawful authority;

- Be necessary;
- Be proportionate;
- Ensure the safety and security of the information shared;
- Be accountable.

The meaning of each of these principles is explained below.

#### **Lawful authority requirement (vires)**

- 13.7.51 Each MAPP agency sharing information must have either a prima facie statutory or common law power to do so. The police and probation services, in respect of their wider criminal justice responsibilities as well as their specific, joint duties under the MAPP, have clearly recognised statutory duties which will necessarily involve sharing information. Further, section 115 of the [Crime and Disorder Act 1998](#) confers on any person a power to pass information to certain relevant authorities (including police, probation, health and local authorities) if necessary to help implement the provisions of that Act. The new Criminal Justice Bill will also confer a statutory power to exchange information with the Responsible Authority on all MAPP agencies subject to the duty of co-operation.
- 13.7.52 Therefore all MAPP agencies will have the prima facie legal power to exchange information with the responsible authority.

#### **Necessity**

- 13.7.53 Information should only be exchanged where necessary for the purpose of properly assessing and managing the risks posed by those offenders who are subject to the MAPP provisions. The specific purposes of sharing information within the MAPP are to:
- Identify those offenders who present a serious risk of harm to the public;
  - Ensure that the assessment of the risks they present are accurate;
  - Enable the most appropriate risk management plans to be drawn up and implemented;
  - Implement those plans and thereby protect the public.

#### **Proportionality in information sharing**

- 13.7.54 In order to satisfy this criterion, it must be shown that the managing and assessing of the risk posed by the offender could not effectively be achieved other than by the sharing of the information in question. Clearly, in almost all cases of identifying, assessing and managing risk within MAPP, this criterion will easily be met.

#### **Sharing information safely and securely**

- 13.7.55 Good practice should ensure that all information about offenders is kept securely and is shared with and available only to those who have a legitimate interest in knowing it – that is, agencies and individuals involved in the MAPP processes. Essentially, arrangements must be in place which ensure that information is only shared with those with a legitimate interest and cannot by accident or design be accessed by others.

#### **Accountable information sharing**

- 13.7.56 So that information is shared accountably the responsible authority must ensure that the administrative procedures underpinning the operation of MAPP meetings and case conferences have the confidence of participants. The

importance of accurate, clear and timely record keeping is stressed; as is safe and secure information storage and retrieval systems.

- 13.7.57 More broadly, issues arising from the sharing of information in the MAPP process should be referred to the area Strategic Management Board, the role and function of which is described in [section 13.6.8](#).

### **Disclosures by responsible authority to third parties**

- 13.7.58 There may, exceptionally, be some cases where the management of an offender's risk in the community cannot be carried out without the disclosure by the responsible authority of some information to a third party outside the MAPP agencies. For example, where an employer, voluntary group organiser or church leader has a position of responsibility / control over the offender and other persons who may be at serious risk from the offender, the disclosure to them of certain information about the offender may be the only way to manage that risk.

- 13.7.59 The principles underpinning disclosure to third parties are the same as for information sharing, but inevitably involve greater sensitivities given that disclosure may be to individual members of the public as opposed to central or local government or law enforcement bodies. Because of this, great caution should be exercised before making any such disclosure: it should be seen as an exceptional measure. If such a course of action is required, it must be part of a risk management plan which either of the two higher levels of risk management have formally agreed.

- 13.7.60 The lawful authority and necessity requirements described previously will be met in cases where the responsible authority is making a disclosure for the purposes of managing the risk of offenders subject to the MAPPA provisions.

- 13.7.61 The critical ground, determining whether such a disclosure will be lawful, is therefore likely to be the proportionality requirement. In this respect, the following criteria should be met before disclosing information about an offender to a third party:

- The offender presents a risk of serious harm to the person, or to those for whom the recipient of the information has responsibility (children, for example);
- There is no other practicable, less intrusive means of protecting the individual(s), and failure to disclose would put them in danger. Also, only that information which is necessary to prevent the harm may be disclosed, which will rarely be all the information available;
- The risk to the offender should be considered, although it should not outweigh the potential risk to others were disclosure not to be made. The offender retains their rights (most importantly their article 2 - right to life) and consideration must be given to whether those rights are endangered as a consequence of the disclosure. It is partly in respect of such consideration that widespread disclosure of the identify and whereabouts of an offender is very, very rarely justified;
- The disclosure is to the right person and that they understand the confidential and sensitive nature of the information they have received. The right person will be the person who needs to know in order to avoid or prevent the risks;
- Consider consulting the offender about the proposed disclosure. This should be done in all cases unless to do so would not be safe or appropriate. Where consultation can be done, it can help strengthen the risk management plan. If it is possible and appropriate to obtain the



offender's consent then a number of potential objections to the disclosure are overcome. Equally, the offender may wish to leave for example their placement rather than have any disclosure made, and if this is appropriate, this would also avoid the need for any disclosure;

- Ensure that whoever has been given the information knows what to do with it. Again, where this is a specific person, this may be less problematic but in the case of an employer, for example, you may need to provide advice and support; and
- Before actually disclosing the information, particularly to an employer or someone in a similar position, first ask them whether they have any information about the offender. If they have the information then no disclosure is necessary. If they have some but possibly incorrect information your disclosure can helpfully correct it.

13.7.62 This procedure applies when disclosure to third parties of an offender / suspected offender's previous history is being considered.

13.7.63 Subject to the conditions set out in [section 3. Sharing information](#), the general presumption is that information should not normally be disclosed, except if one of the following applies:

- Consent has been obtained from the offender / suspected offender / alleged offender;
- Statutory requirements or other duty, including a genuine instance of a duty to make enquiries to safeguard a child or children at s47 of the [Children Act 1989](#);
- Duty to the public.

13.7.64 Legal advice should be sought where doubt exists as to the lawfulness of disclosure.

13.7.65 The absence of a conviction of child abuse in a criminal court does not prevent a local authority from informing parents or carers of the potential risk posed by someone who is honestly believed on reasonable grounds to have abused other children.

13.7.66 Generally the risk assessment for disclosure of information on convicted abusers will be led by the police and probation service, but LA children's social care may need to consider the risk of those alleged abusers who:

- Have been charged with an offence and outcome pending;
- Were not prosecuted because the required standard of proof did not allow for a criminal case to be pursued;
- Were not prosecuted but the case 'left on file';
- Were acquitted.

13.7.67 In view of the possibility of legal challenge, by an offender, potential / suspected offender or future victim, all agencies must, in addition to seeking any legal advice required maintain in respect of disclosure a record of events, actions, discussions, decisions and the reason for them.

## 14 Organised and complex abuse

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### 14.1 Definition

- 14.1.1 Complex (organised or multiple) abuse may be defined as abuse involving one or more abusers and a number of children. It does not necessarily relate to both multiple abusers and multiple potential victims.
- 14.1.2 The abusers concerned may be acting in concert to abuse a child/ren. One or more adults may be involved and they may be using an institutional framework or position of authority to recruit children for abuse.
- 14.1.3 It reflects, to a greater or lesser extent, an element of organisation on the part of the adult/s involved and may involve:
- Aspects of ritual to aid or conceal the abuse of children;
  - Child sexual abuse networks where adults plan and develop social contacts with children for the purpose of gaining access to them in order to abuse them;
  - The production of child abuse images or abuse of children through sexual abuse and / or sexual exploitation;
  - Abuse in residential homes, boarding schools or other institutions;
  - Adult/s who seek contact with children for improper reasons through leisure or welfare organisations;
  - Adults seeking to contact children via electronic means such as internet or mobile telephones.

## 14.2 General principles

- 14.2.1 Each complex abuse investigation requires thorough planning, good inter-agency working, and attention to the welfare needs of the child/ren who have been harmed. The various agencies involved in a complex abuse investigation should be committed to working together in partnership to ensure that relevant information is shared and that appropriate action is taken to minimise the risk posed by alleged offenders to children and vulnerable adults.
- 14.2.2 Recommendation 22 of the [Waterhouse Inquiry Report Lost in Care](#) emphasised the need for improved practice by LA children's social care departments and police forces involved in major investigations regarding:
- Safeguarding and preservation of police records of major investigations, including statements and the policy file;
  - The safeguarding and preservation of LA children's social care files;
  - Access by the police to LA children's social care files;
  - The supply of information about alleged and suspected abusers by the police following an investigation;
  - The sharing of information generally for criminal investigation and child protection purposes.
- 14.2.3 However, all agencies (such as health, education, NSPCC and probation) who may be asked to contribute to complex abuse investigations need to ensure that issues in this chapter are addressed. Information in this chapter is also relevant to registration authorities where continuing registration might be affected by the investigation.
- 14.2.4 Cases of organised abuse are often highly complex because of the number of children involved, the serious nature of the allegations of abuse, the need for therapeutic input and the complex and time consuming nature of any consequent legal proceedings.
- 14.2.5 Such cases usually require the formation of dedicated teams of professionals from the police and local authority or NSPCC for the purpose of the investigation.
- 14.2.6 Where professionals are implicated as suspected perpetrators of abuse, it is imperative that their line managers are not represented in either the strategic management group (see [section 14.3.6](#) below) or the investigation team. An early mapping exercise to determine the scale of the investigation should help to identify such individuals.
- 14.2.7 It is recognised that those who commit sex offences against children often operate across geographical and operational boundaries and the procedure takes into account the involvement of more than one local authority.
- 14.2.8 Where an allegation involves a post holder who has a specified role within these procedures, the referrals must be reported to an alternative (more senior) manager.
- 14.2.9 In all investigations of organised abuse, it is essential that staff involved maintain a high level of confidentiality in relation to the information in their possession without jeopardising the investigation or the welfare of the children involved.
- 14.2.10 Subsequent information generated throughout the investigation should only be shared on a 'need to know' basis.

- 14.2.11 These procedures must be implemented in conjunction with [section 15. Allegations against staff](#).
- 14.2.12 The protection of any children identified as being at risk of harm remains paramount, but the sharing of information and confidentiality issues should be treated with due consideration for the alleged offender. Agencies should take appropriate practicable steps to minimise the potential disruption and damage to the alleged offender's private and professional life caused by a protracted investigation, taking place in many cases many years after the alleged offence was committed. Where allegations are subsequently found to be ungrounded, or it can be proven that false or malicious allegations have been made, the needs of the alleged offender should be treated with sensitivity.

### **Relationships between the police, LA children's social care and the Crown Prosecution Service**

- 14.2.13 Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information. Often it is only when information from a number of sources has been shared that it becomes clear that a child is at risk of, or is suffering, harm. This is also true for vulnerable adult victims.
- 14.2.14 Complex abuse investigations should be undertaken as a joint operation involving the police and LA children's social care with the Crown Prosecution Service (CPS) being involved at an early stage, as appropriate. In many cases there will be value in involving an independent child protection agency such as NSPCC.
- 14.2.15 Investigations into allegations relating to a member of LA children's social care's own staff (or foster carers) should involve an independent person from outside the authority, see [section 15. Allegations against staff](#).
- 14.2.16 The CPS is independent of the police and should not be involved in operational decisions about the conduct of an investigation. However, the CPS can provide advice about the evidential or legal implications of issues arising during an investigation, and early involvement in this regard can inform decisions made by the investigation team. It is important that there is continuous advice and interaction between each agency throughout the investigation and any resulting prosecution.
- 14.2.17 Investigation teams should have visible support from the top ranks in the police and LA children's social care and other agencies throughout the inquiry. This requires the involvement of senior personnel, at least at Commander and Assistant Director / Head of Service level in a central strategic management group. It is for each agency to determine their representative. These individuals must be empowered with full decision-making authority (e.g. in the allocation of resources).

### **Relationships with LSCBs**

- 14.2.18 An investigation of organised abuse will be carried out under the auspices of the Local Safeguarding Children Board, which should be kept informed of its progress. It should be the role of the strategic management group to liaise regularly with the LSCB. However, the LSCB should not take any direct role in the management of the inquiry.

### **Relationship with third sector agencies**

- 14.2.19 Third sector agencies could be involved at senior management level in the strategic management group meetings. At other times, liaison should be

maintained through senior and frontline LA children's social care staff. Advice may be sought on specific issues (e.g. the availability of local counselling or support services). Protocols about access to third sector agency files should be agreed.

## 14.3 Setting up an investigation

### Initial strategy meeting / discussion

- 14.3.1 Where a professional becomes concerned that a case may be a 'complex' one, the professionals must inform LA children's social care, child protection managers and the police team Detective Inspector immediately. A strategy meeting / discussion must be held within the working day that the referral is received.
- 14.3.2 The strategy meeting / discussion must:
- Assess the information known to date;
  - Decide what further information is required at this stage;
  - Arrange for the gathering of all relevant information;
  - Establish whether and to what extent complex abuse has been uncovered;
  - Undertake an initial mapping exercise to determine the scale of the investigation and possible individuals implicated;
  - Consider a plan for the investigation to be presented to the management and resources strategy group, including resource implications;
  - Consider any immediate protective action required.
- 14.3.3 The strategy meeting / discussion may include the referrer, if appropriate, a legal adviser and anyone else relevant to the meeting.
- 14.3.4 Having considered and discussed the information, those persons must, if in their view the suspicion gives reasonable cause to suspect complex abuse, pass the information on to the Director of Children's Services.

### Professionals who need to be informed

- 14.3.5 The Director of Children's Services must inform the LSCB Chair (if a different person), the local authority Chief Executive, head of the press office and senior managers of relevant agencies (e.g. nominated safeguarding children advisers / LA child protection advisers).

### The strategic management group (SMG)

- 14.3.6 To ensure a co-ordinated response, a SMG meeting chaired by the police must be convened (or rarely, by LA children's social care) within five working days of the receipt of the referral. The SMG must act as a steering group and formulate policy and procedure. It must also be a primary responsibility of this group to ensure that the welfare of children is paramount at all times.
- 14.3.7 The membership of the group must comprise of senior staff who are able to commit resources, and should have the following core membership which should remain constant throughout the investigation (although there may be a need to add other personnel as the investigation progresses):

- Director or deputy director of local authority children's services;
  - Commander;
  - Police senior investigating officer (usually police Major Investigation Team DI);
  - LA children's social care lead manager (usually head of service and / or child protection manager);
- 14.3.8 The group may also include the following members as necessary:
- LA senior legal adviser;
  - Senior health representative (e.g. designated nurse and / or designated doctor for safeguarding children);
  - Press officer/s;
  - Other individuals and agencies as appropriate (e.g. probation, NSPCC, third sector organisations).
- 14.3.9 Links will also need to be established with the Chief Executive of the relevant local authority to consider resource pressures.
- 14.3.10 The initial meeting of the strategic management group must involve senior managers who have the authority to take decisions on the allocation of resources. A protocol for information sharing should be formulated and a clear media strategy agreed. It is most important to involve other agencies at this early stage so that senior managers can identify the need for, and arrange the provision of and allocate appropriate resources to, any support services identified. These may include community and specialist health services (e.g. psychiatric services, counselling services and sexual health services), although the specific services required will be dependent on the nature of the investigation. For example, adult medical and psychiatric services may be required, or the involvement of prison or probation services may be necessary where potential abusers and / or victims are under the supervision of those agencies.
- 14.3.11 At the first meeting of the strategic management group, the terms of reference must be agreed and minuted. At all subsequent meetings held in accordance with this guidance minutes must be prepared fully, detailing all policy decisions and actions. All minutes must be classified RESTRICTED and all copies should be individually numbered. Copying of the minutes should only be allowed on the express authority of the Chair.
- 14.3.12 The SMG meeting must take ownership of the strategic leadership of the investigation and agree a plan that includes:
- A decision on the scale of the investigation and the staff required for joint investigation group;
  - The consideration of any cross boundary issues and planning of appropriate liaison and sharing of resources for inter-agency working;
  - The identification of staff in both LA children's social care and the police of sufficient seniority and experience to manage the investigative process (usually the police Major Investigation Team DI and the LA children's social care child protection manager);
  - The agreement of the staffing of the investigation, allocation of tasks and the membership of the investigation management group (including the line management responsibilities);



- Arrangements for medical staff to conduct assessments;
- Arrangements for sufficient administrative staff and information technology resources to support the investigation;
- The arrangement and resourcing of access to expert legal advice (e.g. in-house police legal team, local authority legal service, early CPS advice);
- Sufficient support, supervision and de-briefing of staff involved to address the impact of stress on frontline workers from any agency involved;
- The availability of expert advice where necessary;
- Timescales for the stages of the investigation;
- The management of public relations and media interest in the case;
- Child witness support, if relevant.

### Tasks and functions of the strategic management group

- 14.3.13 The tasks and functions of the strategic management group may vary from case to case but should also normally include the following actions.
- 14.3.14 The agreement of protocols:
- To govern the future handling of the investigation (e.g. on media communication and victim / witness support);
  - For the sharing of information, to ensure that the investigative team secures full access to records from all agencies affected by the investigation and individuals holding important information, and to commit all parties to providing the necessary help with obtaining records from any outside organisations;
  - To ensure staff safety in carrying out the investigation.
- 14.3.15 Ensuring that any current risks to children that emerge during the course of the investigation are acted upon immediately. The SMG should develop a risk management protocol by regularly reviewing risk indicators in relation to subject children (see appendix C of [Complex Child Abuse Investigations: Inter-agency Issues \(DH / Home Office, 2002\)](#) for a risk management protocol). The protocol should detail elements of a robust risk management process to be implemented for the duration of the investigative activity, and establish effective mechanisms for communication between the investigative team and the relevant LA children's social care.
- 14.3.16 Ensuring that there are safeguards in place to guarantee the integrity of the investigation, taking into account the need to exercise particular care to guard against the risk of eliciting false allegations against innocent people. The SMG should monitor carefully the approaches used in contacting further potential witnesses and the conduct of any subsequent interviews, and ensure that any doubts about the validity of evidence are fully addressed. The overall process for gathering corroborative and additional evidence must be subject to rigorous scrutiny by the SMG. Issues to consider might include the complex nature of the investigation, the time that may have elapsed since the alleged offences occurred and the motivation and potentially vulnerable nature of the victims / witnesses.
- 14.3.17 Establishing a policy on how agencies deal with questions of potential financial compensation for victims to clarify that members of the investigative team

should not instigate any discussion of the issue and should avoid discussing it if it is raised by any victims or witnesses in the course of the investigation. Practical guidance should be given to interviewing officers in line with this policy.

- 14.3.18 Monitoring and reviewing procedures used for gathering and recording evidence, to ensure that they are tightly controlled and supervised, to safeguard against potential criticism that investigating officers prompted the witnesses. Guidelines on appropriate methods of evidence gathering and recording are detailed in the Association of Chief Police Officers of England Wales and Northern Ireland (ACPO)'s [Senior Investigating Officers Handbook for the Investigation of Historic Institutional Child Abuse \(2002\)](#) (currently being revised – details will be updated online), and the strategic management group should ensure that agreed procedures are followed robustly and consistently.
- 14.3.19 Ensuring that appropriate recording takes place of material that is obtained during the course of the investigation, and also the safe and secure storage of records, through the early appointment of a disclosure officer in accordance with the [Criminal Procedure and Investigations Act 1996](#) and the accompanying code of practice.
- 14.3.20 Agreeing a strategy to ensure that contact with the media is properly managed and co-ordinated throughout the investigation and any subsequent criminal proceedings, using a nominated press officer. This will allow frontline workers and other staff involved with the investigation to concentrate on the investigation itself.
- 14.3.21 Ensuring that careful consideration is given throughout the investigation to the health and social care needs of child victims and adult survivors and particularly those who will be acting as witnesses. As far as possible, the group will also need to ensure that any witness's ability to give evidence in criminal proceedings is not prejudiced by the provision of such assistance, and that guidance on pre-trial therapy is taken into account, in line with [section 5.33. Pre-trial therapy](#). In some circumstances, it may be appropriate to employ dedicated personnel tasked to liaise regularly with victims and / or witnesses to ensure that they are kept up-to-date with the progress of the inquiry and to ensure their wellbeing.
- 14.3.22 Securing the provision of appropriate accommodation facilities and trained interviewers for all witnesses, and to give special attention to the needs of witnesses who are children, children or vulnerable adults and any who may be subject to intimidation.
- 14.3.23 Ensuring that, when appropriate, [Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses, including Children](#) is followed.
- 14.3.24 Checking with the LA children's social care representative on the SMG that, where children have been removed from their families, an appropriate placement is found for them and that their needs are being fully assessed according to the [Framework for the Assessment of Children in Need and their Families](#). The group should also ensure that appropriate professional medical, physical and emotional support is being provided as needed, and check what other partner agencies can do to help. If the alleged abuse occurs in a residential setting, the SMG must ensure that the victim and any other children who may be at risk of harm are safeguarded and, if necessary, that suitable alternative accommodation is provided. Equally, children may require safeguarding in a range of non-residential settings such as foster care, day care, schools, hospitals etc.

- 14.3.25 Considering the need for a review of the case as a means of identifying and acting on lessons learnt as the investigation proceeds and at its close. If a formal review is necessary, this will normally be a serious case review under the auspices of the Local Safeguarding Children Board (LSCB), see [section 12. Unexpected death of a child](#) and [section 19. Serious case reviews](#). However, in exceptional cases, a public inquiry may be necessary. The SMG should liaise with the [Department for Education \(DfE\)](#) / relevant Government department when determining the question of review.
- 14.3.26 Ensuring that suitable arrangements are made for the victims and their families during the course of criminal proceedings, with particular regard to post-testimony trauma experienced by many witnesses. Consideration should be given to the formation of a court support group and / or to whether a child and family / adult survivor support group is appropriate to the circumstances of the investigation (and that decision should be kept under review at all times). The SMG should give consideration to the appropriate composition of the child and family / adult survivor support group and should receive regular reports from the representative of the child and family support group. The group should consider what resources are necessary to support such activities.
- 14.3.27 Considering the appropriateness in individual cases of meeting parents of children involved and relatives of adult survivors to keep them fully and consistently informed as to the steps being taken by the relevant agencies and the support available to them.
- 14.3.28 Considering whether independent or third sector agencies which operate in establishments should be directly involved in, or have knowledge of, the strategic management of such investigations.
- 14.3.29 Keeping the establishments subject to investigation fully informed of the progress of the investigation, as well as the registration authority, Ofsted.
- 14.3.30 Establishing a clear policy, consistent for each suspect, in respect of what should be the subject of a prosecution. Decisions on whether or not to prosecute rest with the Crown Prosecution Service (CPS). Where possible, it is good practice to agree with the CPS an initial nominated person for all such cases through whom consistency of decision-making can be achieved, although in large CPS areas there may be a need for a number of prosecutors to deal with such cases.
- 14.3.31 An individual must be designated to act as co-ordinator between the SMG and the joint investigative group identified in the plan.
- 14.3.32 The responsibility of the co-ordinator is to manage the joint investigative group and prepare a report at the conclusion of the case.
- 14.3.33 The SMG must agree a schedule of dates for future meetings in order to:
- Monitor the progress, quality and integrity of the investigation;
  - Review risk indicators for the children involved;
  - Consider resource requirements;
  - Consider the appropriate timing of the termination of the investigation;
  - Plan a de-brief meeting with the joint investigation group to identify lessons learnt.
- 14.3.34 A dedicated team of police officers should be formed to deal with a cross boundary enquiry.

- 14.3.35 The SMG must remain in existence at least until the court or the CPS has made a decision about the alleged perpetrators.
- 14.3.36 The SMG must report in writing to the LSCB, which must consider at the first available opportunity whether a serious case review should be initiated.

### Joint investigation team membership

- 14.3.37 The strategic management group should identify those people from within and outside their organisations who have the required expertise for dealing with a complex abuse investigation. This will include experience of investigating allegations of abuse, compiling profiles and understanding methods of abusers (in cases of sexual abuse), child protection processes, children's welfare, legal processes, disciplinary proceedings and working with child victims, adult survivors and their families.
- 14.3.38 This group, led by the police senior investigating should consist of experienced personnel from the Child Abuse Investigation Command and LA children's social care (or independent agency or social workers).
- 14.3.39 Membership may also be drawn as necessary from the appropriate health professionals (in particular the forensic medical examiner (FME), the designated and named doctors and nurses for safeguarding children and psychiatrists), education (head teachers and class teachers), CPS, LA legal services, probation and victim support services.
- 14.3.40 In selecting staff to be involved in the investigation, it is essential to identify individuals in whom it is possible to place absolute trust and who display sensitivity, honesty, empathy and personal maturity. This process will require the careful checking of references and employment history. It is vital that all investigators are and can be seen to be independent from those parties who are the subject of the investigation. Members of the investigation team could include existing members of the agencies conducting the investigation (as long as such individuals do not have any connection with the matter being investigated and appropriate arrangements are made to cover their normal duties while they are working on the investigation), appropriately qualified agency staff brought in on long-term contracts for the duration of the investigation, or an outside organisation.
- 14.3.41 Police officers chosen for the investigative teams must have a good investigative background. A significant proportion of chosen officers should have experience in child protection investigative work. All police officers should have the personal qualities to cope with the inherent stresses and high emotional content of child protection investigation work. Similarly, social workers chosen for investigative teams will need a depth and breadth of experience in child protection investigations with the police and both family justice and criminal court work. Where victims or witnesses are identified as having special needs such as learning impairments or communication difficulties, more specialist staff will be required.
- 14.3.42 In selecting staff, consideration should also be given to requirements arising from the individual needs for the relevant child/ren e.g. gender, culture, race language, and where relevant, disability
- 14.3.43 The size of the group will depend on the scale of the investigation, but in the majority of cases both the police Major Investigation Team and LA children's social care should provide a line manager and two staff / officers experienced in interviewing children and trained in [Achieving Best Evidence in Criminal Proceedings](#).

- 14.3.44 Consideration should be given to the employment of a trained archivist / researcher to undertake duties such as tracing of inquiry subjects. Employment of such an individual may greatly enhance the operation of an investigation given that there may be a large amount of paper-based files used as sources of information. These files will vary in age, format and quality so that for the purposes of information management, development of a specialised file system may be invaluable.

### **Practical arrangements: security, accommodation and communications**

- 14.3.45 Administrative support, information technology and accommodation requirements must be addressed at the outset, including the storage of confidential records.
- 14.3.46 A key issue in any complex abuse investigation will be ensuring the security of the investigation.
- 14.3.47 The enquiry will invariably be managed on 'HOLMES', a comprised management tool for running large / complex enquiries, managed by the police SCD5 Major Investigation Teams in a secure environment.
- 14.3.48 Those managing the investigation need to be aware that there may be attempts to sabotage the investigation, to destroy materials or to interfere with or intimidate staff working on the investigation. Appropriate steps should be taken to minimise these risks.
- 14.3.49 The location of the group must take account, both geographically and organisationally, of the need to maintain confidentiality, especially crucial where the investigation concerns staff or carers.
- 14.3.50 Appropriate facilities must be available for video interviews and paediatric assessment.
- 14.3.51 Certain investigations may involve an element of whistleblowing. In this context, it should be possible for individuals to approach the investigative team with confidence as to their anonymity and personal safety. A secure telephone line and discreet access to the investigation team may help staff (and the public) to come forward and ensure confidentiality. However, it should be made clear that it is not possible to give an unequivocal guarantee of confidentiality during any subsequent court proceedings.

### **Investigation management group**

- 14.3.52 An investigation management group should be set up under the strategic management group. Meetings of this group should also be fully minuted. The senior investigating officer or their deputy should chair the investigation management group and membership should include representatives from LA children's social care, education, health, and local authority legal services. Other agencies should be invited to be members of the group as appropriate.
- 14.3.53 The tasks and functions of the group may vary from case to case but should normally include the following matters:
- To provide a forum where professionals can meet, exchange information and devise tactics for the implementation of agreed strategy on a day to day basis to progress the investigation;
  - To ensure a consistent strategy for interviewing victims within and outside council areas;



- To keep the strategic management group informed of any resource shortages experienced by professionals;
- To ensure a consistent and appropriate inter-agency approach to practical and emotional support for victims and their families throughout the investigation, including facilitating such services where victims fall outside of the jurisdiction of the investigating agencies;
- To co-ordinate inter-agency response to families and provide consistent information;
- To ensure all staff working on the investigation are given support and ensure welfare concerns are addressed;
- To ensure that issues which need to be shared by other agencies not represented on the strategic management group or investigation management group are communicated to those agencies and addressed;
- To ensure that all staff involved in the investigation are clear about the parameters of shared information, data protection and confidentiality between the various agencies and observe the terms of the information sharing protocol agreed by the strategic management group. It should be clear that investigators will have full access to records and individuals holding important information;
- To ensure that relevant intelligence has passed between agencies and to the police major incident room (MIR). Intelligence should also be passed to the force intelligence centre as appropriate.

### **Joint investigation team responsibilities**

14.3.54 The joint investigation team (supervised by the investigation management group) is responsible for:

- Planning the overall investigation, involving record checking, evidence gathering, planning and undertaking a series of interrelated interviews and surveillance if required;
- Considering the implications of crossing geographical boundaries;
- Holding planning meetings for individual pieces of work (e.g. video interview of a child and / or to protect a child);
- Gathering other evidence including forensic evidence, interviews with alleged abusers, witnesses and other corroborative evidence;
- Communication and liaison with other agencies on a need to know basis;
- Convening interagency meetings and / or child protection conferences as appropriate;
- Co-ordination and timing of therapeutic services;
- Regularly updating the SMG on the progress made and recommending when to close the investigation;
- Consideration of arrangements for court hearings and support to children and families;
- Recommendations as to the placement of children and any contact involving children and their siblings, relatives or other adults.



## Crossing geographical and operational boundaries

- 14.3.55 It may be recognised at the outset or during the investigation that there are suspected or potential victims in more than one geographical area (where the NSPCC are involved in investigations, they can operate across LA and police boundaries to provide consistency).
- 14.3.56 At the outset, the responsibility for managing the investigation lies with the police in the borough where the abuse is alleged to have occurred / where the alleged perpetrator/s are alleged to operate, who will make necessary approaches / contact with other affected areas through the SMG.
- 14.3.57 Once it is recognised that there are suspected or potential victims in other areas, a joint approach should be made by the SMG to the appropriate LA children's social care and police team.
- 14.3.58 The original joint investigation team should undertake the investigation on behalf of the other geographical areas. Other LA children's social care services must consider the funding of this service covering children in its area.
- 14.3.59 A senior manager from each area should join the initiating SMG to discuss this and agree any resource implications involved.
- 14.3.60 If the number of victims outside the geographical boundaries of the original joint investigative team increase to the extent that it cannot respond, then a joint investigative team in the new geographical area should be established.
- 14.3.61 It is essential that there is a joint SMG to provide overall planning. If it is necessary to have more than one joint investigative team, there must be close working between co-ordinators and processes for full information sharing.

## 14.4 Access to records

- 14.4.1 One of the most difficult issues in complex abuse investigations relates to the tracing, use, management and disclosure of documentary information relevant to the investigation. The investigative team should consider what information is required and where it is likely to be and take immediate steps to secure it within each agency. The investigative team will also need to access a variety of records during the investigative process.
- 14.4.2 It must be recognised by those seeking to trace victims that some may be very reluctant to co-operate with any inquiry and provide information. Staff records usually prove somewhat easier to trace due to pension rights, but casual and voluntary staff can prove elusive. A vast range of documentary information will exist on residents' personal files, personnel files and general establishment records and registers. It is crucial that the location of these is quickly identified so that they can be secured. Clear protocols and procedures for investigative access to this material will need to be established and enforced.
- 14.4.3 The inquiry will need to take into account the relevant dates of service of the alleged perpetrator at the establishment to which the allegations relate and those at all other places of work throughout their entire service. The process of collating all relevant service dates, records of residents and members of staff for each establishment can be extremely difficult in practice.

