

**Canllawiau Amddiffyn Plant  
Cymru Gyfan  
2008  
All Wales Child Protection  
Procedures**

**[www.awcpp.org.uk](http://www.awcpp.org.uk)**

**Produced on behalf of All Local Safeguarding Children Boards in Wales**

**Cynhyrchwyd ar ran Byrddau Lleol Diogelu Plant Cymru Gyfan**

## Preface

It is a pleasure to provide a preface to this, the second edition of the All Wales Child Protection Procedures. It is still a matter of pride that we in Wales have such a single set of procedures for the whole country. Other parts of the United Kingdom are looking to the example we have given.

As someone who is charged with the safeguarding and promotion of children's rights and welfare, I view these procedures as a necessary part of what needs to be done. The sad history of where child protection has failed is littered with examples of different agencies having different procedures and different thresholds for intervention. That should not now happen in Wales.

These procedures are launched into a country where there has been considerable progress for children in other areas. The Welsh Assembly has now adopted the [United Nations Convention on the Rights of the Child](#) as a guide to all its work. Networks for the participation of children in decision-making are gradually being established, leading in turn to a more collaborative approach to work with our young.

Safeguarding children is now more clearly understood as an activity that is done with our children rather than to them.

There is obviously no room for complacency and there is so much still to do. Nonetheless, we should acknowledge success in our work and I am pleased to be associated with the procedures that will continue to help protect our young.

### [The Office of the Children's Commissioner for Wales](#)

(The above preface was written for the procedures by Peter Clarke before his death in January 2007 and is retained in memory of a man who was a true champion for the children of Wales.)

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## Glossary

<b>Abuse: emotional</b>	The persistent emotional ill-treatment of a child such as to cause severe and persistent adverse effects on the child's emotional and behavioural development.
<b>Abuse: neglect</b>	The persistent or severe neglect of a child, or the failure to protect a child from exposure to any kind of danger, including cold, starvation or extreme failure to carry out important aspects of care, resulting in the significant impairment of the child's health or development, including non-organic failure to thrive.
<b>Abuse: physical</b>	The hitting, shaking, throwing, poisoning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates or induces an illness in a child whom they are looking after.
<b>Abuse: sexual</b>	Forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including:- <ul style="list-style-type: none"><li>• Physical contact, including penetration or non penetrative acts.</li><li>• Non-contact activities, such as involving children in looking at, or in the production of pornographic material or watching sexual activities; or</li><li>• Encouraging children to behave in sexually inappropriate ways.</li></ul>

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### **Achieving Best Evidence**

Home Office Guidelines that identify best practice in working with vulnerable and intimidated child and adult witnesses.

### **Barring Lists**

Comprehensive lists of people deemed unsuitable to work with children and /or vulnerable adults –will come into effect when the Safeguarding Vulnerable Persons Act 2006 is implemented (follows the Bichard Inquiry).

### **Child in need**

A child is in need if:

- He/she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.
- His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- He/she is disabled.

### **Child Pornography**

Abusive images of children

### **Child Protection**

Child Protection is a part of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm as a result of abuse or neglect.



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<b>Children</b>	A child is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout. The fact that a child has become sixteen years of age, is living independently, is in Further Education, is a member of the Armed Forces, is in hospital, is in prison or a young offenders institution does not change their status or their entitlement to services or protection under the Children Act 1989.
<b>'Children's social services' or 'local authority children's social services.'</b>	<p>The work of the local authorities exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department.</p> <p>Throughout the procedures the generic term social services is used.</p>
<b><u>CPS</u></b>	Crown Prosecution Service
<b><u>CSSIW</u></b>	Care and Social Services Inspectorate Wales.
<b>CSP</b>	Community Safety Partnership.
<b>Development</b>	Physical, intellectual, emotional, social or behavioural development.
<b>DfES List 99</b>	Confidential list of people not to be

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	employed in schools or further education.
<b>Domestic Abuse</b>	Term used in practice to encompass the spectrum of abuse.
<b>Domestic Violence</b>	Term often used in legislation and by Criminal Justice Agencies.
<b>DTC</b>	Detention Training Centre for under 18s.
<b>EDT</b>	Emergency Duty Team.
<b>Enquiry (1)</b>	Term used under Section 47 part of child protection process, (Children Act 1989) sometimes referred to as a Section 47 investigation.
<b>Enquiry (2)</b>	Means whereby checks are made to the Child Protection Register.
<b>Fostering</b>	Inclusive of family placements.
<b>FPO</b>	Family Protection Officer (Police).
<b>Harm</b>	Ill-treatment or the impairment of health or development including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

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<b>Health</b>	Physical or mental health.
<b>ICS</b>	Integrated Children's System.
<b>IDVA</b>	Independent Domestic Violence Advocate.
<b>ISVA</b>	Independent Sexual Violence Advocate.
<b><u>Local Authority</u></b>	A county council or county borough council.
<b>LSCB</b>	Local Safeguarding Children Board.
<b>MAPPA</b>	Multi Agency Public Protection Arrangements.
<b>MARAC</b>	Multi Agency Risk Assessment Conference.
<b>Partnerships</b>	Term used to describe structures e.g. Health and Well Being, Children and Young People's Partnerships, Community Safety Partnerships.
<b>POCA</b>	Protection of Children Act 1999. List of

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people who are unsuitable to work with children in childcare positions.

### **POVA**

Protection of Vulnerable Adults.

### **Prostitution**

Legal term used for commercial sexual exploitation.

### **Safeguarding and promoting the welfare of children**

- Protecting children from abuse and neglect;
- Preventing impairment of their health or development; and
- Ensuring their receive safe and effective care;

.... so as to enable them to have optimum life chances.

### **SARC**

Sexual Assault Referral Centre.

### **Significant harm**

Section 31(10) of the Children Act 1989 states that “where the question of whether harm suffered by a child is significant turns on the child’s health or development, his health or development shall be compared with that which could be reasonably be expected of a similar child”.

### **SOPO**

Sexual Offences Prevention Order.

### **Staff Members**

Inclusive of volunteers, professionals, independent contractors, caretakers.

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<b>Statutory Agencies</b>	e.g: Local Authorities – All Departments, Health, Police, Probation, CAFCAS CYMRU.
<b>STC</b>	Secure Training Centre.
<b>Survivor</b>	Term often used as alternative to victim to promote positive outlook.
<b>Victim</b>	Term used to describe child or adult who has been, or witnessed abuse/harm, either directly or indirectly.
<b>ViSOR</b>	Violent and sex offender register.
<b>Voluntary Organisations</b>	e.g: Barnardo's, Save The Children, NSPCC, NCH, Tai Hafan, Women's Aid.
<b><u>WAG</u></b>	Welsh Assembly Government.
<b>Welfare and Wellbeing</b>	<p>There is no statutory definition. The Children Act 1989 introduced the welfare checklist that a Court shall have regard to in certain circumstances. The 1989 Act states that a "Court shall have regard in particular to:-</p> <ul style="list-style-type: none"><li>• The ascertainable wishes and feelings of the child concerned (considered in the light of his age and understanding);</li><li>• His physical, emotional and</li></ul>

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educational needs;

- The likely effect on him of any change in his circumstances;
- His age, sex, background and any characteristics of his which the Court consider relevant;
- Any harm which he has suffered or is at risk of suffering;
- How capable each of his parents, and any other person in relation to whom the Court considers the question to be relevant, is of meeting his needs;
- The range of powers available to the Court under this Act in the proceedings in question.”

### **Whistleblowing**

Policy and procedures to enable staff members to raise concerns.

### **YOI**

Young Offender Institution.

## List of Boxes

**These boxes do not form part of the procedures but are additional guidance**

**Box 1:** Promoting effective partnership with families.

**Box 2:** What to do if a child tells you that they or another young person is being abused.

**Box 3:** Behaviour of any adult or colleague (including members of the public) towards children or young people causes you concern.

**Box 4:** Management of duty and referral systems.

**Box 5:** Involving children from the outset.

**Box 6:** Involving family members.

**Box 7:** Initial Assessment and Enquiries: Ten pitfalls and how to avoid them.

**Box 8:** The welfare of the child is paramount

**Box 9:** Focus on outcomes for the child.

**Box 10:** Communicating with children.

**Box 11:** Recording visits to families.

**Box 12:** Family group conferences.

**Box 13:** Good practice in assessment.

**Box 14:** Establishing significant harm.

**Box 15:** Noticing when a family goes missing.

**Box 16:** Specific referrals about children in need moving to other areas.

**Box 17:** Children living away from home: Basic safeguards.

**Box 18:** Duty to notify social services about children in hospital or residential school.

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**Box 19:** Duty to report professional abuse

**Box 20:** Balancing the welfare of the child with the need to undertake a criminal investigation.

**Box 21:** Vulnerabilities include

**Box 22:** Abuse by children and young people and learning disability/difficulty



## INTRODUCTION

### **The Purpose of the Procedures**

'Doing the basic things well keeps children safe'<sup>1</sup>

The All Wales Child Protection Procedures Review Group has revised the procedures on behalf of Local Safeguarding Children Boards in Wales. The 2008 All Wales Child Protection Procedures replace the previous procedures issued in 2002. They have been updated to incorporate the important changes since they were first issued, in particular the recommendations of the [Victoria Climbié Inquiry Report](#); [the Children Act 2004](#); and, the accompanying guidance, [Safeguarding Children: Working Together under the Children Act 2004](#). The All Wales Child Protection Procedures Review Group acknowledge that there will continue to be a need to respond to changes in the future and intend to issue annual updates.

It is recognised that the Local Safeguarding Children Boards have a broad scope of responsibility for safeguarding and promoting the welfare of children, however these procedures are about their specific function to protect individual children from abuse and neglect.

The procedures provide common standards to guide child protection practice for every Local Safeguarding Children Board in Wales. They provide a framework within which individual child protection referrals, actions, decisions and plans are made and carried out. They are an integral part of the agenda for safeguarding and promoting the welfare of children.

The procedures are based on the fundamental principle that the protection of children from harm is the responsibility of all individuals and agencies working with children and families, and with adults who may pose a risk to children. The effective protection of children cannot be achieved by single agency acting on its own. The procedures clarify how individuals and agencies should communicate and work together effectively in partnership in order to identify vulnerable children, keep them safe from abuse and neglect, and, improve outcomes for them.

The implementation of the procedures can only be effective when supported by good practice, and the exercise of professional skill and judgement based on

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<sup>1</sup> [Lord Laming, The Victoria Climbié Inquiry by Lord Laming 2003 para 4.190](#)

thorough assessment, supported by evidence, and critical analysis. The promotion and development of professional skill and judgement requires training, supervision and support for individuals engaged in this difficult and complex area of work. In addition, the procedures require clear leadership from Local Safeguarding Children Boards to coordinate and monitor their implementation and from individual agencies and strategic partnerships in order to make good use of the human and financial resources that comprise children's services across Wales.

### **Who are the procedures for?**

The All Wales Child Protection Procedures are essential for all individuals and agencies working with children and families, or with adults who may pose a risk to children, across professions, agencies and departments, and in the statutory, voluntary and independent sectors. The [Children Act 2004](#) names the organisations that have a statutory duty to safeguard and promote the welfare of children, and who are constituent members of the Local Safeguarding Children Boards. The Local Safeguarding Children Boards have a responsibility to ensure that the All Wales Child Protection Procedures are fully implemented within their areas and to monitor their effectiveness.

The procedures are a public document, and acknowledge that members of all communities can have a vital role in alerting social services departments and the police to concerns about harm to children.

**How to use these procedures:** The procedures are in five parts:

[Part 1](#) gives the context for child protection work, including the key principles that underpin professional's work with children and families, and the definitions of abuse and neglect.

[Part 2](#) sets out what people should do if they are concerned that a child is being abused, or if they suspect that there is a risk of abuse. It is important reading for all individuals working with and caring for children and families, or with adults who may pose a risk to children.

[Part 3](#) describes the procedures to be followed when a report of child abuse or neglect has been made.

[Part 4](#) provides additional information about the management of particular types of child abuse.

[Part 5](#) contains protocols developed by the [All Wales Child Protection Procedures Review Group](#) since 2002.

Throughout the procedures there is information and advice presented in boxes. In addition, important points are highlighted in bold.

## The procedures in context

The [Children Act 1989](#) and the [Children Act 2004](#) provide the main legislative context for the All Wales Child Protection Procedures and place a duty on designated bodies to safeguard and promote the welfare of children.

The procedures reflect the values and principles enshrined in the [UN Convention on the Rights of the Child](#). The [Welsh Assembly Government](#) developed these values and principles in [Children and Young People: Rights to Action 2004](#), and adopted core aims and outcomes through which it is committed to work with all children and young people. The key outcomes for improving the well being of children from conception to adulthood, includes the requirement that children live in a safe environment and be protected from harm.

The Welsh Assembly Government guidance, [Safeguarding Children; Working Together under the Children Act 2004](#) has been issued in accordance with the [Children Act 2004](#) and under [Section 7 of the Local Authority Social Services Act 1970](#), and provides the working basis for the procedures. There are references to the guidance throughout these procedures, and they should be read in conjunction with them.

Furthermore, the Integrated Children's System has been implemented in Wales. It sets out the core professional processes of assessment, planning, intervention and reviewing, which will be used by social services in collaboration with other agencies with responsibility for children in need. The Integrated Children's System is a conceptual framework that builds upon the previous developments of the [Framework for Assessment of Children in Need and their Families](#), and the Looked After Children System, and provides a single approach to undertaking these key processes based on an understanding of children's developmental needs in the context of their families and communities.