## 14.5 Information sharing

### Confidentiality when exchanging information

- 14.5.1 Child abuse investigations rely critically on sensitive or highly confidential information being made available to investigators. Agencies must have a protocol in place to address the sharing of information. The strategic management group must ensure the effective use of the protocol for the purposes of any inquiry. All members of the investigation team should be aware of, understand and observe the protocol. It is vital to establish clear understandings about the rules governing disclosure of information to members of the investigating team and those colleagues and supervisors who require access to the information, who must be regarded as forming a circle of confidentiality. Consideration should also be given to the use of confidentiality agreements with regard to individuals employed to undertake the investigation.
- 14.5.2 The [Data Protection Act 1998](#) requires that personal information is obtained and processed fairly and lawfully, is only disclosed in appropriate circumstances, is accurate, relevant and not held longer than necessary; and is kept securely. The Act allows for disclosure without the consent of the subject in certain conditions, including for the prevention and detection of crime, or the apprehension or prosecution of offenders, and where failure to disclose would be likely to prejudice those objectives in a particular case.

### Risk assessment of alleged perpetrators

- 14.5.3 There needs to be an exchange of information in order to manage the risk to the public, and it is important to ensure the maximum confidentiality of such exchanges. Only relevant information should be shared in relation to alleged perpetrators and victims. The police should share information relating to the alleged offence and any other relevant information. LA children's social care should share information about the known conduct and current professional / domestic circumstances of alleged offenders and, where applicable, victims.
- 14.5.4 Any other information relevant to protect the public from the commission of further offences should also be shared. Children currently living with an alleged perpetrator or to whom an alleged perpetrator has unsupervised access may be at risk of harm. Alleged perpetrators may have contact with children in other contexts (e.g. through youth work, day care, etc.) or as a volunteer.
- 14.5.5 When a statement of complaint is received in respect of an alleged perpetrator, a risk assessment is immediately required. It is necessary for the level of risk to be assessed so that steps can be taken to ensure that all current risk of harm is considered and minimised. It is not appropriate for a risk assessment to be carried out by officers engaged in the investigation.
- 14.5.6 The [Criminal Justice and Court Services Act 2000](#) makes provision for MAPPA to be established and places a statutory duty on the police and probation services to manage risk for identified groups of perpetrators. As part of these arrangements, police forces and probation areas must have established procedures for assessing risk and for information sharing. It is important that in cases where an alleged perpetrator is identified, steps are taken for notification to be provided to the multi-agency risk panel.
- 14.5.7 The notification by the investigating team should be made to the MAPPA relevant to the area where the alleged offender is currently residing. It will be essential during the course of the investigation for the investigating team and the multi-agency risk panel to have effective lines of communication so that relevant parties are quickly notified of changing circumstances.

## Access by the police to LA children's social care files

- 14.5.8 LA children's social care files frequently contain information or evidence relevant to an investigation. It is a matter for the police Senior Investigating Officer (SIO), on a case-by-case basis, to decide what access to files is necessary to ensure an effective investigation. In arriving at the decision, the SIO should balance the competing issues and ensure that their decision and rationale, including all relevant information which impacted on the decision, is recorded in the 'Decision Log'.
- 14.5.9 If files are disclosed to the police, the local authority should be aware that the prosecution may be required to disclose these to the defence in the event of a criminal prosecution. The prosecution is required to provide material to the defence which will form part of the prosecution case. Also, under the [\*Criminal Prosecution and Investigations Act 1996\*](#), the prosecution has a statutory duty to disclose to the defence any unused material which may undermine the prosecution case or assist the defence case. This may lead to the disclosure of files in full or in part to the defence. However, in the case of sensitive material, it is open to the prosecution to apply to the court to withhold such material on public interest immunity grounds. In such circumstances, it will be a matter for the court to determine whether such files should be disclosed.
- 14.5.10 Both the prosecution and defence may also apply to the court for a summons requiring the production of LA children's social care files. In such circumstances, the local authority has the opportunity to oppose the application and it is open to the authority to seek to withhold the material on public interest immunity grounds. Again, the court will determine whether the files should be disclosed.

## Information sharing between health, the police and local authorities

- 14.5.11 The duty of confidentiality requires that unless there is a statutory requirement to use information that has been provided in confidence, it should only be used for the purposes of which the subject has been informed and to which they have consented. This duty is not absolute, but should only be overridden if the holder of the information can justify disclosure as being in the public interest. Decisions to disclose information without consent should be documented and the public interest justification clearly stated. The tests for disclosure without consent will often be satisfied in child abuse cases where the protection from harm and the prevention and detection of crime are the reasons for disclosure.
- 14.5.12 Whilst it is not entirely clear under law whether or not a common law duty of confidence extends to the deceased, the Department of Health and professional bodies responsible for setting ethical standards for health professionals accept that this is the case.
- 14.5.13 The General Medical Council (GMC) has produced guidance entitled [\*Confidentiality: Protecting and Providing Information \(2004\)\*](#). It underlines the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information, but makes clear that information may be released to third parties, if necessary without consent, in certain circumstances. Those circumstances include the following:
- **Disclosure in the public interest**  
'In cases where you have considered all the available means of obtaining consent, but you are satisfied that it is not practicable to do so, or that patients are not competent to give consent, or exceptionally, where the benefits to an individual or to society of the disclosure

outweigh the public and the patient's interest in keeping the information confidential.' (Paragraph 18)

- **Disclosure in the interests of others**

'Disclosure of personal information without consent may be justified where failure to do so may expose the patient or other to risk of death or serious harm. Where third parties are exposed to a risk so serious that it outweighs the patient's privacy interest, you should seek consent to disclosure where practicable. If it is not practicable, you should disclose information promptly to an appropriate person or authority.' (Paragraph 36)

'Such circumstances may arise e.g., where a disclosure may assist in the prevention or detection of a serious crime. Serious crimes, in this context, will put someone at risk of death or serious harm, and will usually be crimes against the person, such as abuse of children.' (Paragraph 37)

- 14.5.14 Any information sharing about living, identifiable individuals between the NHS, the police and local authorities must then be carried out in accordance with the requirements of the [Data Protection Act 1998](#). The Act does not apply to the deceased. Disclosure may be made under the Act provided that the processing complies with its eight enforceable data protection principles or can rely upon one of its non-disclosure exemptions.
- 14.5.15 The data protection officer within an organisation is responsible for ensuring compliance with the [Data Protection Act](#). Where there is any doubt as to the procedure to follow in order to ensure such compliance, advice should be sought from the organisation's data protection officer in the first instance.

## 14.6 Disclosure of information to third parties

- 14.6.1 In the course of an inquiry, information about alleged perpetrators may sometimes need to be made available to individuals not directly involved but who are part of a recognised statutory agency. Nothing in this procedure should restrict the forwarding of information in circumstances where it is necessary to prevent the risk of further offending.
- 14.6.2 Disclosure decisions outside the framework of the statutory agencies have to be determined by the multi-agency risk panel relevant to where the alleged offender resides. The principles established in [sections 14.5.3 to 14.5.7](#) above, should be followed.

### Disclosure of unused material to defence

- 14.6.3 Investigations of this nature are subject to the same rules of disclosure as any other prosecution. The requirements of the [Criminal Procedure and Investigation Act 1996](#), the [Code of Practice](#) made under that Act, the [Joint Operational Instructions on Disclosure of Unused Material \(2004\)](#) and the Attorney General's [Guidelines on Disclosure](#) all apply. The identification of unused material for the purpose of disclosure is somewhat more complicated than in other Home Office Large Major Enquiry System (HOLMES) inquiries, which usually revolve around only one case. The material should be well documented and, as in all cases, adequately described in the appropriate schedule, including a separate schedule of sensitive material. It is then a matter of scrutinising it to identify which material is relevant, and therefore subject to disclosure or alternatively to possible claims of public interest immunity. The disclosure officer is therefore a

key individual who should be carefully selected and should have been fully trained. They can also seek legal advice (including from the CPS if necessary) on complex disclosure issues.

## Compensation claims and civil litigation

14.6.4 A proportion of complainants in criminal prosecutions of this nature applies for compensation from the [Criminal Injuries Compensation Authority \(CICA\)](#) and / or sues for damages in the civil courts. In these cases the police will have to enter into correspondence with CICA and / or solicitors. Statements and previous convictions of complainants are the documents most often required by solicitors. Statements should only be released at the conclusion of all criminal proceedings. But consideration should be given to the time limits which exist for the submission of civil claims. The Senior Investigating Officer (SIO) should consider the competing needs of the individual and the investigation to ensure that applications for civil claims are not prejudiced. The release of other unused material should be considered case-by-case on the basis of a developed policy. As holders of such material, the police should strike a balance to meet the requirements of:

- The rules in respect of discovery in civil litigation (which are quite different from disclosure in criminal cases);
- The complainant and their solicitor;
- The local authorities or third sector bodies subject of the litigation;
- The [Data Protection Act 1998](#).

14.6.5 Where there are ongoing criminal proceedings, it may be appropriate for the SIO to consult the CPS about the release of material in such circumstances, as there is a potential to impact upon the ongoing criminal proceedings.

14.6.6 Civil litigation of necessity continues after criminal procedures and may have resource implications for the investigating force for a number of years after the criminal investigation is concluded. In some cases, the defence may claim that the victims are motivated to make the allegations by potential financial reward. It is important that the strategic management group's policy and procedures on avoiding discussion of compensation are rigorously followed from the outset of the investigation. This will ensure that officers are not open to criticism for offering the prospect of compensation as a means of securing co-operation in an investigation which in turn may damage the credibility of the witness or cast doubt on their motives. In the event that the victim or witness raises the issue with the investigating officer and asks for advice about a claim or where they can obtain information, the officer should follow the procedures set out in the investigation policy. It is important to know if the investigating officer is made aware that a potential victim or witness is claiming compensation, and for this to be recorded and revealed to the CPS to decide if it is disclosable.

## Referral of information about alleged abusers

14.6.7 [The Waterhouse Inquiry report](#) has noted the importance of adequate referral of information about suspected abusers. It is probable that an investigation will identify individuals who are suspected abusers but against whom prosecutions are not brought. If a suspected abuser is working with children in a child care position, or in the education service, evidence and information should be shared to support disciplinary proceedings and to enable, where appropriate, the referral of suspected abusers to the Independent Safeguarding Authority (ISA). See [sections 15.7.3 Independent Safeguarding Authority](#) and [section 15.3.13](#)



[Referring to the ISA<sup>86</sup>](#). Referral to ISA is likely to be appropriate if the person is not currently employed with children, but has worked as a teacher or in schools in the past.

- 14.6.8 Any actions / non-actions, and the reasons for taking them, should be recorded.
- 14.6.9 Consideration should be given to commissioning an independent risk assessment to include examination of the values and attitudes of alleged abusers in line with recommendations contained in Norman Warner's report *Choosing with Care (1991)*.

## 14.7 Support

### Support for victims and witnesses

- 14.7.1 An unequivocal victim support strategy and protocol should be established at the outset. Support will be required in pre-trial, trial and post-trial periods. Minimum periods for contact should be established. It is clear from experience in previous investigations that many victims and families feel strongly that it is important that they remain in contact with the same staff throughout the investigative process.

### Support for victims and witnesses during investigation

- 14.7.2 It is recognised that recounting past abuse may be profoundly traumatic for victims. Victims must be cared for appropriately, and it is important to be sensitive to their particular needs. For example, adult survivors of childhood abuse are likely to require different kinds of counselling support, and a judgement will need to be made about the most appropriate type of counselling available locally. There should be effective collaboration with local health services and independent counselling agencies to ensure that referrals to appropriate counselling and health services (including mental health services) can be made.
- 14.7.3 The scale of the investigation often leads to a prolonged period between the complaint being made and its eventual conclusion. Victims and witnesses will often require a degree of support throughout this process, and there is potential for conflict between the police investigative role and the provision of such support. Victims of rape and serious sexual offences may require long term support once the criminal justice process is over, and in these circumstances both pre and post-trial support should be carried out by an organisation other than the police.
- 14.7.4 Particular problems may arise where witnesses are serving prisoners, and appropriate arrangements may need to be made in such cases (including keeping probation services informed). Police and social workers should make contact with the complainant at designated intervals in order to inform them of the current stage of the investigation. The [Victim's Charter](#) sets out the stages of the case when victims, or their representatives, must be made aware of developments. Regular contact also helps to ensure that during the interim period the whereabouts of the complainant are known. The importance of regular contact with the victim cannot be overemphasised.
- 14.7.5 The experience of previous investigations has indicated that counselling services may be placed under considerable pressure by the demands generated during the investigative process. Certain investigations will involve large

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<sup>86</sup> [www.isa.gov.org.uk/](http://www.isa.gov.org.uk/)



numbers of victims who may be identified simultaneously. In these situations, the strain placed on counselling services is most acute. This points to the necessity of involving senior managers in the resourcing and co-ordination of work from the outset and then keeping them adequately informed throughout the process.

- 14.7.6 In large-scale complex child abuse inquiries, there may be merit in setting up dedicated helplines to be available to inquiry subjects, their families and members of the public.

### **Support for victims and witnesses at court**

- 14.7.7 Police and social workers should be available at court to provide support to witnesses in accordance with the established operational policy, which should take account of the potential for identified police / social work professionals to be called as witnesses.
- 14.7.8 Witnesses should be kept apart, and in some cases police officers and victims may also need to be kept apart to avoid allegations of collusion.
- 14.7.9 Support for witnesses should be guided by the needs of the witness: the expertise of experienced Victim Support Scheme volunteers, including those from the Witness Service, should be considered and they should be consulted about other agencies which may be better able to support particular witnesses (e.g. those with learning difficulties).
- 14.7.10 In those cases where the police have been providing long-term support (e.g. as family liaison officers), occasionally immediately before the commencement of a trial, the defence object to continued support being given to a witness by specific police officers (where this is longstanding). The withdrawal of trusted support is frequently traumatic for the witness and planning should take account of such a possibility, with consideration being given to support being provided by another organisation.
- 14.7.11 It is essential to consider the effect which the provision of counselling and other therapeutic services to victims and witnesses may have on the judicial process. For this reason, it is important that the police and the CPS are made aware that therapeutic support is proposed, is being undertaken, or has been undertaken. The nature of the therapeutic support should be explained so that consideration can be given to whether or not the provision of such support is likely to impact on the criminal case.
- 14.7.12 The CPS will offer advice as requested on individual cases, on the likely effect of the therapy on the criminal process. However, the decision about whether, and if so in what form, therapeutic support should take place before a criminal trial is not a decision for the police or the CPS. It is for those responsible for the welfare of the child, in consultation with the child's carers and, where appropriate, with the child. Where therapeutic support does take place, it is important that a record of the therapy is maintained so that it can, if appropriate, be made available in the judicial process. In all circumstances, the welfare of the child is the paramount consideration. See [section 5.33. Pre-trial therapy](#).
- 14.7.13 Whenever possible, the allocated LA children's social care team member or member of the Court Witness Service should be present in court when each complainant / witness is to give evidence. They should leave the court with the witness after evidence has been given and should then determine with the witness what immediate support they require. The immediate support should be provided by the social worker, the Court Witness Service member or the linked police officer individually or jointly, or by a counsellor - whichever the witness is most comfortable with.

## Victim aftercare

- 14.7.14 When the case is concluded, the police should gradually withdraw from regular contact with victims. It is impractical, and often unnecessary, to maintain the levels of contact required before a trial. Nevertheless, it is recognised that the trial process can be as traumatic to a complainant as the initial making of their complaint. Social work staff may need to remain in contact for a longer period and gradually devolve any long-term support or counselling needs to appropriate bodies.
- 14.7.15 The National Probation Service (NPS) has a statutory duty to contact the victims of those offenders sentenced to 12 months or more for a sexual or violent offence. After a plea or finding of guilt, it would normally be the responsibility of the police to advise the victim that they are passing on the victim's contact details to the relevant probation area and give the victim the opportunity to opt out of the transfer of this information. At the same time, the police should hand the victim a leaflet explaining the NPS's role. Within two months, the NPS would be in contact with the victim asking, among other issues, if they want information about how the prison system works and / or if they may eventually want to express a view about conditions attached to the prisoner's release. It is for the victim to decide if they wish to be involved in this procedure.

## Staff support

- 14.7.16 Support for members of the investigative team is the responsibility of the strategic management group. Clear arrangements should be in place from the outset for both the seconded staff and linked management. These should include debriefing for all staff on the operation.
- 14.7.17 Operational staff should never be in a position where they are investigating colleagues.
- 14.7.18 Particular caution will need to be exercised in approaching individuals who are alleged to have been perpetrators. Visits should not be made alone and protocols for staff safety and handling violence should be agreed and observed.

## 14.8 Media handling

- 14.8.1 No agency should underestimate the level of media interest in complex abuse investigations. The main task of handling the media should be assigned to a senior manager in each agency who is in close contact with the detail of the investigation. The Senior Investigating Officer should have an operational media strategy in place from the commencement of the investigation. It is vital that all statements to the media are cleared, via the Senior Investigating Officer, at the level of the strategy management group, and that consistency is maintained throughout. Staff must have available to them a clear line of referral for media inquiries in order to ensure that statements are only issued by designated spokespeople. Individual agencies should not express independent views as to the conduct of the investigation.
- 14.8.2 There are many legal restrictions governing what might be said to the media during the course of criminal and / or care proceedings, including any injunctions that might be in force. It is therefore essential that consideration is given to obtaining legal advice before any information is released to the media. The investigation team should be aware of the potential dangers of uncontrolled or inappropriate media reporting on future criminal proceedings at the investigation stage. Many sensitive cases which have attracted significant media attention at

the investigative stage are subsequently the subject of defence submissions on abuse of process and the inability of the defendant to have a fair trial because of the level and nature of media reporting.

14.8.3 It is essential that victims and their families are protected from the potential trauma that may be associated with media interest in their cases. All press releases should avoid identifying victims so that they may be shielded from media attention unless and until they need to attend court.

14.8.4 The Senior Investigating Officer must be made aware of all pre-sentence communications to ensure that the integrity of the prosecution is maintained.

## 14.9 Closure and review of investigation

### Exit strategy

14.9.1 Where closing a case, the following tasks should be completed as appropriate:

- Obtain final list of indictments ([Protection of Children Act 1999](#));
- Inform Force Intelligence Bureau for risk assessments and actions under the [Sex Offenders Act 1997](#);
- Inform all complainants / witnesses of the result of the case;
- Inform all relevant agencies of the result of the case;
- Agree procedure for dealing with victims who identify themselves at a later date and / or victims who remember things after the event;
- Consider the need to offer continuing support to child victims and their families who have been in contact with the investigation;
- Consider the need to maintain contact with witnesses, giving particular consideration to child witnesses who have given evidence in court proceedings, and ensure provision of counselling where appropriate;
- If an offender is sentenced to one year or more, provide details of victims to the probation service and hand out copies of information leaflet to victims;
- Subject to any directions by the court, return exhibits 35 days after conviction or, if the defendant appeals, at the conclusion of any appeal.

14.9.2 Cases where the alleged perpetrator cannot be traced should only be closed on the authority of the Senior Investigating Officer, in consultation with a senior representative from the relevant LA children's social care department. The same authority is required for the disposal of cases where the alleged perpetrator has been traced but the CPS has decided not to proceed on the grounds of insufficient evidence or public interest.

14.9.3 All agencies should review the investigation once it is completed. The review should highlight any policies, procedures or discipline processes which need changing for the various agencies. The LSCB may already have conducted a serious case review (although in some cases this may not be completed until the conclusion of court proceedings). It is good practice to conclude all major investigations with an overview report highlighting the prime activities and findings of the inquiry with recommendations for future inter-agency learning. This may lead to both inter-agency and individual agency action plans.

## Records to be maintained and file storage

- 14.9.4 The [Code of Practice made under the Criminal Procedure and Investigations Act 1996](#) sets out the minimum requirements for record retention in all criminal cases and defines action to be taken by the police in the context of retention and disclosure of material held by third parties. It is considered good practice to maintain a central registry and file storage facility for all cases that come within this guidance. The holding agency should ensure that all documents and files used and / or generated in the process of an investigation are retained securely.
- 14.9.5 Agencies involved in such cases have differing requirements and are subject to a variety of regulatory and voluntary file retention periods. It is also necessary to cater for the production of material in connection with civil actions and the [Freedom of Information Act](#). It is recommended that, against the various needs of agencies, all original files be retained for a minimum period of six years from the date of the completion of the investigation (whether or not proceedings are instituted) in consideration of the fact that information contained in these files may be required in subsequent criminal and / or civil proceedings. Such material may also be relevant as supporting evidence for compensation claims to the [Criminal Injuries Compensation Authority](#). Certain material may be relevant to subsequent investigations and / or enforcement action by a regulatory body such as the National Care Standards Commission.

## 15 Allegations against staff

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### 15.1 The management of allegations against adults who work with children

- 15.1.1 Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. Local Safeguarding Children Boards (LSCBs) should therefore have arrangements in place for monitoring and evaluating their effectiveness.
- 15.1.2 These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:
- Behaved in a way that has harmed a child, or may have harmed a child;
  - Possibly committed a criminal offence against or related to a child;
  - Behaved towards a child or children in a way that indicates they are unsuitable to work with children.
- 15.1.3 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include

concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 [Sexual Offences Act 2003](#));
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 [Sexual Offences Act 2003](#));
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate text / e-mail messages or images, gifts, socializing etc);
- Possession of indecent photographs / pseudo-photographs of children.

15.1.4 All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff, see [section 1. Preface and introduction, 1.6 Glossary](#). Including, as per the Glossary, foster carers and approved adopters.

## Roles and responsibilities

15.1.5 Each LSCB member organisation should identify a named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with these *London Child Protection Procedures*;
- Resolving any inter-agency issues;
- Liaising with the LSCB on the subject.

15.1.6 Local authorities should designate an officer/s to:

- Be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

15.1.7 Employers should designate:

- A senior manager to whom allegations or concerns should be reported;
- A deputy to whom reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

15.1.8 The police detective inspector on each child abuse investigation team will:

- Have strategic oversight of the local police arrangements for managing allegations against staff and volunteers;
- Liaise with the LSCB on the issue;
- Ensure compliance.

15.1.9 The police should designate a detective sergeant/s to:

- Liaise with the local authority designated officer (LADO);



- Take part in strategy meetings / discussions;
- Review the progress of cases in which there is a police investigation;
- Share information as appropriate, on completion of an investigation or related prosecution.

15.1.10 Schools and other education settings should also refer to chapter 5 of [Safeguarding Children and Safer Recruitment in Education \(DfES 2006\)](#), available at [www.teachernet.gov.uk](http://www.teachernet.gov.uk), which covers issues relating to allegations of abuse made against teachers and other education staff.

## 15.2 General considerations relating to allegations and concerns of abuse

### Persons to be notified

- 15.2.1 The employer must inform the local authority designated officer (LADO) immediately an allegation is made.
- 15.2.2 The LADO will advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).
- 15.2.3 The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.
- 15.2.4 The employer should seek advice from the LADO, the police and / or LA children's social care about how much information should be disclosed to the accused person.
- 15.2.5 Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the barring lists or regulatory body).
- 15.2.6 The accused member of staff should:
- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
  - Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
  - If suspended, be kept up to date about events in the workplace.
- 15.2.7 Ofsted should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8 or against a registered childminder. They should also be invited to take part in any subsequent strategy meeting / discussion.

- 15.2.8 LA children's social care should inform Ofsted of all allegations made against a foster carer, prospective adopter, or member of staff in a residential child care facility.

## Confidentiality

- 15.2.9 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.
- 15.2.10 The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.

## Support

- 15.2.11 The organisation, together with LA children's social care and / or police, where they are involved, should consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.
- 15.2.12 As soon as possible after an allegation has been received, the accused member of staff should be advised to contact their union or professional association. Human resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

## Suspension

- 15.2.13 Suspension is a neutral act and it should not be automatic. It should be considered in any case where:
- There is cause to suspect a child is at risk of significant harm; or
  - The allegation warrants investigation by the police; or
  - The allegation is so serious that it might be grounds for dismissal.
- 15.2.14 The possible risk of harm to children should be evaluated and managed in respect of the child/ren involved and any other children in the accused member of staff's home, work or community life.
- 15.2.15 If a strategy meeting / discussion is to be held or if LA children's social care or the police are to make enquiries, the LADO should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.
- 15.2.16 If a suspended person is to return to work, the employer should consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the workplace.

## Resignations and 'compromise agreements'

- 15.2.17 Every effort should be made to reach a conclusion in all cases even if:

- The individual refuses to cooperate, having been given a full opportunity to answer the allegation and make representations;
- It may not be possible to apply any disciplinary sanctions if a person's period of notice expires before the process is complete.

15.2.18 'Compromise agreements' must not be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed).

### Organised and historical abuse

15.2.19 Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. See [section 14. Organised and complex abuse](#).

15.2.20 Historical allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children and if that is the case, to consider whether the current employer should be informed. See [section 5.19. Historical abuse](#).

### Whistle-blowing

15.2.21 All staff should be made aware of the organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues.

15.2.22 If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the LADO. See also [section 18. LSCBs, quality assurance and conflict resolution](#).

### Timescales

15.2.23 It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided. The target timescales provided in [the flowchart towards the end of this section](#) of the *London Child Protection Procedures* are realistic in most cases, but some cases will take longer because of their specific nature or complexity.

## 15.3 Initial response to an allegation or concern

15.3.1 An allegation against a member of staff may arise from a number of sources (e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent).

### Initial action by person receiving or identifying an allegation or concern

15.3.2 The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

15.3.3 They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

- 15.3.4 They should:
- Make a written record of the information (where possible in the child / adult's own words), including the time, date and place of incident/s, persons present and what was said;
  - Sign and date the written record;
  - Immediately report the matter to the designated senior manager, or deputy in their absence or where the senior manager is the subject of the allegation.

### **Initial action by the designated senior manager**

- 15.3.5 When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses. They should:
- Obtain written details of the concern / allegation, signed and dated by the person receiving (not the child / adult making the allegation);
  - Approve and date the written details;
  - Record any information about times, dates and location of incident/s and names of any potential witnesses;
  - Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.
- 15.3.6 If the allegation meets the criteria in [section 15.1](#) above, the designated senior manager should report it to the LADO within one working day. Referral should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.
- 15.3.7 If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the LA children's social care emergency duty team or local police and inform the LADO as soon as possible.
- 15.3.8 If a police officer receives an allegation, they should, without delay, report it to the designated detective sergeant on the child abuse investigation team (CAIT). The detective sergeant should then immediately inform the LADO.
- 15.3.9 Similarly an allegation made to LA children's social care should be immediately reported to the LADO.

### **Initial consideration by the designated senior manager and the local authority designated person**

- 15.3.10 There are up to three strands in the consideration of an allegation:
- A police investigation of a possible criminal offence;
  - Social care enquiries and/or assessment about whether a child is in need of protection or services;
  - Consideration by an employer of disciplinary action.
- 15.3.11 The LADO and designated senior manager should consider first whether further details are needed and whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the child is not confused as to dates, times, locations or identity of the member of staff.

- 15.3.12 If the allegation is not demonstrably false and there is cause to suspect that a child is suffering or is likely to suffer significant harm, the LADO should refer to LA children's social care and ask them to convene an immediate strategy meeting / discussion.
- 15.3.13 The police must be consulted about any case in which a criminal offence may have been committed. If the threshold for significant harm is not reached, but a police investigation might be needed, the LADO should immediately inform the police and convene an initial evaluation (similar to strategy meeting / discussion), to include the police, employer and other agencies involved with the child.
- 15.3.14 References in this document to 'strategy meetings / discussions' should be read to include 'initial evaluations' where appropriate.

### **Strategy meeting / discussion**

- 15.3.15 Wherever possible, a strategy meeting / discussion should take the form of a meeting. However, on occasions a telephone discussion may be justified. The following is a list of possible participants:
- LADO;
  - Social care manager to chair (if a strategy meeting);
  - Relevant social worker and their manager;
  - Detective sergeant;
  - Designated senior manager for the employer concerned;
  - Human resources representative;
  - Legal adviser where appropriate;
  - Senior representative of the employment agency or voluntary organisation if applicable;
  - Manager from the fostering service provider when an allegation is made against a foster carer;
  - Supervising social worker when an allegation is made against a foster carer;
  - Those responsible for regulation and inspection where applicable (e.g. CSCI or Ofsted);
  - Consultant paediatrician;
  - Where a child is placed or resident in the area of another authority, representative/s of relevant agencies in that area;
  - Complaints officer if the concern has arisen from a complaint.
- 15.3.16 The strategy meeting / discussion should:
- Decide whether there should be a s47 enquiry and / or police investigation and consider the implications;
  - Consider whether any parallel disciplinary process can take place and agree protocols for sharing information;

- Consider the current allegation in the context of any previous allegations or concerns;
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children (e.g. s550a [Education Act 1996](#) in respect of teachers and authorised staff);
- Consider whether a complex abuse investigation is applicable;
- Plan enquiries if needed, allocate tasks and set timescales;
- Decide what information can be shared, with whom and when.

15.3.17 The strategy meeting / discussion should also:

- Ensure that arrangements are made to protect the child/ren involved and any other child/ren affected, including taking emergency action where needed;
- Consider what support should be provided to all children who may be affected;
- Consider what support should be provided to the member of staff and others who may be affected;
- Ensure that investigations are sufficiently independent;
- Make recommendations where appropriate regarding suspension, or alternatives to suspension;
- Identify a lead contact manager within each agency;
- Agree protocols for reviewing investigations and monitoring progress by the LADO, having regard to the target timescales;
- Consider issues for the attention of senior management (e.g. media interest, resource implications);
- Consider reports for consideration of barring;
- Consider risk assessments to inform the employer's safeguarding arrangements;
- Agree dates for future strategy meetings / discussions.

15.3.18 A final strategy meeting / discussion should be held to ensure that all tasks have been completed and, where appropriate, agree an action plan for future practice based on lessons learnt.

### **Allegations against staff in their personal lives**

15.3.19 If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for whom the member of staff is responsible, the general principles outlined in these procedures will still apply.

15.3.20 The strategy meeting / discussion should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and / or
- Inviting the employer to a further strategy meeting / discussion about dealing with the possible risk of harm.



- 15.3.21 If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint strategy meeting / discussion convened.
- 15.3.22 In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for whom the member of staff is responsible. In these circumstances, a strategy meeting / discussion should be convened to consider:
- The ability and/or willingness of the member of staff to adequately protect the child/ren;
  - Whether measures need to be put in place to ensure their protection;
  - Whether the role of the member of staff is compromised.

## 15.4 Disciplinary process

### Disciplinary or suitability process and investigations

- 15.4.1 The LADO and the designated senior manager should discuss whether disciplinary action is appropriate in all cases where:
- It is clear at the outset or decided by a strategy meeting / discussion that a police investigation or LA children's social care enquiry is not necessary; or
  - The employer or LADO is informed by the police or the Crown Prosecution Service that a criminal investigation and any subsequent trial is complete, or that an investigation is to be closed without charge, or a prosecution discontinued.
- 15.4.2 The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff, and take into account:
- Information provided by the police and / or LA children's social care;
  - The result of any investigation or trial;
  - The different standard of proof in disciplinary and criminal proceedings.
- 15.4.3 In the case of supply, contract and volunteer workers, normal disciplinary procedures may not apply. In these circumstances, the LADO and employer should act jointly with the providing agency, if any, in deciding whether to continue to use the person's services, or provide future work with children, and if not, whether to make a report for consideration of barring or other action. See [section 15.7 Referral to List 99, POCA List or regulatory body](#).
- 15.4.4 If formal disciplinary action is not required, the employer should institute appropriate action within three working days. If a disciplinary hearing is required, and further investigation is not required, it should be held within 15 working days.
- 15.4.5 If further investigation is needed to decide upon disciplinary action, the employer and the LADO should discuss whether the employer has appropriate resources or whether the employer should commission an independent investigation because of the nature and/or complexity of the case and in order to ensure objectivity. The investigation should not be conducted by a relative or friend of the member of staff.