The procedures take account of the following:

- [The Children Act 1989](#);
- Safe From Harm A Code of Practice for Safeguarding the Welfare of Children in Voluntary Organisations in England and Wales, Home Office, 1993;
- [Child Protection - Messages from Research, Department of Health, 1995](#);
- Protecting Children From Abuse: The Role of the Education Service; Welsh Office Circular 52/95 (Welsh version of 10/95 DFES);
- [The Human Rights Act 1998](#);
- [Learning How to Make Children Safer: An Analysis for the Welsh Office of Serious Child Abuse Cases in Wales, University of East Anglia, 1999](#);

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- [Children First, Welsh Assembly Government, 1999;](#)
- [Lost in Care, the Report of the Tribunal of Inquiry into the abuse of children in care in the former county council areas of Gwynedd and Clwyd since 1974, Sir Ronald Waterhouse, February 2000;](#)
- [Framework for the Assessment of Children in Need and their Families, National Assembly for Wales 2001;](#)
- Practice Guide to Investigating Allegations of Abuse against a Professional or Caregiver in relation to Children Looked After, Welsh Assembly Government, 2000;
- [Safeguarding Children Involved in Prostitution Department of Health, 2000;](#)
- [Achieving Best Evidence in Criminal Proceedings - Guidance for Vulnerable or Intimidated Witnesses including Children, Home Office, 2002;](#)
- Learning How to Make Children Safer: An Analysis for the Welsh Assembly Government of Serious Child Abuse Cases in Wales, UEA and Welsh Assembly Government, 2002;
- [Safeguarding Children in Whom Illness is Fabricated or Induced, Welsh Assembly Government, 2002;](#)
- [Too Serious a Thing: The Review of Safeguards for Children and Young people Treated and Cared For by the NHS in Wales, Lord Carlile, Welsh Assembly Government, March 2002;](#)
- [Joint NEOST\(National Employers' Organisation for School Teachers\)/Teacher Union Guidance on Education Staff and Child Protection: Staff Facing an Allegation of Abuse – Guidelines on Practice and Procedure: Education bulletin no:467 September 2002-and updates;](#)
- [Integrated Children's System Working with Children in Need and their Families Draft Consultation, Welsh Assembly Government, 2003;](#)
- [Introduction to the records used in the Integrated Children's System, Welsh Assembly Government, 2003;](#)
- [The Victoria Climbié Inquiry Report of and Inquiry by Lord Laming, HMSO, 2003;](#)
- [First Report of the Committee on Standards in Public Life Lord Nolan, HMSO, 2003;](#)

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- [Hidden Harm: Responding to the needs of children of problem drug users, Report of an Inquiry by the Drug Advisory Council on the Misuse of Drugs, June 2003;](#)
- [Complex Child Abuse Investigations: Inter-agency Issues, Welsh Assembly Government, December 2003;](#)
- [Children and Young People: Rights to Action, Welsh Assembly Government, January 2004;](#)
- [Clywch Report of the Examination of the Children's Commissioner for Wales into allegations of child sexual abuse in a school setting, Welsh Assembly Government, 2004;](#)
- [The Bichard Inquiry Report, The Home Office, 2004;](#)
- [Inspection of Child Protection Services, Welsh Assembly Government, 2004;](#)
- Serious Case Review by Sir Christopher Kelly for North East Lincolnshire ACPC, North East Lincolnshire ACPC, July 2004;
- [Safeguarding Children: Working Together for Positive Outcomes, Welsh Assembly Government, 2004;](#)
- [Staff Disciplinary Procedures in Schools NAW circular 45/2004;](#)
- [The Children Act 2004;](#)
- [Safeguarding Children The second joint Chief Inspectors Report on Arrangements to Safeguard Children, CSCI, 2005;](#)
- [Welsh Assembly Government Circular 21/2005 Implementing Integrated Children's System;](#)
- [Mental Capacity Act 2005;](#)
- [Confidentiality: Code of Practice for Health and Social Care in Wales Welsh Assembly Government 2005;](#)
- [Children's National Service Framework, Welsh Assembly Government, September 2005;](#)
- [Keeping Us Safe-The Report of Safeguarding Vulnerable Children Review, Welsh Assembly Government, May 2006;](#)
- [Child Abuse Linked to Accusations of "Possession" and "Witchcraft", DfES Research Report RR750, 2006;](#)
- [Safeguarding Children: Working Together under the Children Act 2004, Welsh Assembly Government 2006;](#)

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- [Wales Accord on the Sharing of Personal Information \(WASPI\) Welsh Assembly Government 2006.](#)

## **PART 1**

### **1. Key Principles**

The key principles that underpin work with children and families are found in the [Children Act 1989](#) and [2004](#) and the [UN Convention on the Rights of the Child](#), which the Welsh Assembly Government adopted as the basis for its work with all children and families in Wales. In [Children and Young People: Rights to Action 2004](#) the Welsh Assembly Government established seven core aims through which it would work to ensure all children:

1. Have a flying start in life;
2. Have a comprehensive range of education and learning opportunities;
3. Enjoy the best possible health and are free from abuse, victimisation and exploitation;
4. Have access to play, leisure, sporting and cultural activities;
5. Are listened to, treated with respect, and have their race and cultural identity recognised;
6. Have a safe home and a community which supports physical and emotional well being; and
7. Are not disadvantaged by poverty.

#### **1.1 Definitions of Child Abuse and Neglect**

A child is abused or neglected when somebody inflicts harm, or fails to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. A child or young person up to the age of 18 years can suffer abuse or neglect and require protection via an inter-agency child protection plan.

##### **1.1.1 Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or caregiver fabricates or induces illness in a child whom they are looking after.

[Part 5 provides further detail about Fabricated Illness.](#)

### 1.1.2 Emotional abuse

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

### 1.1.3 Sexual abuse

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

### 1.1.4 Neglect

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

In addition, neglect may occur during pregnancy as a result of maternal substance misuse.

### 1.1.5 Identifying significant harm

The [Children Act 1989](#) introduced **the concept of significant harm** as the threshold that justifies compulsory intervention in family life in order to protect children. Significant harm is defined in the legislation as ill treatment or the impairment of health and development. It describes the effects of sexual, physical, emotional abuse or neglect, or a combination of different types. Local authorities have a statutory duty under *the [Children Act 1989 section 47 \(1\) \(b\)](#)* to make enquiries, or cause enquiries to be made, where they have reasonable cause to suspect that a child who lives, or is found in their area is suffering, or likely to suffer, significant harm.



There are no absolute criteria on which to rely when judging what constitutes significant harm. A single, serious event of abuse, such as an incident of sexual abuse or violent assault, might be the cause of significant harm to a child. However, more frequently significant harm occurs as a result of a long-standing compilation of events, which interrupt, change or damage a child's physical and psychological development. The significant harm resulting from the corrosive effect of long-term abuse is likely to have a profound impact on the future outcomes for the child.

At the time of referral it might not be clear whether a child is in need or is suffering significant harm. The initial assessment should ensure that sufficient information is obtained by social services to make a judgement about the nature of the need and/or harm and what action is required. This requires the sharing of information between agencies, structured assessment and analysis, including taking into account the child's own view about his/her circumstances according to his/her age and understanding. **A good assessment is an essential basis for deciding what are the concerns for the child; what needs to change; and which services and interventions are needed to achieve the planned changes.**

To understand and establish significant harm, it is necessary to consider:

- The family context;
- The child's development within the context of their family and wider social and cultural environment;
- Any special needs, such as medical condition, communication difficulty or disability that may affect the child's development and care within the family;
- The nature of harm, in terms of ill treatment or the failure to provide adequate care;
- The impact on the child's health and development; and
- The adequacy of parental care.

## **1.2 Principles underpinning work to safeguard and promote the welfare of children**

### **1.2.1 Work with children and families should be:**

- child centred;
- rooted in child development;

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- supporting the achievement of the best possible outcomes for children and improving their well being;
- holistic in approach;
- ensuring equality of opportunity;
- involving children and families;
- building on strengths as well as identifying and addressing difficulties;
- multi/inter-agency in its approach;
- a continuing process;
- designed to identify the services required and monitor the impact their provision has on a child's developmental progress;
- evidence based, derived from theory, research, policy and practice

### **Box 1: Promoting Effective Partnership with Families**

- Treat all family members, as you would wish to be treated, with dignity and respect.
- Be explicit about the child's safety being the priority but uphold the families right to a courteous, caring and professionally competent service.
- Do not infringe upon privacy more than necessary to safeguard the child.
- Be clear about your powers to intervene and the purpose of your involvement at every stage.
- Be aware of the power of professionals and their impact upon families.
- Respect confidentiality wherever possible, consistent with the child's safety and welfare, and be clear about how this is managed.
- Listen to and record the wishes and feelings of children and families and take care in understanding their concerns and wishes.
- Learn about and view children within their family and community relationships and be confident about challenging inappropriate attitude or practice.
- Get to know the strengths and potential of family members as well as the weakness, problems and limitations in order to understand areas of success and effectiveness on which to base interventions.
- Ensure children, families and other caregivers know their rights.
- Use plain language.
- Be open and honest about concerns and responsibilities, plans and limitations.
- Allow time for children and families to absorb and understand concerns and

processes.

- Distinguish between personal feelings, values, prejudices and beliefs, and professional roles and responsibility, and ensure access to supervision to check what you are doing.
- If mistakes are made or an agreement cannot be kept provide explanation. Acknowledge distress and do what can be done to minimise it.

### **1.2.2 Sharing information with families**

There are improved outcomes for children when effective partnership working is achieved with children and families combined with a clear focus being maintained on the child's safety and welfare. It is good practice to share information with families, and there should be a presumption of openness, unless to do so would compromise a child's safety. Some information known to professionals may have to be treated confidentially and not be shared in front of some children or some adult family members, such as information about a particular member, which might compromise a criminal investigation.

The individuals jointly working with a family should reach a common understanding at each stage of their intervention about what information is shared with the family. The reasons for withholding information from the family needs to be clear and recorded. In these circumstances, safeguarding and promoting the welfare of the child must always be the overriding consideration.

### **1.2.3 Providing support and advice to families**

The provision of timely and clear support and advice is an essential part of working effectively in partnership. It should always be acknowledged that many families perceive professional involvement in their lives as painful and intrusive, particularly if they feel that the care of their children is being questioned. Professionals and practitioners can make the child protection process less stressful for families by the way they approach working in partnership to protect children. Children and families can be engaged more positively in the child protection process by receiving advice and support through advocacy services. Children and their families should always be informed of the availability of advocacy services. Social services have a responsibility to make sure children and adults have all the information they need to help them understand child protection processes. Information should be clear and accessible and available in the family's language of choice. Support and advice should also be available to the family in the language and communication method of their choice.

### **1.2.3 Diversity**

In order to make sensitive and well informed professional judgements about a child's needs, and a parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. Professionals and practitioners should also be aware of the broader social factors that serve to discriminate against people from black or ethnic minority communities.

Local authorities should ensure they have systems and protocols in place for identifying children placed in their areas including asylum seeking and unaccompanied children and children placed under private fostering arrangements. These children can be particularly vulnerable, and protocols need to emphasise the importance of safeguarding and promoting their welfare.

The assessment process should always include consideration about how religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence values, attitudes and behaviour and the way in which family and community life is structured and organised. Professionals should guard against myths and stereotypes, whether positive or negative, and anxiety about being accused of oppressive and discriminatory practice should not prevent the necessary action being taken to safeguard a child. When required, independent, appropriate interpreting and translation services and sign language interpreters should be readily commissioned and used wherever professionals have contact with children, young people and their families. Family members; children, and, friends should not be used as sole interpreters.

## **1.3 Professionals Working Together**

### **1.3.1 Local Safeguarding Children Boards**

The [Children Act 2004](#) requires every local authority to establish an LSCB to coordinate and ensure the effectiveness of what is done by each member agency for the purpose of safeguarding and promoting the welfare of children. The objectives and functions of LSCBs are described in [Safeguarding Children: Working Together under the Children Act 2004](#).

### **1.3.2 A shared responsibility**

The protection of individual children from significant harm, as well as the broader requirement for safeguarding and promoting children's welfare, depends fundamentally upon effective sharing of information, collaboration and understanding between agencies and professionals. The achievement of constructive working relationships between professionals and practitioners, which are supported by lead members, chief officers, LSCBs and other strategic

partnership arrangements, will provide the platform for effective joint partnership working.

The findings from [Child Protection: Messages from Research](#) highlighted that joint agency working is often relatively good at the early stages of child protection enquiries, but its effectiveness tends to decline when child protection plans are made following registration, often leaving social services departments with sole responsibility for implementing the plans. It is important that all agencies are mindful that when a child's name is placed on the child protection register and is subject to a inter agency protection plan there is collective responsibility for ensuring that the plan is implemented.

LSCBs must have quality assurance systems in place to monitor and ensure the effectiveness of child protection practice and joint working arrangements between agencies and professionals, and, compliance with local policies, procedures, and protocols.

## 1.4 Sharing Information among Professionals

Effective sharing and exchange of relevant information between professionals is essential in order to safeguard children.

The law is rarely a barrier to disclosure of information. There is no restriction in the [Data Protection Act](#) or any other legislation that prevents concerns regarding individuals being highlighted and shared between agencies for the purpose of protecting children. The [Bichard](#)<sup>2</sup> and [Carlile](#)<sup>3</sup> reports both confirm the need to be aware that concerns from a number of sources, which individually may not be of significance, can build up a picture which may suggest a child is suffering or is at risk of suffering significant harm and therefore requires professionals to act to protect them.

Whenever possible, consent should be obtained before sharing personal information with third parties, but the public interest in child protection always overrides the public interest in maintaining confidentiality or obtaining consent

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<sup>2</sup> [The Bichard Inquiry Report, The Home Office, 2004](#)

<sup>3</sup> [Too Serious a Thing: The Review of Safeguards for Children and Young people Treated and Cared For by the NHS in Wales, Lord Carlile, Welsh Assembly Government, March 2002](#)

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from families. A child's safety is the paramount consideration in weighing these interests.

Further guidance is available in [\*Safeguarding Children: Working Together under the Children Act 2004\*](#). Reference is also made to information sharing and confidentiality in specific sections of these procedures relating to managing fabricated illness, organised abuse and child protection conferences.

## **PART 2**

### **2. Everyone's Responsibilities**

#### **2.1 The responsibilities of everyone who has concerns about the welfare of a child**

##### **2.1.1 What everyone should do**

Every person in contact with or working with children, young people and their families; or with adults who may pose a risk to children; or responsible for arranging services for children and/or adults, should:

- Understand their role and responsibilities to safeguard and promote the welfare of children;
- Be familiar with and follow their organisation's procedures and protocols for safeguarding and promoting the welfare of children and know who to contact in their organisation to express concerns about a child's welfare;
- Be alert to indicators of abuse and neglect;
- Have access to and comply with the *All Wales Child Protection Procedures*;
- Understand the principles and practice contained in [Safeguarding Children: Working Together under the Children Act 2004](#);
- Have received child protection training to a level commensurate with their role and responsibilities;
- Know when and how to refer any concerns about child abuse and neglect to social services or the police;
- Know that a child, parent, caregiver, relative or member of the public who expresses concerns about a child's welfare to a professional and /or agency employee must never be asked to make a self referral to social services or the police. The professional and/or agency employee must make the referral.