- 15.4.6 The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and / or the individual's suitability to work with children. Its purpose is not to prove or disprove the allegation.
- 15.4.7 If, at any stage, new information emerges that requires a child protection referral, the investigation should be held in abeyance and only resumed if agreed with LA children's social care and the police. Consideration should again be given as to whether suspension is appropriate in light of the new information
- 15.4.8 The investigating officer should aim to provide a report within ten working days.
- 15.4.9 On receipt of the report the employer should decide, within two working days, whether a disciplinary hearing is needed. If a hearing is required, it should be held within 15 working days.

### Sharing information for disciplinary purposes

- 15.4.10 Wherever possible, police and LA children's social care should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.
- 15.4.11 If the police or CPS decide not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.
- 15.4.12 If the person is convicted, the police should inform the employer straight away so that appropriate action can be taken.

## 15.5 Record keeping and monitoring progress

### Record keeping

- 15.5.1 Employers should keep a clear and comprehensive summary of the case record on a person's confidential personnel file and give a copy to the individual. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for ten years if longer.

### Monitoring progress

- 15.5.2 The LADO should monitor and record the progress of each case, either fortnightly or monthly depending on its complexity. This could be by way of review strategy meetings / discussions or direct liaison with the police, LA children's social care, or employer, as appropriate. Where the target timescales cannot be met, the LADO should record the reasons.
- 15.5.3 The LADO should keep comprehensive records in order to ensure that each case is being dealt with expeditiously and that there are no undue delays. The records will also assist the LSCB to monitor and evaluate the effectiveness of the procedures for managing allegations and provide statistical information to the [Department for Education \(DfE\)](#) as required.
- 15.5.4 If a police investigation is to be conducted, the police should set a date for reviewing its progress and consulting the CPS about continuing or closing the investigation or charging the individual. Wherever possible, this should be no later than four weeks after the strategy meeting / discussion. Dates for further

reviews should also be agreed, either fortnightly or monthly depending on the complexity of the investigation.

## 15.6 Unsubstantiated and false allegations

- 15.6.1 Where it is concluded that there is insufficient evidence to substantiate an allegation, the Chair of the strategy meeting / discussion or initial evaluation should prepare a separate report of the enquiry and forward this to the designated senior manager of the employer to enable them to consider what further action, if any, should be taken.
- 15.6.2 False allegations are rare and may be a strong indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the LADO, should refer the matter to LA children's social care to determine whether the child is in need of services, or might have been abused by someone else.
- 15.6.3 If it is established that an allegation has been deliberately invented, the police should be asked to consider what action may be appropriate.

## 15.7 Substantiated allegations and referral to the ISA

### Substantiated allegations

- 15.7.1 If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's services (the employer withdraws permission to engage in *regulated or controlled activity*, see [15.7.10](#) and [15.7.12](#), below), or the person resigns or otherwise ceases to provide their services, the LADO should make a referral to the Independent Safeguarding Authority.
- 15.7.2 If a referral is to be made, it should be submitted within one month of the allegation being substantiated.

### Independent Safeguarding Authority

- 15.7.3 The Independent Safeguarding Authority (ISA)<sup>88</sup> was created under the [Safeguarding Vulnerable Groups Act 2006](#) to help prevent unsuitable people from working or volunteering with children and vulnerable adults in England, Wales and Northern Ireland. See also [section 1. Vetting and Barring Scheme](#).
- 15.7.4 The ISA has four statutory duties, to:
- Maintain a list of individuals barred from engaging in *regulated activity* with children – the ISA Children's barred list<sup>89</sup>;
  - Maintain a list of individuals barred from engaging in *regulated activity* with vulnerable adults – the ISA Vulnerable Adults barred list<sup>90</sup>;
  - Make well-informed and considered decisions about whether an individual should be included in one or both barred lists; and

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<sup>88</sup> [www.isa.gov.org.uk/](http://www.isa.gov.org.uk/)

<sup>89</sup> Replacing the previous barred lists – the Protection of Vulnerable Adults (POVA) list, Protection of Children Act (POCA) list and List 99 in England and Wales; the Disqualification from Working with Children (DWC) List, the Unsuitable Persons List (UP List) and the Disqualification from Working with Vulnerable Adults (DWVA) List in Northern Ireland; and the criminal justice system of Disqualification Orders.

<sup>90</sup> *Ibid.*

- Reach decisions as to whether to remove an individual from a barred list.
- 15.7.5 The ISA will receive referrals when:
- there is harm or risk of harm to children or vulnerable adults, *relevant conduct* has occurred; or
  - an individual has received a caution or conviction for a *relevant offence*.
- 15.7.6 Relevant conduct<sup>91</sup> is any conduct:
- That endangers a child or vulnerable adult or is likely to endanger a child or vulnerable adult;
  - If repeated against or in relation to a child or vulnerable adult, would endanger them or would be likely to endanger them;
  - That involves sexual material relating to children (including possession of such material);
  - That involves sexually explicit images depicting violence against human beings (including possession of such images), if it appears to ISA that the conduct is inappropriate; or
  - Of a sexual nature involving a child or vulnerable adult, if it appears to ISA that the conduct is inappropriate.
- 15.7.7 A relevant offence for the purposes of referrals to ISA is an automatic inclusion offence as set out in the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009 and the Safeguarding Vulnerable Groups (Prescribed Criteria and Miscellaneous Provisions) Regulations (Northern Ireland) 2009.

### ISA system

- 15.7.8 The key elements of the system include:
- Regulated activity commenced;
  - The scope of sectors covered by the barred lists to include prisons and most general health care settings;
  - Introduction of a single ISA Referral Form, see: [http://www.isa.gov.org.uk/Docs/SVGA2006\\_ISA\\_Referral\\_form\\_19-09-2009.doc](http://www.isa.gov.org.uk/Docs/SVGA2006_ISA_Referral_form_19-09-2009.doc)) supported by ISA Referral Guidance at <http://www.isa.gov.org.uk/PDF/Referral%20Guidance%20and%20Form%20FINAL%20v%2010-01.pdf>);
  - New duties to share information and make referrals to the ISA for regulated activity providers, personnel suppliers, keepers of registers, supervisory bodies, local authorities, Education and Library Boards and HSC bodies; and
  - The above bodies also have an existing duty to provide information they hold to the ISA on request.

### Bodies with a duty to refer

- 15.7.9 The following groups have a legal duty to refer information to the ISA in certain circumstances:
- Regulated activity providers;

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<sup>91</sup> *Safeguarding vulnerable groups Act 2006*, schedule 3 sections 4(1) and 10(1)

- Personnel suppliers (employment agency, employment business or an educational institution);
- Local authorities;
- Health and Social Services (HSS) bodies;
- Education and Library Boards;
- Keepers of registers; and
- Supervisory authorities.

15.7.10 Regulated activity<sup>92</sup> includes:

- Activity of a specified nature (i.e. teaching, training, instruction, care, supervision, advice, guidance, treatment, therapy or transport) that involves contact with children or vulnerable adults on a frequent, intensive or overnight basis:
  - Frequent = once a week or more
  - Intensive = Four or more days in any period of 30 days or
  - Overnight = between 2am and 6am

or

- Activity in a specified place (i.e. schools, childcare premises including nurseries, residential homes for children, children's hospitals, children's detention centres, adult care homes or residential care or nursing homes) that provides the opportunity for contact with children or vulnerable adults on a frequent, intensive or overnight basis.

15.7.11 A regulated activity provider is an organisation or individual that is responsible for the management or control of regulated activity, paid or unpaid, and makes arrangements for people to work in that activity e.g. statutory agencies such as the NHS, voluntary agencies such as NSPCC, Barnardos or a scout or faith group leader who manages volunteers.

15.7.12 Controlled activities include frequent or intensive support work in general health settings, the NHS and further education settings; and people working for specified organisations with frequent access to sensitive records about children.

### Referring to ISA

15.7.13 One of the bodies in [15.7.9](#) above must make a referral to the ISA when both the following conditions have been met. The body:

- a) Withdraws permission for an individual to engage in *regulated* or *controlled activity*, or would have done so had that individual not resigned, retired, been made redundant or been transferred to a position which is not *regulated* or *controlled activity*, because [the body]
- b) Thinks that the individual has:
  - engaged in relevant conduct;
  - satisfied the Harm Test; or
  - received a caution or conviction for a relevant offence.

15.7.14 Controlled activities include frequent or intensive support work in general health settings, the NHS and further education settings; and people working for specified organisations with frequent access to sensitive records about children.

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<sup>92</sup> *Safeguarding vulnerable groups Act 2006*, schedule 4

- 15.7.15 The harm test<sup>93</sup> is satisfied if the relevant person believes that an individual may:
- Harm a child or vulnerable adult;
  - Cause a child or vulnerable adult to be harmed;
  - Put a child or vulnerable adult at risk of harm;
  - Attempt to harm a child or vulnerable adult; or
  - Incite another to harm a child or vulnerable adult.

## 15.8 Learning lessons

- 15.8.1 The employer and the LADO should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice.

## 15.9 Procedures in specific organisations

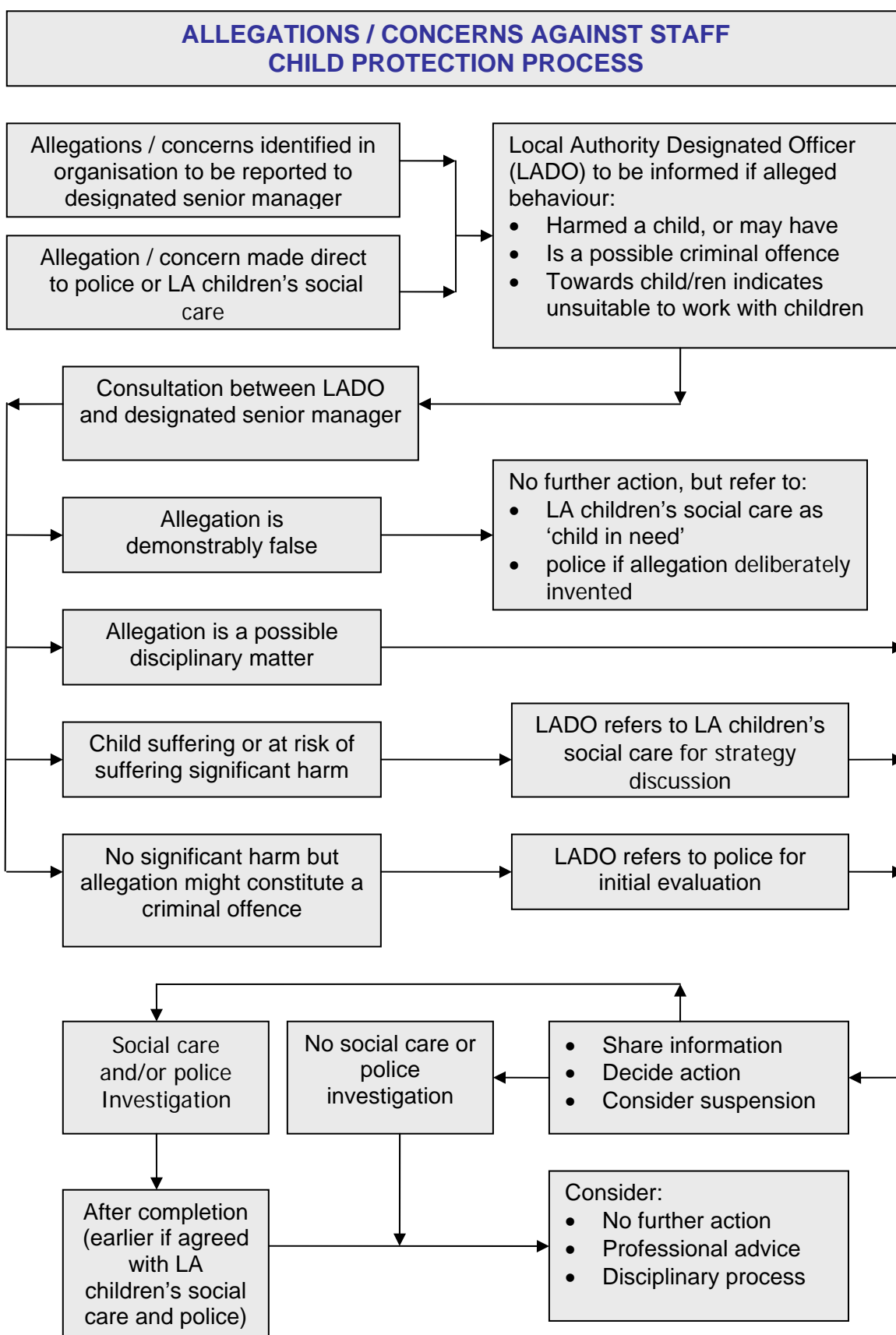
- 15.9.1 It is recognised that many organisations will have their own procedures in place, some of which may need to take into account particular regulations and guidance (e.g. schools and registered child care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:
- The designated senior manager to whom all allegations should be reported;
  - The person to whom all allegations should be reported in the absence of the designated senior manager or where that person is the subject of the allegation;
  - The LADO.

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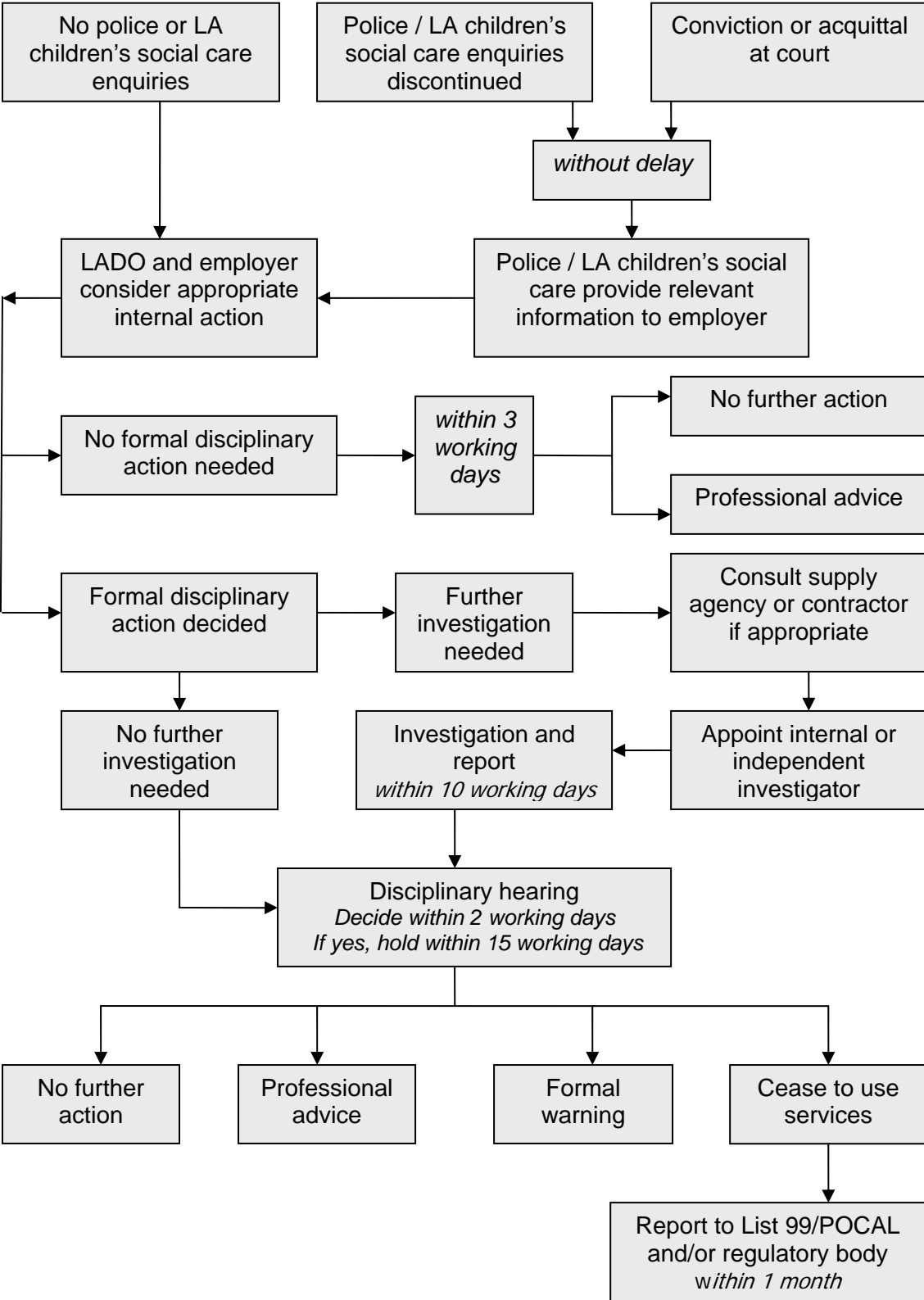
<sup>93</sup> *Safeguarding vulnerable groups Act 2006*, schedule 3 section 5 and 11



## 15.10 Allegations / concerns process flowcharts



**ALLEGATIONS / CONCERNS AGAINST STAFF  
DISCIPLINARY / SUITABILITY PROCESS**



## 16 Supervision and training

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### 16.1 Introduction

#### Values

- 16.6.1 All training should place the child at the centre and promote the importance of understanding the child's daily life experiences, ascertaining their wishes and feelings, listening to the child and never losing sight of his or her needs.
- 16.6.2 All training in safeguarding and promoting the welfare of children should create an ethos which values working collaboratively with others, respects diversity (including culture, race and disability), promotes equality, is child centred and promotes the participation of children and families in safeguarding processes.

#### Employers' responsibilities

- 16.1.1 Individual employers are responsible for ensuring that their staff, paid and unpaid (i.e. volunteers), are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare. The training must reflect the different training needs of their staff, dependent on the on their degree of contact with children and/or with adults who are parents or carers, their level of responsibility and independence of decision-making.

- 16.1.2 Staff must be competent to work effectively to safeguard children and promote their welfare with others both within their own agency and across agency boundaries. This will be best achieved by a combination of single agency and multi-agency training:
- Single-agency training is training carried out by a particular agency for its own staff. It should include clarity about the role and responsibilities of the agency and its staff and competence to do so; and
  - Multi-agency training which is for employees of different agencies who either work together formally or come together for training or development. It should include clarity about the roles and responsibilities of the staff and agencies they need to work collaboratively with, and competence to engage effectively with them.
- 16.1.3 All employers have a responsibility to identify adequate resources and support for single and multi-agency training by:
- Committing resources to the planning, delivery and evaluation of multi-agency training;
  - Providing staff who have the relevant expertise to support the LSCB (for example, by sitting on a LSCB training sub-group, and / or contributing to training);
  - Releasing staff and allocating time for them to complete single and multi-agency training tasks and apply the learning in practice; and
  - Ensuring that members of staff receive relevant single-agency training which enables them to maximise the learning derived from multi-agency training, and have opportunities to consolidate learning from multi-agency training.
- 16.1.4 All front line staff must be trained to pass calls about the safety of children to the appropriate professional staff. This includes reception and switchboard operators and administrative staff. Appropriate to their role, staff should also have an awareness of / access to information about local resources / agencies as well as awareness of / access to information about central / local government policy and practice in relation to child welfare
- 16.4.10 All relevant settings should have staff who are competent to complete a common assessment for a child, and contribute collaboratively to a child in need assessment of the child's developmental needs, and the capacity of their parents to respond to the child's needs within the wider family and community in which they live.
- 16.4.11 Specialist single and multi-agency training should be provided for nominated child protection advisers / designated and named professionals, child protection specialists, key workers and senior managers, governors and members with special responsibility for children, to enable them to fulfil their responsibilities for safeguarding and promoting the welfare of children.

## **16.2 Induction and supervision of newly appointed staff**

- 16.2.1 Induction training should be mandatory for all newly appointed staff, coming from within the agency or another agency, or newly qualified.

- 16.2.2 Induction should be completed within the first six months of employment and before individuals take part in interagency training. Regular refresher training should also be provided at least every three years. Employers from all agencies should use the induction programme offered by the Children's Workforce Development Council<sup>94</sup>. the programme is set out under the following standards:
- Standard 1: understanding the principles and values essential for working with children and young people
  - Standard 2: understanding your role as a worker (employed or self-employed)
  - Standard 3: understanding health and safety requirements
  - Standard 4: know how to communicate effectively
  - Standard 5: understanding the development of children and young people
  - Standard 6: safeguarding children (keeping them safe from harm)
  - Standard 7: self development
- 16.2.3 Senior managers should ensure that their staff are adequately and appropriately supervised and that they have ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.
- 16.2.4 Regular review meetings between the appointee and responsible manager should be convened, by the manager, throughout the induction period ensuring that the appointee has ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.

## 16.3 Supervision and support

### Introduction

- 16.3.1 For many practitioners involved in day-to-day work with children and families, effective supervision is important to promote good standards of practice and to supporting individual staff members.

### Definition

- 16.3.2 Supervision can be defined as:
- "an accountable process which supports assures and develops the knowledge, skills and values of an individual, group or team. The purpose is to improve the quality of their work to achieve agreed outcomes." *Providing Effective Supervision (Skills for Care and CWDC 2007, page 5)*
- 16.3.3 The key functions of supervision are:
- Management (ensuring competent and accountable performance/practice);
  - Engagement/mediation (engaging the individual with the organisation)<sup>95</sup>
  - Development (continuing professional development);

<sup>94</sup> [www.cwdcouncil.org.uk/induction-standards](http://www.cwdcouncil.org.uk/induction-standards)

<sup>95</sup> Morrison, T.(2005) *Staff Supervision in Social Care. Third edition*. Brighton: Pavilion.

- Support (supportive/restorative function).

### **Function in management**

- 16.3.4 The arrangements for organising how supervision is delivered will vary from agency to agency but there are some key essential elements. It should:
- Help to ensure that practice is soundly based and consistent with LSCB and organisational procedures;
  - Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority; and
  - Help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

### **Function in practice**

- 16.3.5 Good quality supervision can help to:
- Keep a focus on the child;
  - Avoid drift;
  - Maintain a degree of objectivity, identify patterns (rather than just responding to incidents) and challenge fixed views;
  - Test and assess the evidence base for assessment and decisions; and
  - Address the emotional impact of work.

### **Supervisor's role & responsibility**

- 16.3.6 Supervisors should be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children.
- 16.3.7 Supervisors should take care that they are handling an appropriate number of direct reports to ensure that each supervisee is receiving an adequate level of support.
- 16.3.8 Supervision should enable both supervisor and supervisee to reflect on, scrutinise and evaluate the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. This should include the supervisor enabling the supervisee to explore their feelings about the work and the family in order to achieve sound professional judgements.
- 16.3.9 Supervisors should read children's case files, or the files of parents who have caring responsibilities and where there are concerns about a child's welfare, regularly to review and record in the file whether the work undertaken is appropriate to the child's current needs and circumstances, and is in accordance with the agency's responsibilities.

### **Systems & process**

- 16.3.10 Each agency should have a supervisory system in place that is accessible to the professional and reflects practice needs. Supervision should form part of day-to-day staff support, which should also include systems and procedures for:



- Managing workloads (all employers of social workers should use the framework for assessing workload published in the Social Work Task Force final report<sup>96</sup>);
  - Managing, sharing and reporting individual and aggregated client information;
  - Staff to easily access advice, expertise and management support (including recognition of need for additional support in particular cases or circumstances);
  - Protecting staff from violence and harassment, from clients and staff;
  - Maintaining quality standards e.g. regular audits of cases that involve children, including those in adult and mental health teams;
  - Staff, contractors or clients to complain or blow the whistle;
  - Effective staff appraisal and managing poor practice.
- 16.3.12 Supervision policy and practice must maximise staff safety and remain alert to the possibility that some staff may be anxious about personal safety and yet reluctant to acknowledge their concern. There are occasions when a risk assessment should be undertaken regarding employee safety, this must include their emotional well being as well as any physical risk. There is an increasing awareness of the impact on workers of dealing with some extreme cases e.g. personality disorder or violence. This casework may require specialist supervision in addition to usual case management supervision. See also [section 10 Working with unco-operative families \(10.9.1 to 10.9.8 Supervision\)](#).
- 16.3.13 Effective safeguarding supervision needs to be regular and provide continuity, so that the relationship between supervisor and supervisee develops. Each session should include agreeing the agenda, reviewing actions from previous supervision, listening, exploring and reflecting, agreeing actions and reviewing the supervision process itself.
- 16.3.14 On some occasions (e.g. enquiries about complex abuse or allegations against colleagues) agencies should consider the provision of additional individual or group staff support.

#### **Children's social care services**

- 16.3.15 It is particularly important that social workers have appropriate supervision. The recent report *Building a safe, confident future: the final report of the Social Work Task Force*<sup>97</sup> emphasised that supervision is a critical aspect of the support that employers should provide to social workers. It identified three specific functions of the supervision which must be in place to support effective practice: line management; professional (or case) supervision; and continuing professional development.
- 16.3.16 In line with the Task Force's recommendations, a national standard for supervision will be developed for social workers, as part of the comprehensive reform programme which the Government has committed to taking forward with the profession and employers. Whilst this is developed, it is strongly recommended that employers comply with existing guidance on the features of

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<sup>96</sup> See *Building a safe, confident future: the final report of the Social Work Task Force* and the Government response, which can be found at [www.dcsf.gov.uk/swtf](http://www.dcsf.gov.uk/swtf)

<sup>97</sup> [www.dcsf.gov.uk/swtf](http://www.dcsf.gov.uk/swtf)

good supervision for social workers, for example *Providing Effective Supervision*<sup>98</sup> (*Skills for Care/CWDC 2007*).

- 16.3.17 Within all agencies that have operational responsibility for children in need and child protection services there should be an agency policy that defines levels of supervision for those staff who are accountable for children in need and child protection cases.
- 16.3.18 Such supervision should ensure that child protection cases are regularly discussed, and the outcome of the discussions, recorded and signed by both supervisor and supervisee. Copies should be held by both the manager and the member of staff.

#### Health service

- 16.3.19 The NHS must provide both management and child protection supervision for clinical staff. Line managers in health settings have a responsibility to support clinical staff into one of the forms of clinical supervision which best meets their clinical needs and allow protected time to attend. Clinicians must highlight with their manager if supervision is not meeting their needs so a different model can be considered.

## 16.4 Single agency training

- 16.4.1 All single agency training to ensure that staff are aware of how to recognise and respond to safeguarding concerns, including signs of possible maltreatment, should always equip staff for multi-agency work. All training in this field should be consistent with the [Common Core of Skills and Knowledge](#). A number of competency frameworks have been published by professional bodies to assist employers in identifying training needs. See [Safeguarding Children and Young People: Roles and Competences for Health Care Staff \(2006\)](#)<sup>99</sup>; [Roles, Skills, Knowledge and competencies for Safeguarding Children in the Sports Sector \(2007\)](#)<sup>100</sup>.
- 16.4.2 [The Common Core of Skills and Knowledge for the Children's Workforce](#)<sup>101</sup> sets out six areas of expertise that everyone working with children, young people and families, including those who work as volunteers, should be able to demonstrate. These are:
- Effective communication and engagement (listening to and involving children and working with parents and families);
  - Child development (physical and psychological);
  - Safeguarding and promoting the welfare of children, including risk of harm and protection factors;
  - Supporting transitions (maximising children's achievements and opportunities and understanding their rights and responsibilities);
  - Multi-agency working (working across professional and agency boundaries); and

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<sup>98</sup> [www.cwdcouncil.org.uk/providing-effective-supervision](http://www.cwdcouncil.org.uk/providing-effective-supervision)

<sup>99</sup> *Skills for Health* in collaboration with *Skills for Care 2005*, has developed a UK-wide competence and skills framework for the children's workforce in health, comprising 13 competencies. See [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

<sup>100</sup> [http://www.nspcc.org.uk/Inform/cpsu/resources/publications/Roles\\_wdf64140.pdf](http://www.nspcc.org.uk/Inform/cpsu/resources/publications/Roles_wdf64140.pdf)

<sup>101</sup> [http://www.cwdcouncil.org.uk/assets/0000/9297/CWDC\\_CommonCore7.pdf](http://www.cwdcouncil.org.uk/assets/0000/9297/CWDC_CommonCore7.pdf)

- Sharing information.
- 16.4.3 Depending on their role, staff working with children may also need training to ensure that they are competent in the following areas:
- Assessing children’s developmental needs and their parents’ capacity to respond to their needs, in the context of their family and environmental factors including their school and community;
  - An understanding of the impact of disability on the child and family;
  - Understanding the particular needs of children in specific circumstances (see [section 5](#)) and responding to their needs, including through referral and joint working;
  - Identifying the early signs of developmental disorders (such as autistic spectrum disorder and language disorder) and mental health problems (such as attention deficit hyperactivity disorder, depression, eating disorders, substance misuse and deliberate self-harm);
  - Recognising inequalities and ethnic diversity and addressing them proactively;
  - Promoting healthy lifestyles and directing families to local services;
  - Issues of confidentiality, consent and information sharing;
  - Complaints, advocacy and rights;
  - Record keeping.
- 16.4.4 A number of competency frameworks have been published by professional bodies to assist employers in identifying training needs. See [Safeguarding Children and Young People: Roles and Competences for Health Care Staff \(2006\)](#)<sup>102</sup> ; [Roles, Skills, Knowledge and competencies for Safeguarding Children in the Sports Sector \(2007\)](#)<sup>103</sup>.
- 16.4.5 Health professionals who are prescribing or administering medicines for children and young people must have the common core skills and knowledge set out above, but must also be competent in:
- The safe and effective use of medicines in children;
  - Calculating drug doses, and administering medicines to children;
  - Understanding the risks and benefits of medicines in relation to children;
  - The needs of ethnic minorities, and cultural differences in beliefs about illness and the use of medicines;
  - Accessing best evidence on the effectiveness of medicines;
  - Giving information on medicines to children and parents in a clear way;
  - Involving children and parents in decision-making to improve partnership, including active listening and providing relevant information; and

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<sup>102</sup> *Skills for Health* in collaboration with *Skills for Care 2005*, has developed a UK-wide competence and skills framework for the children’s workforce in health, comprising 13 competencies. See [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

<sup>103</sup> [http://www.nspcc.org.uk/Inform/cpsu/resources/publications/Roles\\_wdf64140.pdf](http://www.nspcc.org.uk/Inform/cpsu/resources/publications/Roles_wdf64140.pdf)

- The recording of significant events and their use in multi-disciplinary and multi-agency audits.