**If any person has knowledge, concerns or suspicions that a child is suffering, has suffered or is likely to be at risk of harm, it is their responsibility to ensure that the concerns are referred to social services or the police, who have statutory duties and powers to make enquiries and intervene when necessary.**

In addition to their duty and responsibility to make referrals, there are other ways in which everyone who works with children and families can contribute to the safeguarding of children and the child protection process:

- Treat the child's welfare as paramount;
- Be alert to and aware of the risks which individual abusers, or potential abusers, may pose to children;
- Recognise when a parent or caregiver has compromised parenting capacity, that is, problems which may affect their capacity to provide effective and appropriate care, or which may mean they pose a risk of harm to a child.
- Be aware of the impact and effects of abuse and neglect on children;
- Have an understanding of the Framework for Assessment of Children in Need and their Families, which underpins the processes of assessing needs, planning services and reviewing the effectiveness of service provision at all stages of work with children and families;
- Share and help to analyse information so that an informed assessment can be made of the child's needs and circumstances;
- Contribute as required to provide help or a specific service to the child or a member of their family as part of an agreed plan and contribute to the reviewing of a child's progress;
- Contribute as necessary at all stages of the child protection process;
- Contribute to regularly reviewing the outcomes for the child against specific shared objectives;
- Work co-operatively with the parents, unless this is inconsistent with the need to ensure the child's safety;
- Be committed to fully co-operating with all other agencies in the interests of safeguarding children.



The partner agencies listed in the [Children Act 2004](#) share statutory responsibility for safeguarding and promoting the welfare of children and there is a duty placed on all professionals working for those agencies to report concerns.

**This is not a matter for individual choice.**

The suspected abuse of a child must be reported to social services or the police, who are the agencies together with the NSPCC with statutory powers to investigate suspected abuse. Agencies must not undertake their own internal child protection enquiries, but refer their concerns. If the concern involves a member of staff, agencies must not make their own internal decisions about whether it is a disciplinary issue or a child protection matter. These complex considerations should only take place with the involvement of social services and the police. Agencies should be mindful that the police have statutory powers and responsibility for determining whether a criminal investigation is to be undertaken.

All agencies working with children should have robust recruitment and selection procedures that create a high threshold of entry to deter abusers from seeking employment or voluntary work with children and families. Additional guidance can be found in "[Safeguarding Children: Working together under the Children Act 2004](#)."

### **2.1.2 Identifying and acting on concerns or suspicion of abuse**

Local authorities should ensure effective arrangements are in place to allow other agencies and members of the public to report concerns about children, including outside of core office hours.

Where a staff member has concerns, but wishes for further advice, this should be available from their own agency or from social services. Any discussion about a child's welfare should be recorded in writing, including a note of the date and time, and the people who took part in the discussion. At the end of a discussion, there should be clear and explicit agreement about what actions will be undertaken and by whom. If the decision is that no further action is to be taken, this should also be recorded in writing with the reasons for the decision. Any member of staff with concerns about a child's welfare should document their concerns, whether or not further action is taken.

However, the need to seek advice should never delay any emergency action needed to protect a child.

Local protocols for implementing the [Common Assessment Framework](#) must ensure that all professionals understand the importance of instigating a referral to social services or the police if and when concerns or allegations about child abuse or neglect emerge during assessment.

Agencies represented at the LSCB have arrangements for making enquiries to the child protection register. An employee from these agencies who is worried about a child and wants to know whether the child's name is already on the child protection register and/or the subject of an inter-agency child protection plan may make an enquiry to the register (see 3.26).

**Box 2: What to do if a child tells you that they or another young person is being abused**

- Show the child that you have heard what they are saying, and that you take their allegations seriously;
- Encourage the child to talk, but do not prompt or ask leading questions; Don't interrupt when the child is recalling significant events. Don't make the child repeat their account;
- Explain what actions you must take, in a way that is appropriate to the age and understanding of the child;
- Do not promise to keep what you have been told secret or confidential, as you have a responsibility to disclose information to those who need to know. Reporting concerns is not a betrayal of trust;
- Write down as soon as you can and no later than 24 hours what you have been told, using the exact words if possible;
- Report your concerns to your line manager or (if appropriate) the member of staff in your organisation with designated responsibility for child protection;
- Ensure that your concerns are immediately reported to the duty social worker at the local office. Do not delay;
- Do not confront the alleged abuser;
- Do not worry that you may be mistaken. You will always be taken seriously by social services. It is better to have discussed it with somebody with the experience and responsibility to make an assessment;
- Make a note of the date, time, place and people who were present at the discussion.

**Box 3: Behaviour of any adult or colleague (including members of the public) towards children or young people causes you concern:**

- Do not dismiss your concerns;
- Do not confront the person about whom you have concerns;
- If it is a person with professional responsibility for children or young people, you must act in accordance with your agency's professional abuse and whistle blowing policies;
- It is very important that you do not ignore or dismiss suspicions about another professional or colleague.

## **2.2 Recognition and Referral**

Suspicion about child abuse may take the form of 'concerns' rather than 'known facts'. Child welfare concerns can arise in many different contexts, including when a child is already known to the social services. Concerns can and should be shared with social services through a referral. While concerns will not necessarily trigger an investigation, they help to build up a picture, along with concerns from other sources, which suggests that a child may be suffering harm. Many local authorities have developed protocols establishing arrangements for conducting initial assessments by local services and defining the circumstances and thresholds under which a child should be referred to social services.

In cases of alleged or suspected abuse by a professional or individual employee, the action should also be guided by the agency's own procedures on professional abuse and whistle blowing.

### **2.2.1 Making the referral**

Referrals should be made to social services as soon as a problem, suspicion or concern about a child becomes apparent, and certainly **within 24 hours**. Outside office hours, referrals should be made to the social services emergency duty service or the police. Social services and the police must ensure that an appropriate level and deployment of trained staff are available to undertake child protection section 47 enquiries, including out of hours.

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All telephone referrals or referrals made in person should be confirmed in writing within two working days, preferably using a local standard form where provided.

The duty social worker taking the referral should be given as much of the following information as possible by the referrer:

- The nature of the concerns;
- How and why those concerns have arisen;
- The full name, address and date of birth (or age) of the child;
- The names, addresses and dates of birth/ages of family members, along with any other names which they use or are known by;
- The names and relationship of all those with parental responsibility, where known, should be recorded;
- The name, address & date of birth of parent's partner;
- The name, address and date of birth of any other adults living in the household;
- The names of other professionals involved with the family, including the name of the child's school and GP;
- Any information you have on the child's developmental needs and his/her parents or caregivers ability to respond to these needs within the context of the wider family and environment;
- Any information affecting the safety of staff.

Individual employees, professionals and independent contractors, should be aware that they cannot remain anonymous when making a referral. However, members of the public may remain anonymous, if they wish to.

The individual employee or professional making the referral may be asked to do some or all of the following tasks, and should be prepared and willing to do them:

- Contribute to a strategy discussion or strategy meeting;
- Assist in the child protection section 47 enquiries;
- Attend the child protection conference;
- Provide a written report for the child protection conference;
- Contribute to the initial and core assessments.

It is the responsibility of individual employees and professionals to ensure that their child protection concerns are taken seriously and followed through. Each individual employee and professional is accountable for his or her own role in

the child protection process, and if an individual employee or professional remains concerned about a child they should re-refer the child and/or bring the matter to the immediate attention of the social services senior manager with responsibility for child protection for the area. In their absence the social services team manager responsible for the child's case must be notified. In all such situations, the individual employee or professionals own line manager and named professional for child protection should be informed.

## **2.3 Record Keeping**

Accurate, concise and clear record keeping in straightforward language is an essential part of an individual employee and professional's accountability towards people using their services, and underpins good child protection practice.

The Integrated Children's System exemplars contain the information requirements for social services, and signposts the information that is needed from other agencies about children in need and their families.

All agencies involved in safeguarding and promoting the welfare of children must have policies, and procedures specifying arrangements for the retention, storage & destruction of electronic and paper case records. The policies should ensure that case records are stored safely and can be retrieved as required.

The purpose of written records is:

- To focus work on the purpose, conduct and outcome of enquiries, assessment, analysis and plans;
- To provide a clear documented account of involvement with a child and /or family including the time of contact;
- To assist continuity when a worker is unavailable or changes;
- To provide the basis for professional judgements and decision-making;
- To enable managers to monitor work, supervise and provide support to practitioners;
- To provide essential sources of evidence for investigations, enquiries and for court proceedings.

Records should:

- Use clear, straightforward language;
- Be signed, dated and timed;

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- Be concise, legible and comply with professional, national and local agency standards and requirements;
- Be accurate in fact and distinguish between fact, opinion, judgement and hypothesis;
- Be organised and comprise detailed recording and chronologies and summaries including all contacts;
- Be comprehensive;
- Clearly record judgements that are made and action and decisions taken;
- Clarify where decisions have been taken jointly across agencies, or endorsed by a manager;
- Record both formal and informal supervision discussion, including telephone advice;
- Record directions given and agreements or disagreements made in consultation with Supervisors or Managers.

The reader should be able to track:

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

When an individual employee or professional who works with children in need is absent from the office for any reason the manager should ensure that arrangements are made for all paper and electronic correspondence to be checked.

## **2.4 The roles of the various agencies**

The role of the partner agencies and voluntary organisations and their responsibilities for the safeguarding and promoting the welfare of children, is described in [\*Safeguarding Children: Working Together under the Children Act 2004.\*](#)

### **2.4.1 Supervision**

All professionals involved in child protection require appropriate supervision. Each agency should have a formal supervision procedure and policy in place. Staff supervision should help to ensure that practice is soundly based and

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consistent with the *All Wales Child Protection Procedures*. Supervision should also ensure that key decisions made, and guidance given, in supervision, is clearly recorded in case files.

## PART 3

### 3. The Child Protection Process

#### 3.1 Summary

**At every stage of the child protection process consideration must be given to whether a child is at imminent risk of harm and whether emergency protective action needs to be taken.**

The six stages of the child protection process are:

- **Referral:** The person taking the referral within social services will record comprehensive details on the appropriate form and seek further information. The police should be notified as soon as possible if it is suspected that a criminal offence has been committed against a child.
- **Initial Assessment:** Social services undertake an initial assessment to establish if the child is in need and requires protection. This should be completed within 7 working days. A strategy discussion may be required following this assessment. The person making the assessment must see the child and speak to or communicate with the child, to an extent where they are satisfied that the child is and feels safe. The initial assessment may be very brief and lead directly to a strategy discussion/meeting, and/or core assessment.
- **Strategy Discussion:** Following the completion of the initial assessment, it may be decided that a strategy discussion is required. Police and social services should share and discuss all information received/gathered and with other professionals/agencies as appropriate, and decide on the next course of action within 24 hours or without delay if there is immediate concern for the child.
- **Strategy Meeting:** A strategy discussion may agree that a strategy meeting should be held. Those attending a strategy meeting should include police and social services staff, the staff member or professional making the referral, together with other staff members and professionals who can assist in the planning process for the child protection enquiries, if they are to take place. This meeting should be held as soon as



possible but no later than a maximum of 8 working days from the receipt of the referral.

- **Child Protection Section 47 Enquiries by Social Services and/or the Police:** At the strategy discussion/meeting, a decision must be made on whether the child protection section 47 enquiries will be undertaken as a single agency or jointly, depending on the seriousness and type of abuse. Information gathered during this formal stage of enquiries should be recorded in the core assessment that can begin before a child protection conference but is unlikely to be concluded by the time the conference meets.
- **Child Protection Conference:** a child protection conference and the preparation and implementation of a child protection plan may follow the child protection section 47 enquiries. The child protection plan will be informed and updated by the core assessment of the child's needs, which runs in parallel with the section 47 enquiries.

All six stages should be recorded on the relevant Integrated Children System exemplar.

## 3.2 Receiving the referral

Social services and the police must ensure that an appropriate level and deployment of trained staff are available to undertake child protection section 47 enquiries including out of hours.

Referrals alleging that a child has been abused or is at risk of abuse must always be regarded as serious and enquiries should commence without delay by the local authority where the child is living, has been placed or has been found. ([see 3.2.4](#)).

All referrals should be treated in the same way, whether the alleged abuse has taken place in or outside the family and regardless of the source of the referral, including anonymous referrals.

### 3.2.1 Action

- The relevant social services manager should be informed about and record the referral without delay. The person taking the referral should try to gather and record all of the following information from the referrer

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using the ICS exemplar, and include the date, time and method of referral:

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

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- The name and address of the child's general practitioner (GP), the health visitor/school nurse and any other health professional involved with the family, including the adults;
- Name and address of school;
- The child's ethnic origin, religion and language of choice of the child;
- **A brief physical description of the child** to assist the person making an initial visit being assured they have seen the correct child;
- **Any difficulties the child has with communication.** Specific detail about the nature of the communication difficulty should be recorded to inform how initial enquiries need to be planned.
- Any other information which may be relevant,

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

Upon receipt of a referral the social worker/duty officer must check the social services records, including the child protection register, to establish what information, if any, is already known about the child. These checks should be in respect of the referred child, other children and adults in the household, and the alleged abuser whether a child or an adult. Databases must be searchable for adult as well as children's names.

Whenever social services become aware of an allegation that constitutes or may constitute a criminal offence against a child, the police should always be informed at the earliest opportunity.

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

The person making the referral should be asked to confirm the information in writing within 2 working days.

### **3.2.2 Referrals out of usual office hours**

Outside usual core office hours, referrals can be made to the social services out of hours service/ emergency duty team (EDT) or to the police. All referrals made to social services will be communicated by the out of hours staff (in writing and if possible also orally) to the relevant social services manager the following day, together with the action taken. In taking the referral, the social worker or police officer must be alert to any indications of an immediate risk to the child or other

children's safety and must be prepared to take urgent action to ensure this child's or other children's safety, including necessary medical attention. Where a referral is of a serious nature requiring an immediate response, then appropriate action, jointly between police and social services, in accordance with these procedures must be carried out without delay.

Out of hours service/ emergency duty team (EDT) social worker should check the child protection register for information on the child and make any other possible checks available out of hours, but recognise these may be limited.

**However, not being able to make other checks should not prevent taking any necessary action to safeguard the child.**

If there are concerns outside core office hours that a child is being deliberately harmed, either the police or EDT service, whichever receives the referral, should ensure the other agency is informed and decide jointly what action, if any, is necessary to secure the immediate safety of the child and any other children. This should include a strategy discussion, which records the agreed actions and the person responsible for carrying them out. The strategy discussion out of hours may need to be undertaken by the EDT social worker and a senior police officer. The EDT should complete the relevant documentation in accordance with local protocols.

### **3.2.3 Keeping the referrer informed**

Anyone making a referral of child abuse should be made aware that any subsequent enquiries might be conducted jointly by the police and social services or as a single agency enquiry. The referrer should also be informed about how he or she will be given information about the outcome of the referral, in a way that is consistent with respecting the confidentiality of the child and family.

It is the responsibility of the duty social worker/duty social work team manager to inform a referrer of action being taken within a maximum of 10 working days.