## 16.5 Multi-agency training

- 16.5.1 The purpose of training for multi-agency work is to help develop and foster the following in order to achieve better outcomes for children:
- A shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;
  - More effective and integrated services at both the strategic and individual case level;
  - Improved communication between professionals including a common understanding of key terms, definitions, and thresholds for action; and
  - Effective working relationships, including an ability to work in multi-disciplinary groups or teams, sound decision making based on information sharing, thorough assessment, critical analysis, and professional judgement.
- 16.5.2 Training delivered on a multi-agency basis is a highly effective way of promoting a common and shared understanding of the respective roles and responsibilities of different professionals and contributes to effective working relationships.
- 16.5.3 Research for the Department of Children, Schools and Families and the Department of Health<sup>104</sup> has shown that multi-agency training is highly effective in helping professionals understand their respective roles and responsibilities, the procedures of each agency involved in safeguarding children and in developing a shared understanding of assessment and decision-making practices. Further, the opportunity to learn together is greatly valued; participants report increased confidence in working with colleagues from other agencies and greater mutual respect.

## 16.6 Target audiences

- 16.6.1 Safeguarding children is everybody's responsibility, it follows that audiences for training include the whole of the children and young people's workforce, those working with adults who are parents or carers (e.g. adult psychiatrists and probation staff); and paid staff and volunteers working in the statutory, third, community and independent sectors.
- 16.6.2 Table 1 at the end of this chapter groups audiences together based on their degree of contact with children and/or parents/carers and their levels of responsibility, in order to assist with the identification of training and development needs. The groups are as follows:
- Those who have occasional contact with children, young people and/or parents/carers;

<sup>104</sup> Carpenter et al (2009) *The Organisation, Outcomes and Costs of Inter-agency Training to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families

- Those in regular or in intensive but irregular contact with children, young people and/or parents/carers;
  - Those who work predominantly with children, young people and/or parents/ carers;
  - Those who have particular specialist child protection responsibilities;
  - Professional advisers and designated leads for child protection;
  - Operational managers of services for children, young people and/or parents/carers;
  - Senior managers responsible for strategic management of services for children, young people and/or parents/carers; and
  - Members of LSCBs.
- 16.6.3 Training should be available at a number of levels to address the learning needs of these staff. The table at the end of the chapter outlines responsibilities and suggests possible methods of delivery. Decisions should be made locally about how the levels are most appropriately delivered, as part of the planning of training.
- 16.6.4 Whilst the detailed content of training at each level of the framework should be specified locally, programmes should usually include the following:
- Recognising and responding to safeguarding and child protection concerns;
  - Working together;
  - Completing child in need assessments;
  - Safeguarding disabled children;
  - Safeguarding children when there are concerns about domestic violence,
  - Parental mental health; and
  - Substance misuse.
- 16.6.5 The content of training programmes should be regularly reviewed and updated in the light of research, SCR's, Child Deaths, as well as changing policy and legislation.

## 16.7 Roles and responsibilities

### The Children's Trust Board

- 16.7.1 Children's Trust Boards or equivalent is responsible for ensuring that:
- Through a strategy for children's services, such as a children and young people's plan:
    - workforce strategies are developed with training opportunities that include the priority needs identified by the LSCB; and
    - all staff who work with or have contact with children are appropriately trained in child development, recognise potential signs of abuse and neglect and know how to respond if they have concerns about a child's welfare.

- Systems are in place to deliver both single-agency and multi-agency training on safeguarding and promoting the welfare of children.
- There is clarity with the LSCB which bodies should commission or deliver single and multi-agency training.

## The LSCB

- 16.7.2 The LSCB must provide induction and training for Children's Trusts and LSCB members, including lay members, independent chairs and any employees of the LSCB, to support them to fulfil their responsibilities, including their role in planning, commissioning and delivering training effectively.
- 16.7.3 The LSCB is responsible for developing local policies for safeguarding and promoting the welfare of children, in relation to the training of people who work with children or in services affecting the safety and welfare of children (see [section 18 LSCBs, quality assurance and conflict resolution](#)). This includes training in relation to the child death review processes<sup>105</sup> and Serious Case Reviews.
- 16.7.4 LSCBs should contribute to, and work within, the framework of the local workforce strategy, including by:
- Identifying training needs and priorities to inform the local workforce strategy's planning and commissioning of training;
  - Reviewing and evaluating the provision and availability of single and multi-agency training;
  - Checking that the training is reaching all relevant staff within organisations and meeting local needs;
  - Checking that staff in contact with children are trained to understand normal child development and to recognise and act on potential signs of abuse and neglect; and
  - Reporting on annually to the Children's Trust Board or equivalent progress in ensuring that all staff who work with or have contact with children are appropriately trained.
- 16.7.5 It is important to ensure that training involves and is available to all people who work with children and young people. Some agencies involved in safeguarding and promoting the welfare of children may not be formally part of the local Children's Trust Board or equivalent. LSCBs should ensure that the needs of all staff are included when setting up training arrangements.
- 16.7.6 LSCBs should ensure that they are appropriately staffed and have sufficient to take forward any training and development work they carry out. This includes having the necessary administrative support and having adequate resources to contribute to the planning and delivery or commissioning of training and evaluation.
- 16.7.7 Effective training on safeguarding and promoting the welfare of children is most likely to be achieved if there is a member of the LSCB with lead responsibility for training and a training sub-group to provide support and advice for this LSCB member. Research<sup>106</sup> suggests over-reliance on a single multi-agency training co-ordinator makes LSCB training programmes vulnerable.

<sup>105</sup> See <http://childdeath.ocbmedia.com/>

<sup>106</sup> Carpenter et al: *The Organisation, Outcomes and Costs of Inter-Agency Training to Safeguard Promote the Welfare of Children* (DCSF, 2009)



- 16.7.8 Many areas maintain a multi-agency training panel of suitably skilled and experienced professionals and managers from LSCB member agencies who work together to design, deliver and evaluate multi-agency training. The effectiveness of this approach relies on having a skilled person to co-ordinate and develop the panel, and on the allocation of time to enable panel members to undertake this work.

### LSCB delivering or commissioning training

- 16.7.9 If the LSCB and Children's Trust Board agree that the LSCB will manage the delivery of the multi-agency safeguarding training there must be a protocol in place between the Boards to enable the LSCB to be treated in the same way as other partners making a contribution to delivering the CYPP. Specifically the Children's Trust Board or equivalent would need to be able to call the LSCB to account for the extent to which it acted in accordance with the CYPP.
- 16.7.10 The LSCB and Children's Trust Board must ensure that the LSCB is appropriately staffed with suitably skilled staff if it is delivering training itself.

### Health services

- 16.7.11 All health services should provide training in safeguarding and promoting the welfare of children for staff involved in working with children and also regular update training as part of continuing professional development. Advice regarding the competencies services should assist their staff to achieve can be found in the intercollegiate document [Safeguarding Children and Young People: Roles and competencies for Health Care Staff](#)<sup>107</sup>.
- 16.4.12 As employers, GPs must ensure that the staff whom they employ are trained and should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ are given the opportunity to attend local courses in safeguarding and promoting the welfare of children.

### Police

- 16.7.13 The National Police Improvement Agency (NPIA) has responsibility for the development of special training for child abuse investigation officers. In addition to this, Child Exploitation and On-Line Protection Centre (CEOP) provides a range of specialist courses to both police officers and colleagues in the wider child protection and safeguarding community. These have been developed through the CEOP Academy to support those working to protect children and students have the opportunity to attend individual courses or study for a Postgraduate Certificate in Behavioural Forensic Psychology.

## 16.8 Success factors

- 16.8.1 All training to support single and multi-agency work should be delivered by trainers who:
- Are knowledgeable about safeguarding and promoting the welfare of children and have facilitation skills. When delivering training on complex cases trainers should have the relevant specialist knowledge and skills;
  - Are informed by current research evidence, lessons from serious case and child death reviews, and local and national developments;

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<sup>107</sup> [www.rcpch.ac.uk/doc.aspx?id\\_Resource=1535](http://www.rcpch.ac.uk/doc.aspx?id_Resource=1535)

- Have a good understanding of the rights of the child and be informed by an active respect for diversity and the experience of service users, and a commitment to ensuring equality of opportunity;
- Have their work regularly evaluated and reviewed to ensure that it meets the agreed learning outcomes.

16.8.2 Training on safeguarding and promoting the welfare of children can only be fully effective if it is embedded within a wider framework of commitment to good collaborative working within and between agencies, underpinned by shared values and goals, and planning, commissioning and delivery processes. It is most likely to be effective if it is delivered within a framework that includes:

- A clear mandate from senior managers (e.g. through the LSCB), with endorsement and commitment from member agencies;
- Adequate resources and capacity to deliver or commission training;
- Consistent, high standards of practice (see *Standards for Multi-agency Working, Education and Training*, developed by Salford University);
- Policies, procedures, and practice guidelines to inform and support these standards;
- Opportunities to consolidate learning made available within agencies;
- The identification and regular review of local training needs using standards for practice, followed by decisions about priorities;
- A training strategy that makes clear the difference between single agency and multi-agency training responsibilities and which partnerships or bodies are responsible for commissioning and delivering training;
- Structures and processes for organising and co-ordinating delivery;
- Systems for the delivery of multi-agency training;
- Quality assurance processes (e.g. as part of evaluation processes put in place by the LSCB);
- The framework should take account of, where possible, local research and demographic information, as well as information about the local children and young people's plan etc.

16.8.3 The systems should foster collaboration across agencies and disciplines in relation to planning, design, delivery, and administration of the training. They should be efficient as well as being designed to promote co-operation and shared ownership of the training. Training may be delivered more effectively if there is collaboration across local areas, especially where police or health boundaries embrace more than one local authority area.

16.8.4 The government has commissioned a number of training resources which are suitable for multi-agency training. [\*Safeguarding children – a shared responsibility \(2006\)\*](#) is a multi-media training resource to support learners to:

- Have a clear understanding of what to do when they have concerns about a child's welfare;
- Know how to work as part of a multi-agency or multi-disciplinary team when following the processes set out in this guidance;
- Be clear of their roles and responsibilities during assessment, planning, intervention and reviewing processes for children in need, including those requiring safeguarding; and

- Understand the statutory requirements governing consent, confidentiality, and information sharing, and how to apply these in relation to a particular child about whom they have concerns.

16.8.5 Research indicates that where LSCBs manage multi-agency training it is highly effective<sup>108</sup>.

## 16.9 *Competence Matters: the London framework for multi-agency safeguarding children training*

16.9.1 *Competence Matters* is the London framework for multi-agency safeguarding children training which offers detailed guidance for the development of a complete safeguarding children training programme. *Competence Matters* has been designed to support and assist LSCB training officers to develop and manage a comprehensive training programme that meets required standards and locally identified needs. The framework itself is designed to act as the basis for this programme, with each borough taking into account local factors, such as feedback from serious case reviews, and the needs of local agencies and services when planning their training.

16.9.2 *Competence Matters* offers a comprehensive model for the commissioning and delivery of standardised safeguarding children training programmes for the London boroughs. It provides an 'inspection-compatible' solution for each borough, which should be tailored to meet locally identified needs. Whilst the implementation of the framework is not mandatory, it represents a standard of good practice and will help LSCBs, children's trusts and partner agencies fulfil their responsibilities with regard to the development of an acceptable level of skills and knowledge within the children's workforce.

See *Competence Matters* at  
[www.londonscb.gov.uk/files/competence\\_matters.doc](http://www.londonscb.gov.uk/files/competence_matters.doc)

## 16.10 Quality assurance and evaluation

16.10.1 The LSCB, or the training sub-group acting on its behalf, has a responsibility to ensure that both single and multi-agency training is delivered to a consistently high standard, and that a process exists for evaluating the effectiveness of training. This should include ensuring that training meets the standards set out in this section. The LSCB should ensure that outcomes from the evaluation of training inform the planning of training.

16.10.2 The LSCB, or the training sub-group acting on its behalf, has a responsibility to ensure that both single and inter-agency training is delivered to a consistently high standard, and that a process exists for evaluating the effectiveness of training.

16.10.3 Monitoring arrangements should be in place to ensure that:

- Training is available for the target groups identified above;
- Opportunities for refresher training are available and utilised; and

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<sup>108</sup> Carpenter et al: *The Organisation, Outcomes and Costs of Inter-Agency Training to Safeguard Promote the Welfare of Children* (DCSF, 2009)

- Regular review and updating of training programmes takes place in line with the training strategy and local and national developments.
- 16.10.4 The LSCB should agree an evaluation strategy and determine the appropriate level at which evaluation of training courses should take place. The focus of the evaluation should be on the extent to which training is contributing to improving the knowledge and skills of the workforce with regard to working together to safeguard and promote the welfare of children. Evaluation should include the following:
- Relevance, currency and accuracy of course content;
  - Quality of training delivery;
  - Short and longer term outcomes; and
  - Impact on working together and inter-professional relationships.
- 16.10.5 The LSCB should ensure that outcomes from an evaluation of training courses or programmes inform the planning of future training. In its annual report to the Children's Trust Board a review of the quality, scope, reach and effectiveness of both single and inter-agency training should be provided.
- 16.10.6 The Government has developed and disseminated a range of multi-disciplinary training resources<sup>109</sup>. These include materials on child development (*The Developing World of the Child (2006)*), assessing children in need (*The Child's World. Second Edition (2009, 2010)*) what to do if you are concerned that a child is being abused or neglected (*Safeguarding Children – a shared responsibility (2007)*) and fabricated or induced illness (*Incredibly Caring (2008)*) which help to support the provision of good quality training. The National Institute for Health and Clinical Excellence (NICE) published guidance on *When to suspect child maltreatment*<sup>110</sup>. *Guidance on Investigating Child Abuse and Safeguarding Children*<sup>111</sup> was published by the Association of Chief Police Officers and the National Policing Improvement Agency in 2009. In addition the Department for Children, Schools and Families publishes national overviews of SCRs and LSCBs publish executive summaries of individual SCRs, all of which should be used to inform the content of training.

## 16.11 Joint investigation and achieving best evidence training

- 16.11.1 Home Office guidance on [Achieving Best Evidence in Criminal Proceedings](#) describes good practice in interviewing vulnerable and intimidated witnesses, both adults and children, in order to enable them to give their best evidence in criminal proceedings. It applies to both prosecution and defence witnesses and is intended for all persons involved in relevant investigations including the police, social workers and members of the legal profession.
- 16.11.2 All police officers and social workers are required to undertake joint child protection investigation training and achieving best evidence training. These training programmes must be carried out by a Metropolitan Police approved trainer, and will deliver skills in the investigative interviewing of children and vulnerable or intimidated adult witnesses and in providing pre-trial support and preparation for those involved in the trial process.

<sup>109</sup> [www.everychildmatters.gov.uk/workingtogether](http://www.everychildmatters.gov.uk/workingtogether)

<sup>110</sup> [www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf](http://www.nice.org.uk/nicemedia/pdf/CG89FullGuideline.pdf)

<sup>111</sup> [www.npia.police.uk/en/14532.htm](http://www.npia.police.uk/en/14532.htm)

## 17 Safer recruitment

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## 17.1 Safer recruitment and selection, and the management of adults who work with children

### Scope

- 17.1.1 All organisations which employ staff or volunteers to work with children should adopt a consistent and thorough process of safe recruitment in order to ensure that those recruited are suitable.
- 17.1.2 These procedures comply with the safe recruitment recommendations of the [Bichard Inquiry, 2004](#), but they do not cover all issues relating to safe recruitment and employment issues. Local Safeguarding Children Boards (LSCBs) should, therefore, help and encourage all of their member organisations to implement safe recruitment and selection practices by providing access to relevant government guidance, examples of good practice guidance, and model policies and procedures where needed.
- 17.1.3 Safe recruitment practice should include those persons who may not have direct contact with children, but because of their presence will still be seen as safe and trustworthy. The principles of safe recruitment should, therefore, be included in the terms of any contract drawn up between the organisation and contractors or agencies that provide services for, or adults to work with, children for whom the organisation is responsible. The organisation should monitor compliance with the contract which should also include a requirement that the provider will not sub-contract to any personnel who have not been part of a safe recruitment process.
- 17.1.4 Schools and other education settings should also refer to [Safeguarding Children and Safer Recruitment in Education \(DfES 2006\)](#), available at [www.teachernet.gov.uk](http://www.teachernet.gov.uk). This is a consolidated version of earlier guidance material for education settings and covers recruitment and selection processes, recruitment and vetting checks, and duties for safeguarding and promoting the welfare of children. The Department for Education (DfE) has recommended that all schools, including non-maintained schools, independent schools, and academies, further education institutions, and local authorities exercising education functions, should use this guidance to review and, where appropriate, modify their practice and procedures for safeguarding children and dealing with allegations of abuse made against teachers and education staff (see [section 15. Allegations against staff](#)).

## Training

- 17.1.5 All organisations involved in the selection of adults to work with children should ensure that designated staff undertake safer recruitment training as offered by the LSCB's training programme, and other training specific to their organisation where available (e.g. [National College of School Leadership](#) online training for local authority designated staff, head teachers and governors). The LSCB should monitor the take up of such training to ensure that all organisations have appropriately trained staff involved in their recruitment processes. See [section 16. Supervision and training](#).

## Advertisements and information for applicants

- 17.1.6 Organisations should demonstrate their commitment to safeguarding and protecting children by ensuring that all recruitment advertising material contains a policy statement to this effect.
- 17.1.7 All information given to the interested applicant should highlight the importance placed by the organisation on rigorous selection processes.
- 17.1.8 The information should stress that the identity of the candidate, if successful, will need to be checked thoroughly, and that where a Criminal Records Bureau (CRB) check is appropriate the person will be required to complete an application for a CRB disclosure straight away (see [17.1. 24 Criminal record checks](#)).
- 17.1.9 The job description should clearly set out the extent of the relationship with, and the degree of responsibility for, children with whom the person will have contact.
- 17.1.10 The person specification should explain:
- The qualifications and experience needed for the role;
  - The competences and qualities that the applicant should be able to demonstrate;
  - How these will be tested and assessed during the selection process.
- 17.1.11 The application form should ask for:
- Full personal information, including any former names by which the person has been known in the past; and
  - A full history of employment, both paid and voluntary, since leaving school, including any periods of further education or training;
  - Details of any relevant academic and / or vocational qualifications;
  - A declaration, as appropriate for the position, that the person has no convictions, cautions, or bind-overs or if they have, to provide details in a sealed envelope (see [17.1.17 Criminal record checks](#) below).

## References

- 17.1.12 The application form should request both professional and character references, one of which should be from the applicant's current or most recent employer. Additional references may be asked for where appropriate. For example, where the applicant is not currently working with children, but has done so in the past, a reference from that employer should be asked for in addition to that from the current or most recent employer if this is different.
- 17.1.13 Wherever possible references should be obtained prior to the interview so that any issues of concern raised by the reference can be explored further with the referee and taken up with the candidate during interview.



- 17.1.14 References should contain objective verifiable information and in order to achieve this, a reference pro-forma with questions relating to the candidate's suitability to work with children should be provided.
- 17.1.15 The referee should be asked to confirm whether the applicant has been the subject of any disciplinary sanctions and whether the applicant has had any allegations made against him / her or concerns raised which relate to either the safety or welfare of children and young people or about the applicant's behaviour towards children or young people. Details about the outcome of any concerns or allegations should be sought.

### **Other checks before interview**

- 17.1.16 If the applicant claims to have specific qualifications or experience relevant to working with children which may not be verified by a reference, the facts should be verified by making contact with the relevant body or previous employer and any discrepancy explored during the interview.

### **Selection of candidates – short listing**

- 17.1.17 There are standard procedures for short listing to ensure that the best candidates are selected fairly. All applicants should be assessed equally against the criteria contained in the person specification without exception or variation.
- 17.1.18 Safer recruitment means that all applications should additionally be:
- Checked to ensure that they are fully and properly completed. Incomplete applications should not be accepted and should be returned to the candidate for completion.
  - Scrutinised for any anomalies or discrepancies in the information provided.
  - Considered with regard to any history of gaps, or repeated changes, in employment, or moves to supply work, without clear and verifiable reasons.
- 17.1.19 All candidates should bring with them to interview documentary evidence of their identity, either a full birth certificate, passport or photocard driving licence and additionally a document such as a utility bill that verifies the candidates name and address. Where appropriate, change of name documentation must also be brought to the interview.
- 17.1.20 Candidates should also be asked to bring original or certified copies of documents confirming any necessary or relevant educational and professional qualifications. If the successful candidate cannot produce original documents or certified copies written confirmation of his / her relevant qualifications must be obtained from the awarding body.

### **Interviewing short – listed candidates**

- 17.1.21 Questions should be set which test the candidate's specific skills and abilities to carry out the job applied for.
- 17.1.22 The candidate's attitude toward children and young people in general should be tested and also their commitment to safeguarding and promoting the welfare of children in particular. At least one member of the interview panel should be trained in how best this can be done.

- 17.1.23 Any gaps and changes in employment history should be fully explored during the interview, as should any discrepancies arising from information supplied by the candidate or by the referee.

### **Criminal record checks**

- 17.1.24 When a provisional decision to offer a candidate a position working with children or vulnerable adults is made, employers must make it clear that appointment is conditional on a satisfactory criminal record check. Employers are only legally entitled to request a CRB check in cases where a position is exempt under the [Exceptions Order to the Rehabilitation of Offenders Act 1974](#).

### **Standard and Enhanced Disclosures**

- 17.1.25 The Criminal Records Bureau (CRB) acts as a 'one-stop-shop' for organisations, checking police records. It provides two levels of disclosure – standard and enhanced:

- Standard disclosure – is required for positions (listed in the [Rehabilitation of Offenders Act 1974, \(Exceptions\) Order 1975](#)) which involve the individual having access to children or vulnerable adults in the course of their normal duties; and
- Enhanced disclosure – is required for positions which regularly involve caring for, training, supervising or being in sole charge of a child (under 18 years) or a vulnerable adult, such as a disabled Care Leaver ([Police Act 1997 \(Enhanced Criminal Record Certificates: Protections of Vulnerable Adults\) Regulations 2002](#)).

- 17.1.26 A CRB check can provide information:

- Held on the Police National Computer (PNC), including convictions, cautions, reprimands and warnings in England and Wales, and most of the relevant convictions in Scotland and Northern Ireland may also be included;
- Held by local police forces and other agencies, relating to relevant non-conviction information;
- Held on lists maintained by the Independent Safeguarding Authority (ISA) see [section 15.7.3 Independent Safeguarding Authority](#);
- Other data sources such as British Transport Police; the Royal Military Police; the Ministry of Defence Police;
- Scottish Criminal Records Office (SCRO).

- 17.1.27 Enhanced CRB checks contain the same information as the Standard disclosure but with the addition of:

- Any relevant and proportionate information held by the local police forces.
- A check of the new children and or vulnerable adults barred lists where requested.

- 17.1.28 Standard and Enhanced disclosure information can be extremely sensitive and personal, the CRB has published a Code of Practice and employers' guidance for recipients of Disclosures to ensure they are handled fairly and used properly.

### **Starting work without a disclosure**

- 17.1.29 When appointing to a position where a CRB check is required (a regulated position), it is good practice to obtain the disclosure before an individual begins work. It must in any case be obtained as soon as practicable after the

individual's appointment and the request for a CRB disclosure should be submitted in advance of the individual starting work. Employers have discretion to allow an individual to begin work pending receipt of the CRB disclosure but should ensure that the individual is appropriately supervised and that all other checks, including the Children's List (previously List 99 / PoCA), have been completed. **Amended 14.04.2011.**

- 17.1.30 The [Criminal Justice and Court Services Act 2000](#) makes it a criminal offence for anyone to seek or accept work in a regulated position knowing that they are barred from working with children; and for an employer to offer work to, or employ a person in a regulated position knowing that the person is barred from working with children.

### Staff recruited from overseas

- 17.1.31 Employers will also need to carry out criminal record checks when recruiting staff from abroad. Where the position meets the criteria for a disclosure, even if the applicant claims they have never lived in the UK before, a CRB disclosure should still be obtained in addition to the individual's overseas criminal records.
- 17.1.32 All overseas police checks must be in accordance with that country's justice system and UK requirements. See the CRB website [www.crb.gov.uk](http://www.crb.gov.uk) for guidance on how to access information from a list of countries.
- 17.1.33 Some foreign embassies and high commissions in the UK initiate requests on behalf of applicants and liaise with the relevant issuing authority abroad. In cases where candidates have to apply to the issuing authority directly, the relevant UK-based embassy or high commission may still be able to provide advice on what to expect. If there is any doubt about the record produced, they may also be able to authenticate the search results.

Further guidance can be found on the Security Industry Authority (SIA) website at [www.the-sia.org.uk](http://www.the-sia.org.uk)

If the country is not listed on the CRB or SIA website, the country's representative in the UK could be contacted, see the Foreign and Commonwealth website at: [www.fco.gov.uk](http://www.fco.gov.uk).

### Offer of appointment to successful candidate

- 17.1.35 An offer of appointment should be conditional upon pre-employment checks being satisfactorily completed, including:
- A CRB check appropriate to the position;
  - Verification of the candidate's medical fitness;
  - Verification of any relevant professional status and whether any restrictions have been imposed by a regulatory body such as the General Teaching Council (GTC) the General Council Social Care (GCSC) and the General Medical Council (GMC); and
  - That candidates from overseas are legally able to work in the UK, and equivalent checks are sought from their country of origin.
- 17.1.36 All checks should be confirmed in writing and retained on the candidate's personnel file, together with photocopies of and documents used to verify his / her identity and qualifications. Under CRB regulations, CRB disclosures can usually only be kept for 6 months, but a record should be kept of the date the disclosure was obtained and who by, the level of the disclosure and the unique reference number.

- 17.1.37 A record should be kept of evidence to show that such checks have been carried out in respect of supply staff and volunteers whether recruited directly or through an agency.
- 17.1.38 Satisfactory references must be kept on the candidates personnel file or, in the case of supply staff or volunteers not recruited through an agency, on a central record within the organisation.
- 17.1.39 Where information gained by the employer from either references or other checks calls into question the candidate's suitability to work with children, or where the candidate has provided false information in support of the application the facts should be reported to the police and/or the Independent Safeguarding Authority: [www.isa-gov.org.uk/](http://www.isa-gov.org.uk/). See also [section 15.7.3 Independent Safeguarding Authority](#).

## 17.2 Induction and supervision of newly appointed staff

- 17.2.1 The induction of all newly appointed staff should include an introduction to the organisation's child protection policies and procedures. This should include being made aware of the identity and specific responsibilities of those staff with designated safeguarding responsibilities.
- 17.2.2 New staff members should be provided with information about safe practice and given a full explanation of their role and responsibilities and the standard of conduct and behaviour expected.
- 17.2.3 They should also be made aware of the organisation's personnel procedures relating to disciplinary issues and the relevant whistle blowing policy.
- 17.2.4 The programme of induction should also include attendance at child protection training at a level appropriate to the member of staff's work with children.
- 17.2.5 Senior managers should ensure that their staff are adequately and appropriately supervised and that they have ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.

### Scope

- 17.2.6 Any concerns that arise through the process of continuing supervision, which call into question the person's suitability to work with children, should be managed according to local procedures such as capability, disciplinary and / or the procedures for the management of allegations against staff (including volunteers) as outlined in [section 15. Allegations against staff](#).
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## 18 Local Safeguarding Children Boards, quality assurance and conflict resolution

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### 18.1 Local Safeguarding Children Boards (LSCBs)

- 18.1.1 The Local Safeguarding Board (LSCB) is the key statutory mechanism for agreeing how the relevant agencies in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.
- 18.1.2 Local authorities and statutory LSCB partners have a statutory obligation to establish and support the operation of the LSCB.
- 18.1.3 LSCBs will not usually be operational bodies or ones that deliver services to children and their families. However, an LSCB may take on an operational and delivery role within its functions as set out below.

#### Objectives

- 18.1.4 The core objectives of the LSCB are to, as far as possible:
- Co-ordinate, monitor and support what is done by each person or body represented on the LSCB for the purposes of safeguarding and promoting the welfare of children in the area of the authority;
  - Ensure the effectiveness of what is done by each such person or body for that purpose.
- 18.1.5 Safeguarding and promoting the welfare of children is defined as:
- Protecting children from maltreatment;
  - Preventing impairment of children's health or development;
  - Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;
  - Enabling children to have optimum life chances and enter adulthood successfully.
- 18.1.6 The LSCB should ensure that the duty to safeguard and promote the welfare of children is carried out in such a way as to improve all five [\*Every Child Matters\*](#)

outcomes for children - enabling children to be healthy, stay safe, enjoy and achieve, make a positive contribution to the community and to society; and achieve economic well being.

- 18.1.7 Safeguarding and promoting the welfare of children includes protecting children from harm. Ensuring that work to protect children is properly co-ordinated and effective is a key goal of LSCBs and they should not focus on their wider role if the standard of this core business is inadequate. However, when the core business is secure, LSCBs should go beyond it to work to the wider remit, which includes preventative work to avoid harm being suffered in the first place.

## LSCB role

- 18.1.8 The work of LSCBs is part of the wider context of children's trust or equivalent arrangements that aim to improve the overall wellbeing of all children in the local area.
- 18.1.9 Whilst the work of LSCBs contributes to the wider goals of improving the wellbeing of all children, it has a particular focus on aspects of the 'staying safe' outcome.
- 18.1.10 Whereas the Children's Trust or equivalent has a wider role in planning and delivery of services, LSCB objectives are about co-ordinating and ensuring the effectiveness of what their member agencies do individually and together. They will contribute to delivery and commissioning through a strategy for children's services, such as a Children and Young People's Plan, and local children's services partnership arrangements (Children's Trust or equivalent).
- 18.1.11 There is flexibility for a local area to decide that an LSCB should have an extended role or further functions related to its objectives, in addition to those set here. The decision should be taken as part of the scope of the wider children's trust or equivalent. However, the local authority and its partners should make sure that any extended role does not lessen the LSCB's ability to perform its core role effectively.

## Scope of the role

- 18.1.12 The LSCB should focus on safeguarding and promoting the welfare of children in three broad areas of activity.
- 18.1.13 First, activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care, e.g:
- Mechanisms to identify abuse and neglect wherever they may occur;
  - Work to increase understanding of safeguarding children issues in the professional and wider community, promoting the message that safeguarding is everybody's responsibility;
  - Work to ensure that agencies working or in contact with children, operate recruitment and human resources practices that take account of the need to safeguard and promote the welfare of children;
  - Monitoring the effectiveness of agencies' implementation of their duties under s11 of the [Children Act 2004](#);
  - Ensuring children know who they can contact when they have concerns about their own or others' safety and welfare;



- Ensuring that adults (including those who are harming children) know who they can contact if they have a concern about a child or young person.
  - Work to prevent accidents and other injuries and, where possible, deaths; and
  - Work to prevent and respond effectively to bullying.
- 18.1.14 Second, proactive work that aims to target particular groups, e.g:
- Developing / evaluating thresholds and procedures for work with children and families where a child has been identified as 'in need' under the [Children Act 1989](#), but where the child is not suffering or at risk of suffering significant harm;
  - Work to safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population, for example children living away from home, children who have run away from home, children missing from school or childcare, children in the youth justice system, including custody, disabled children and children and young people affected by gangs.
- 18.1.15 Thirdly, responsive work to protect children who are suffering, or at risk of suffering harm, including:
- Children abused and neglected within families, including those harmed in the context of domestic violence (see [section 5.11. Domestic violence](#)) and as a consequence of the impact of substance misuse or parental mental ill health (see [sections 5.31. Parents who misuse substances](#) and [5.29 Parental mental illness](#));
  - Children abused outside families by adults known to them;
  - Children abused and neglected by professional carers, within institutional settings, or anywhere else where children are cared for away from home;
  - Children abused by strangers;
  - Children abused by other young people (see [sections 5.18 Gangs, serious youth violence and violent extremism](#) and [5.18. Harming others](#));
  - Young perpetrators of abuse (see [section 5.18. Harming others](#));
  - Children abused through sexual exploitation (see [section 5.40. Sexually exploited children](#));
  - 
  - Children abused through harmful traditional practices and trafficking (see [sections 5.13 Female genital mutilation, 5.15 Forced marriage, 5.20 Honour based violence](#) and [5.43 Trafficked and exploited children](#)); and
  - Young victims of crime.
- 18.1.16 Where particular children are the subject of interventions, that safeguarding work should aim to help them to achieve all five outcomes to have optimum life chances. The LSCB should check the extent to which this has been achieved as part of its monitoring and evaluation work.