While respecting the confidentiality of the child and family, the referrer should be given information regarding action taken, to include the safeguarding arrangements for the child and the appropriateness of the referral.

### **3.2.4 Cross border issues**

When an allegation of abuse is received from/ about a child found living away from the originating authority the initial strategy meeting will be convened by the authority where the child is found when he or she makes the complaint.

The relevant social services managers should be informed about the referral without delay, and the strategy meeting (or discussion where there are

constraints of distance) must be organised to allow for the attendance of a representative of the originating authority, and the authority where the incident is alleged to have happened if that is different from the authority where the child is found at the time of the complaint. The strategy meeting will decide which authority should have responsibility for carrying out the investigation although this will usually be the authority in whose area the incident occurred. The strategy meeting will also decide what part should be played in the investigation by the other relevant authorities.

The decision and reason for making this decision must be clearly recorded and made in the best interest of protecting the child.

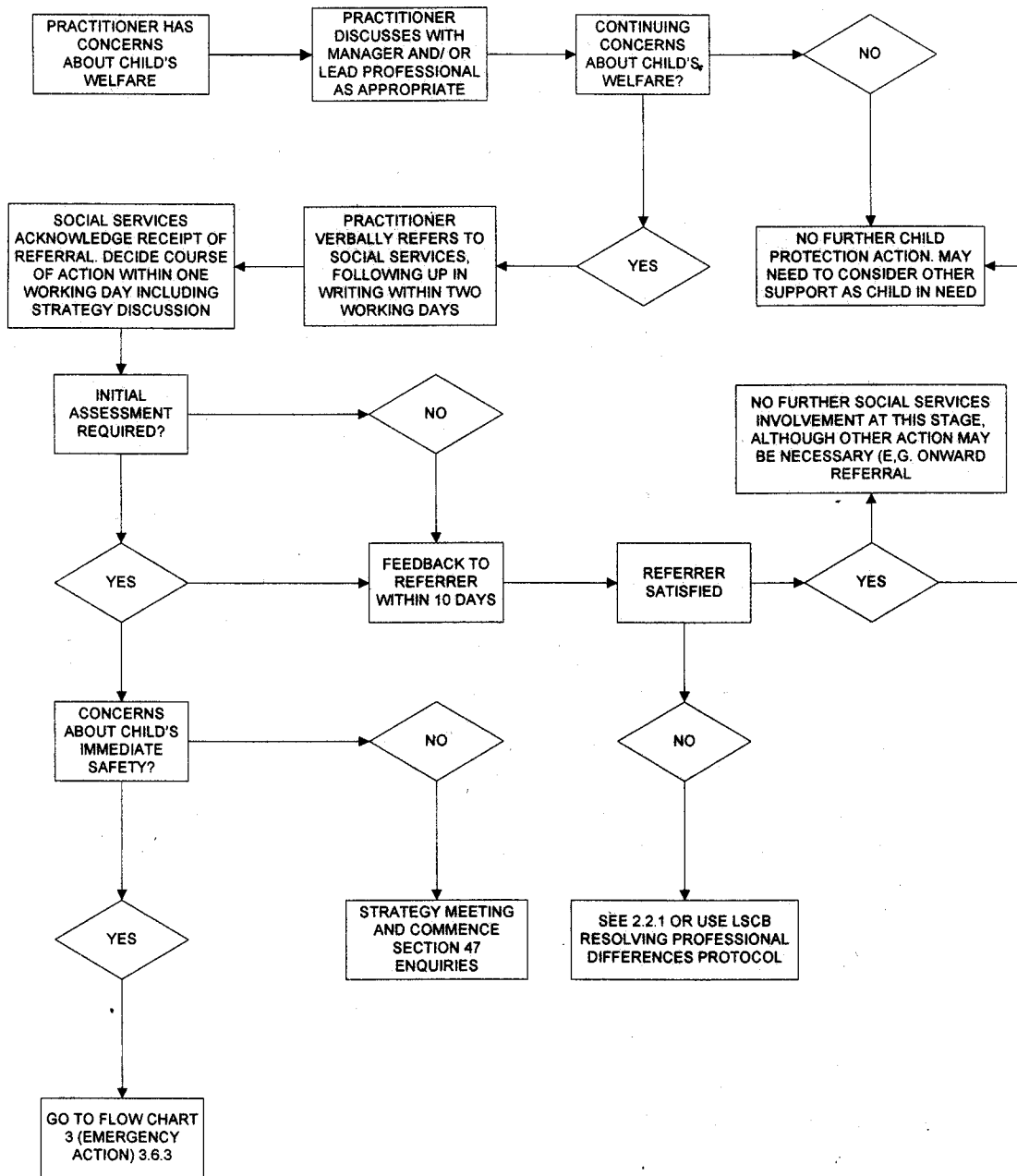
(See also [3.5.1.1](#) and [4.4](#))

#### **Box 4: Management of Duty and Referral Systems**

- Duty arrangements should be subject of clear day-to-day management and oversight by suitably qualified and experienced managers. These managers should have access to systems that can immediately establish how many children have been referred to their team, what action was required for each child, the person responsible and a record of when the action was completed.
- Chief executives of councils must satisfy themselves that senior managers and councillors undertake regular visits to duty teams and their observations and comments are reported to the chief executive and an appropriate meeting of councillors responsible for scrutiny and oversight of children's services.
- It is the responsibility of the duty manager to oversee all referrals made to the service, ensure they are prioritised according to clear operational guidelines and clear action is allocated to named members of staff.

In allocating work, the duty manager must ensure that the social worker is clear as to the purpose of the allocation, what action is required and that there are arrangements for reviewing and supervision. When practitioners undertake visits, managers should ensure that they are clear regarding the purpose of the visit and the outcomes that are to be achieved for the child.

3.2.5 Flowchart 1: referral



## **3.3 The Initial Assessment**

### **3.3.1 Purpose and scope of the initial assessment**

The initial assessment will establish whether a child is in need and additionally whether the child is in need of protection. The initial assessment should be carried out as soon as possible, but must be completed within 7 working days of the referral being received, though it may take less time than this. The focus of the initial assessment is the safety and welfare of the child. Even if the reason for a referral was a concern about abuse or neglect, which is subsequently unsubstantiated, a family may still benefit from support and practical help to promote a child's health and development. During the course of the assessment, if social services establish that a school age child is not attending school, they should alert the education authority, and ensure that in the interim, the child is subject to adequate daytime care and supervision arrangements.

The initial assessment must include seeing the child and speaking to or communicating with the child to an extent where the person making the assessment is satisfied that the child is and feels safe.

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

A decision to gather more information constitutes an initial assessment.

The initial assessment is deemed to have commenced at the point of referral to social services. The initial assessment period may be very brief if a strategy discussion and child protection section 47 enquiries are required.

### **3.3.2 Parental consent**

It is good practice for parents to be informed about a child protection referral concerning their child unless there is a professional judgement that this would place the child at risk of further harm. Normally a social services manager with responsibility for managing child protection referrals will decide whether to inform the parents at this stage.

The overriding concern must be the safeguarding and promoting the welfare of the child. Where there are child protection issues, which may put the child at increased risk, the police and/or social services may conduct child protection enquiries and speak to a suspected child victim without the knowledge of a parent or caregiver. Other circumstances where enquiries can take place

without the knowledge of the parent include the possibility of threats or coercion; concerns about the loss of important evidence, or the child's wishes that the parent is not made aware, providing the child is competent to take that decision. Where there are any doubts about seeking permission from parents, then they should not be approached. The issue of consent should be recorded. (Where the referral/enquiries are about a child in need parental consent is required.)

### **3.3.3 Requesting information from other agencies**

The social worker co-ordinating the initial assessment should approach other agencies with requests for information. The social worker should make clear the nature and purpose of the request, and record the request and the response in writing.

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

If the child and family have lived abroad information should be sought from relevant agencies. Professionals from agencies such as health, social services or police should request this information from their equivalent agencies in the country/countries in which the child has lived. Information about who to contact can be sought via the Foreign and Commonwealth Office on 0207 008 15000 (<http://www.fco.gov.uk/>) or the appropriate Embassy or Consulate. Information may also be available from 'International Social Services'. (There is detailed information on contacts in [Appendix D of Safeguarding Children: Working Together under the Children Act 2004.](#))

### **3.3.4 Carrying out the initial assessment**

The information obtained during the initial assessment stage will be used to analyse the causes for concern as part of a strategy discussion and or meeting, and child protection section 47 enquiries. The information will help decide whether the child is in need and requires advice, support or services and also forms the basis of a core assessment. The initial assessment should include:

- Interviews with child and family members, as appropriate;
- Seeking information from other agencies;
- Consideration of the need for a medical assessment;
- Record of initial analysis, including analysis of historical information;
- A decision on whether to take further action, and, if so, what;
- Record of decisions and the reason for decisions;
- Informing other agencies of the decisions;



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- Statement to the family of decision made and, if a child is in need, the plan for providing support.

### **Box 5: Involving children from the outset**

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

### **Box 6: Involving family members**

- Explore with family members how they can be involved in assessment using various methods.
- Working in partnership with one or more family members is likely to have long-term beneficial outcomes for the child.
- Listen carefully to what parents have to say, offer advice, support and services, if appropriate.
- Remember to take account of family's strengths as well as their difficulties.
- Keep parents informed about the purpose, process and progress of the assessment and provide written information to them.
- Ensure that parents understand that the first consideration of the

professionals involved is making sure their child is safe.

- Provide an opportunity for parents to write down their views as part of the assessment record.
- Provide child and family friendly leaflets and information

The initial assessment considers the following questions:

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

### **Box 7: Initial Assessment and Enquiries:**

#### **Ten pitfalls and how to avoid them**

1. Not enough weight is given to information from family, friends and neighbours. Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, are they a sign that the family is in need of some help or support?
2. Not enough attention is paid to what children say, how they look and how they behave. Ask yourself: Have I been given appropriate access to all the children in the family? If I have not been able to see any child, is there a very good reason, and have I made arrangements to see him/her as soon as possible, or made sure that another relevant professional sees him/her? How should I follow up any uneasiness about the child's health or well being? If the child is old enough and has the communication skills, what is the child's account of events? If the child uses a language other than Welsh or English, or alternative non-verbal communication, have I made an effort to enlist help in understanding him/her? What is the evidence to support or refute the

young person's account?

3. Attention is focused on the most visible or pressing problems and other warning signs are not appreciated. Ask yourself: What is the most striking thing about this situation? If this feature were to be removed or changed, would I still have concerns?
4. Pressures from high status officers or the press, who express fears that a child may die, lead to over-precipitate action. Ask yourself: Would I see this referral as a child protection matter if it came from another source?
5. Professionals assume that they have explained something clearly, and the other person will have understood it. Ask yourself: Have I double-checked with the family and the child/ren that they understand what will happen next?
6. Assumptions and pre-judgements about families lead to observations being ignored or misinterpreted. Ask yourself: What, if any, is the hard evidence which refutes the observations? How are other factors supporting or contradicting an allegation or concern?
7. Parents' behaviour, whether co-operative or un-cooperative, is misinterpreted. Ask yourself: What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said rather than to do with the child? Is behaviour a reflection of stress and anxiety about why I have to make my enquiries?
8. When the initial enquiry shows that the child is not at risk of significant harm, the family is not referred to other services that they need to prevent longer-term problems. Ask yourself: Is this family's situation satisfactory for meeting the child's needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?
9. When faced with an aggressive or frightening family, professionals are reluctant to discuss concerns for their own safety and ask for help. Ask yourself: Did I feel safe in this household? If not, why not? If I, or another professional, should go back there to ensure the children's safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.
10. Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted. Ask yourself: Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment

of the situation? Do my notes record what action I have taken/will take and what action all other relevant people have taken/will take?

### **3.3.5 Completion of the initial assessment and the possible outcomes**

Following the completion of the initial assessment a decision must be made about the next course of action. This decision must be taken by the appropriate personnel in social services with responsibility for child protection, in consultation with the police, and must take account of the results of the initial assessment. If there are sufficient concerns in relation to significant harm for a child, a strategy discussion should be arranged as soon as possible and take place no later than 24 hours after making this decision.

A core assessment may be initiated at the outset.

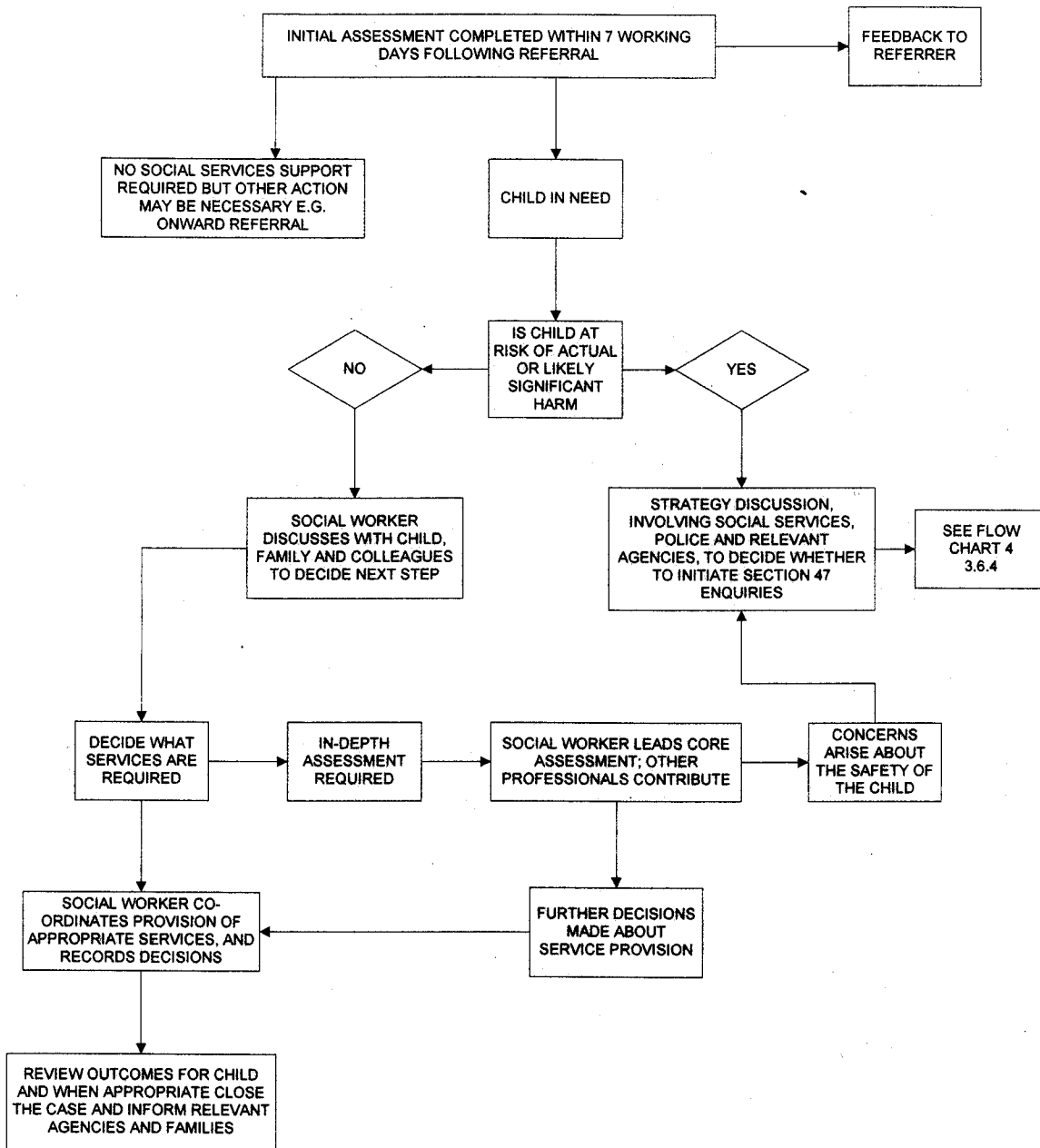
The decision about what will happen next, the reasons for this and the subsequent action taken, should be clearly recorded and the record signed by the person making the decision.

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

The outcome of the initial assessment may be one or more of the following possibilities:

- No further action;
- Offer services under [section 17 Children Act 1989](#) as a child in need;
- Undertake a core assessment;
- Strategy discussion/meeting that will determine whether child protection section 47 enquiries are required;
- Planned emergency action if there is a risk to the life of a child or a likelihood of serious risk of immediate harm. Such action should, where possible, take place following a strategy meeting, but where the police or social services have to act immediately to protect a child, a strategy meeting should take place as soon as possible after such action to plan the next steps.

3.3.6 Flow chart 2: action following initial assessment



## **3.4 The Strategy Discussion**

### **3.4.1 Scope and purpose of the strategy discussion**

The purpose of the strategy discussion is to share and discuss in detail all information gathered to date, as well as the nature of the concern. A decision must be made whether to initiate child protection section 47 enquiries, or continue with them if they have already begun, and therefore begin a core assessment as the means by which those enquiries will be undertaken.

At any stage following receipt of a referral, where there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, then a brief initial assessment should be completed and a strategy discussion held. The discussion may take place at a meeting or by other means such as telephone or video conferencing.

A strategy discussion should take place as a minimum between appropriate personnel with responsibility for child protection in police and social services and the referring agency. The discussion should include other relevant professionals such as health and education. Where a medical examination may be required a consultant paediatrician from the providing service should be involved. It may be appropriate to involve the local authority's solicitor if emergency legal measures are being considered.

The staff involved in the discussion should be sufficiently senior to make decisions on behalf of their agency. The discussion can take place either in person or over the telephone. It should happen at the earliest opportunity within 24 hours of the decision to hold it. It may take place at any stage following referral or may occur at other times where for example the child is already in receipt of services under section 17 as a child in need and concerns about significant harm have been identified.

The strategy discussion should agree the course of action required and time-scales set for those actions to be carried out. It should agree what information about the strategy discussion is shared with the family. Professionals should keep families fully informed unless such information sharing may place the child at risk of significant harm and/or jeopardise police investigations into any alleged offence(s).

The strategy discussion must consider the needs of other children who may be affected such as siblings or those children in contact with alleged abusers.

The discussion should agree who is to be interviewed, by whom, and for what purpose. Particular needs relating to language or communication should be

considered. Social services and police should work within a protocol endorsed by the LSCB and agreed by both agencies in determining how child protection section 47 enquiries and police investigations should be conducted including location for the interviews and the personnel to undertake the interviews.

When child protection section 47 enquiries are to be undertaken all professionals should ensure that they conduct the enquiries in a way that minimises distress to the child and ensures families are treated sensitively and with respect whilst keeping children safe. Social workers should explain the purpose and outcome of the enquiries to parents and children (subject to their age and understanding) and be prepared to answer questions openly unless to do otherwise would compromise the safety or well being of the child. Information can be general as well as specific including sources of advice, advocacy and support.

**The way in which a case is handled at the outset will affect the entire subsequent process. Handling enquiries well, and with sensitivity, creates better prospects for a positive effect on the eventual outcomes for the child and family.**

### **3.4.2 Possible outcomes of the strategy discussion**

The strategy discussion may result in the decision to take one or more of the following six courses of action:

- **No further action** if it transpires that the allegation is without substance and there are no other concerns;
- **Referral for support services** if preliminary enquiries have revealed significant unmet needs for support and services but no issues in relation to significant harm;
- **Child protection section 47 enquiries;**
- **Core Assessment, under either section 47 or section 17;**
- **Strategy Meeting to plan the child protection section 47 enquiries and/or criminal investigation where there is continuing cause for concern;**
- **Emergency action to safeguard the child if he or she is considered to be at imminent risk of significant harm.**

All decisions made during the strategy discussion and the reasons for those decisions should be clearly agreed and recorded by the people making them.

### **3.4.3 Feedback to the referrer**

Feedback should be provided to the referrer within 10 days of the original referral. If the referral has been received from a member of the public, this feedback should be given in a manner consistent with respecting the confidentiality of the child and their family.

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

## **3.5 The Strategy Meeting**

### **3.5.1 Scope and purpose of the strategy meeting**

- The strategy discussion may agree that a strategy meeting should be held. Local protocols and procedures should describe the circumstances under which a strategy meeting should be arranged. The following circumstances are examples:
- Sexual abuse (child and child offender);
- Neglect;
- Physical injury;
- Emotional abuse;
- Pre-birth concerns;
- Alleged abuse by a person in a position of trust;
- Alleged abuse by a professional/staff member in their professional or private capacity (see [4.3.6](#));
- An incident of significant or repeated domestic abuse where the child is present in the household;
- Allegations or concerns that a child is being sexually exploited;
- Allegations or concerns that a child is subject of fabricated or induced illness;
- The police have used their emergency powers of protection to remove a child from a parent or caregiver;



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- Where there are concerns and a family moves before child protection section 47 enquiries are complete;
- Where a family moves in from another area, and there is an outstanding child protection section 47 enquiry;
- The non accidental death of a child in a household where other children continue to live;
- [Multi Agency Public Protection Arrangements \(MAPPA\)](#) have identified potential risk to a specific child from a prisoner being released from custody;
- A child is or has been missing from home or care for more than 7 days or on more than three occasions in a 12-month period.

The strategy meeting, which should be chaired by a social services manager, should decide whether the enquiries will proceed further and if so, plan the process and management of the enquiries.

All strategy meetings and discussions follow three basic steps:

- A list of action points are drawn up, each with an agreed timescale and the identity of the person responsible for carrying them out;
- A clear record of the discussion or meeting is circulated to all those present and all those with responsibility for an action point;
- A mechanism for reviewing completion of the action points is specified. The date upon which the first review is to take place is agreed and documented.

During the strategy meeting the police and social services will decide whether the referral requires a single or joint agency enquiry. There should never be separate or unrelated enquiries/investigations. These decisions should be guided by protocols agreed between the two services and approved by the LSCB.

Where it is agreed that one agency will investigate, that agency will determine the strategy for its enquiry in consultation with the other. The reason for deciding that one agency alone will investigate should be carefully recorded in accordance with local procedures. If at any point during a single agency enquiry, it becomes apparent that the criteria for a joint enquiry are met, immediate contact must be made with the other agency with a view to convening a further strategy discussion/meeting.

### **3.5.1.1 Cross border issues and the strategy meeting**

See [3.2.4](#) and [4.4](#).

### **3.5.2 Planning the strategy meeting**

Both police and social services staff, together with other professionals from education and health or other people who can assist in the planning process of the enquiries, should always attend the strategy meeting. A paediatrician should attend when a medical examination of the child has been undertaken or is likely to be required. Where possible the professional who made the referral should be invited to the strategy meeting. It is important to ensure that these other people are invited to attend any strategy meeting in order that they are able to share information and assist in the decision making process.

If care proceedings have started and a children's guardian (also referred to in Wales as a family proceedings officer) has been appointed, the guardian should be invited to the strategy meeting as an observer.

Where an initial assessment has been undertaken, the strategy meeting will take place no later than a maximum of 8 working days from the receipt of the referral and sooner if there is cause to suspect significant harm to a child at an earlier stage.

### **3.5.3 Matters to be discussed at the strategy meeting**

The strategy meeting should:

- Share all available information;
- Decide whether child protection section 47 enquiries and/or criminal investigation should be started or continued if they have already begun;
- Agree the timetable for child protection section 47 enquiries;
- Agree a plan for child protection section 47 enquiries as part of the core assessment, including deciding what further information is needed about the child or children and family and how it should be obtained;
- Agree who will form the team undertaking the enquiries;
- Agree what immediate action if any is needed to safeguard the child, and/or provide interim services while enquiries are taking place;
- Determine if legal action is required;
- Plan how enquiries should be handled, including the need for a medical examination/assessment and treatment. This should be planned with an appropriately trained doctor, usually a paediatrician;

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- Decide who is to be interviewed, by whom, when, where and with what purpose. This will include interviewing the original informant if this has not already been done;
- Agree in particular how the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions;
- Agree whether or not any investigative interview with the child is video recorded, with reasons for this decision. Agree who else needs to be present at the interview with the child;
- Decide whether or not it is in the child's best interest to seek consent from the parents for interviewing the child;
- If appropriate, decide who is to contact the parent(s) and obtain consent for interviewing the child, any video recording and medical examination;
- Consider what steps should be taken if a parent or child refuses consent for interview or medical assessment;
- Consider the child's level of development, any disability or any language issues, and what arrangements might be needed to offer the child an interview in their language of choice;
- Consider the needs and safety of other children who may be affected, including siblings and other children in contact with the alleged abuser and whether to extend the enquiry to include any of these children. It is often appropriate to have medical assessments of all siblings;
- Agree who will interview the alleged abuser and when;
- Determine how information will be shared with the child and family members, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s);
- Agree which professionals not present at the strategy meeting should be informed at this stage;
- Decide to whom the team undertaking the enquiries will report, with what frequency and how progress will be reviewed. It is important to decide whether to reconvene a strategy meeting in order to check on progress, to gather more information or to assess new information or examine the results of the enquiry prior to a child protection conference. More than one strategy meeting/discussion may be appropriate depending on the circumstances of the case;

- Consider what information will be given by the police, and when, to inform the child about the eventual outcome of the police investigation.

All decisions made and the basis for them should be clearly recorded. This will include timescales and the identity of the named person responsible for implementing the decision or action agreed by the parties to the meeting. The minutes should include a record of those invited, attendees and apologies received. The minutes should be circulated to those invited and to agencies involved with the child, within five working days. The record of discussion or minutes of the meeting must state how the agreed actions will be reviewed. The chair decides at the meeting who will receive a copy of the minutes.

In the event of a request for copies of the minutes to be provided to anybody else other than those invited to attend the strategy meeting, the chair of the meeting will consider what, if any information is disclosed having sought legal guidance.

If a professional disagrees with the strategy meeting decision, he/she should make representation to their own line manager and inform a senior manager responsible for child protection in social services and the police in order to seek an agreed consensus decision.

The staff who undertake the child protection section 47 enquiries should have completed training and have the relevant competence and skills and receive appropriate supervision.

## **3.6 Immediate Protection of a Child**

### **3.6.1 When immediate protection is necessary**

Risk to the life of a child or the likelihood of serious immediate harm requires action to secure their immediate safety. Emergency action might be necessary as soon as a referral is received or at any stage of the child protection process. However, planned emergency action should normally follow immediately from the strategy discussion or strategy meeting, taking account of legal advice and the views of the children involved. Where a single agency has to act immediately to protect a child, a strategy discussion/meeting should take place as soon as possible afterwards. Emergency action addresses only the immediate circumstances of the child and child protection section 47 enquiries should follow. The safety of any other children to whom the risk/danger might also apply (e.g. children in the same household or unborn children) must always be considered at the same time.

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

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- Access to the child is being unreasonably refused;
- Parents refuse consent to the medical examination of child suspected of being abused or a child who, it is believed, needs urgent medical attention;
- Parents deliberately frustrate or delay the enquiries in other ways.

### **Box 8: The Welfare of the Child is Paramount**

- Following the child protection procedures must not be allowed to impede securing the safety of a child who is at imminent risk of significant harm.
- Response to any indication that a child is in danger takes priority over other requirements in the procedures.
- Although there must be no delay, the child's welfare is paramount throughout the child protection section 47 enquiries, and the criminal investigation. It is also important to avoid subjecting children to avoidable trauma as a result of unnecessary haste and disruption to their routines.

If there is a risk of significant harm to the child, and parents refuse to cooperate with child protection section 47 enquiries, including medical examination or treatment, advice will need to be sought from the appropriate manager. When refusal relates to medical examination and/or treatment, the examining doctor should also be consulted. Legal advice should be available to social services from a representative of the local authority's legal service. Consideration should be given to whether an application for an Emergency Protection Order (EPO) with directions for a medical assessment is appropriate and necessary. Alternatively a Child Assessment Order in circumstances where the child is not considered to be at immediate risk could be considered. The results of these consultations should be carefully recorded in writing.

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

Where consideration is being given to interviewing a child, the Achieving Best Evidence guidance should be followed.