## 18.2 LSCB functions

18.2.1 The core functions of an LSCB are set out in the [Local Safeguarding Board Regulations 2006](#), statutory instrument no. 2006/90. In all their activities, LSCBs should take account of the need to promote equality of opportunity and to meet the diverse needs of children.

### Thresholds, policies and procedures function

18.2.2 LSCBs should develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

**(i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention**

18.2.3 This includes concerns under both s17 and s47 of the [Children Act 1989](#), and includes:

- Setting out thresholds for referrals to children's social care of children who may be in need, and processes for robust multi-agency assessment of children in need;
- Agreeing inter-agency procedures for s47 enquiries and developing local protocols on key issues of concern such as children abused through prostitution; children living with domestic violence, substance abuse, or parental mental illness; female genital mutilation; forced marriage; children missing from school; children who may have been trafficked and safeguarding looked after children who are away from home;
- Setting out how s47 enquiries and associated police investigations should be conducted, and in particular, in what circumstances joint enquiries are necessary and/or appropriate.

18.2.4 LSCBs should clarify thresholds and processes and promote a common understanding of them across local agencies to help ensure that appropriate referrals are made and improve the effectiveness of joint work, leading to a more efficient use of resources. In developing these thresholds and processes the LSCB should work with the Children's Trust Board or equivalent.

18.2.5 LSCBs should assist the Children's Trust Board or equivalent, to ensure that the local arrangements for undertaking a common assessment are clear about when it is appropriate to use the Common Assessment Framework (CAF) and when it is appropriate to refer a possible child in need to children's social care services.

**(ii) Training of persons who work with children or in services affecting the safety and welfare of children**

18.2.5 LSCBs should ensure that single agency and inter-agency training on safeguarding and promoting welfare is provided in order to meet local needs. This covers both the training provided by single agencies to their own staff, and multi-agency training where staff from more than one agency train together.

18.2.6 LSCBs may wish to carry out their function by taking a view as to the priorities for inter-agency and single-agency child protection training in the local area and feeding those priorities into the local workforce strategy. LSCBs should evaluate the quality of this training, ensuring that relevant training is provided by

individual agencies, and checking that the training is reaching the relevant staff within agencies.

18.2.7 LSCBs can organise or deliver inter-agency training, however, this is not part of the core requirement for LSCBs. See [section 16. Supervision and training](#).

**(iii) Recruitment and supervision of persons who work with children**

18.2.8 LSCBs should establish effective policies and procedures, in line with national guidance, for checking the suitability of people applying for work with children and ensuring that the children's workforce is properly supervised, with any concerns acted on appropriately. See [section 16. Supervision and training](#) and [section 17. Safer recruitment](#).

18.2.8 LSCBs should ensure that robust quality assurance processes are in place to monitor compliance by relevant agencies within their area with requirements to support safe practices. These processes should include audits of vetting practice and sampling of compliance with checks with Criminal Records Bureau and Independent Safeguarding Authority registration.

**(iv) Investigation of allegations concerning persons working with children**

18.2.9 LSCBs should establish effective policies and procedures, in line with national guidance, to ensure that allegations are dealt with properly and quickly. See [section 15. Allegations against staff](#).

**(v) Safety and welfare of children who are privately fostered**

18.2.10 LSCBs should ensure the co-ordination and effective implementation of measures designed to strengthen local private fostering notification arrangements including:

- Raising awareness of private fostering across partner agencies, third sector organisations and commissioned services;
- Ensuring that relevant training practices are developed and followed up at multi-agency level;
- Reviewing and responding to the findings of the annual private fostering report submitted by the local authority to the chair of the LSCB;
- Acting upon the findings of Ofsted inspections and research evidence on effective practice;
- Providing effective leadership and challenge in this area; and
- Reporting on private fostering in their own annual report as appropriate.

LSCBs may also want to consider how they raise awareness in the community of the requirements and issues around private fostering. See [section 5.34. Private fostering](#).

**(vi) Co-operation with neighbouring local authorities and their board partners**

18.2.11 LSCBs should establish procedures to safeguard and promote the welfare of children who move between local authority areas, including harmonising procedures, where appropriate, to bring coherence to liaison with an agency (such as a police force) which spans more than one LSCB area. This could be relevant to geographically mobile families, such as asylum seeking children, traveller children, children in immigrant families and children of families in temporary accommodation.

**(vii) Other policies and procedures**

- 18.2.12 LSCBs should ensure that single agency and inter-agency safeguarding children protocols and procedures additional to these *London Child Protection Procedures* are developed only where it is necessary to go beyond these procedures. Also that any such protocols and procedures comply with these procedures. LSCBs should consider the need for a procedure for handling complaints regarding requests to share information.

### Communicating and raising awareness function

- 18.2.13 LSCBs should communicate to persons, agencies and groups in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so, e.g. by:
- Contributing to a public awareness raising campaign about how everybody can contribute to safeguarding and promoting the welfare of children;
  - Listening to and consulting children and young people and ensuring that their views are taken into account in planning and delivering safeguarding and promoting welfare services.

### Monitoring and evaluation function

#### (i) Monitoring, evaluation and improvement

- 18.2.14 LSCBs should monitor and evaluate the effectiveness of what is done by the local authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve, e.g. by:
- Requiring agencies to self-evaluate under an agreed framework of benchmarks or indicators and share the results with the board. It might also involve leading multi-agency arrangements to contribute to self evaluation reports;
  - Undertaking joint-audits of case files to evaluate multi-agency working, looking at the involvement of the different agencies, and identifying the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice.
- 18.2.15 The LSCB should ensure that key people and agencies with a duty under s11 of the [Children Act 2004](#) or s175 or s157 of the [Education Act 2002](#) are fulfilling their statutory obligations to safeguard and promote the welfare of children.
- 18.2.16 LSCBs should ensure appropriate links with any secure setting in its area and be able to scrutinise restraint techniques, the policies and protocols which surround the use of restraint, and incidences and injuries. LSCBs with a secure establishment in its areas should report annually to the Youth Justice Board on how effectively the establishment is managing use of restraint. LSCBs should report more frequently if there are concerns on the use of restraint. Consideration should be given to sharing the information with relevant inspectorates (HMIP and Ofsted). Where appropriate, members of LSCBs (with secure establishments in its area) should be given demonstrations in the techniques accredited for use to assist their consideration of any child protection or safeguarding issue that might arise in relation to restraint.
- 18.2.17 All incidents when restraint is used in custodial settings and which results in an injury to a young person should be notified to, and subsequent action monitored by, the LSCB.

18.2.18 LSCBs should advise the local authority and board partners on ways to improve, e.g. by:

- Making recommendations (such as the need for further resources);
- Helping agencies to develop new procedures;
- Disseminating best practice;
- Bringing together expertise in different agencies and groups;
- Supporting capacity building and training.

**(i) Annual report on the effectiveness of safeguarding in the local area**

18.2.19 LSCBs should publish an annual report on the effectiveness of safeguarding in the local area. The report should challenge the work of the Children's Trust Board or equivalent, and its partners to ensure that necessary overarching structures, processes, practices and culture are put in place to ensure that children are fully safeguarded.

18.2.20 The report should:

- Provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children;
- Set the assessment against a comprehensive analysis of the local area safeguarding context;
- Recognise achievements and the progress that has been made in the local authority area;
- Provide a realistic assessment of the challenges that still remain;
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged; including assessments of procedures and practice to keep children safe, including:
  - the policies and procedures for the safe recruitment of frontline staff;
  - an assessment of single and inter-agency training on safeguarding and promoting the welfare of children to meet the local needs;
  - lessons learnt about the prevention of future child deaths which have been identified by the child death overview panel; and
  - progress on priority issues e.g. child trafficking, sexual exploitation and domestic violence.
- Provide a clear account of progress that has been in relation to individual Serious Case Reviews (SCRs):
  - implementing action plans from SCRs completed during the year in question, plans to evaluate the impact of these actions and to monitor how these improvements are being sustained over time
  - implementing action plans from SCRs commissioned in previous years where any actions remained outstanding at the start of the reporting year
  - learning lessons arising from SCRs which have been commissioned but not completed

- Common themes and recurring recommendations may be addressed together but the report must be clear on action taken in response to individual SCRs.
- 18.2.21 The LSCB must send a copy of the annual report to the Children's Trust Board or equivalent. In preparing a strategy for children's services, such as a Children and Young People's Plan, Children's Trust Board or equivalents, will be expected to draw upon the advice from and the findings in the LSCB annual report, and show how they intend to respond to the issues raised.
- 18.2.22 The LSCB and the Children's Trust Board or equivalent, within the parameters set by legislation, should work together to ensure that the LSCB annual report is developed in time so that it can be properly considered and effectively utilised by the Children's Trust Board or equivalent, in preparing a strategy for children's services, such as a Children and Young People's Plan.

### Planning and commissioning function

- 18.2.23 LSCBs should participate in the local planning and commissioning of children's services to ensure that the children's trust or equivalent partnership and other local children's services planners and commissioners take safeguarding and promoting the welfare of children into account. As part of this LSCBs should contribute to the local children and young people's plan.
- 18.2.24 Where it is agreed locally that the LSCB is the 'responsible authority' for 'matters relating to the protection of children from harm' under the [Licensing Act 2003](#), the LSCB must be notified of all licence variations and new applications for the sale and supply of alcohol and public entertainment.
- 18.2.25 LSCBs may have local arrangements and duties under the [Gambling Act 2005](#) regarding vulnerable children and adults.

### Function relating to child deaths

- 18.2.26 In relation to child deaths, LSCBs should:
- Have in place arrangements for a rapid response to each unexpected death of a child, by a group of key professionals who come together for the purpose of enquiring into and evaluating the death (see [section 12. Death of a child](#));
  - Put in place a multi-agency child death overview panel (see [section 12.3. Child death overview panel](#)).
- 18.2.27 Under these functions LSCBs have responsibility for reviewing the deaths of all children. In order to fulfil this responsibility the LSCB must be informed of all deaths of children, normally resident in the LSCB's geographical area.

### Serious case review function

- 18.2.28 LSCBs should undertake reviews of cases where abuse or neglect of a child is known or suspected and either a child has died, or a child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.
- 18.2.29 LSCBs should develop procedures and agency and professional roles to ensure that serious case reviews are undertaken when required and that the process and outcome are efficient and effective. See [section 19. Serious case reviews](#).



## Other activities

- 18.2.30 The regulations make clear that in addition to the functions set out above LSCBs may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective.
- 18.2.31 These further activities should be discussed and agreed as part of wider children's trust or equivalent planning e.g. the LSCB could agree to take the lead within a children's trust or equivalent on work to tackle bullying, domestic violence, joint work with adult's services or community engagement to improve children's safety.

## Accountability for operational work

- 18.2.32 Whilst the LSCB has a role in co-ordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains their own existing lines of accountability for safeguarding and promoting the welfare of children by their services. The LSCB does not have a power to direct other organisations.
- 18.2.33 Where there are concerns about the work of partners and these cannot be addressed locally, the LSCB should raise these concerns with others in line with [section 18.4. Quality assurance](#) below.

## 18.3 LSCB governance and operational arrangements

- 18.3.1 An LSCB can cover more than one local authority area. Local authorities and their partners will wish to consider whether this is desirable, perhaps to ensure a better fit with the areas covered by other bodies, or because issues are common to different areas.

### Independence

- 18.3.2 LSCBs should use their strong working relationship with the children's trust or equivalent and wider strategic partnerships within a local authority area to:
- Form a view of the quality and effectiveness of local children activity in relation to safeguarding and promoting the welfare of children;
  - Challenge agencies as necessary; and to
  - Speak with an independent voice.
- 18.3.3 To ensure that this is possible LSCBs must have a clear and distinct identity within local children's trust or equivalent governance arrangements. They should not be an operational sub-committee of the Children's Trust Board or equivalent.

### Chair

- 18.3.4 The LSCB Chair should be appointed by the local authority. It is important that the chair is selected with the agreement of the LSCB partners and other agencies representing the key services involved in safeguarding children locally. There should be a presumption that the chair will be someone independent of the local agencies so that the LSCB can exercise its local challenge function effectively. It may take time to develop sufficient availability of suitable

independent chairs but it is expected that LSCBs will work towards this over time.

- 18.3.5 The chair will have a crucial role in making certain that the Board operates effectively and secures an independent voice for the LSCB. He or she should be of sufficient of sufficient stature, authority and expertise to command the respect and support of all partners. The chair should act objectively and distinguish their role as LSCB chair from any day-to-day role. The chair should have access to training to support him/her in the role.

### **Relationship between the LSCB and the Children's Trust Board or equivalent**

- 18.3.6 The functions of the LSCB and the Children's Trust Board or equivalent, are complimentary. The LSCB's role is to ensure the effectiveness of the arrangements made by wider partnerships and individual agencies to safeguard and promote the welfare of children, and children's trust or equivalent responsibilities are to promote co-operation to improve the wellbeing of children in the local area across all five [\*Every Child Matters\*](#) outcomes.
- 18.3.7 An LSCB is not an operational sub-committee of the Children's Trust Board or other local partnership and it should not be subordinate to nor subsumed within the Children's Trust Board or equivalent's structures in a way that might compromise its separate identity and independent voice.
- 18.3.8 There must be a clear distinction between the roles and responsibilities of the LSCB and the Children's Trust Board or equivalent, with local protocols between the two in place to ensure that the LSCB is able to challenge and scrutinise effectively the work of the Children's Trust Board or equivalent and partners.
- 18.3.9 The LSCB and Children's Trust Board or equivalent should be chaired by different people in order for the LSCB to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice.
- 18.3.10 The Children's Trust Board or equivalent should work with the LSCB to agree:
- A strategic approach to understanding needs, including a sophisticated analysis of data and effective engagement with children, young people and families;
  - A clear approach to understanding the effectiveness of current services, and identifying priorities for change – including where services need to be improved, reshaped or developed;
  - Integrated and effective arrangements for ensuring that priorities for change are delivered in practice through a strategy for children's services, such as a Children and Young People's Plan; and
  - Effective approaches to understand the impact of specialist services on outcomes for children, young people and families, and using this understanding constructively to challenge lack of progress and drive further improvement.
- 18.3.11 The Children's Trust Board or equivalent must ensure that a strategy for children's services, such as a Children and Young People's Plan, reflects the strengths and weaknesses of safeguarding arrangements and practices in the area and what more needs to be done by each partner to improve safeguarding and promotion of welfare.
- 8.3.12 The LSCB annual report should inform the children's services strategy and the LSCB must be formally consulted during the development of the strategy.

Guidance for LSCBs on producing an annual report is available at [www.londonscb.gov.uk/](http://www.londonscb.gov.uk/).

- 18.3.13 In general the LSCB is not a body that commissions or delivers services to children and their families. Where the LSCB has an extended role beyond its core functions, these additional activities should be agreed as part of the wider children's trust or equivalent planning arrangements and in the preparation of the a strategy for children's services, such as a Children and Young People's Plan. In such cases, the LSCB as a body should be represented on the Children's Trust Board or equivalent, so that the LSCB can be called to account for the extent to which it has acted in accordance with a strategy for children's services, such as a Children and Young People's Plan.
- 18.3.14 The local authority Chief Executives and Council Leaders should satisfy themselves that the Directors of Children's Services are fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children, including in particular by ensuring that the relationship between the Children's Trust Board or equivalent and the LSCB is working effectively.

### **Membership of an LSCB**

- 18.3.15 As far as possible, agencies should designate particular, named people as their LSCB member, so that there is consistency and continuity in the membership of the LSCB.
- 18.3.16 Members should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their agency. They should be able to:
- Speak for their agency with authority;
  - Commit their agency on policy and practice matters; and
  - Hold their agency to account.
- 18.3.17 Local authority Elected Members and non-executive directors of other board partners should through their membership of governance agencies and groups such as the cabinet of the local authority or a scrutiny committee or a governance board, hold their agency and its officers to account for their contribution to the effective functioning of the LSCB.
- 18.3.18 Directors of Children's Services and Lead Members for Children's Services have central and complementary roles. Directors of Children's Services have responsibility for improving outcomes for all children and young people in their area. Lead Members for Children's Services have delegated responsibility from the Council for children, local young people and families and are politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. The Lead Member should provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities (such as the police and the health service). Lead Members should also take steps to assure themselves that effective quality assurance systems for safeguarding are in place and functioning effectively.
- 18.3.19 The Lead Member should be a 'participating observer' of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports. Lead Members should engage in discussions, ask questions and seek clarity, but not be part of the decision making process. This will enable the Lead Member to challenge, when necessary, from a well informed position.
- 18.3.20 Directors of Children's Services should ensure that all appropriate local authority services engage effectively with the LSCB. The Directors of Children's Services

will be held to account for the effective working of the LSCB by their Chief Executive and challenged where appropriate by their Lead Member.

### **Role of local authority Chief Executives and Council Leaders**

18.3.21 Local authority Chief Executives and Council Leaders also have critical roles to play. Chief Executives are responsible for satisfying themselves that the Directors of Children's Services are fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children and young people, including in particular by ensuring that the relationship between the Children's Trust Board or equivalent and the LSCB is working effectively; that clear responsibility has been assigned within the local authority and among children's trust or equivalent partners for improving services and outcomes; and that targets for improving safeguarding and progress against them are reported to the Local Strategic Partnership.

### **Statutory members**

- 18.3.22 The LSCB should include representatives of the local authority and its board partners, the statutory agencies which are required to co-operate with the local authority in the establishment and operation of the board and have shared responsibility for the effective discharge of its functions. These are<sup>112</sup>:
- The Metropolitan Police Borough Commander and DI/DCI representing the CAIT working in the borough;
  - The Local Probation Board for an area any part of which falls within the area of the borough;
  - The Youth offending team within the borough;
  - Strategic Health Authority and Primary Care Trust (PCTs) for an area any part of which falls within the borough (advice on how SHAs should engage with LSCBs is set out in Annex D of the [Local Safeguarding Children Boards: A Review of Progress](#) report<sup>113</sup>);
  - NHS Trusts and NHS Foundation Trusts all or most of whose hospitals or establishments and facilities are situated in the borough;
  - The Connexions service providing services in any part of the area of the borough;
  - CAF/CASS (Children and Family Courts Advisory and Support Service);
  - The Governor or Director of any Secure training centre within the borough;
  - The Governor or Director of any prison within the borough which ordinarily detains children.
- 18.3.23 The local authority should ensure that those responsible for adult social services functions are represented on the LSCB, because of the importance of adult social care in safeguarding and promoting the welfare of children. Similarly health agencies should ensure that adult health services and in particular adult mental health, adult drug and alcohol services and adult disability services are represented on the LSCB.
- 18.3.24 The LSCB must have access to appropriate expertise and advice from all the relevant sectors, including a designated doctor and nurse.

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<sup>112</sup> Section 13(3) *Children Act 2004*

<sup>113</sup> [www.dcsf.gov.uk/everychildmatters/\\_download/?id=3082](http://www.dcsf.gov.uk/everychildmatters/_download/?id=3082)

18.3.25 The local authority and its partners are under obligation ([Children Act 2004](#)) to co-operate in the establishment and operation of an LSCB.

### Lay members

18.3.26 The local authority must take reasonable steps to ensure that the LSCB includes two lay members from the local community<sup>114</sup>. The role for lay members should in particular relate to:

- Supporting stronger public engagement in local child safety issues and contributing to an improved understanding of the LSCB's child protection work in the wider community;
- Challenging the LSCB on the accessibility by the public and children and young people of its plans and procedures; and
- Helping to make links between the LSCB and community groups.

18.3.27 Lay members should operate as full members of the LSCB, participating on the Board itself and on relevant committees. LSCBs must provide appropriate training for lay members to ensure they are able to bring the most value to its work.

18.3.28 The local authority should set out its expectations of the role of the lay member within the LSCB, the length of appointment, the expected code of conduct of any lay member and the amount they will recompense them as appropriate for their time and contribution. See the [London LSCB Lay members recruitment pack](#).

### Representation from schools

18.3.29 Local authorities must take all reasonable steps to ensure schools are represented on the LSCB. This means taking steps to ensure that the following are represented:

- The governing body of a maintained school;
- The proprietor of a non-maintained special school;
- The proprietor of a city technology college,
- A city college for the technology of the arts or an academy;
- The governing body of a further education institution the main site of which is situated in the authority's area<sup>115</sup>; and
- Independent schools as appropriate.

18.3.30 Local authorities should put in place a robust and fair system to enable all schools to be represented and for each school representative to speak for, and on behalf of, the body of schools they represent. This will require an efficient and effective means to communicate with all schools both to seek their views on issues and to feed information back. It would also need to consider the relationship with the school representatives who sit on the Children's Trust Board or equivalent.

### Other members

18.3.31 The local authority should also secure the involvement of other relevant local agencies where a representative is made available:

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<sup>114</sup> *Apprenticeships, Skills, Children and Learning Act 2009* amends sections 13 and 14 of the *Children Act 2004* (c.31)

<sup>115</sup> *The Local Safeguarding Children Boards (Amendment) Regulations 2010*, S.I. 2010/622, made under section 13(4) of the *Children Act 2004* (c. 31).

- NSPCC;
- Faith groups;
- State, independent and extended schools;
- Further education colleges, including 6th form colleges;
- Children's centres;
- GPs;
- Independent healthcare agencies; and
- Third sector agencies (including bodies providing specialist care for children with disabilities and complex health needs).

18.3.32 Other representation should include:

- The armed forces (in relation both to the families of service men and women and those personnel that are under the age of 18) – in areas where they have significant local activity; and
- The UK Border Agency – in areas where there is an airport or seaport, an asylum screening unit or a number of asylum seeking families or unaccompanied asylum seeking children or a number of migrants with children. The issues should be dealt within a strategic way as well as at the level of individual cases.

18.3.33 Where the number or size of similar agencies precludes individual representation on the LSCB e.g. third sector youth bodies, the local authority should seek to involve them via existing networks or forums, or by encouraging and developing suitable networks or forums to facilitate communication between agencies and with the LSCB.

### **Involvement of other agencies and groups**

18.3.34 There will be other agencies and partnerships which the LSCB needs to link to, either through inviting them to join the LSCB, or through some other mechanism, e.g:

- The Coronial service;
- Dental health services;
- Domestic violence forums;
- Drug and alcohol misuse services;
- Drug action teams;
- Housing, culture and leisure services;
- Housing providers;
- Local authority legal services;
- Local multi-agency public protection arrangements;
- Local sports agencies and groups and services;
- Local family justice council;
- Local Criminal justice board;
- Other health providers such as pharmacists;
- Representatives of service users;



- Sexual health services;
  - The Crown prosecution service;
  - Witness support services;
  - Family Intervention Projects;
  - Multi-agency risk assessment conferences;
  - Multi-agency public protection arrangements; and
  - The London Safeguarding Children Board.
- 18.3.35 LSCBs should establish and maintain direct communication and co-operation at a strategic level with the London Safeguarding Children Board.
- 18.3.36 This should include nominating regional representatives to membership of the London Safeguarding Children Board and engaging in the planning and implementation of strategic and operational initiatives led by the London Board, aimed at improving London LSCBs ability to support the safeguarding of children and the promotion of their welfare locally.

### **The role of individual members**

- 18.3.37 The individual members of LSCBs have a duty as members to contribute to the effective work of the LSCB, e.g. in making the LSCBs' assessment of performance as objective as possible, and in recommending or deciding upon the necessary steps to put right any problems. This should take precedence, if necessary, over their role as a representative of their agency.
- 18.3.38 Members of each LSCB should have a clear written statement of their roles and responsibilities.

### **Ways of working**

- 18.3.39 LSCBs must negotiate local arrangements for agency membership, professional representation and attendance, to secure effective operation of LSCB functions member agency engaged.
- 18.3.40 Agencies of a particular kind in the local authority area, e.g. NHS Trusts, may share attendance at meetings. Agencies pooling representation in this way should provide the board with a written protocol setting out how they will be consulted and their views fed in to Board discussions.
- 18.3.41 LSCBs should set up working groups, sub-groups or panels, on a short-term or a standing basis to:
- Carry out specific tasks (e.g. maintaining and updating procedures and protocols, reviewing serious cases and identifying inter-agency training needs);
  - Provide specialist advice (e.g. in respect of working with specific ethnic and cultural groups or with disabled children and / or parents);
  - Bring together representatives of a sector (e.g. schools, the third sector, faith groups or from a geographical area within the LSCB's boundaries) to discuss relevant issues and to provide a contribution to LSCB work.
- 18.3.42 An LSCB may form an 'executive group' of members to carry out some of the day-to-day business by local agreement.

- 18.3.43 When LSCBs begin to operate the new child death review processes, they will need to set up a CDRP which has a standing membership and whose Chair is a member of the LSCB. This panel can be set up by two or more LSCBs to cover their combined area. See [section 12. Unexpected death of a child](#) and [section 19. Serious case reviews](#).
- 18.3.44 All groups working under the LSCB should be established by the LSCB, and should work to agreed terms of reference, with explicit lines of reporting, communication and accountability to the LSCB. This may take the form of a written constitution detailing a job description for all members and service level agreements between the LSCB, agencies and other partnerships. Chairs of working groups, panels and sub-groups should be LSCB members.
18. 4.45 Where boundaries between LSCBs and their partner agencies such as the health service and the police are not co-terminous, adjoining LSCBs should collaborate as far as possible on establishing common policies and procedures, and joint ways of working, under the function set out in [section 18.2.11. Co-operation with neighbouring local authorities and their Board partners](#).

### Participation of children and their families

- 18.3.46 LSCBs should put in place arrangements to ascertain views of children and their families (including children and their families who might not ordinarily be heard) about the priorities and the effectiveness of local safeguarding work, including issues of access to services to safeguard children and promote their welfare and contact points for children. The views of children and their families should be represented in the LSCB's annual report (see [section 18.2.19 Annual report on the effectiveness of safeguarding in the local area](#)). LSCBs should also ensure that children and their families can participate in the development of services (see [section 18.2.23 Planning and commissioning](#)).

### Information sharing for the purpose of LSCB functions

- 18.3.47 The Children, Schools and Families Bill currently before Parliament includes provision requiring compliance with a request from a LSCB for appropriate information to be disclosed to it in order to assist it in the exercise of its functions. Subject to the passage of the Bill this provision will help remove uncertainty and give greater confidence to practitioners to share appropriate information with a LSCB. This could include confidential personal information about children who are the subject of reviews and about third parties who have a relationship with those children (for example, parents and siblings).
- 18.3.48 Where the LSCB requests personal information, the request should be for appropriate information that is relevant and proportionate to the purpose for which the information is sought. The LSCB should be able to explain that purpose to record holders, and why the information sought is appropriate, relevant and proportionate should the record holder require any justification of the need for the information or of the overriding public interest served by the disclosure of personal information in each case. No request should require a record holder to breach data protection principles, or other protections of confidential or personal information (for example, under the [Human Rights Act](#)<sup>116</sup>) in a manner which cannot be justified; the 'golden rules' set out in [Information Sharing: Guidance for practitioners and managers](#)<sup>117</sup> will help record holders observe these protections and principles.

<sup>116</sup> <http://www.legislation.gov.uk/ukpga/1998/42/contents>

<sup>117</sup> [http://www.teachernet.gov.uk/\\_doc/13023/isgpm.pdf](http://www.teachernet.gov.uk/_doc/13023/isgpm.pdf)

## Financing and staffing

- 18.3.49 The budget for each LSCB and the contribution made by each member agency should be agreed locally. The member agencies' shared responsibility for the discharge of the LSCB's functions includes shared responsibility for determining how the necessary resources are to be provided to support it.
- 18.3.50 The core contributions should be provided by:
- The responsible local authority;
  - The PCT/s;
  - The police.
- 18.3.51 Other agencies' contributions should reflect their resources and local circumstances. For some, participating in LSCB work may be the appropriate extent of their contribution. Other agencies may contribute by committing resources in kind, rather than funds, as provided for in the legislation.
- 18.3.52 Where an LSCB member agency provides funding, this should be committed in advance, usually into a pooled budget.
- 18.3.53 The board may choose to use some of its funding to support the participation of some agencies, such as local third sector groups, for example, if they cannot otherwise afford to take part.
- 18.3.54 The funding requirement of the LSCB will depend on its circumstances and the work which it plans to undertake (which will in turn depend on the division of responsibilities between the LSCB and other parts of the wider children's trust or equivalent). However, each LSCB will have a core minimum of work.
- 18.3.55 Staffing for each LSCB should be agreed locally by the board partners. An effective LSCB needs to be staffed so that it has the capacity to:
- Drive forward the LSCB's day-to-day business in achieving its objectives, including its co-ordination and monitoring / evaluating work;
  - Take forward any training and staff development work carried out by the LSCB, in the context of the local workforce strategy;
  - Provide administrative and organisational support for the Board and its sub-committees, and those involved in policy and training.

## Planning

- 18.3.56 Children's Trust Boards or equivalents are responsible for a joint strategy which sets out how children's services partners will co-operate to improve children's wellbeing in the local area.
- 18.3.57 In preparing a strategy for children's services, such as a Children and Young People's Plan, the Children's Trust Board or equivalent will need to conduct a comprehensive needs assessment following an extensive consultation to agree their priorities and set out how the partners will work together and align or pool their budgets to address those priorities. The Board should also identify the resources available across the partner agencies and the contribution each will make. LSCBs should contribute to, and work within, the framework established by the local strategy for children's services, such as a Children and Young People's Plan.
- 18.3.58 It is expected that all local areas should investigate the possibilities of integrating frontline delivery of services such that staff from children's social care services work in active partnership with the police, paediatric and relevant health

services to maximise effectiveness. This, however, is a matter for local determination.

- 18.3.59 The LSCB's own activities should fit clearly within the framework of a strategy for children's services, such as a Children and Young People's Plan. The voices and experiences of children and young people should strongly inform the LSCB's work programme – which should have clear objectives, timescales, measurable objectives and a budget.

## 18.4 Quality assurance

### The LSCB's monitoring and evaluation function

- 18.4.1 In order to ensure the effectiveness of local agencies' actions to safeguard and promote the welfare of children the LSCB should initiate and oversee a peer review process based on self-evaluation, performance indicators and joint audit. Its aim is to:

- Promote high standards of safeguarding work;
- Foster a culture of continuous improvement;
- Identify and act on weaknesses in services;
- To avoid unnecessary duplication of work the LSCB should ensure that its monitoring role complements and contributes to the work of both the children's trust and the inspectorates.

To avoid unnecessary duplication of work the LSCB should ensure that its monitoring role complements and contributes to the work of both the Children's Trust Board or equivalent and the inspectorates.

- 18.4.2 There will be instances where a local agency is not performing effectively in safeguarding and promoting the welfare of children, and the LSCB is not convinced that any planned action to improve performance will be adequate. Where this occurs, the LSCB Chair or a member or employee designated by the chair, should explain these concerns to the individuals and agencies that need to be aware of the failing and may be able to take action, e.g. to:

- The most senior individual/s in the agency;
- The relevant inspectorate, and, if necessary;
- The relevant government department.