### 3.6.2 The range of options for securing the immediate protection of a child

Action to protect a child may be one of the five options described below. The first three options should always be considered before removing a child using compulsory powers:

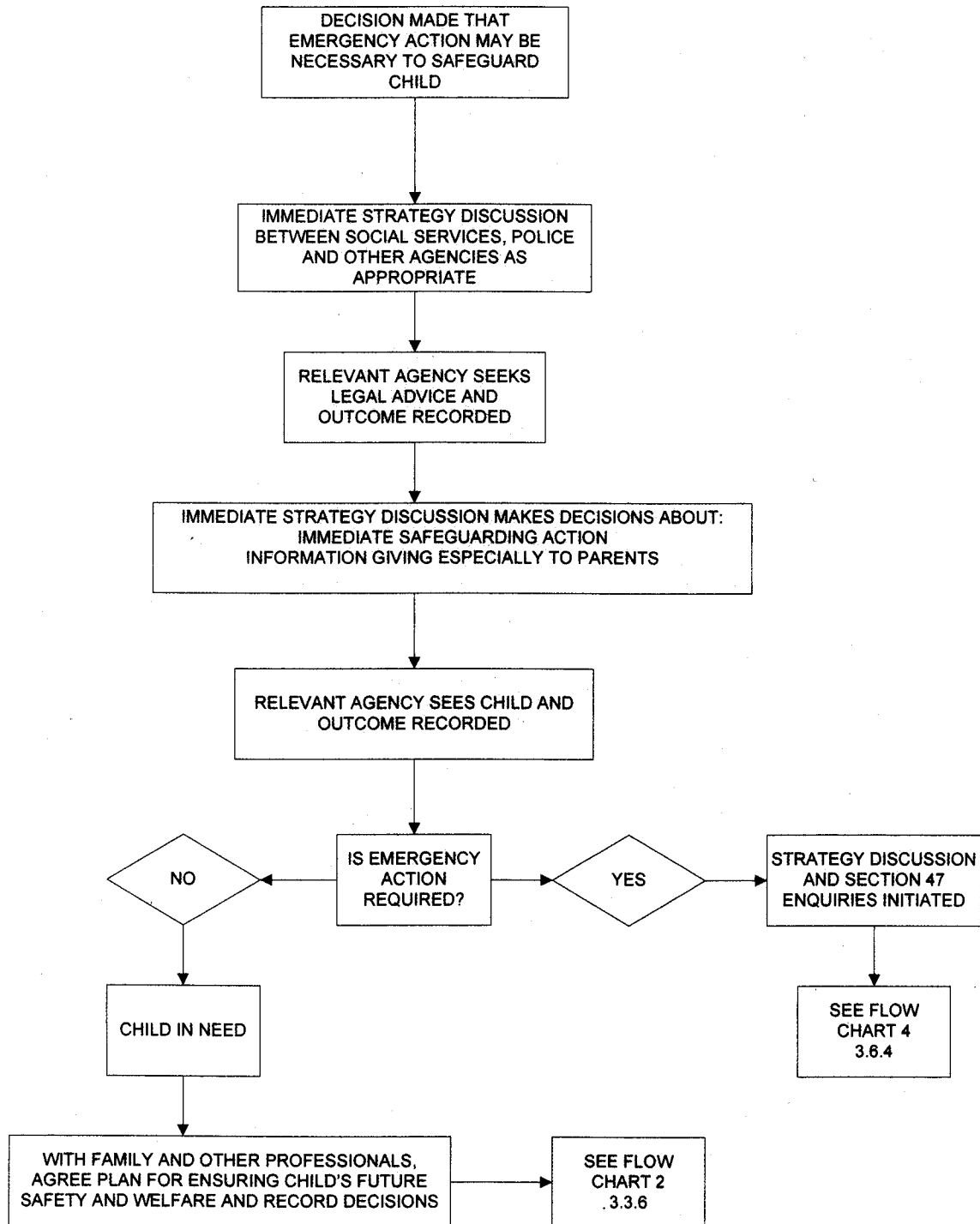
- The alleged abuser agrees to leave the household. Local services may be required to provide practical help and assistance on matters such as accommodation;
- Parents/caregivers make safe arrangements for the child to be cared for within the extended family subject to safeguarding checks being made as to their suitability, which should be described in local procedures;
- The local authority provides accommodation for the child under [section 20 of the Children Act 1989](#) with the agreement of those with parental responsibility;
- Social services apply for an Emergency Protection Order
- **The police use their powers of protection** in exceptional circumstances when no other option is available;

Any of the last four options might take the form of arrangements to place the child within the extended family. Where it is necessary to use compulsory powers to remove a child, a local authority should, wherever possible and unless a child's safety is otherwise at immediate risk, apply for an Emergency Protection Order (EPO) and should not seek to use police powers of protection for this purpose. This is based on the principle that only a court should decide on removal of a child from home. The police should not use their powers of protection unless and until this has been approved by an Inspector or a higher ranking officer and the child has been seen by a police officer who has judged that the child will be or is at imminent risk of suffering harm unless the police remove the child immediately.

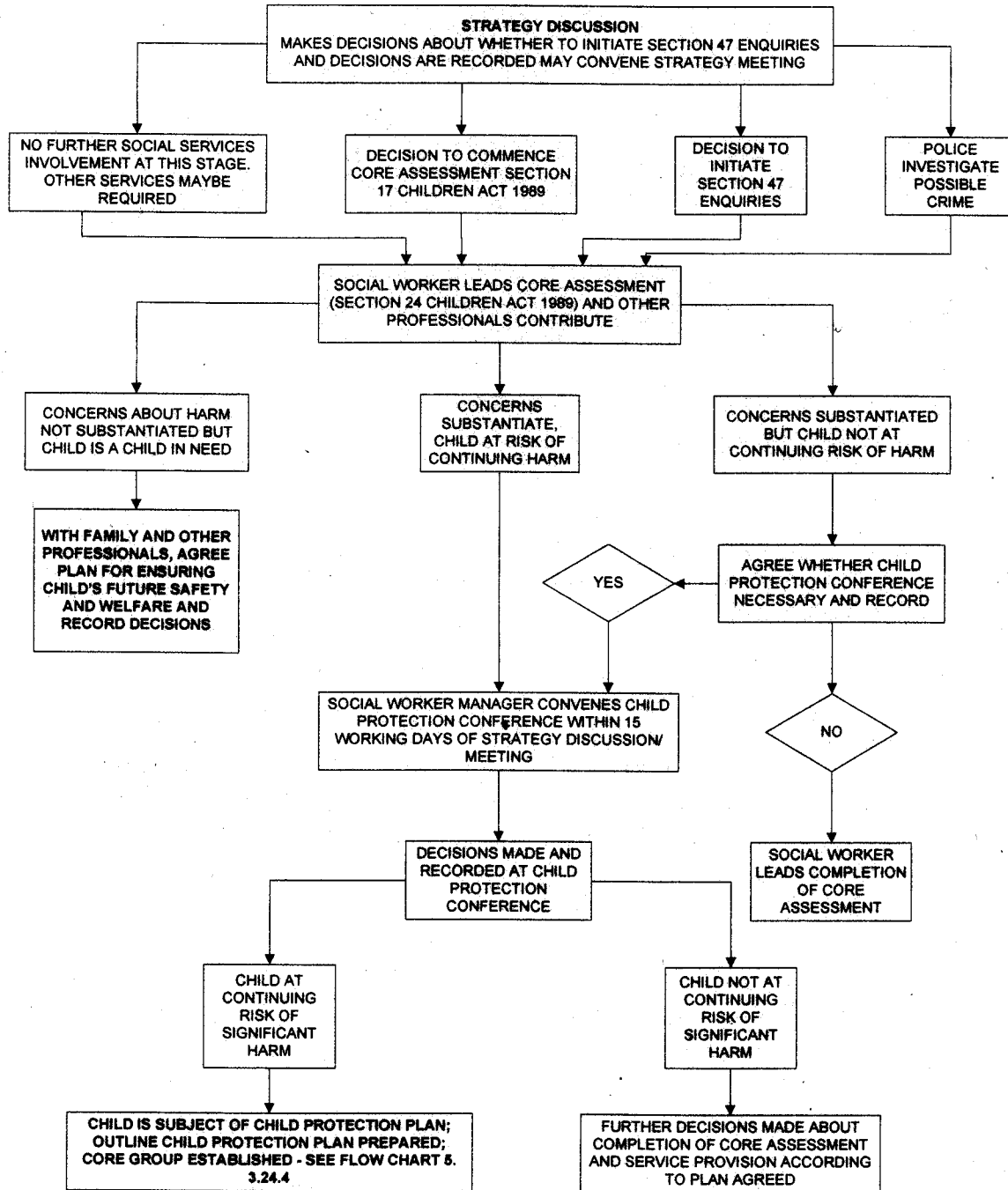
If the police do have to use their powers of protection, a strategy meeting should be held as soon as practicable and in any event within 72 hours, and a decision made as to whether or not to apply for an EPO. The court may also be asked to add a requirement for a medical examination, as an EPO does not include an automatic direction for this.

Legal advice should be sought and the decisions taken, together with their reasons, should be carefully recorded. All available information from the current enquiries as well as any historical information should be considered.

### 3.6.3 Flow chart 3: Urgent action to safeguard children



### 3.6.4 Flow chart 4: action after the strategy discussion / meeting





## **3.7 Child Protection Section 47 Enquiries and the Core Assessment**

### **3.7.1 Scope and purpose of child protection section 47 enquiries**

The purpose of child protection section 47 enquiries is to determine what if any action is needed to promote and safeguard the welfare of a child. Where relevant, the police will need to establish the facts about any offence that may have been committed against a child, and to collect evidence.

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

A core assessment is commenced when:

- The initial assessment stage is completed;
- A strategy meeting decides to initiate child protection section 47 enquiries;
- New information obtained on an open case indicates a core assessment should be undertaken or updated;

Child protection section 47 enquiries are the initial stages of the core assessment.

The guidance for carrying out a core assessment is contained within the [Framework for the Assessment for Children in Need and their Families](#). It provides a structure to collect and analyse information obtained in the course of child protection section 47 enquiries and requires the core assessment to be completed within 35 working days. It involves assessing the needs of a child and the capacity of the parents and the wider family environmental factors adequately to ensure the child's safety, health and development.

A range of materials is available to support practitioners in undertaking evidence-based assessments. These are described in [Safeguarding Children: Working Together under the Children Act 2004](#), Appendix B, Use of Questionnaires and Scales to evidence assessment and decision making.

**Box 9: Focus on Outcomes for the Child**

- Consider what interventions are intended to achieve and what the benefits will be for the child's long-term well-being;
- All interventions and plans should focus on achieving good long-term outcome in terms of health, development, and educational achievement.

## **3.8 Working with the child and family during the enquiries**

### **3.8.1 Remove barriers to involvement**

The child and family should always be enabled to participate fully in the child protection enquiry process, unless this is inconsistent with the protection of the child. The following may need to be provided to facilitate involvement:

- Where a child or parent has a disability the means of communication should be in their preferred medium to maximise their opportunity to participate in the process;
- An independent interpreter must be provided where the child or parent's language of choice is not the same as that of the interviewer;
- If the child is unable to participate in an interview because of age or understanding, alternative means of understanding the child's perspective should be used;
- The enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect.

### **3.8.2 Explain the purpose of the child protection section 47 enquiries**

Social services should explain the purpose of child protection section 47 enquiries to the parents and child, having regard to age and their understanding, and be prepared to answer questions openly, unless doing so would affect the safety and welfare of the child. It is particularly helpful for families if social services provide written information about the purpose, process and potential outcomes of child protection section 47 enquiries. This should include

information about how advice, advocacy and support may be obtained from independent sources and how to access complaints procedures.

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

### **3.8.3 Consider the child**

As part of the child protection enquiry process, the child's wishes and feelings need to be heard and recorded. This should include the child's wishes about how the investigative interview is conducted including any preferences for support during the interview. The process must be explained to the child in a way appropriate to his or her age and understanding. The child must be seen separately and listened to carefully. The child should never be interviewed in the presence of the alleged offender. All staff undertaking joint enquires should be conversant with the guidance provided within [\*Achieving Best Evidence in Criminal Proceedings\*](#).

The child should always be kept informed of the process and outcome of the child protection enquiries and criminal investigation, subject to their age and level of understanding.

#### **Box 10: Communicating with children**

- Children are the key, and sometimes the only, source of information about what has happened to them;
- Accurate and complete information is essential;
- Even initial discussions with children should be conducted in a way that minimises any distress caused to them;
- Talk to the child separately from the parents or caregivers;
- Avoid leading or suggestive questions;
- Write down what the child tells you, and what you said to the child;
- Children may need time to develop sufficient trust to communicate any concerns they have. This may mean talking to them on more than one occasion;
- If the child is not able to communicate verbally, because of age or delay, there are a number of tools that can be used to facilitate communication.

In some cases, it may be appropriate to speak to a child without the knowledge of the parent or caregiver. (see [3.3.2](#) for further guidance on consent). If, for example, all attempts to locate a person with parental responsibility fail and to delay further would jeopardise the safety or welfare of the child, the child may be spoken to without the parents being informed beforehand. This may arise where:

- The person with parental responsibility cannot be contacted
- It is considered to be in the child's best interests to proceed without contacting a person with parental responsibility

The reasons for this decision must be justified and be carefully recorded. However, a decision not to make contact and speak with a parent should only be made if:

- There is a possibility that a child would be threatened or be coerced into silence;
- It is likely that evidence would be destroyed;
- The child did not wish the parent to be involved at this stage and is competent to take that decision.

### **3.8.4 Consider other children**

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

### **3.8.5 Consider the parents or caregivers**

The parents or caregivers should be involved throughout the child protection section 47 enquiries as far as possible, subject to this being in the best interests of the child. The social worker and/or police officer undertaking the enquiries should explain to them the reasons for concern about the child, and what actions are proposed and why, and obtain parental consent in writing where possible. Informed consent for a medical examination will be taken by the examining doctor (see [3.10](#)).

Where appropriate, parents/caregivers should be encouraged to accompany the child for interview and medical assessment. However, care should be taken to avoid action that might prejudice any criminal investigation, particularly where the parent/caregiver is an alleged perpetrator or witness. Parents/caregivers

should always be kept informed of the process and outcome of the child protection enquiries. . As the police lead all criminal investigations it will be their responsibility to inform the parents/caregivers, and where appropriate children, about criminal investigations.

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

### **3.8.6 Where parents or caregivers refuse to co-operate**

- Emergency action should be considered where parents refuse to cooperate or take a particular action, for example removing a child from hospital. Care needs to be taken at the outset of the enquiries to try to secure the co-operation of parents who will need reassurance about the process.
- Where there is a risk to the life of a child or a likelihood of serious imminent harm, action should be taken quickly to secure the immediate safety of the child. Emergency action might be necessary as soon as a referral is received or at any stage of the process.

Lead directors should ensure arrangements are in place for social workers to access legal advice including out of hours.

Emergency legal actions available would be:

- A Child Assessment Order, which can be used if parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition but concerns about the child's safety are not so urgent as to require an Emergency Protection Order. The order enables the court to direct the parents to co-operate with an assessment, the details of which will be specific, but does not allow for the removal of the child from home. The order does not take away the child's own right to refuse an assessment. The parents should be informed of the legal steps that could be used;
- An Exclusion Order may be appropriate under a range of powers under the [Family Law Act 1996](#), which allows a perpetrator to be removed from the home, instead of removing the child. For a court to include an exclusion requirement in an order it must be satisfied there is reasonable

cause to believe that if the person is not excluded the child will suffer or is likely to suffer harm and that another person living in the home can care for the child and consents to the order;

- An Emergency Protection Order should also be considered when access to a child is refused and should be applied for when there is an urgent need for protective action. Reasons for the decision to apply for the order should be clearly recorded. If a medical examination is required the Emergency Protection Order also needs to specify the directions for this;
- In addition, the police have powers of protection to remove a child to a place of safety, where they have reasonable grounds to believe that he/she is at risk of significant harm.

It should be noted that only the police have statutory authority to use reasonable force in order to gain entry to premises. The police must therefore be involved in discussions about any situation where access to a child has been refused. The decision to use these powers must be authorised by the designated police officer.

### **3.8.7 Children who move during the course of child protection section 47 enquiries**

Where a child is the subject of ongoing child protection section 47 enquiries, the social worker will immediately inform their line manager and will be responsible for notifying the new authority without delay. This must be completed in writing, and provide the relevant documentation within two working days. The social worker will also inform the relevant agencies in the area from which the family has moved.

If the move is known about in advance, the social worker will be responsible for informing the parents that a referral will be made to the new authority.

In the event of a family moving areas during the course of child protection section 47 enquiries:

- If the family move before the commencement of the enquiries and the originating authority indicates that they were about to commence section 47 enquiries, a strategy discussion/meeting involving both authorities should be called by the receiving authority to plan the enquiries. This discussion/meeting must be held within 48 hours of the referral being made. It is the role of the receiving authority to carry out an initial assessment and to clarify with the originating authority whether any

emergency protective action is required. Decisions should be clearly recorded on both authorities' case files.

- If the family move during the course of child protection section 47 enquiries a strategy discussion should take place, convened by the originating authority. It must include the receiving authority. The meeting will establish roles and responsibilities. This must be recorded and placed on the child's records in both areas.

### **3.9 Planning and carrying out the child protection section 47 enquiries and the core assessment**

#### **3.9.1 Gathering information from other agencies**

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

#### **3.9.2 The investigative interview with the child**

The Home Office guidance [\*Achieving Best Evidence in Criminal Proceedings: Guidance for Vulnerable or Intimidated Witnesses including Children\*](#) will be followed for all investigative interviews of children for criminal proceedings, and conducted by specifically trained and experienced staff. Social workers and police officers interviewing children should have received specialist training for interviewing children and in addition knowledge and understanding of child development. They should be able to assess the child's competence as a witness, and have the skills to plan and conduct interviews with children. In particular interviewers need to determine:

- The context of the allegation, and associated criteria for a formal interview;
- Who should be involved in planning the interview;
- What relevant background factors relating to the child and family there might be;
- Who should lead the interview;
- Technical and organisational oversight for the interview;

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- Consideration about the gender of interviewers particularly in cases of alleged sexual abuse;
- Consideration of any communication needs for the child.

The interview is crucial for informing interagency decision-making and will form the basis of any subsequent criminal proceedings.

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

In most circumstances, a parent or caregiver with parental responsibility should be consulted before the interview with the child, and their views listened to. If there is no one with parental responsibility, another permanent caregiver should be consulted and legal advice sought. In cases where a video interview is to be undertaken, the investigating officer should give a pro-forma/information sheet to the parent/caregiver.

Where a child is of sufficient age and understanding to consent, their consent should be recorded on the video at the start of the interview.

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

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

### **3.10 The medical examination**

Consideration should always be given to the need for a medical examination of each child about whom there are concerns. The person co-ordinating the enquiry should discuss the need for a medical examination with a suitably qualified and experienced paediatrician or forensic medical examiner/ physician, and agree the timing and location of the examination taking account of the best interests of the child. There should also be consideration of the need for other children in the household or in contact with the alleged perpetrator to be medically examined.

Although a medical examination is not a requirement in every child protection section 47 enquiry, it needs to be considered regardless of whether the child has any apparent or visible injuries or appears neglected. The medical examination should be dispensed with only if those managing the enquiry are



satisfied that they can achieve the purposes of the enquiry without it. This must involve discussion with the appropriate paediatrician.

Those reasons will need to be clearly recorded by all professionals involved.

Practitioners need to be aware that the purpose of a medical examination or assessment is:

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

The child's welfare is the paramount concern and the gathering of evidence must not become an additional source of abuse of the child. The need for forensic evidence should always be considered as secondary to the need for medical treatment for a child.

There should be liaison with police and social services to avoid the need for repeated medical examinations. The police or social worker will fully brief the examining doctor if he or she has been unable to attend the strategy meeting. The social worker will ensure that the person with parental responsibility is available to give consent for the examination.

### **3.10.1 When should the medical examination take place**

The doctor to whom the request for an examination is made must judge the timing of the examination.

- Physical Abuse and/or Neglect

If the referral concerns physical injury or severe neglect a medical examination should be arranged, wherever possible, on the same day. Not to see the child on the day of referral would be exceptional.

- Sexual Abuse

In cases of any alleged sexual abuse, a medical examination should be considered, and if required, be available within a reasonable timescale, including out of hours. This will be to protect the health of the child and to secure and preserve evidence.

For an alleged sexual assault:

- Under 72 hours—the child should be seen as soon as possible, but dependent on the individual circumstances and the need for forensic samples, photo-documentation and/or treatment;
- 72hrs to 6/7 days--the child should be seen within the next 24 hrs as this will be determined by the doctor;
- More than 7 days—the child should be seen within an appropriate timescale, usually at the first available appointment and usually within a week.

### **3.10.2 Standards for medical examinations**

For physical abuse and/or neglect an appropriately trained doctor usually the paediatrician should undertake the examination.

For alleged sexual abuse, a suitably qualified paediatrician should only undertake the examination. Where forensic information is sought, as in acute sexual assault, if the paediatrician does not have the necessary forensic skills, he/she may request from the police that a forensic medical physician (FMP), be in attendance for the collection of forensic specimens.

Doctors undertaking the examinations must be aware of:

- Guidance on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse The Royal College of Paediatrics and Child Health (RCPCH) and The Association of Forensic Physicians 2004
- Child Protection Companion *RCPCH 2006*
- Child Protection Reader *RCPCH 2007*
- Position Statement 'Interpreting the Physical Signs of Child Sexual Abuse' *RCPCH December 2006*

### **3.10.3 Consent for the medical examination**

Examining doctors must be aware of the principles of informed consent and of the guidance contained in the RCPCH Child Protection Companion 2006.

Social workers and police officers undertaking child protection section 47 enquiries and criminal investigations also need to be aware of the issues of consent for the medical examination.

- Examination without consent may be held in law to be an assault;

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- It is the responsibility of the examining doctor to obtain the informed consent preferably in writing.

**3.10.3.1** A child of 16 years and over can give their own consent. If they are unable to consent for example because of a learning disability, consent may be sought from a person with parental responsibility

**3.10.3.2** Young people under the age of 16 years, who are able to fully understand what is proposed and its full implications, are competent to consent ([Gillick v Wisbech 1986](#)). However the more serious the medical procedures proposed a correspondingly better grasp of the implications is required. Therefore the examining doctor needs to ensure that the young person fully understands the nature of the medical examination and how the information obtained might be shared with others.

**3.10.3.3** If a young person is not deemed to be Fraser/Gillick competent, consent from a person with parental responsibility is required. However the child may still refuse to be examined.

**3.10.3.4** For a child under 16, consent for a child protection medical examination will require the informed consent of a person with parental responsibility and of the child, preferably in writing.

**3.10.3.5** Where the child is already the subject of proceedings in a court, the consent of the same court is required. If the child is subject to a care order, the consent of the lead director of social services is required.

- For the consent to be informed the doctor needs to speak directly to the person with parental responsibility and explain the purpose and process of the medical examination, clearly specify all of the elements of the examination i.e. history, examination, forensic specimens, use of video/still photo-documentation, discussion with colleagues, the sharing of findings and reports with social services, police, crown prosecution service and courts. In particular the child and parent will need to be aware that information gained by the examination will be shared with others and may also be read out in court;
- Consent should always be sought on a face-to-face basis, that is with the parent in attendance with the child. However if the parent cannot or does not want to be present the doctor will need to decide on the action needed to obtain a valid consent;
- Only in the case of a medical emergency where the child needs urgent medical attention, is consent not required.

### 3.10.4 Consent: other issues

- Where consent is not readily available or is refused by a parent, the matter should be discussed with social services regarding the need for legal advice and action to obtain a valid consent;
- It should be noted that neither child protection section 47 enquiries, Emergency Protection Orders or police powers of protection give consent for a medical examination. When applying for an Emergency Protection Order and a medical examination is required, directions for a medical examination need to be requested.
- If a child or teenager refuses the examination, it cannot be undertaken. An examination must never be forced on a child.

## 3.11 Recording

The case notes should be written contemporaneously as fully as possible, and no later than 24 hours after the events. They should fully reflect the child protection enquiry process, including all events leading to the investigative interview, the timing, setting and personnel involved in all discussions. All records must be signed, or the author identified, timed and dated. Records of contact with the child should record what the child says in the child's own words. Professionals should follow their agency/professional codes of practice in relation to record keeping.

### **Box 11: Recording visits to families**

A good example of recording would include the following:

- The date and time of the visit;
- The purpose of the visit (child protection initial enquiry, assessment visit, supervision visit, etc);
- Whether it was a planned or an unannounced visit;
- The intended outcome of the visit. This should be specific. For example instead of recording 'gathering information for assessment' the record should indicate specific information being sought such as a parent's own childhood experiences. Non-cooperation by a parent will contribute to eventual judgements and decisions and may form an important piece of evidence;

- Who was present during the visit;
- Confirmation whether the child was seen and communicated with, and how they presented physically and emotionally;
- Any wishes and feelings expressed by the child and parent/caregiver during the visit;
- If a child is not seen/not present the action that was taken subsequently to verify any reason given;
- Summary of discussion;
- Information or advice given to the parent/caregiver/child;
- Any subsequent arrangement made or action planned or taken, by whom, and in what timescale;
- The name of the worker making the entry and the time and date of the recording.

All agencies need to ensure that staff members and professionals are aware of their agency's standards' required for record keeping. All agencies should have a system in place for monitoring recording standards. Health in particular, should ensure that within a given location, there is a single set of records for the child.

Agencies should ensure clear protocols are in place concerning information databases and in particular the content, process and access to records that are maintained by agencies in respect of individual children. The LSCB should ensure the effectiveness of these arrangements.

### **3.12 The conclusion and outcome of child protection section 47 enquiries**

#### **3.12.1 Making the decision**

Following the conclusion of the child protection section 47 enquiries a social services manager will make the decision about future action taking into consideration the views of other agencies involved in the child protection process. This may include the need for a further strategy meeting.

Reasons for the decision must be clearly recorded on the child's case records.

The manager may come to one of three possible decisions:

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

In the case of the first two options, the child may or may not be a child in need. Support services may be required to address the child's needs identified through a completed core assessment and a child in need plan, and should be co-ordinated by an inter-agency meeting that includes the family.

The original referrer should be notified of the outcome of enquiries consistent with respecting the confidentiality of the family.

The family will be kept informed throughout the child protection process.

The outcome of child protection section 47 enquiries must be recorded. Parents, the child if of sufficient age and understanding, and the referring agency should receive a copy. All agencies that have provided information or been involved in the child protection section 47 enquiries should be informed of the outcome.

If a referrer wishes to challenge the outcome of child protection section 47 enquiries they should follow the local protocol for resolving professional differences.

### **3.12.2 Concerns are not substantiated**

Where enquiries do not substantiate the original concerns about the child suffering significant harm or being at risk of significant harm, no further action under the child protection procedures will be required.

The reasons for making a decision that no action is required need to be clearly recorded.

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

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

In some circumstances concerns about significant harm may remain but there is insufficient evidence. In such circumstances, the family should be offered services. If, however, the family refuses, agencies that continue to be involved with the family need to remain vigilant and report any concerns in the usual way. In these circumstances, a core assessment should be considered.

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

Where there are substantiated concerns that a child has suffered significant harm but it is clear from enquiries that there is no continuing risk of significant harm, it may be agreed that there is no need for a child protection conference and a child protection plan even though there may still be a need for a criminal investigation. In these circumstances, all those involved need to be sure that any plan for ensuring the child's future safety and well being can be developed and implemented outside of child protection procedures. It will always be important to seek children's views before making this decision, in a way that is compatible with their age and level of understanding. The decision and the reason for it must be recorded by the social worker and include the names of all those involved in the decision-making.

A decision not to hold a child protection conference in such circumstances must be taken carefully, analysing the available evidence and the views of other agencies that have been involved in the child protection section 47 enquiries. Social services should take care over any decision not to proceed to a child protection conference where it is known that a child has suffered significant harm. A suitably qualified and designated person within social services should endorse this decision, or if necessary overrule it. Those professionals and agencies who are most involved with the child and family, and those who have taken part in enquiries, have the right to request that social services convene a child protection conference if they have serious concerns that a child may not otherwise be adequately safeguarded. The decision not to hold a child protection conference must be based on the clear view that there is no continuing risk of significant harm. Examples of when this may apply include where circumstances have changed such as when an alleged abuser has permanently left the household or where significant harm has occurred as a result of an isolated abusive incident such as abuse by a stranger. In making this decision, social services or any other agency should consider arranging an inter-agency or child in need planning meeting to include the family.

The purpose of the inter-agency or child in need planning meeting will be to:

- Agree with other agencies and the family what actions need to be undertaken, and with what intended outcome for the child's safety and well-being;

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- Draw up a plan which should be informed by the assessment findings and ensure that the core assessment has been or will be completed within the required time;
- Set out in the plan who will have responsibility for what actions;
- Clarify what actions will be taken if the plan cannot be successfully implemented;
- Set out a timescale for review of progress;
- Consider the appropriateness of a family group conference.

### **Box 12: Family Group Conferences**

- Family group conferences (FGC) are a way of giving families the chance to come together to try and make the best plan for children.
- **The significant difference between family group conferences and other meetings is that family members not professionals are the decision makers.**
- The emphasis is upon solving problems through discussion. Effective FGCs need to be based within a framework of clear principles and practice that encompasses referral process, planning meetings, conduct of the meeting and reviewing plans.
- FGCs do not replace or remove the need for a child protection conference, which should always be held where the relevant criteria have been met.

They may be valuable when:

- A child in need plan is required;
- Where child protection section 47 enquiries have not substantiated significant harm but there is a need for support and services and there is ambivalence from the family;
- A child protection conference has agreed a FGC is an appropriate vehicle for the core group to use to develop an outline child protection plan in to a detailed plan and agreement



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

In these circumstances a child protection conference should be convened by social services within 15 working days of the strategy discussion, or the last strategy discussion/meeting if more than one has occurred, which initiated the child protection section 47 enquiries. A child protection conference is needed to make a decision about further action under the child protection procedures.

A strategy meeting is not a substitute for a child protection conference.