- 18.4.3 The local inspection framework will play an important role in reinforcing the ongoing monitoring work of the LSCB. Individual services will be assessed through their own quality regimes. LSCBs should contribute their views about the quality of local activity to safeguard and promote the welfare of children, and draw on information, from the established inspection arrangements – led by Ofsted but involving other inspectorates – which include:

- Annual unannounced inspections on safeguarding and services for looked after children under section 138 of the Education and Inspections Act 2006, and
- A full inspection under section 20 of the Children Act 2004 of safeguarding and services for looked after children in each local authority area at least once every three years.

The LSCB should draw on these.

- 18.4.4 The effectiveness of the LSCB itself should also form part of the judgement of the Inspectorates, particularly through the Comprehensive Area Assessment. This may be done, for example, by examining the quality of the LSCB's planning and determining whether key objectives have been met.
- 18.4.5 The local authority is responsible for taking action, if intervention to improve the LSCB's effectiveness and efficiency is necessary.

### **Individual agencies' quality assurance**

- 18.4.6 All LSCB member agencies should take actions to ensure that the key single and multi-agency duty of the LSCB to safeguard and promote the welfare of children is met.
- 18.4.7 Effective workload management and information systems should be implemented to:
- Clearly track responses to referrals;
  - Collect quantitative data on the work of the teams;
  - Plan and resource services to meet local needs.
- 18.4.8 Management systems should be implemented to ensure:
- Clear definitions of work that is 'allocated' to include a named worker regularly working with a child in a planned and purposeful way, endorsed by the line manager;
  - Services and support provided is commensurate with need, including allocation of staff;
  - Systems are in place to cover staff sickness, leave and training;
  - Cases are only closed following adequate assessment and review and that the views and wishes of the child and parents have been taken into account;
  - Section 47 enquiries and child protection cases are allocated in LA children's social care to qualified social workers with the skills for the task;
  - Systems are designed to ensure that all relevant professionals are invited to participate in planning and review meetings, including hospital based staff;
  - All practitioners working with children receive regular supervision from managers with experience and expertise in child care work;
  - Managers scrutinise the work of staff, including reviewing case files and recording decisions.
- 18.4.9 Routine monitoring and audit systems should be implemented to ensure that these procedures are being followed.
- 18.4.10 Senior staff should be involved in audits of professional practice and supervision.
- 18.4.11 Senior managers should regularly review the impact on service delivery of staff vacancies and the employment of temporary staff.

### **Unallocated child protection cases**

#### **Priority status**

- 18.4.12 All child protection cases must be allocated to a named social worker as a matter of highest priority in all agencies working with children and their families. In local authorities, Directors of Children's Services are responsible for alerting the LSCB to any systemic inability to allocate child protection cases; and for ensuring that there are sufficient human resources to provide the required services for children in need of protection.

### **Safeguards pending allocation**

- 18.4.13 A children's services first line manager must inform in writing all professionals relevant to the 'outline' or 'agreed' protection plan as well as family members, when a social worker will be allocated to a case and any routine and emergency professional contact arrangements, pending allocation.
- 18.4.14 Unallocated cases must be:
- Discussed at allocation meetings;
  - Reported to the child protection manager;
  - Monitored at management meetings to ensure quick allocation and appropriate case management until then.
- 18.4.15 The first line manager remains accountable for ensuring that:
- Any statutory or explicit duties (e.g. looked after children reviews or child protection review conferences) are met, deploying duty staff as required;
  - Any immediate issues which arise in the case are resolved;
  - Their manager remains aware that a child protection place is unallocated;
  - The family are kept updated;
  - Regular 'duty' visits are undertaken on unallocated child protection cases.

## **18.5 Professional conflict resolution**

### **Dissent at referral and enquiry stage**

- 18.5.1 Professionals providing services to children and their families should work co-operatively across all agencies, using their skills and experience to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.
- 18.5.2 All agencies are responsible for ensuring that their staff are competent and supported to escalate appropriately intra-agency and inter-agency concerns and disagreements about a child's wellbeing.
- 18.5.3 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry.
- 18.5.4 Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less).
- 18.5.5 If the professionals are unable to resolve differences within the timescale, their disagreement must be addressed by more experienced / more senior staff.



18.5.6 Most day-to-day inter-agency differences of opinion will require a LA children's social care team manager to liaise with their (first line manager) equivalent in the relevant agencies, e.g:

- A police detective sergeant;
- A named or designated health professional;
- Designated teacher.

These first line managers should seek advice from their agency's nominated / designated child protection adviser.

18.5.7 If agreement cannot be reached following discussions between the above first line managers within a further working week or a timescale that protects the child from harm (whichever is less), the issue must be referred without delay through the line management to the equivalent of service manager / detective inspector / head teacher or other designated senior professional.

18.5.8 Alternatively (e.g. in health services), input may be sought directly from the designated doctor or nurse in preference to the use of line management.

18.5.9 The professionals involved in this conflict resolution process must contemporaneously record each intra- and inter-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications and information.

### **Dissent regarding the implementation of a protection plan**

18.5.10 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in the implementation of the child protection plan, including the timing, quoracy or decision-making of core group meetings, progress of the plan or professional practice.

18.5.11 Professionals should attempt to resolve differences in line with the actions outlined above.

### **Where professional differences remain**

18.5.12 If professional differences remain unresolved, the matter must be referred to the heads of service for each agency involved.

18.5.13 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the LSCB for resolution. See also [section 18.2.14. Monitoring and evaluation function.](#)

18.5.14 Professionals in all agencies have a responsibility to act without delay to safeguard the child (e.g. by calling for a case to be allocated or for a strategy meeting / discussion, for a core group meeting or for a child protection conference or review conference).

18.5.15 Specialist regional facilities such as a specialist children's or cancer hospital or a psychiatric or other mother and baby unit, must have in place a conflict resolution protocol which sets out how conflict resolution will be managed, through the line managements of the specialist facility and the LA children's social care or other service with responsibility for the child. This protocol should take into account the role of the LA children's social care in the locality of the specialist service.

## 18.6 Whistle-blowing systems

- 18.6.1 It is essential to the safety of children that all agencies have in place effective systems and a professional culture which promote the sharing of concerns by staff with their seniors. Child protection concerns about colleagues or managers are difficult for staff to raise because of the potential repercussions.
- 18.6.2 Senior managers should ensure the provision of an independent, well-publicised whistle-blowing procedure that provides alternative methods of reporting concerns and covers all commissioned, as well as internally provided, services. Externally commissioned services must have their own internal whistle-blowing procedures.
- 18.6.3 A leaflet should be available to publicise the whistle-blowing procedure. This should provide information about [\*Public Concern at Work\*](#), an independent charity whose lawyers can give free confidential advice about how to raise a concern about malpractice at work (see inside front cover for local contact details).
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## 19 Serious case reviews

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## 19.1 Serious case reviews

### Introduction

Serious case reviews are undertaken in order for agencies and individuals to learn lessons to improve the way in which they work both individually and collectively to safeguard and promote the welfare of children. The *London Serious Case Review (SCR) Toolkit* available at [www.londonscb.gov.uk/](http://www.londonscb.gov.uk/) provides supplementary guidance to these *Procedures* to support a consistent and effective approach by LSCBs to undertaking and learning from a serious case review.

### Focus on the child

- 19.1.1 It is essential, to maximise the quality of learning, that the child's daily life experiences and an understanding of his or her welfare, wishes and feelings are at the centre of the serious case review, irrespective of whether the child died or was seriously harmed. This perspective should inform the scope and terms of reference of the serious case review as well as the ways in which the information is presented and addressed at all stages of the process, including the conclusions and recommendations.

### Purpose of a serious case review (SCR)

- 19.1.2 The purpose of a serious case review is to:
- Establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
  - Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result, and as a consequence;

- To improve intra- and inter-agency working and better safeguard and promote the welfare of children.
- 19.1.2 Serious case reviews are not inquiries into how a child died or was seriously harmed, or who is culpable; that is a matter for coroners and criminal courts respectively to determine, as appropriate.
- 19.1.3 Serious case reviews are also not part of any disciplinary inquiry or process relating to individual practitioners. Where information emerges in the course of a serious case review indicating that disciplinary action should be initiated under established procedures, the relevant processes should be undertaken separately from the serious case review process. Alternatively, some serious case reviews may be conducted concurrently with (but separately from) disciplinary action. In some cases (for example, alleged institutional abuse) it may be necessary to initiate disciplinary action as a matter of urgency to safeguard and promote the welfare of other children.

### Safeguarding siblings or other children

- 19.1.4 When a child dies or is seriously harmed, and abuse or neglect is known or suspected to be a factor, local organisations should immediately ascertain whether there are other children who are suffering, or likely to suffer, significant harm and who require safeguarding e.g. siblings or other children in an institution or social network (including ICT) within which abuse is alleged.
- 19.1.5 Where there are concerns about the welfare of siblings or other children the guidance in [section 6. referral and assessment](#) should be followed. See also [section 14. Organised and complex abuse](#) as appropriate.

### Reviewing and investigative functions of LSCBs

- 19.1.6 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006<sup>118</sup> requires LSCBs to undertake reviews of serious cases. They should be undertaken in accordance with the processes set out in this chapter. The same criteria apply to all children, including those with a disability<sup>119</sup>.
- 19.1.7 Regulation 5 sets out that:
- (1) The functions of a LSCB in relation to its objective (as defined in section 14(1) of the Act) are as follows –
    - (e) undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.
  - (2) For the purposes of paragraph (1) (e) a serious case review is one where –
    - (a) abuse or neglect of a child is known or suspected; and
    - (b) either –
      - (i) the child has died; or
      - (ii) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

<sup>118</sup> The Local Safeguarding Children Boards Regulations 2006, Statutory Instrument no. 2006/90

<sup>119</sup> Safeguarding Disabled Children: Practice guidance (2009). London: Department for Children, Schools and Families

## When to undertake a SCR

- 19.1.8 When a child dies (including death by suspected suicide) and abuse or neglect is known or suspected to be a factor in the death, the LSCB should always conduct a serious case review into the involvement of organisations and professionals in the lives of the child and family. This is irrespective of whether local authority children's social care is, or has been, involved with the child or family.
- 19.1.9 A serious case review should also always be carried out when a child dies in custody, either in police custody, on remand or following sentencing, in a Youth Offending Institution (YOI) or a Secure Training Centre (STC), or where the child was detained under the Mental Health Act 2005.
- 19.1.10 The LSCB should also consider a review when there are concerns about the way in which local professionals and services worked together with respect to a child:
- Who sustains a potentially life-threatening injury or serious and permanent impairment of health and development through abuse or neglect; or
  - Who has been seriously harmed as a result of being subjected to sexual abuse; or
  - Whose parent has been murdered and a homicide review is being initiated under the [Domestic Violence, Crime and Victims Act 2004](#)<sup>120</sup>; or
  - Who has been killed by a parent with a mental illness; or
  - Who has been seriously harmed following a violent assault perpetrated by another child or an adult;

and the case gives rise to concerns about the way in which local professionals and services worked together to safeguard and promote the welfare of children. This includes inter-agency and/or inter-disciplinary working.

- 19.1.11 The following questions may also help in deciding whether a case should be the subject of a serious case review. The answer 'yes' to one or more of these questions is likely to indicate that a serious case review could yield useful lessons:
- Was there clear evidence of a child having suffered, or been likely to suffer, significant harm that was:
    - not recognised by organisations or professionals in contact with the child or perpetrator or
    - not shared with others or
    - not acted on appropriately?
  - Was the child abused or neglected in an institutional setting (for example, school, nursery, children's or family centre, YOI, STC, immigration removal centre, mother and baby unit in a prison, children's home or Armed Services training establishment)?
  - Was the child abused or neglected while being looked after by the local authority?

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<sup>120</sup> <http://www.legislation.gov.uk/ukpga/2004/28/contents>

- Was the child a member of a family that has recently moved to the UK, for example as asylum seekers or temporary workers?
- Did the child suffer harm during an unauthorised absence from an institution, or having run away from home or other care setting?
- Does one or more agency or professional consider that its concerns about a child's welfare were not taken sufficiently seriously, or acted on appropriately, by another?
- Does the case indicate that there may be failings in one or more aspects of the local operation of formal safeguarding children procedures which go beyond the handling of this case?
- Was the child the subject of a child protection plan at the time of the incident, or had they previously been the subject of a plan or on the child protection register?
- Does the case appear to have implications for a range of agencies and/or professionals?
- Does the case suggest that the LSCB may need to change its local protocols or procedures, or that protocols and procedures are not being adequately promulgated, understood or acted on?
- Are there any indications that the circumstances of the case may have national implications for systems or processes, or that it is in the public interest to undertake a serious case review?

### **Deciding which LSCB should take lead responsibility**

- 19.1.12 Where partner agencies of more than one LSCB have known about or have had contact with the child, the LSCB for the area in which the child is / was normally resident (the 'home authority'; see [section 11.9.2 Definition of 'home' and 'host' authority.](#)) should take lead responsibility for conducting any review. Any other LSCBs that have an interest or involvement in the case should be included as partners in jointly planning and undertaking the review.
- 19.1.13 In the case of looked after children, the local authority looking after the child ('the host' authority' see [section 11.9.2 Definition of 'home' and 'host' authority.](#)) should take lead responsibility for conducting the review, again involving other LSCBs with an interest or involvement.

### **Prompting the initiation of a serious case review**

- 19.1.14 Any professional may refer a case to the LSCB that appears to meet the criteria in [19.1.8](#) to [19.1.11](#), above and which he or she considers is likely to have important lessons for inter-agency working. The professional should notify the Chair of the LSCB, and confirm in writing. In addition, the Secretary of State for the Department for Education has powers to demand an inquiry be held under the *Inquiries Act 2005*.
- 19.1.15 The LSCB Chair has ultimate responsibility for deciding whether to conduct a serious case review.



## 19.2 Initiating a serious case review

### SCR sub-committee

19.2.1 Many LSCBs have a standing SCR sub-committee to oversee and quality assure all serious case reviews undertaken by the LSCB, and to provide advice to the LSCB Chair on whether the criteria for conducting a serious case review have been met.

19.2.2 A SCR sub-committee should be chaired by an experienced person who could be the independent Chair of the LSCB, or a member of the LSCB. As a minimum the sub-committee should involve representatives from:

- LA children's social care, health (commissioning Primary Care Trust and other partners as relevant);
- Education; and
- The police.

Members of agencies who have responsibilities for completing individual management reviews may be members of the serious case review sub-committee but it should not consist solely of such people.

### Deciding whether a case meets the SCR criteria

19.2.3 In considering whether a case meets the threshold for a serious case review the LSCB Chair should take written advice from the serious case review sub-committee. Where the child has died, the LSCB Chair should also use information available from the professionals involved in reviewing the child's death (see [section 12 Unexpected death of a child](#)) to assist in making this decision.

19.2.4 The LSCB Chair can advise an agency or agencies to conduct: a single individual management review, e.g:

- A single Individual management review, where there are lessons to be learned about the way in which staff worked within one agency rather than about how agencies worked together; or
- A smaller scale audit of an individual case that gives rise to concern but does not meet the criteria for a serious case review.

For the latter, agencies should consider using methodologies such as those developed by the Social Care Institute for Excellence (SCIE)<sup>121</sup> or root cause analysis used in the health service. Arrangements should be made to share relevant findings with the serious case review sub-committee or serious case review panel.

### Acting on lessons quickly

19.2.5 In all cases, as soon as lessons are able to be identified they should be acted upon without necessarily waiting for a decision to instigate a serious case review or for the review to commence or be completed.

### Timescales for initiating and undertaking a SCR

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<sup>121</sup> Fish S., Munro E. and Bairstow S. (2008) SCIE Report 19: Learning together to safeguard children: developing a multi-agency systems approach for case reviews. London: Social Care Institute for Excellence.

- 19.2.6 Within one month of a case coming to the attention of the LSCB Chair, he or she should decide, following a recommendation from the serious case review sub-committee, whether to initiate a serious case review. See [section 19.7 Overview of SCR process flowchart](#).
- 19.2.7 Serious case reviews should be completed within six months from the date of the decision to proceed. If a serious case review cannot be completed within six months of the LSCB Chair's decision to initiate it (perhaps because of judicial proceedings), the LSCB should revise its timetable.
- 19.2.8 Where an extension beyond the six month timeframe is necessary, the LSCB should:
- Produce an update on progress and a revised project plan, which must include:
    - recommendations for action where these are not dependent on the serious case review being concluded until after other proceedings have ended;
    - actions taken to date;
    - an explanation for the extension to the timescale; and
    - the revised completion date.
  - Inform Ofsted and keep Ofsted fully apprised of timing expectations, of risks of delay and of interdependencies with other parallel or related processes.
- 19.2.9 In some cases, criminal proceedings may follow the death or serious injury of a child. The Chair of the serious case review panel should discuss with the relevant criminal justice agencies such as the police and the CPS, at an early stage, how the review process should take account of such proceedings. For example, how does this affect timing and the way in which the serious case review is conducted (including any interviews of relevant personnel), what is its potential impact on criminal investigations, and who should contribute at what stage? Much useful work to understand and learn from the case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases it may not be possible to finalise the individual management reviews and the overview report or to finalise and publish an executive summary until after coronial or criminal proceedings have been concluded, but this should not prevent early lessons learned from being acted upon.
- 19.2.10 Serious case reviews should not be delayed as a matter of course because of outstanding family, civil or administrative court cases. The LSCB Chair should make these decisions on a case by case basis based on advice from the Chair of the serious case review panel and having consulted with the local authority where there are pending family cases. The LSCB Chair may also need to seek legal advice to assist in deciding how to proceed.
- 19.2.11 The final serious case review report, including the executive summary, should take full account of salient, new information which becomes available during the course of these proceedings and the facts, conclusions and recommendations should be revised accordingly.

### **Notifying the authorities**

- 19.2.12 The LSCB Chair should notify the Department for Education (DfE) and Ofsted whether or not a serious case review will be initiated as soon as the decision is made. PCT commissioners should ensure their Strategic Health Authority (SHA) and the Care Quality Commission (CQC) are notified. The police should also notify Her Majesty's Inspectorate of Constabulary (HMIC) and similarly the

National Offender Management Service should notify Her Majesty's Inspectorate of Prisons (HMIP) and Her Majesty's Inspectorate of Probation (HMI Probation).

- 19.2.13 In all cases and at all stages in the serious case review process from the first notification to Ofsted of a serious incident to the completion of the final serious case review report, information relating to children, family members and professionals involved in the case (with the exception of the LSCB Chair, serious case review panel Chair and the overview report author) should be anonymised by the LSCB before being submitted to any external organisation or body (including the DfE and Ofsted).

### **Determining the scope and terms of reference of a SCR**

- 19.2.14 If the serious case review sub-committee advises that a serious case review should take place, they must also recommend the scope and terms of reference for the review.
- 19.2.15 The initial scoping of the serious case review should take into account current information known in each case and must identify those who should contribute. As further information becomes available other contributors may be needed e.g. specialist adult service providers.
- 19.2.16 Relevant issues to consider include the following:
- What appear to be the most important issues to address in identifying the learning from this specific case? How can the relevant information best be obtained and analysed, including, for instance, information on the mental health of relevant adults?
  - When should the serious case review start, and by what date should it be completed, bearing in mind the timescales for completion set out below? Are there any relevant court cases or investigations pending which could influence progress or the timing of the publication of the executive summary?
  - Over what time period should events in the child's life be reviewed, i.e. how far back should enquiries extend and what is the cut-off point? What family history/background information will help better to understand the recent past and the present?
  - How should the child (where the review does not involve a death), surviving siblings, parents or other family members contribute to the serious case review, and who should be responsible for facilitating their involvement? How will they be involved and contribute throughout the overall process?
  - Are there any specific considerations around ethnicity, religion, diversity or equalities issues that may require special consideration?
  - Did the family's immigration status have an impact on the child/children or on the parents' capacities to meet their needs?
  - Which organisations and professionals should be asked to submit reports or otherwise contribute to the serious case review including, where appropriate, for example, the proprietor of an independent school or a playgroup leader?
  - Who will make the link with relevant interests outside the main statutory organisations, for example independent professionals, independent schools, independent healthcare providers or third sector organisations? Is there a need to involve organisations/professionals

working in other LSCB areas and what should be the respective roles and responsibilities of the different LSCBs with an interest?

- Will the LSCB need to obtain independent legal advice about any aspect of the proposed serious case review?
- Who should be appointed as the independent author for the overview report (bearing in mind that this person should not be the Chair of the LSCB, the serious case review sub-committee or the serious case review panel).
- Might it help the serious case review panel to bring in an outside expert at any stage, to help understand crucial aspects of the case?
- Will the case give rise to other parallel investigations of practice, for example, into the health or adult social care provided or multi-disciplinary suicide reviews, a domestic homicide review where a parent has been killed, a Prisons and Probation Ombudsman (PPO). Fatal Incidents Investigation<sup>122</sup> where the child has died in a custodial setting or a Serious Further Offence (SFO)<sup>123</sup> or MAPPA serious case review (MSCR)<sup>124</sup> process where offenders are charged with serious further offences whilst subject to statutory supervision? And if so, how can a co-ordinated or jointly commissioned review process address all the relevant questions that need to be asked in the most effective way and with minimal delay? Arrangements should be agreed locally on how a NHS Serious Untoward Incident investigation into the provision of healthcare should be co-ordinated with a serious case review.
- How will the serious case review terms of reference and processes fit in with those for other types of reviews – for example, for homicide, mental health or prisons?
- How should the review process take account of a coroner's inquiry, any criminal investigations (if relevant), family or other civil court proceedings related to the case? How will it be best to liaise with the coroner<sup>125</sup> and/or the Crown Prosecution Service (CPS) and to ensure that relevant information can be shared without incurring significant delay in the review process?
- How should the review process take account of relevant lessons learned from research (including the biennial overview reports of serious case reviews) and from serious case reviews which have been undertaken by the LSCB?
- How should any family, public and media interest be managed before, during and after the serious case review? In particular, how should surviving children (where appropriate given their age and understanding) and family members be informed of the findings of the serious case review?

19.2.17 The LSCB Chair should ensure that the terms of reference address the key issues in the case and approve them. Where necessary LSCBs should seek their own legal advice

19.2.18 Some of these issues may need to be revisited by the serious case review panel as the review progresses and new information emerges e.g. through a criminal

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<sup>122</sup> [www.ppo.gov.uk/fatal-incident-investigation/the-process/index.html](http://www.ppo.gov.uk/fatal-incident-investigation/the-process/index.html)

<sup>123</sup> PC 22/2008 (revised Notification and Review Procedures for Serious Further Offences)

<sup>124</sup> [www.probation.homeoffice.gov.uk/output/page30.asp](http://www.probation.homeoffice.gov.uk/output/page30.asp)

<sup>125</sup> [www.justice.gov.uk/guidance/coroners-guidance.htm](http://www.justice.gov.uk/guidance/coroners-guidance.htm)

investigation or a child death review in accordance with [section 10. Unexpected death of a child](#). This may require the terms of reference to be revised and agreed by the LSCB Chair.

### SCR review panel

- 19.2.16 Following a decision by the LSCB Chair to undertake a serious case review, the serious case review sub-committee should commission a serious case review panel to manage the process.
- 19.2.17 Where a LSCB does not have a standing serious case review sub-committee, a serious case review panel should be convened by the LSCB to advise the LSCB Chair on whether the criteria for undertaking a serious case review have been met and, where appropriate, to ensure the serious case review is undertaken in accordance with this guidance. In such circumstances the same membership requirements apply to a serious case review panel as set out in paragraph 19.2.16 for a serious case review sub-committee.
- 19.2.18 The Chair of any serious case review panel should not be a member of the LSCB/s involved in the serious case review, an employee of any of the agencies involved in the serious case review or the overview report author. The serious case review panel Chair can be the independent LSCB Chair, someone from another LSCB which is not involved in the serious case review or from an agency which is not involved in the case.

## 19.3 Individual management reviews

- 19.3.1 As soon as a decision is taken to proceed with a serious case review each relevant service should undertake an individual management review of its involvement with the child and family.
- 19.3.2 If a case gives rise to concerns within the individual organisation the organisation should not wait for the decision to initiate a serious case review before start an individual management review.
- 19.3.3 The aim of an individual management review is:
- To look openly and critically at individual and organisational practice and at the context within which people were working;
  - To see whether the case indicates that improvements could and should be made; and, if so,
  - To identify how those changes can be brought about.
- 19.3.4 The aim of management reviews should be achieved through:
- Establishing a factual chronology of the action which has been taken within the agency;
  - Analysing the involvement of the agency;
  - Identifying what lessons may be learned from the case about the way in which the agency works to safeguard children and promote their welfare;
  - Recommending appropriate action in the light of the identified lessons. This should include the intended outcomes and an expectation that the agency will review whether these have been achieved.

## Agency involvement

- 19.3.5 Once it is known that a case is being considered for review, each organisation should secure its records relating to the case to guard against loss or interference. Once it is decided that a serious case review will be undertaken, individual organisations, having secured their case records promptly, should begin quickly to draw up a chronology of their involvement with the child and family.

## Independent consultants

- 19.3.6 Where independent professionals have been involved with the case, they should contribute reports of their involvement.

## Cafcass

- 19.3.7 Where Cafcass contributes to a review, the prior agreement of the courts should be sought so that the duty of confidentiality which the children's guardian has under the court rules can be waived to the degree necessary.

## Police

- 19.3.8 The police may be restricted in the amount of information they can provide for the serious case review during the process of criminal investigation. Information collected by the police may be subject to rules of disclosure for court proceedings.

## Health services

- 19.3.9 Designated safeguarding health professionals, on behalf of the PCT/s as commissioners, should review and evaluate the practice of all involved health professionals, including GPs and providers commissioned by the PCT area. Where more than one PCT has commissioned services the PCTs will need to agree locally how they will work together. This may involve reviewing the involvement of individual practitioners and NHS Trusts, and advising named professionals and managers who are compiling reports for the review. The designated professionals should produce an integrated health chronology and a health overview report focusing on how health organisations have interacted together. This may generate additional recommendations for health organisations. The health overview report will constitute the individual management review for the PCTs as commissioners. Designated safeguarding health professionals also have an important role in providing guidance on how to balance confidentiality and disclosure issues to ensure an objective, just and thorough approach to identifying lessons in the individual management review. If the designated health professional/s have been clinically involved with the case the PCT should seek advice and help from another PCT designated professional as necessary.
- 19.3.10 The process of conducting an individual management review requires access to records relevant to the child such as those from health bodies. The public interest served by this process warrants full disclosure of all relevant information within the child's own records. In some circumstances the person conducting the individual management review may require access to information about third parties (for example, members of the child's immediate family or carers) that is either contained within the child's health records or in the health records of another person. While in most cases there will be a public interest in disclosing this information, the record holder/s should ensure that any information they disclose about a third party is both necessary and proportionate. All disclosures of information about third parties need to be considered on a case by case basis, and the reasoning for either disclosure or non-disclosure should be fully



documented. This applies to all records of NHS-commissioned care, whether provided under the NHS or in the independent or third sector.

### **Custodial services**

- 19.3.11 Where a child dies in or whilst under escort to or from a custodial setting such as a YOI or STC, the PPO will conduct a fatal incidents investigation and report on the circumstances surrounding the death of that child. The investigation will examine the child's period in custody and assess the clinical care they received as well as examining relevant factors which led to the child being placed in custody. In such cases a representative of the Youth Justice Board (YJB) should be a member of the serious case review panel to help ensure that relevant youth justice issues are covered. The PPO may be invited to attend serious case review panel meetings for specific, agreed purposes. The serious case review terms of reference should set out how the PPO, the serious case review panel and the serious case review sub-committee will work together to share relevant information during the process of undertaking the serious case review <sup>126</sup>.

### **Engaging staff**

- 19.3.12 Where staff or others are interviewed by those preparing individual management reviews, a written record of such interviews should be made and this should be shared with the relevant interviewee. If the review finds that policies and procedures have not been followed, relevant staff or managers should be interviewed in order to understand the reasons for this.
- 19.3.13 On completion of each individual management review report there should be a process of feedback and debriefing for the staff involved in the case, in advance of completion of the overview report. There should also be a follow-up feedback session with these staff once the serious case review report has been completed and before the executive summary is published. It is important that the serious case review process supports an open, just and learning culture and is not perceived as a disciplinary-type hearing which may intimidate and undermine the confidence of staff.

### **Scope and format of IMRs**

- 19.3.14 The following outline format should guide the preparation of individual management reviews to help prepare an overview report. The questions posed do not comprise a comprehensive checklist relevant to all situations. Each case may give rise to specific questions or issues that need to be explored, and each serious case review should consider carefully the circumstances of individual cases and how best to structure the serious case review in the light of the particular circumstances.

### **What was our involvement with this child and family?**

- 19.3.15 Construct a comprehensive chronology of involvement by the organisation and/or professional/s in contact with the child and family over the period of time set out in the review's terms of reference. (This chronology should clearly set out when the child was seen and whether the wishes and feelings of the child were sought.) Briefly summarise decisions reached, the services offered and/or provided to the child/ren and family, and other action taken.

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<sup>126</sup> The DfE and PPO are agreeing a memorandum which will set out in more detail how LSCBs and the PPO relate to each other when a fatal incidents investigation is being undertaken by the PPO and a SCR is being undertaken by a LSCB/s with respect to the same child

## Sample Chronology Table

Date	Source of Information	Family Contact - Child	Family Contact - Adult	Communication - within agency	Communication - external to agency	Response or Outcome	Comments

19.3.16 Where an agency has had relevant contact with the alleged perpetrator, the chronology should also cover these actions and should ask whether everything was done which might reasonably have been expected to manage effectively the risk of harm posed by the alleged perpetrator to the child.

### Analysis of involvement

19.3.17 Consider the events that occurred, the decisions made, and the actions taken or not taken. Where judgements were made, or actions taken, which indicate that practice or management could be improved, try to get an understanding not only of what happened but why something either did or did not happen. Consider specifically the following:

- Were practitioners aware of and sensitive to the needs of the children in their work, and knowledgeable both about potential indicators of abuse or neglect and about what to do if they had concerns about a child's welfare?
- When, and in what way, were the child/ren's wishes and feelings ascertained and taken account of when making decisions about the provision of children's services? Was this information recorded?
- Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of children and acting on concerns about their welfare?
- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the child and family? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decisions made? Were appropriate services offered/provided, or relevant enquiries made, in the light of assessments?
- Were there any issues, in communication, information sharing or service delivery, between those with responsibilities for work during normal office hours and others providing out of hours services?
- Where relevant, were appropriate child protection or care plans in place, and child protection and/or looked after reviewing processes complied with?
- Was practice sensitive to the racial, cultural, linguistic and religious identity and any issues of disability of the child and family, and were they explored and recorded?
- Were senior managers or other organisations and professionals involved at points in the case where they should have been?

- Was the work in this case consistent with each organisation's and the LSCB's policy and procedures for safeguarding and promoting the welfare of children, and with wider professional standards?
- Were there organisational difficulties being experienced within or between agencies? Were these due to a lack of capacity in one or more organisations? Was there an adequate number of staff in post? Did any resourcing issues such as vacant posts or staff on sick leave have an impact on the case?

19.3.18 Was there sufficient management accountability for decision making?

#### **What do we learn from this case?**

19.3.19 The following questions should be answered:

- Are there lessons from this case for the way in which this organisation works to safeguard and promote the welfare of children?
- Is there good practice to highlight, as well as ways in which practice can be improved?
- Are there implications for ways of working; training (single and inter-agency); management and supervision; working in partnership with other organisations; resources?
- Are there implications for current policy and practice?

#### **Recommendations for action**

19.3.20 The following questions should be answered:

- What action should be taken by whom and when?
- What outcomes should these actions bring, and in what timescales, and how will the organisation evaluate whether they have been achieved?
- Are there any immediate statutory requirements for the notification of concerns and are there likely to be any media handling issues?

#### **Quality assurance**

19.3.21 The individual management review reports should be quality assured by the senior officer in the agency which has commissioned the report and when they are satisfied the findings should be accepted by the agency. This senior officer will be responsible also for ensuring that the recommendations of the individual management review, and where appropriate the overview report, are acted on. To facilitate this, each LSCB agency should have clear procedures on the conduct of management reviews.

## **19.4 LSCB overview report**

19.4.1 The serious case review panel is responsible for producing a composite overview report for the LSCB. It should be commissioned from a person who is independent of all the agencies / professionals involved.

19.4.2 The overview report should enable professionals from all relevant sectors to understand fully what happened in each case – the context in which the events occurred – and to learn and apply the lessons. The overview report should bring together the facts, analyses the findings of the internal management and other reports and makes recommendations for future action.

## Publishing overview reports and executive summaries

19.4.3 The overview report and the executive summary of all serious case reviews completed after 10<sup>th</sup> June 2010 must be published. The presumption is that all SCRs will be published, anonymised and without identifying details, unless there are compelling reasons relating to the welfare any surviving children directly concerned in the case for this not to happen.

19.4.4 There is an important balance to be struck between transparency and openness and the protection and welfare of individuals and their siblings. This means preparing the SCR overview report in a form suitable for publication, or redacting it appropriately before publication in order to protect the identity of children, relevant family members and others, and comply with the Data protection Act 1998 when published.

LSCBS should also be mindful of other restrictions on publication of information e.g. Court orders and constraints on public information sharing when criminal proceedings are outstanding, and should take independent advice if there is any doubt about compliance with the law.

19.4.5 The internal management reviews should not be made publicly available.

## Suggested format for LSCB overview report

19.4.6 Overview reports should be produced according to the following outline format although, as with management reviews, the precise format will depend upon the features of the case. This outline will be most relevant to abuse or neglect which has taken place in a family setting (a review is likely to be more complex for abuse in an institutional setting or complex situation).

19.4.7 The introduction should:

- Summarise the circumstances that led to a serious case review being undertaken in this case.
- State the terms of reference of the review.
- Record the methodology used including the documents reviewed, and whether the information was provided in an interview or through written evidence.
- List agencies or types of contributors to review and the nature of their contributions (for example, individual management review by local authority, report through the PCT as commissioner from adult mental health service). List the names and roles/positions/job titles of the LSCB Chair, serious case review panel Chair, the author of the overview report and the job titles and employing organisations of all the serious case review panel members.
- List external investigations, if any, that are being conducted (e.g. a Probation and Prisons Ombudsman investigation following the death of a child in custody or a mental health inquiry).

19.4.8 There should be a section providing facts which has:

- An anonymised genogram showing membership of family, extended family and household; and
- An integrated chronology of involvement with the child and family on the part of all relevant organisations, professionals and others who have contributed to the review process. Note specifically in the chronology each occasion on which the child was seen, if the child was seen alone and whether the child's wishes and feelings were sought or expressed;

- Explicitly consideration of any relevant ethnic, cultural or other equalities issues and whether these are relevant to the behaviours and approach taken by the organisations and professionals involved; and
- A summary of the relevant information that was known to the agencies and professionals involved about the parents/carers, any perpetrator and the home circumstances of the children.

19.4.9 There should be a section providing an analysis of how and why events occurred, decisions were made and actions taken or not taken. This is the part of the report where reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events. It is important that this is objective and open, being clear where systems could improve. The analysis section is also where any examples of good practice should be highlighted. The findings from this serious case review should be considered alongside learning from previous serious case reviews undertaken by the LSCB and findings from relevant research.

19.4.10 There should be a conclusions and recommendations section summarising what lessons are to be drawn from the case, and how those lessons should be translated into recommendations for action, and to what timescales. Recommendations should include, but should not simply be limited to, the recommendations made in individual reports from each organisation. Recommendations should usually be few in number, focused and specific, and capable of being implemented. If there are lessons for national as well as local policy and practice, these should also be highlighted and the information sent to the relevant government department.

### **SCR panel responsibilities for the overview report**

19.4.11 The serious case review panel should:

- Ensure that it actively manages the serious case review process, seeking legal advice as necessary, so that the findings from other relevant processes such as care or criminal proceedings, an inquest or inquiry/investigation are incorporated into the serious case review report;
- Identify any urgent action arising from the serious case review which requires immediate action and notify the LSCB Chair in order for action to be taken;
- Ensure efficient compilation of the multi-agency chronology (which forms part of the LSCB overview report). The panel should use the chronology to identify any discrepancies between agency reports, and notify the LSCB Chair so that they can be clarified with the agencies;
- Consider the individual management reviews reports and ensure that contributing agencies and individuals are satisfied that their information is fully and fairly represented in the overview report;
- Ensure that the overview report is of a high standard and is written in accordance with this guidance. Including deciding:
  - whether the overview report should be prepared in a form suitable for publication in anonymised form and not containing any identifying details, or
  - whether the report will be redacted appropriately before publication (see [19.4.3](#) and [19.4.4](#), above)

- Ensuring that the executive summary and the overview report are properly prepared for publication – accurately representing the full serious case review, including the action plan in full and being fully anonymised / redacted (see [19.4.3 and 19.4.4](#), above). The report should, however, include the names of the LSCB Chair, serious case review panel Chair, the overview report author, and the job titles and employing organisations of all the serious case review panel members.;
- Translate recommendations into an action plan that should be signed up to by the senior manager in each of the organisations which will be involved in implementing the action plan. The plan should set out who will do what, by when, with what intended outcome and how success will be measured. The plan should set out the means by which improvements in practice/systems will be monitored and reviewed;
- Clarify to whom, in which agencies, attention should be drawn to the executive summary, overview report and action plan to support implementation of the recommendations and the learning of the lessons; and
- Make arrangements to provide feedback and debriefing to the child (if surviving) and family members/carers of the subject child as appropriate, following completion of the executive summary and overview report.

## Executive summary

19.4.12 In all cases, the serious case review overview report and the individual management reviews should be used to produce an executive summary which accurately reflects the full overview report. The executive summary should include information about the review process, key issues arising from the case, the recommendations and the action plan (including any actions that have been completed). The content of the executive summary needs to be suitably anonymised (see [19.4.3 and 19.4.4](#), above). The executive summary should, however, include the names of the LSCB Chair, serious case review panel Chair, the overview report author, and the job titles and employing organisations of all the serious case review panel members.

19.4.13 Executive summaries should be produced according to the following outline format although, as with individual management reviews and overview reports, the precise format will depend on the features of the case:

19.4.14 Introduction:

- Summarise the circumstances that led to a serious case review being undertaken in this case and the process followed by the review.
- List the names of the LSCB Chair, serious case review panel Chair and the author of the overview report, and the job titles and employing organisations of all serious case review panel members.
- Note the parallel processes, where relevant, that are being or have been conducted and how they have interrelated with the processes followed by the review (e.g. criminal proceedings, PPO investigation following the death of a child in custody, or independent investigation of adverse events in mental health services).
- Note the extent to which the family (and the child, where he or she has been seriously harmed) have been involved in the review.

19.4.15 The facts/summary of events:



- Summarise the key facts of the case and the sequence of events. This should be an accurate précis of circumstances of the child and their family and of the chronology of the involvement of the relevant agencies. The narrative should be consistent with the detailed chronology in the full overview report.
- Care should however be taken to ensure that the summary is appropriately anonymised and sensitive to the child and family in respect of information that will be available in the public domain.

19.4.16 Key issues or themes arising from the case

- Summarise the key issues or themes arising from the analysis in the overview report, and highlight the key decisions taken in respect of the child and their family and the opportunities for early intervention where they existed. With hindsight could or should different decisions or actions have been taken at the time?

19.4.17 Priorities for learning and change

- Describe clearly the conclusions and lessons learned from the review, both for individual agencies and for inter-agency working through the LSCB and the Children's Trust Board, ensuring these are in the context of the issues or themes that arose from the case.
- Identify examples of good practice as well as being clear where systems should improve.

19.4.18 Recommendations and action plan

- Reproduce the recommendations and action plan from the full SCR.
- The action plan should highlight which recommendations are relevant to which agencies, the agency/ies responsible for taking forward specific recommendations, how action will be monitored and by whom. It should also set out the progress that has already been made in implementing or completing recommendations and plans to evaluate the impact of these changes.

### **LSCB action on receiving the SCR report**

19.4.19 The serious case review sub-committee, on behalf of the LSCB, should quality assure the final serious case review – that is, the individual management reviews reports, the overview report, the executive summary and the action plan.

19.4.20 The LSCB should approve the final serious case review and:

- Provide an anonymised copy of the individual management reviews, overview report, executive summary and the individual and multi-agency action plans and chronologies to Ofsted, the SHA and DfE. All personal information relating to children, family members and professionals involved in the case (with the exception of the names of the LSCB and serious case review panel Chair and the overview report author) should be anonymised in all the serious case review documentation submitted to Ofsted. If the child died in a custodial setting, copies of the anonymised serious case review should be made available to the YJB and copies of the anonymised overview report and executive summary should be provided to the PPO;

- Make arrangements to provide feedback and debriefing to staff and the media as appropriate;
- Disseminate the overview report and/or the executive summary and key findings to relevant interested parties;
- Publish the serious case review overview report and executive summary once the serious case review has been completed (see [19.4.3](#) and [19.4.4](#) above);
- Implement those actions for which the LSCB has lead responsibility and monitor the timely implementation of the serious case review action plan;
- On receipt of the evaluation letter from Ofsted, take action as necessary to amend the action plan and/or the serious case review report if the serious case review executive summary has been published before receiving Ofsted's feedback; and
- Formally conclude the review process when the action plan has been implemented.

19.4.21 The LSCB should decide on a case by case basis when to publish the overview report and the executive summary. This decision should take account of the timing of the conclusion of relevant court cases and statutory processes such as inquests or a Probation and Prisons Ombudsman investigation. The LSCB, on advice from the serious case review panel and where relevant the CPS, the police or its lawyers, should decide whether new information may become available from these other processes which is likely to have an impact on the lessons to be learnt from the serious case review. If the findings are not likely to have an impact, then there should be no delay in publishing the serious case review executive summary. On the other hand, in some cases it may be best to undertake the individual management reviews and finalise them and the serious case review overview report in the light of this new information or findings before publication of the serious case review executive summary. In addition, LSCBs may decide to take account of any points raised in Ofsted's evaluation of the serious case review before publishing the serious case review executive summary but, depending on local circumstances, it may be necessary for the LSCB to publish it prior to the completion of an evaluation by Ofsted.

19.4.22 All serious case review s are evaluated by Ofsted and, in line with the arrangements agreed between inspectorates, the evaluation may involve other inspectorates notably the CQC and HMIC. The evaluation will be shared with the LCSB and, together with the published executive summary, with partner inspectorates and government. Where a serious case review has been evaluated as 'inadequate' the LSCB should convene a serious case review panel, to be chaired by an independent person, to reconsider the review. The LSCB is then required to submit to Ofsted, within three months, an action plan that addresses the inadequacies of the serious case review.

### **Audit and monitoring**

19.4.23 Monitoring of the action plan produced from the overview report will be undertaken by the serious case review sub-committee reporting back to LSCB.

19.4.24 Any areas of inter-agency activity identified as of particular concern may also be referred for consideration by the quality assurance sub-committee as a potential area for future audit and research.

## 19.5 Reviewing institutional abuse

- 19.5.1 When serious abuse takes place in an institution, or multiple abusers are involved, the same principles of review apply but reviews are likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to the specific case.
- 19.5.2 If, for example, children had been abused in a residential school, it would be important to explore whether and how the school had taken steps to create a safe environment for children, and to respond to specific concerns raised.
- 19.5.3 There needs to be clarity over the interface between the different processes of investigation (including criminal investigations); case-management, including help for abused children and immediate measures to ensure that other children are safe; and review (i.e. learning lessons from the case to reduce the chance of such events happening again). The three different processes should inform each other. Any proposals for review should be agreed with those leading criminal investigations, to make sure that they do not prejudice possible criminal proceedings.

## 19.6 Public accountability and confidence

- 19.6.1 All serious case review overview reports and executive summaries completed after 10<sup>th</sup> June 2010 must be published, unless there are compelling reasons not to do so (see [19.4.3](#) and [19.4.4](#), above). Publishing is designed to reflect public accountability, promote public confidence and improve transparency in the child protection system.
- 19.6.2 Following publication LSCBs and partner agencies should anticipate the response from the media and plan in advance how to manage it constructively. A lead agency may take responsibility for de-briefing family members, or for responding to media interest about a case, in liaison with contributing agencies and professionals.
- 19.6.3 The LSCB should ensure that Ofsted and all other relevant bodies including the SHA, the CQC, HMIC, HMIP and HMI Probation are appropriately briefed in advance about the publication of the overview report and executive summary. Where a child has died in a custodial setting, this briefing should include the YJB and the PPO. The SHA should brief the Department of Health.

### Learning lessons locally

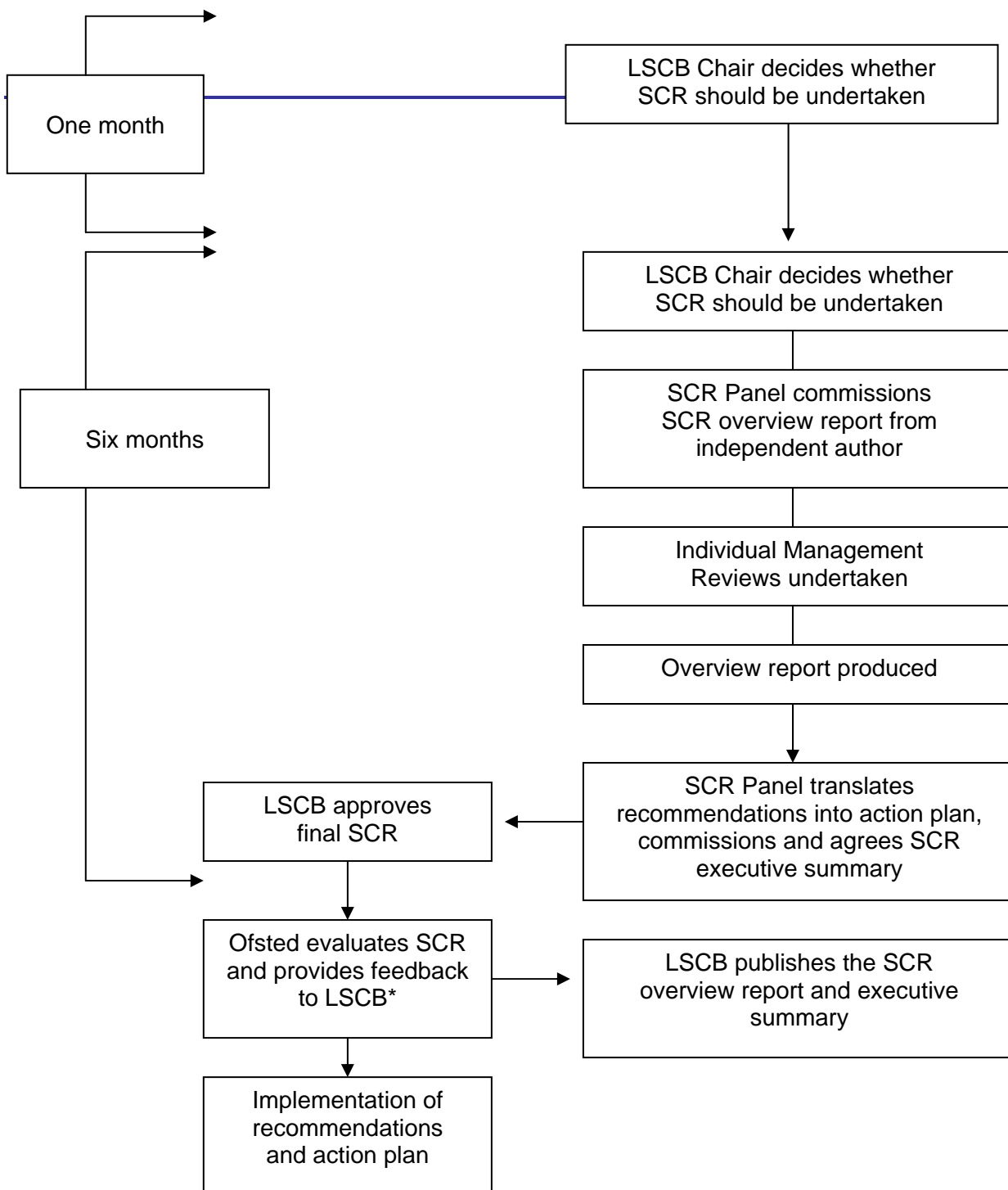
- 19.6.4 As the purpose of SCRs is to learn lessons for improving both individual agency and inter-agency working, they will be of little value unless the lessons are indeed learned and acted upon. At least as much effort should be spent on acting upon recommendations as on conducting the review. The following may help in getting maximum benefit from the review process:
- As far as possible, conduct the review in such a way that the process is a learning exercise in itself, rather than a trial or ordeal;
  - Consider what information needs to be disseminated, how, and to whom, in the light of a review. Be prepared to communicate both examples of good practice and areas where change is required;

- Focus recommendations on a small number of key areas, with specific and achievable proposals for change and intended outcomes; primary care trusts (PCTs) should seek feedback from the strategic health authority, who should use it to inform their performance management role;
  - The LSCB should put in place a means of auditing action against recommendations and intended outcomes;
  - Seek feedback on review reports from Ofsted, who should use reports to inform inspections and performance management.
- 19.6.5 Day-to-day good practice can help ensure that reviews are conducted successfully and in a way most likely to maximise learning:
- Establish a culture of audit and review. Make sure that tragedies are not the only reason inter-agency work is reviewed;
  - Have in place clear, systematic case recording and record keeping systems;
  - Develop good communication and mutual understanding between different disciplines and different LSCB members;
  - Communicate with the local community and media to raise awareness of the positive and 'helping' work of statutory services with children, so that attention is not focused disproportionately on tragedies;
  - Make sure staff and their representatives understand what can be expected in the event of a child death / case review.
- 19.6.6 The SCR sub-committee should provide information to relevant LSCB/s on the actions taken in response to SCRs which have been completed by the LSCB/s in the previous year. LSCBs will draw on this information when publishing their annual reports. Appropriate care should be taken to ensure confidentiality of personal information and sensitivity to the families whose child is the subject of a SCR. The LSCB annual report should support the driving forward of measures to prevent child deaths and serious harm where abuse and neglect have been factors and to safeguard and promote the welfare of children.

### Learning lessons regionally and nationally

- 19.6.7 Taken together, child death and serious case reviews should be an important source of information to inform national policy and practice.
- 19.6.8 The London Safeguarding Children Board is in a position to identify and disseminate common themes and trends across London review reports, and support London LSCBs to act on lessons for policy and practice. The London Safeguarding Children Board undertakes this activity in collaboration with London LSCBs.
- 19.6.9 The DfE is responsible for identifying and disseminating common themes and trends across review reports, and acting on lessons for policy and practice. The DfE commissions regular reports, drawing out key findings of SCRs and their implications for policy and practice to assist the process of learning lessons. In the future relevant findings from the work of the local child death overview teams will be integrated into these reports.
- 19.6.10 Professionals may also wish to refer to [\*Working Together to Safeguard Children \(DCSF, 2010\)\*](#) chapter 8, which contains additional information and may assist.

## 19.7 Overview of SCR process flowchart



## Appendix 1 – Statutory framework

- 1.1 All agencies that work with children and families share a commitment to safeguard and promote their welfare, and for many agencies that is underpinned by a statutory duty or duties.
- 1.2 This appendix briefly explains the legislation most relevant to work to safeguard and promote the welfare of children.

### 2. Children Act 2004

- 2.1 **Section 10** requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners (see the table below) and such other persons or bodies working with children in the local authority's area, as the authority consider appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area - which includes protection from harm or neglect, alongside other outcomes. This section of the [Children Act 2004](#) is the legislative basis for children's trust arrangements.
- 2.2 **Section 11** requires a range of agencies (see table below) to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the need to safeguard and promote the welfare of children.
- 2.3 **Section 12** enables the Secretary of State to require local authorities to establish and operate databases relating to the s10 or s11 duties (above) or the s175 duty (below), or to establish and operate databases nationally. The section limits the information that may be included in those databases and sets out which agencies can be required to, and which can be enabled to, disclose information to be included in the databases.
- 2.4 **Section 12a** was inserted by section 194 of the [Apprenticeships, Skills, Children and Learning Act 2009](#) and requires the co-operation arrangements made under section 10 to include the establishment of a Children's Trusts Board.
- 2.5 **Section 13** of the [Children Act 2004](#) requires a range of agencies (see table) to take part in Local Safeguarding Children Boards. Sections 13-16 set out the framework for LSCBs, and the LSCB regulations, issued for consultation alongside this document, set out the requirements in more detail in particular on LSCB functions.

### 3. Education Act 2002

- 3.1 **Section 175** puts a duty on local education authorities, maintained (state) schools, and further education institutions, including sixth form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children – children who are pupils, and students under 18 years of age, in the case of schools and colleges.
- 3.2 The same duty is put on independent schools, including academies, by regulations made under s157 of that Act.

#### Table: Bodies covered by key duties



Body (in addition to local authorities)	CA 2004 s10 (duty to cooperate)	CA 2004 11 (duty to safeguard and promote welfare)	Education Act 2002 s175 (duty to safeguard and promote welfare) and regulations	CA 2004 s13 (statutory partners in LSCBs)	CA 1989 s27 (help with children in need)	CA 1989 s47 (help with enquiries about significant harm)
Police authority	X	X				
Chief officer of police	X	X		X		
Local probation board	X	X		X		
SoS re functions in s2-3 of the Offender Management Act 2007	X	X				
Provider of probation services required under s3(2) OMA 2007	X	X				
British Transport Police		X				
Prison or secure training centre		X		X (which detains children)		
Youth Offending Team	X	X		X		
Strategic Health Authority	X	X		X	X	X
Primary Care Trust	X	X		X	X	X
Special Health Authority		X (as designated by the SoS)				
NHS trust		X		X	X	X
NHS foundation trust		X		X	X	X

Connexions Service	X	X		X		
Learning and Skills Council	X					
CAFCASS				X		
Maintained schools			X	X		
FE colleges			X	X		
Independent schools			X	X		
Contracted services	X	X	X			
SoS re functions in section 2 Employment and Training Act 1973				X		
Such other persons as the authority considers appropriate	X			X (after consulting partners)		

## 4. Children Act 1989

### Children Act 1989 s17 (1) and (10)

- 4.1 The [Children Act 1989](#) places a duty on councils with social services responsibilities to promote and safeguard the welfare of children in need in their area.
- 4.2 **Section 17(1)** of the [Children Act 1989](#) states that:  
It shall be the general duty of every local authority –
- To safeguard and promote the welfare of children within their area who are in need; and
  - So far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.
- 4.3 **Section 17 (10)** states that a child shall be taken to be in need if:
- a) S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
  - b) His / her health or development is likely to be significantly impaired, or further impaired, without the provision of such services, or
  - c) S/he is disabled.

- 4.4 The primary focus of legislation about children in need is on how well they are progressing and whether their development will be impaired without the provision of services.

### Children Act 1989 s27

- 4.5 **Section 27** places a specific duty on other local authority services and health bodies to co-operate in the interests of children in need. It states that:

Where it appears to a local authority that any authority or other person mentioned in sub-section (3) could, by taking any specified action, help in the exercise of any of their functions under this Part, they may request the help of that other authority or persons, specifying the action in question. An authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.

- 4.6 The persons are –

- a) Any local authority;
- b) LA education;
- c) Any local housing authority;
- d) Any health authority, special health authority, Primary Care Trust or National Health Services Trust; and
- e) Any person authorised by the Secretary of State for the purpose of this section.

- 4.7 In addition Section 322 of the [Education Act 1996](#) places a duty on LA children's social care to assist LA education where any child has special educational needs.

### Children Act 1989 s47

- 4.8 Under section 47 of the [Children Act 1989](#), the same agencies are placed under a similar duty to assist local authorities in carrying out enquiries into whether or not a child is at risk of significant harm.

- 4.9 Section 47 also sets out duties for the local authority itself, around making enquiries in certain circumstances to decide whether they should take any action to safeguard or promote the welfare of a child.

- 4.10 **Section 47(1)** of the [Children Act 1989](#) states that:

Where a local authority:

- (a) Are informed that a child who lives, or is found, in their area is the subject of:
  - (i) An emergency protection order; or
  - (ii) Is in police protection; or
  - (iii) Has contravened a ban imposed by a curfew notice imposed within the meaning of Chapter I of Part I of the [Crime and Disorder Act 1998](#); or
- (b) Have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm:

The authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

- 4.11 In the case of a child falling within paragraph (a) (iii) above, the enquiries shall be commenced as soon as practicable and in any event, within 48 hours of the authority receiving the information.

### **Children Act 1989 s17 and (5)**

- 4.12 Under section 17 of the [Children Act 1989](#), councils with social services responsibilities carry lead responsibility for establishing whether a child is in need and for ensuring services are provided to that child as appropriate. This does not require councils with social services responsibilities themselves necessarily to be the provider of such services.
- 4.13 **Section 17(5)** of the [Children Act 1989](#) enables the councils with social services responsibilities to make arrangements with others to provide services on their behalf.

Every local authority:

- a) Shall facilitate the provision by others (including in particular voluntary agencies) of services which the authority have power to provide by virtue of this section, or s18, s20, s23 or s24; and
- b) May make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.

### **Children Act 1989 s53**

- 4.14 **Section 53** of the [Children Act 2004](#) amends both s17 and s47 of the [Children Act 1989](#), to require in each case that before determining what services to provide or what action to take, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare:
- a) Ascertain the child's wishes and feelings regarding the provision of those services; and
  - b) Give due consideration (having regard to his / her age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

### **Emergency protection powers**

- 4.15 There are a range of powers available to local authorities and their statutory partners to take emergency action to safeguard children.

#### **Emergency Protection Orders**

- 4.16 The court may make an emergency protection order under s44 of the [Children Act 1989](#) if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:
- S/he is not removed to accommodation; or
  - S/he does not remain in the place in which he is then being accommodated.
- 4.17 An emergency protection order may also be made if s47 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

- An emergency protection order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of eight days (with a possible extension of up to seven days).

### Exclusion requirement

- 4.18 The Court may include an exclusion requirement in an emergency protection order or an interim care order (s38A and s44A of the [Children Act 1989](#)).
- 4.19 This allows a perpetrator to be removed from the home instead of having to remove the child. The Court must be satisfied that:
- There is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm or that enquires will cease to be frustrated; and
  - Another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

### Police protection powers

- 4.20 Under s46 of the [Children Act 1989](#), where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, s/he may:
- Remove the child to suitable accommodation and keep him or her there; or
  - Take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.
- 4.21 No child may be kept in police protection for more than 72 hours

## 5. Homelessness Act 2002

- 5.1 Under s12, housing authorities are required to refer homeless persons with dependent children who are ineligible for homelessness assistance or are intentionally homeless to LA children's social care, as long as the person consents.
- 5.2 If homelessness persists, any child in the family could be in need. In such cases, if LA children's social care decides the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable assistance in this and the housing authority must respond.
-

## Appendix 2 – Third sector agencies and community groups keeping children safe

- 1.1 Where an agency or community group is responsible for bringing together children and adults, that agency / group must exercise its responsibilities to ensure that the children are safe and protected from avoidable harm.
- 1.2 To achieve this all such agencies and community groups should have in place the following:

### Child protection policies

- 1.3 Each agency / group should to develop and publish internal policies, which recognise the agency /group's responsibilities to the children with whom it works and be consistent with the *London Child Protection Procedures*. These policies should:
  - Express the agency/group's commitment to protecting and promoting the welfare of the children with whom it works;
  - Recognise the necessity of working with those agencies charged with statutory child protection duties;
  - Confirm its commitment to ensure that recruitment and working practices reflect these ambitions.

### Child protection procedures

- 1.4 Each agency / group is expected to develop and publish internal procedures for all of its professional, paid and volunteer staff detailing actions to be taken whenever there is a concern that a child's welfare might be at risk. Such procedures must be consistent with:
  - The *London Child Protection Procedures*;
  - Relevant legislation;
  - Good practice guidance for the area of activity.

### Code of good practice

- 1.5 Each agency / group should develop and publish guidance for all of its staff and / or volunteers based upon existing codes and practice guidance for the specified area of activity. A code of good practice should:
  - Identify the expected behaviours of responsible adults when supervising, teaching, coaching or providing support to children, in both formal and informal settings;
  - Specify desirable staff and gender ratios and how these may be achieved;
  - Recognise and address issues of power, gender, sexuality and sexual orientation and place emphasis on practice that both protects children and promotes their self-esteem and development.
- 1.6 Adherence to the code of good practice by all staff / volunteers should be compulsory. Failure to follow the code of good practice without prior authorisation from senior personnel must result in an immediate enquiry.

### Recruitment selection and vetting procedures



- 1.7 See [section 17. Safer recruitment](#) and [section 15. Allegations against staff](#).
- 1.8 Each agency / group is expected to develop and publish its selection and recruitment policies and practices which are designed to identify and exclude any persons who may present a risk to children. Such policies and practices must be consistent with all relevant legislation.
- 1.9 Designated Child Care Agencies ([Protection of Children Act 1999](#)) have statutory responsibilities where staff or volunteers are specifically recruited to have direct contact with children. They qualify for access to the Criminal Records Bureau.
- 1.10 Other agencies, i.e. those which are not regulated by the Act but which also care for children, should provide for the vetting of all potential staff and volunteers and will arrange for access to the Criminal Records Bureau through a registered agency / group.
- 1.11 All agencies should ensure that a minimum of two character / employment references are sought for anyone seeking to work in direct contact with children. References should not be received directly from potential employees or volunteers without active checking of their authenticity.
- 1.12 In addition all agencies must have in place routine systems for continually monitoring the performance of employees and volunteers ensuring compliance to both child protection procedures and the codes of good practice.

### **Staff / volunteer training strategy and implementation**

- 1.13 See [section 16. Supervision and training](#).
- 1.14 Each agency / group should develop and promote a written strategy for ensuring that all staff receive appropriate training in the recognition and response to potential child protection concerns and the operation of their child protection policies and procedures.

### **Nominated safeguarding children adviser**

- 1.15 Each agency / group is expected to nominate and train a leader / senior manager / volunteer co-ordinator to the position of nominated safeguarding children adviser, with specific responsibility for all matters in relation to child protection.
- To provide a single point of contact between the child protection agencies (the police and LA children's social care);
  - To provide internal expert consultation to staff with concerns.
- 1.16 It is likely that this person will also have responsibilities for an overview of all of the Local Safeguarding Children Board requirements. However the nomination of such a person should not diminish the corporate responsibilities of all leaders / managers / governing bodies in such agencies to ensure that child protection and child welfare issues are regularly revisited and reviewed.

### **Equal opportunities policy**

- 1.17 Each agency / group should develop and publish a statement of its equal opportunities policy. Such a policy should ensure that no child is discriminated against on the grounds of race, gender, culture, sexual orientation, economic status or ability (other than where such a distinction is an inherent part of the activity e.g. gender specific activities, religious observance or competitive sports). The policy should address both the corporate and personal

responsibilities of agencies and staff, to ensure that all children are treated with respect and encourage to treat their peers similarly.

## Complaints and grievance policies

- 1.18 See [section 18. LSCBs, quality assurance and conflict resolution](#).
- 1.19 Each agency / group should develop and publish a procedure by which aggrieved children, parents may make representations should they believe that they have been subject to discriminatory, abusive or inappropriate treatment. The procedures must provide for an element of independent review and for adequate redress where a complaint is substantiated.

## Confidentiality policy

- 1.20 See [section 3. Sharing information](#).
- 1.21 Each agency / group should develop and publish a confidentiality policy which details how any information regarding children and their families will be held and under what circumstances such information may be shared with other agencies. The policies must be in accordance with the requirements of the [Data Protection Act 1998](#) and the [Human Rights Act 1998](#).

## Whistle-blowing policy

- 1.22 See [section 18. LSCBs, quality assurance and conflict resolution](#).
- 1.23 Each agency / group should develop and publish a whistle-blowing policy which provides a method for staff, volunteers or service users to make known any concerns that they may have about the behaviour of any other person within the agency / group. Such policies will detail how such matters will be handled and investigated. Such policies must be framed in accordance with the [Human Rights Act 1998](#), [Data Protection Act 1998](#) and [Public Interest Disclosure Act 1998](#).

## Information for parents

- 1.24 See [section 3. Sharing information](#).
- 1.25 Each agency / group and agency/group should publish information for the parents of children with whom it has contact. This information should include:
- Details of the child protection policies and procedures of the agency / group;
  - Advice to parents about how any concerns about children will be dealt with;
  - Advice to parents about how they may make representations of complaints if they have any concerns about the treatment of their children.

## Monitoring and review strategy

- 1.26 See [section 18. LSCBs, quality assurance and conflict resolution](#).
- 1.27 Each agency / group should put into place a strategy for the routine monitoring of its child protection policies and practices. As a minimum this may take the form of an annual review of the child protection policies (relevance, compliance and outcomes) by the senior management team of the agency / group reporting to either the chief executive or management committee / governing body.

## 2. Guidance – Home Office and Charity Commission

2.1 In 1993 the Home Office produced *Safe from Harm - a Code of Practice for Safeguarding the Welfare of Children in Voluntary Organisations in England and Wales*. This continues to be the only Home Office guidance that is available to voluntary agencies in England and Wales and as such, its 13 key recommendations are listed here. It is appropriate to re-visit this guidance, nevertheless agencies should keep in mind it needs updating in the light of all the developments over the past ten years.

2.2 *Safe from Harm* recommends that agencies and community groups:

1. Adopt a policy statement on safeguarding and the welfare of children;
2. Plan the work of the organisation so as to minimise situations where the abuse of children may occur;
3. Introduce a system whereby children may talk with an independent adult;
4. Apply agreed procedures for protecting children to all paid staff and volunteers;
5. Give all paid staff and volunteers clear roles;
6. Use supervision as a means of protecting children;
7. Treat all would-be paid staff and volunteers as job applicants for any position involving contact with children;
8. Gain at least one reference from a person who has experience of the applicants paid work or volunteering with children;
9. Explore all applicants' experience of working or contact with children in an interview before appointment;
10. Find out whether an applicant has any convictions for criminal offences against children;
11. Make paid and voluntary appointments conditional on the successful completion of a probationary period;
12. Issue guidelines on how to deal with the disclosure or discovery of abuse;
13. Train paid staff and volunteers, their line managers or supervisors and policy makers in the prevention of child abuse.

2.3 See also the Charity Commission guidance: *Safeguarding Children: Protecting children in your organisation (March 2009)* at: [www.charity-commission.gov.uk/Charity\\_requirements\\_guidance/Charity\\_governance/Managing\\_risk/protection.aspx](http://www.charity-commission.gov.uk/Charity_requirements_guidance/Charity_governance/Managing_risk/protection.aspx). The Guidance sets out best practice for charities in relation to child protection policy, procedures and systems.

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## Appendix 3 – Faith community contacts and resources

### 1. Community contacts

Organisation	Telephone number	Website
Baptist Church	01235 517 700	<a href="http://www.baptist.org.uk">www.baptist.org.uk</a>
Catholic Church – CSAS	0121 237 6076	<a href="http://www.csas.uk.net">www.csas.uk.net</a>
Church of Jesus Christ and the Latter-day Saints	0121 712 1251	<a href="http://www.lds.org.uk">www.lds.org.uk</a>
Church in Wales	0292 034 8234	<a href="http://www.churchinwales.org.uk">www.churchinwales.org.uk</a>
Methodist and Church of England	020 7467 5189	<a href="http://www.methodistchurch.org.uk">www.methodistchurch.org.uk</a>
Mosques and Imams National Advisory Board (MINAB)	020 8993 7141	<a href="http://www.minab.org.uk">www.minab.org.uk</a>
Movement for Reform Judaism	020 8349 5656	<a href="http://www.reformjudaism.org.uk">www.reformjudaism.org.uk</a>
Muslim Council of Britain	0845 2626 786	<a href="http://www.mcb.org.uk">www.mcb.org.uk</a>
Religious Society of Friends	020 7663 1023	<a href="http://www.quaker.org.uk">www.quaker.org.uk</a>
Salvation Army	020 7367 4772	<a href="http://www.salvationarmy.org.uk">www.salvationarmy.org.uk</a>
United Reform Church	020 7916 2020	<a href="http://www.urc.org.uk">www.urc.org.uk</a>
United Synagogue	020 8343 8989	<a href="http://www.theus.org.uk">www.theus.org.uk</a>

- 1.1 For those from Hindu or Sikh faith, please contact the local temple.
- 1.2 For other faiths including independent Christian churches, please contact the Churches' Child Protection Advisory Service (CCPAS) who are an independent christian child care charity working across the faith sector. Please ring 0845 120 4550, visit [www.ccpas.co.uk](http://www.ccpas.co.uk) or email [info@ccpas.co.uk](mailto:info@ccpas.co.uk).

### 2. Community resources

- 2.1 CCPAS, together with the Lucy Faithful Foundation, have produced materials to assist faith communities in working with offenders, including a DVD, SOS

*Supporting Offenders Safely*, and a booklet, *Help... a sex offender has joined my church*.

- 2.2 CCPAS has also produced *Safe and Secure*, ten safeguarding standards for faith communities, which contains both policies and procedures, as well as a 60 minute safeguarding DVD drama documentary set around the 10 standards.
- 2.3 Faith communities should also refer to section 5.44 Spirit possession or witchcraft of these *London Safeguarding Children Procedures* and the national good practice guidance *Safeguarding Children from Abuse Linked to a belief in Spirit Possession* (DCSF, 2007). Further information is also available on 'Good Practice for Working with Faith Communities – Spirit Possession & Abuse' from CCPAS at <http://www.ccpas.co.uk/Spirit%20Possession.html>
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# Appendix 4 – Information sharing legal framework

## 1. Sources of law

- 1.1 The main sources of relevant law with respect to information sharing and confidentiality in child protection are the:
- [Common law duty of confidence](#);
  - [Human Rights Act 1998](#);
  - [Data Protection Act 1998](#);
  - [Crime and Disorder Act 1998](#);
  - [Children Act 1989](#);
  - [The Caldicott Standards \(applicable to health and LA children's social care\)](#);
  - [Children Act 2004](#).

## 2. Common Law

- 2.1 The [Common Law Duty of Confidence](#) arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential e.g. a contract or a patient-doctor relationship.
- 2.2 The personal information about children and families kept by professionals and agencies should not generally be disclosed without the consent of the subject. Where there is a defined overriding public interest in supplying the information, for example for the prevention and detection of crime, information can be disclosed without consent being sought.
- 2.3 The key factor in deciding whether or not to disclose confidential information is proportionality (i.e. is the proposed disclosure a proportionate response to the need to protect the child's welfare?). The amount of confidential information disclosed and the number of people to whom it is disclosed should be no more than is necessary to meet the public interest in protecting the health and well-being of the child.
- 2.4 The approach to confidential information should be the same whether any proposed disclosure is internally within an organisation e.g. within a school or LA children's social care or between agencies e.g. teacher to a social worker.



### 3. The European Convention on Human Rights

- 3.1 Article 8 of the [Convention](#) states that:
- Everyone has the right to respect for her / his private and family life, home and correspondence;
  - There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, protection of health or morals or for the protection of rights and freedom of others.
- 3.2 The right is not absolute and there are certain situations when Article 8 enables professionals to disclose information without consent e.g. to:
- Safeguard a child;
  - Protect her / his health or morals;
  - Protect the rights and freedoms of others or;
  - Prevent disorder or crime.
- 3.3 Article 8 is only one of the articles of the Convention. The Convention also expressly enshrined the right of all citizens not to live in degrading or inhuman conditions for instance and children are citizens under the Act just as are adults.
- 3.4 As with the common law described above, the principle of 'proportionality' applies to sharing confidential information i.e. when disclosing information without consent one must limit the extent of the disclosure to that which is necessary to achieve the aim of disclosure i.e. to protect the child.

### 4. Data Protection Act 1998

- 4.1 The [Data Protection Act 1998](#) regulates the handling of information kept about an individual on a computer or in a manual filing system and requires that personal information is:
- Obtained and processed fairly and lawfully;
  - Processed for limited purposes and not in any manner incompatible with those purposes;
  - Accurate, up-to-date and relevant;
  - Held for no longer than necessary;
  - Kept secure;
  - Only disclosed if specific conditions set out in the Act are satisfied.
- 4.2 Information can be shared on the basis of one of the legitimate conditions in Schedule 2 of the [Data Protection Act 1998](#) for sharing information, which include:
- Disclosure is necessary to comply with a court order or legal obligation;
  - It is necessary to protect the vital interests of the data subject;

- It is necessary for the exercise of a statutory function or other public function exercised in the public interest e.g. a s17 assessment or s47 enquiry; and
  - It is necessary for the purposes of legitimate interests of the Data Controller or of the third party or third parties to whom the data is disclosed (except where it is unwarranted by reason of prejudice to the rights and freedoms or legitimate interests of the data subject).
- 4.3 If the information being shared is 'sensitive personal data' e.g. racial or ethnic origin, religious beliefs or political opinions, trade union membership, sexual life, criminal offences, one of the following additional conditions of Schedule 2 must be met:
- The subject has explicitly consented;
  - It is necessary to protect her/his vital interests or those of another person where the subject's consent cannot be given or is unreasonably withheld or cannot reasonably be expected to be obtained
  - It is necessary to establish, exercise or defend legal rights;
  - It is necessary to exercise a statutory function; and
  - It is in the substantial public interest and necessary to prevent or detect an unlawful act and obtaining express consent would prejudice those purposes.
- 4.4 More guidance on the [Data Protection Act](#) is available from the Information Commissioner's website: [www.dataprotection.gov.uk](http://www.dataprotection.gov.uk)

## 5. The Caldicott Standards

- 5.1 For NHS and LA children social care, the Caldicott principles and processes provide a framework of quality standards for the management of confidentiality and access to personal information under the leadership of a Caldicott Guardian.
- 5.2 Health and LA children social care must ensure that their information sharing arrangements are compliant with their own local procedures based on the Caldicott Standard (see [Health Service Circular / LAC circular HSC 2002/002/LAC \(2002\) 2 'Implementing the Caldicott Standard into Social Care'](#)).
- 5.3 Each health service and LA children social care will have their own Caldicott Guardian who should be able to provide advice and guidance as required.

## 6. Overall legal position

- 6.1 All professionals have a duty to disclose information where failure to do so would result in a child or children or others suffering from neglect, or physical, sexual or emotional abuse.
- 6.2 In general, the law does not prevent individual sharing information with other practitioners to assist in safeguarding a child if:
- Those likely to be affected consent; *or*
  - The public interest in safeguarding the child's welfare overrides the need to keep the information confidential; *or*
  - Disclosure is required under a court order or other legal obligation.

## 7. Sources of law

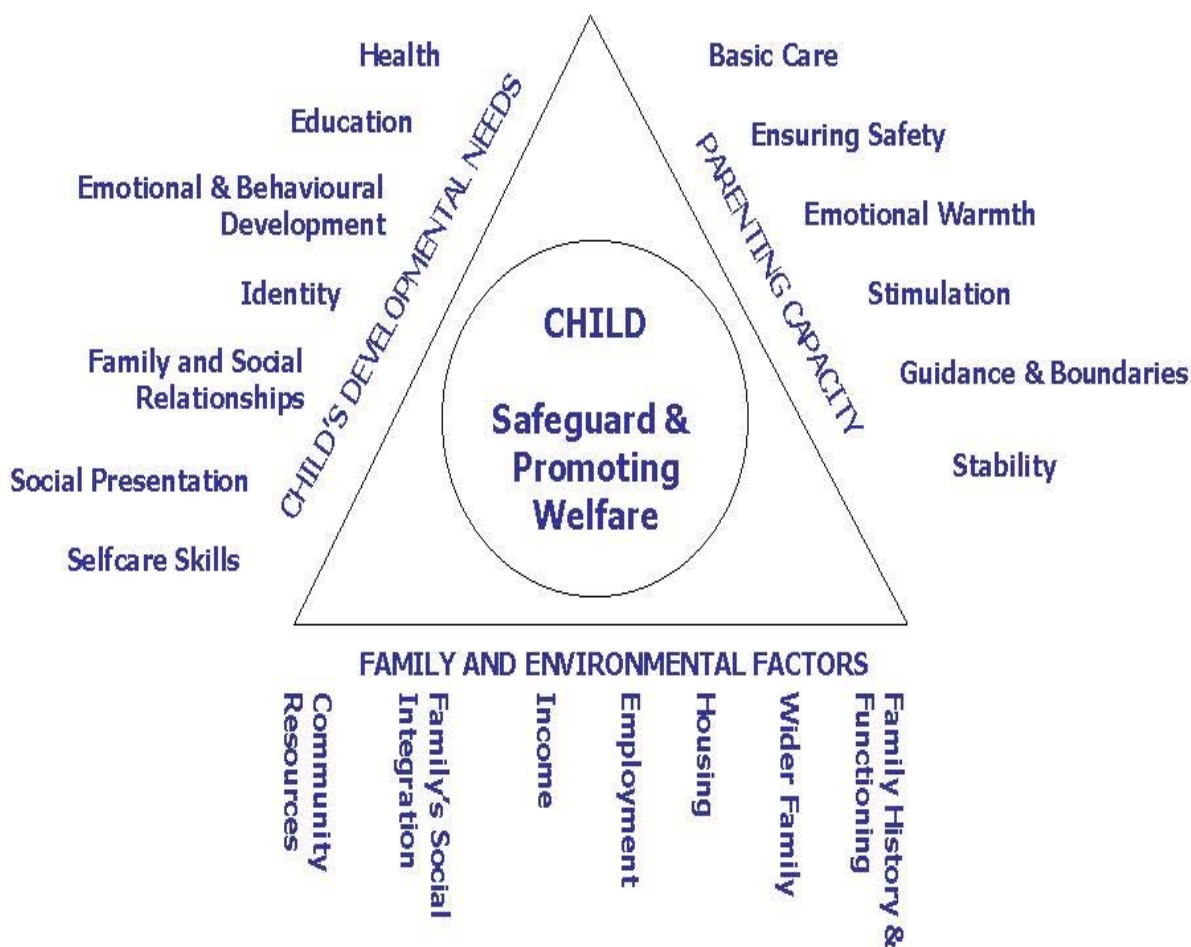
- 7.1 This section provides guidance upon the extent to which sharing of information is permitted by the following provisions:
- *The [Children Act 1989](#) (s17, s27, s47 and Schedule 2);*
  - *The [Local Government Act 2000](#) (s2);*
  - *The [Local Government Act 1972](#) (s111);*
  - *The [Education Act 1996](#) (s13);*
  - *The [Education Act 2002](#) (s175);*
  - *The [Learning and Skills Act 2000](#) (s114 and s115);*
  - *The [Crime and Disorder Act 1998](#) (s115).*
- 7.2 The other powers and duties referred to in this section, taken together, create a framework for the sharing of information between different groups of professionals and agencies including the voluntary sector and professionals working across service area and local authority boundaries. Used pro-actively, they can facilitate the collection and sharing of information in many of the situations where children are most in need of help and targeted services. These situations are not limited to those where risks have materialised or where the child is at risk of imminent or serious harm.
- 7.3 All of the above statutory provisions must be used in a manner that is compatible with the requirements of the [Data Protection Act](#) and the [Human Rights Act](#) and, unless the statutory provision clearly authorises disclosure, with the common law duty of confidentiality.
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# Appendix 5 - Framework for the Assessment of Children in Need and their Families

## 1. Introduction

- 1.1 The [\*Framework for the Assessment of Children in Need and their Families\*](#) (outlined at Figure 1) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child. Each of the three main aspects of the framework – the child's developmental needs; parenting capacity; and wider family and environmental factors – is outlined in more detail in Boxes 1, 2 and 3 respectively.
- 1.2 The framework is to be used for the assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families. Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child's needs. The provision of appropriate services need not and should not wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.
- 1.3 Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements about:
- The child's welfare and safety;
  - Whether, and if so how, to provide help to children and family members;
  - What form of intervention will bring about the best possible outcomes for the child;
  - What the intended outcomes of intervention are.

## ASSESSMENT FRAMEWORK



## 2. Dimensions of child's developmental needs

### Health

- 2.1 Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

## Education

- 2.2 Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

## Emotional and behavioural development

- 2.3. Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

## Identity

- 2.4 Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

## Family and social relationships

- 2.5 Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

## Social presentation

- 2.6 Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

## Self care skills

- 2.7. Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

# 3. Dimensions of parenting capacity

## Basic care



- 3.1 Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

### **Ensuring safety**

- 3.2 Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

### **Emotional warmth**

- 3.3 Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

### **Stimulation**

- 3.4 Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

### **Guidance and boundaries**

- 3.5 Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

## Stability

- 3.6 Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

## 4. Family and environmental factors

### Family history and functioning

- 4.1 Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family / household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

### Wider family

- 4.2 Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

### Housing

- 4.3 Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

### Employment

- 4.4 Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

## **Income**

- 4.5 Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

## **Family's social integration**

- 4.6 Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

## **Community resources**

- 4.7 Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.
-

## Appendix 6 - Questionnaires and scales to evidence assessment and decision making

### 1. HOME Inventory and the Family Pack of Questionnaires and Scales which accompany the Assessment Framework

#### HOME Inventory

- 1.1 The HOME Inventory (Cox and Walker, 2002) assessment through interview and observation provides an extensive profile of the context of care provided for the child and is a reliable approach to assessment of parenting. It gives a reliable account of the parents' capacities to provide learning materials, language stimulation, and appropriate physical environment, to be responsive, stimulating, providing adequate modelling variety and acceptance. A profile of needs can be constructed in these areas, and an analysis of how considerable the changes would need to be to meet the specific needs of the significantly harmed child; and the contribution of the environment provided by the parents to the harm suffered. The HOME Inventory has been used extensively to demonstrate change in the family context as a result of intervention, and can be used to assess whether intervention has been successful.

#### Questionnaires and Scales

- 1.2 The Questionnaires and Scales provide an economical and effective way of gathering information about key personal and parenting issues. The Questionnaires and Scales are invaluable for screening for emotional and behavioural difficulties in both children and adults, parenting problems and other family and environmental factors including recent life events, mental health difficulties and alcohol problems as well as the quality of family life.

#### Strengths and Difficulties Questionnaires

- 1.3 The Strengths and Difficulties Questionnaires (Goodman et al, 1997; Goodman et al, 1998). These scales are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents – the Rutter A + B scales for parents and teachers. Although similar to Rutter's, the Strengths and Difficulties Questionnaire's wording was re-framed to focus on a child's emotional and behavioural strengths as well as difficulties. The actual questionnaire incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems, and peer problems. In the pack, there are versions of the scale to be completed by adult caregivers, or teachers for children from age 3 to 16, and children between the ages of 11–16. These questionnaires have been used with disabled children and their teachers and carers. They are available in 40 languages on the following website:  
<http://chp.iop.kcl.ac.uk/sdq/b3.html>

#### Parenting Daily Hassles Scale

- 1.4 The Parenting Daily Hassles Scale (Critic and Greenberg, 1990; Critic and Booth, 1991). This scale aims to assess the frequency and intensity / impact of 20 potential parenting 'daily' hassles experienced by adults caring for children. It

has been used in a wide variety of research studies concerned with children and families – particularly families with young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them.

### Recent Life Events Questionnaire

1.5 The Recent Life Events Questionnaire (Taken from Brugha et al, 1985) helps to define negative life events over the last 12 months, but could be used over a longer time-scale, and significantly whether the respondent thought they have a continuing influence. Respondents are asked to identify which of the events still affects them. It was hoped that use of the scale will:

- Result in a fuller picture of a family's history and contribute to greater contextual understanding of the family's current situation;
- Help practitioners explore how particular recent life events have affected the carer and the family;
- In some situations, identify life events which family members have not reported earlier.

### Home Conditions Assessment

1.6 The Home Conditions Assessment (Davie et al, 1984) helps make judgements about the context in which the child was living, dealing with questions of safety, order and cleanliness which have an important bearing where issues of neglect are the focus of concern. The total score has been found to correlate highly with indices of the development of children.

### Family Activity Scale

1.7 The Family Activity Scale (Derived from The Child-Centredness Scale. Smith, 1985) gives practitioners an opportunity to explore with carers the environment provided for their children, through joint activities and support for independent activities. This includes information about the cultural and ideological environment in which children live, as well as how their carers respond to their children's actions (for example, concerning play and independence). They aim to be independent of socio-economic resources. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.

### Alcohol Scale

1.8 This scale was developed by Piccinelli et al (1997). Alcohol abuse is estimated to be present in about six per cent of primary carers, ranking it third in frequency behind major depression and generalised anxiety. Higher rates are found in certain localities, and particularly amongst those parents known to LA children's social care. Drinking alcohol affects different individuals in different ways. For example, some people may be relatively unaffected by the same amount of alcohol that incapacitates others. The primary concern therefore is not the amount of alcohol consumed, but how it impacts on the individual and, more particularly, on their role as a parent. This questionnaire has been found to be effective in detecting individuals with alcohol disorders and those with hazardous drinking habits.

### Adult Wellbeing Scale

1.9 Adult Wellbeing Scale (Irritability, Depression, Anxiety – IDA Scale. Snaith et al, 1978). This scale, which was based on the Irritability, Depression and Anxiety

Scale, was devised by a social worker involved in the pilot. The questions are framed in a 'personal' fashion (that is, I feel, my appetite is...). This scale looks at how an adult is feeling in terms of their depression, anxiety and irritability. The scale allows the adult to respond from four possible answers, which enables the adult some choice, and therefore less restriction. This could enable the adult to feel more empowered.

## **Adolescent Wellbeing Scale**

- 1.10 The Adolescent Wellbeing Scale (Self-rating Scale for Depression in Young People. Birlson, 1980). It was originally validated for children aged between 7–16. It involves 18 questions each relating to different aspects of a child or adolescent's life, and how they feel about these. As a result of the pilot the wording of some questions was altered in order to be more appropriate to adolescents. Although children as young as seven and eight have used it, older children's thoughts and beliefs about themselves are more stable. The scale is intended to enable practitioners to gain more insight and understanding into how an adolescent feels about their life.

## **Family Assessment**

- 1.11 The Family Assessment (Bentovim and Bingley Miller, 2001). The various modules of the Family Assessment which include an exploration of family and professional views of the current situation, the adaptability to the child's needs, and quality of parenting, various aspects of family relationships and the impact of history provides a standardised evidence based approach to current family strengths and difficulties which have played a role in the significant harm of the child, and also in assessing the capacity for change, resources in the family to achieve a safe context for the child, and the reversal of family factors which may have played a role in significant harm, and aiding the recovery and future health of the child. The Family Assessment profile provides it by its qualitative and quantitative information on the parents' understanding of the child's state, and the level of responsibility they take for the significant harm, the capacity of the parents to adapt to the children's changing needs in the past and future, their abilities to promote development, provide adequate guidance, care and manage conflict, to make decisions and relate to the wider family and community. Strengths and difficulties in all these areas are delineated, the influence of history, areas of change to be achieved, and the capacities of the family to make such changes.
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## Appendix 7 – MOD child protection contacts

1. Points of contact for the relevant Service agencies in child protection matters are:

### Royal Navy

2. All child protection matters within the Royal Navy are managed by the Naval Personal and Family Service (NPFS), the Royal Navy's social work department. This provides a confidential and professional social work service to all Naval personnel and their families, liaising as appropriate with local authority children's social care services.

Child protection issues involving the family of a member of the Royal Navy should be referred to the relevant Area Officer, NPFS:

- NPFS Eastern Area Portsmouth (02392) 722712 Fax: 725803
- NPFS Northern Area Helensburgh (01436) 672798 Fax: 674965
- NPFS Western Area Plymouth (01752) 555041 Fax: 555647

### Royal Marines

3. The Royal Marines Welfare Service is staffed by trained but unqualified Royal Marine senior non-commissioned officers (NCOs). They are accountable to a qualified social work manager at Headquarters Royal Marines, Portsmouth. For child protection matters involving Royal Marines families, social services departments should notify SO3 (WFS) at Portsmouth. Tel: (02392) 547542.

### Army

4. Staffed by qualified civilian Social Workers and trained and supervised Army Welfare Workers, the Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families. AWS also liaises with local authorities where appropriate, particularly where a child is subject to child protection concerns. Local Authorities who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an Army Family should contact the Senior Army Welfare Worker in the nearest AWS team location or:

Chief Personal Support Officer  
HQ AWS  
HQ Land Command  
Erskine Barracks  
Wilton  
Salisbury  
SP2 0AG  
Tel: 01722 436564  
Fax: 01722 436307  
e-mail: LF-AWS-CPSO@mod.uk

### Royal Air Force

5. Welfare Support for families in the RAF is managed as a normal function of Command and co-ordinated by each Station's Personnel Officer, the Officer Commanding Personnel Management Squadron (OCPMS) or the Officer Commanding Administrative Squadron (OCA), depending on the size of the Station.
6. A number of qualified SSAFA Forces Help Social Workers and trained professionally supervised Personal and Family Support Workers are located throughout the UK to assist the chain of Command in providing welfare support.

7. Any Local Authority who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an RAF family should contact the parent's unit, or if this is not known, contact the OC PMS/OCA of the nearest RAF Unit.

Additionally, the SSAFA Forces Help Head of Service RAF can be contacted at:

Head of Service  
SSAFA-Forces Help  
HQ Air Command  
RAF High Wycombe  
Buckinghamshire  
HP14 4UE  
Tel: 01494 496477  
Fax: 01494 497971  
e-mail: AirPersPol-SSAFAForcesHelpHd@mod.uk

or

Director of Social Work SSAFA-Forces Help  
19 Queen Elizabeth Street  
London SE1 2LP  
Tel: 020 7403 8783  
Fax: 020 7403 8815  
Email: directorofsocialwork@ssafa.org.uk

## Overseas

8. The following should be consulted:

**Royal Navy**  
Area Officer (NPFS) Eastern  
HMS Nelson  
Queen Street  
Portsmouth  
PO1 3HH  
Tel: (02392) 722712  
Fax: (02392) 725083

**Army and Royal Air Force**  
Director of Social Work SSAFA-Forces Help  
Contact details shown above.

For **any** child being taken abroad and subject to child protection procedures or the subject of a child protection plan, the Director of Social Work SSAFA-Forces Help **must** be consulted, using the same contact details shown above.

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## Appendix 8 – A guide to the acronyms used in these procedures

A&E	Accident and Emergency Department
ACPO	Association of Chief Police Officers
ALDCS	Association of London Directors of Children's Services
APA	Annual Performance Assessment
ASSET	Youth Justice Assessment Tool
AWS	Army Welfare Service
BECTA	British Educational Communications and Technology Agency
CAIT	Child Abuse Investigation Team
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMHS	Child and Adolescent Mental Health Services
CCPAS	Churches Child Protection Advisory Service
CDOP	Child death Overview Panel
CDRP	Crime and Disorder Reduction Partnership
CEOP	Child Exploitation and On-line Protection Centre
CPS	The Crown Prosecution Service
CPSU	Child Protection in Sport Unit
CQC	Care Quality Commission
CRB	Criminal Records Bureau
CSAS	Catholic Safeguarding Advisory Service
CSO	Child Safety Order
CSU	Community Safety Unit
CWDC	Children's Workforce Development Council
CYPP	Children and Young Peoples Plan
DASH	Domestic, abuse, stalking and harassment and honour based violence
DATs	Drug Action Teams
DCPs	Dental practitioner and dental care professionals
DCS	Director of Children's Services
DfE	Department for Education (previously the DCSF & DfES)
DH	The Department of Health
DPA	Data Protection Act
ECM	Every Child Matters
EPO	Emergency Protection Order
EYFS	Early years foundation stage

FCO	Foreign and Commonwealth Office
FE	Further Education
FGC	Family Group Conference
FGM	Female Genital Mutilation
FII	Fabricated and induced illness
FIP	Family Intervention Project
GLA	Greater London Authority
GMC	General Medical Council
GP	General Practitioner
HMI Probation	Her Majesty's Inspectorate of Probation
HMIC	Her Majesty's Inspectorate of Constabulary
ICS	Integrated Children's System
ICT	Information and Communication Technology
INI	IMPACT Nominal Index
IRO	Independent Reviewing Officer
ISA	Independent Safeguarding Authority
JAR	Joint Area Review
JIT	Joint Investigation Team
JSP	Joint Service Publication
LA	Local authority
LADO	Local authority designated officer
LASSL	Local Authority Social Services Letter
LFEPA	The London Fire and Emergency Planning Authority
LL/LT	Life limiting / life threatening
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
ME	Medical Examiner
MPS	Metropolitan Police Service
MSCR	MAPPA Serious Case Review
NICE	National Institute for Health and Clinical Excellence
NOMS	National Offender Management Service
NPFS	Naval Personal and Family Service
NPIA	National Police Improvement Agency
NRM	National Referral Mechanism
NSF	National Service Framework
OFSTED	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics

ONSET	Youth Justice Prevention Assessment Tool
OSSys	Offender Assessment System
PACE	Police and Criminal Evidence Act
PCT	Primary Care Trust
PHCT	Primary Health Care Team
PND	Police National Database
PPO	Probation and Prisons Ombudsman
PSA	Parenting Support Advisor
PSHE	Personal Social and Health Education
RN	Royal Navy
RSHO	Risk of Sexual Harm Order
RSL	Registered Social Landlord
SARC	Sexual Assault Referral Centre
SARS	Sexual Assault Referral Service
SCH	Secure Children's Home
SCR	Serious Case Review
SEN	Special Educational Needs
SFO	Serious Further Offence
SHA	Strategic Health Authority
SMB	Strategic Management Board
SMG	Strategic Management Group
SOPO	Sexual Offence Prevention Order
STC	Secure Training Centre
SUDI	Sudden unexpected death in infancy
TAC	Team around the child
TfL	Transport for London
TSA	Tenant Services Authority
UASC	Unaccompanied asylum seeking child
UKBA	UK Borders Agency
UKHTC	UK Human Trafficking Centre
VBS	Vetting and Barring Scheme
VISOR	The Violent and Sexual Offenders Register
VOO	Violent Offender Order
YCW	Youth and community worker
YJB	Youth Justice Board
YJS	Youth Justice System
YOI	Young Offender Institution

YOT

Youth Offending Team