There are five types of situation that may make a child protection conference necessary:

- Child protection section 47 enquiries into an incident or suspicion of child abuse indicates that the concerns are substantiated and that further action under the child protection procedures is necessary to safeguard the child's welfare. This includes situations where suspicions of the likelihood of abuse and/or neglect have developed over time based on a variety of concerns and a decision has been made to move the case into the child protection system, or another agency requests a child protection conference. This decision should be made via a strategy discussion/meeting, with the conference following within 15 working days;
- Before a child is born, family history suggests the likelihood of significant harm occurring;
- A child is found to be living in a household that includes, or is visited, by a person who is an adult who poses a risk to children or who is believed to have abused a child;
- A child in a family moves into the area and is the subject of registration in another area;
- Another agency requests that a conference is convened.

In the first three circumstances, child protection section 47 enquiries should always precede the child protection conference.

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

### 3.13 The core assessment

A core assessment must be started for each child who is the subject of child protection section 47 enquiries; both commence at the same time. The purpose of the core assessment is to enable sound professional judgements to be made about how best to intervene to safeguard and promote a child's welfare.

The core assessment should be completed within 35 working days. It should build on all the information obtained in the course of the initial assessment and the section 47 enquiries. It should provide evidence on which to base judgements and plans on how best to safeguard a child, promote his or her welfare and support parents in promoting their children's welfare.

The core assessment is the responsibility of all professionals who are members of the core group and this responsibility will be reflected in their full contribution to the process.

The core assessment will include an analysis of:

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

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

#### **Box 13: Good Practice in Assessment**

Serious case reviews frequently highlight the importance of assessment and analysis. Assessment is the process by which information is collected, collated and analysed. Effective assessment seeks overall patterns that explain what has happened to a child and provides a framework for understanding and analysing need, risk and the danger individuals pose for children.

Particular care needs to be taken that assessments do not become over optimistic or minimise risk to children. The focus needs to be on gathering evidence to make judgements about whether a child is safe from injury, neglect, and emotional or sexual abuse.

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



### 3.14 The initial child protection conference

#### 3.14.1 Scope and Purpose

The initial child protection conference brings together family members, the child where appropriate, and those professionals most involved with the child and family, following child protection section 47 enquiries.

Its purpose is to:

- Objectively analyse, in an interagency setting, all the concerns and the information which has been obtained from the initial assessment, the

child protection section 47 enquiries, the core assessment to date and from previous knowledge of the family;

- Make judgements about the likelihood of a child or any other connected or unborn children suffering significant harm in the future i.e. the level of continuing risk;
- Decide what future action is required to safeguard the child and to promote their welfare, agree how to take this forward and clarify the intended outcomes for the child (the need for registration and a child protection plan).

### **3.14.2 Planning the initial child protection conference**

The initial child protection conference should take place within 15 working days of the last strategy discussion/meeting.

**The conference requires preparation and effective initial assessment. The chair of the conference should be satisfied that sufficient information is likely to be available, in order for the conference to make an informed judgement about continuing risk of harm to the child. In exceptional circumstances the chair may wish to postpone the conference, but in doing so must be satisfied that the child is protected and the conference date set as soon as possible.**

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

Consideration should be given to inviting the following people:

- The child, caregivers and family members, including all those with parental responsibility;
- Social services staff who have undertaken an assessment of the child and family, and the enquiries;
- The police;
- A representative of the child's school (where the child is of school age);
- Any other education staff involved with the child e.g. education welfare officer/ educational social worker, educational psychologist or youth worker;
- The locality or community paediatrician and/or examining doctor;
- The child's GP;

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- The health visiting service/school nurse/midwife/senior nurse child protection and other relevant health professionals;
- Child and adolescent mental health services;
- The [national probation service](#);
- Youth offending service;
- The [NSPCC](#) (when operational in the area);
- Local authority legal services (children and families);
- Adult mental health services/substance misuse services;
- Family support services/day care services;
- Women's aid or any other voluntary or independent organisation involved;
- A representative of the armed services, in cases where there is a service connection.

The appropriate social services manager, in conjunction with the social worker allocated to the case, will decide whom to invite. All those who have been invited should give priority to attending and they should be informed who else has been invited to the conference.

If care proceedings have started and a children's guardian (also referred to in Wales as a family proceedings officers) has been appointed, the guardian should be invited to the conference. However he/she attends child protection conferences in an observer capacity, provided that he/she has been appointed by the court to represent the child and subject to the conditions laid down by the Department of Health *'Manual of Practice Guidance for Guardians and Reporting Officers'*. Guardians should always avoid becoming part of the conference decision-making process and the chair should ensure this distinction in role is maintained.

### **3.14.3 Quorum for the child protection conference**

A conference should have sufficient information and evidence to make informed decisions. However there should be a balance between this requirement and making the conference larger than necessary, thus inhibiting discussion and intimidating child and family members.

A minimum of three agencies or professional groupings that have had direct contact with a child will normally need to be present before a conference can

proceed. In addition, other attendees who do not have direct knowledge of the child may be invited by virtue of their particular professional expertise or responsibility for services. If the conference is about an unborn child it is essential that midwifery and health visitor services are involved.

However, situations may arise whereby only two agencies or professional groupings are present, where for example, in exceptional circumstances, the child has not had contact with three agencies. In these circumstances, the chair of the conference has the discretion for the conference to proceed, as long as he/she is satisfied that essential information is available, particularly from the key agencies involved.

All professionals and agencies invited to attend a child protection conference should submit a written report, whether or not they are able to attend.

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

#### **3.14.4 Involvement of the child in the child protection conference**

The child's views and wishes should always be heard at the conference, whether this is by attending in person or by having their feelings and wishes presented on their behalf. Children should be encouraged to attend conferences provided they have the capacity to benefit from their attendance. The child should not be encouraged to attend if the experience is likely to be harmful to them because of their age, understanding or disclosures of information. It may be more appropriate for a child to put their feelings in writing, and they should be given help with this, if needed. They have a right to an independent advocate, who either attends with them or on their behalf.

The role of the conference chair is critical in enabling the child to have a positive experience. A child attending a conference should be given the opportunity to bring an advocate, friend or supporter. Account must be taken of the child's language of choice, their preferred medium of communication or any other specific needs. The conference chair should meet with the child beforehand, in the conference room and before other people arrive, to ensure that they understand what will happen at the conference, how they can contribute and how they can complain, if they so wish .

When the child's parent or caregiver is dismissive of the allegations, or seeks to minimise them, or is not supportive to the child/young person, this should not be a reason for excluding the child from the conference. However the chair will need to give thought to the conduct of the conference to avoid the child being subjected to further distress. This may include arranging for the child and parents to attend separately and provide their contributions to the conference without the other being present.

After the conference, the chair should offer the child an opportunity for immediate discussion and debriefing. The key worker should follow this up with a visit within 72 hours. If a child disagrees with the conference decisions, they

should be given information and advice appropriate to their age and understanding about LSCB complaints/appeals procedures.

#### **3.14.4.1 Excluding children from a child protection conference**

It is the responsibility of the chair of the conference to decide whether a child should be excluded for the whole or part of their child protection conference. Factors to consider include:

- The child's chronological age or the child's functional age indicates that they will have limited ability to understand the process and information;
- The child's behaviour indicates that the conference is likely to be severely disrupted by their presence to the extent that the meeting will not be effective;
- The child is likely to hear information that could be particularly distressing to them;
- The parent or person with parental responsibility does not consent to the child attending the conference.

When a child needs to be excluded the chair must be satisfied about arrangements for ensuring the child's views, wishes and feelings are reported to the conference and for informing the child of the outcome. It may, for example, be helpful to have the child's advocate attend the conference.

Any decision to exclude a child from the whole or part of a conference must be recorded in the minutes with reasons for this. Consideration should be made as to whether the child's advocate should attend and express the child's views and wishes when the child has been excluded or does not wish to attend.

#### **3.14.5 Involvement of adults with parental responsibility/the child's caregivers at the child protection conference**

Parents/caregivers should always be actively encouraged to attend the child protection conference, unless there has been a decision to exclude them, because they should have a significant contribution to make. The importance of working in partnership with parents and family members underpins all child protection work, and needs openness and honesty between professionals and families to be established from the outset of the enquiries. The social worker initiating the conference should inform the parents/caregivers of the process that will be followed and ensure that they understand the purpose of the conference and who will attend.

Whilst parents should be encouraged to attend, this should not be at the cost of excluding a child who wishes to be present. It may not always be possible to

accommodate all family members at all times, for example adults and children who wish to make representations to the conference may not wish to speak in front of each other; or information regarding another family may need to be shared; or there is other highly sensitive information, particularly if one parent is the alleged abuser.

### **3.14.5.1 Supporting parents or caregivers to attend the child protection conference**

The purpose of a conference, who will attend and the way it will operate should be explained to parents and other involved family members.

Unless the criteria for exclusion are met parents/caregivers should always be actively encouraged to attend the conference. By attending the conference parents/caregivers will know what the concerns are, should understand the risk to their children and the reason that agencies are involved with them and their children. All professionals who have face-to-face contact with the family should support and encourage attendance unless there are reasons that mean the chair needs to consider excluding them.

This may mean:

- Providing financial or practical help for transport to the conference venue;
- Arranging the conference for a time which is compatible with childcare or other responsibilities;
- Identifying a conference venue which is accessible, and/or which may provide a child minding service to allow the parent to participate fully in the conference;
- Arranging for a child and family to see the venue prior to the conference;
- Arranging for a translation service or any other specific needs to be met;
- Encouraging the parent/caregiver to invite a supporter, who may be a friend, family member, or member of a professional or voluntary organisation.

The social worker initiating the conference should inform the parents/caregivers of the process that will be followed and ensure that they understand the purpose of the conference and who will attend. **Attendance is not the same as participation.** Parents/caregivers should receive adequate preparation prior to the conference to enable them to participate as fully as possible. Parents should receive a verbal and written invitation to the conference and a leaflet explaining the purpose of conferences and of registration as well as the complaints leaflet. Some parents may need this information to ensure they understand the process and their role within it. A social worker should then discuss these matters with



them, including who is likely to attend and why, and what sort of issues will be discussed. The use of an advocate may assist in this process especially where communication is a difficulty.

If the involvement of parents is to be successful and effective, they may need help in preparing for the conference, for example, in making written notes of what they want to say as well as practical assistance with any child care or transport difficulties. Parents should be encouraged to bring to the conference a friend; a relative or other supporter, provided the person concerned is not a suspected or known abuser. This needs to take account of any wishes and feelings expressed by the child.

Where a parent/caregiver does not attend the conference, efforts should be made to ensure their views, wishes and feelings are represented and recorded. An advocate can help develop this communication.

The conference chair should meet parents beforehand, preferably in the conference room before the other people attending arrive and explain to them how the meeting will be conducted and the ground rules.

If the conference members decide to place the child's name on the child protection register, parents should be told what they are required to contribute to the child protection plan, and how they will be involved in further care planning and review. If parents disagree with the conference decision, they should be informed about the LSCB complaints and/or appeals procedure.

Whether the parents attend the conference or not, they should be sent the conference decision and outline child protection plan in writing within 5 working days of the conference. The key worker should discuss the recommendations with the parents to ensure they understand the reasons and implications of the decision. This may require discussion of contingency plans or consequences if the child protection plan is not complied with or proves ineffective.

The child protection conference minutes should also be sent to parents and, where appropriate, the child **except where the child or any other person could be put at risk** as a result. The decision about whether or not to send the minutes should be made by the chair in consultation with the conference members and determine who has a full set of minutes and who should have a summary to avoid disclosure of sensitive information. Reasons for a decision not to send minutes to relevant family members should be carefully recorded in the minutes.

### **3.14.5.2 Excluding a parent or caregiver from a child protection conference**

A parent or caregiver with parental responsibility should only be excluded from a child protection conference because of the safety of the child and/or to ensure

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the conference achieves its aims and purpose. The social worker should discuss the attendance of parent or caregiver with the conference chair at least 24 hours before the conference, and preferably earlier.

The chair can exercise discretion to exclude parents or caregivers from all or part of the conference where one or more of the following criteria apply:

- There is a strong risk of intimidation of the child or anybody else by a family member at or after the conference;
- When the presence of the parent / caregiver may seriously disrupt the conduct of the conference;
- There are implications for criminal proceedings of a parent who is the alleged perpetrator attending. However, the fact that a person may be prosecuted is not in itself a reason for exclusion and the chair should take advice from the police and crown prosecution service before making this decision;
- Children of sufficient age and understanding state that they do not wish their parents/caregivers to be present.

If a person with parental responsibility is to be excluded:

- They have a right to know why they have been excluded, and to request the chair reconsider the decision to exclude them, and to be consulted before and after the conference;
- They should have the chance to discuss their exclusion with the chair, and to communicate their views to the conference by other means;
- In the event of a decision to exclude a parent, the chair should ensure that the excluded parent's views are sought by the social worker and made available during the conference;
- They have a right to be informed of the decisions of the meeting that directly affect their family life;
- Reasons for the exclusion of parents must be noted in the minutes;
- The chair's decision to exclude is final and made in exceptional circumstances, although a complaint may be made;
- If the parents are excluded or unable or unwilling to attend, the reasons for this should be included in the minutes;
- Any professional can request the exclusion of a parent/caregiver from the conference. The request must be made to the conference chair at the

earliest opportunity. The chair should discuss the request with the relevant agency manager before coming to a decision about whether to exclude.

### **3.14.6 Reports for the child protection conference**

Each agency invited to attend the conference should provide, in advance, a written report, which summarises their involvement with the family, their knowledge of the child's health and development, and importantly, their view of the parents' capacity to safeguard the child and promote their welfare. Written reports should use the guidance set out in the ICS exemplar and be available to the chair 48 hours before the conference, in accordance with ICS guidance. It is good practice for report authors to share, discuss and explain their reports with families at least the day before the conference. Agency representatives must come to the conference expecting to present their report and summarise their important points.

**All reports should distinguish between what is fact, observation, allegation or opinion.**

Report writers should address the needs of each child. They should check their records for factual data such as immunisation history, clinic attendance, A&E attendance and school attendance. Relevant adult records should also be scrutinised. This is especially important when there are factors such as adult mental ill health, alcohol or drug dependency, which have a bearing on their capacity to meet the needs of, or protect, a child.

Any particularly sensitive or confidential information should be drawn to the attention of the chair prior to the conference. Similarly, any professional's concerns about possible violence or intimidation should be communicated in advance to the chair.

### **3.14.8 The social worker's report**

The social worker's report summarises and analyses the information obtained in the course of the initial assessment and child protection section 47 enquiries, guided by the Framework for the Assessment of Children in Need and their Families and the ICS exemplar. The report should include:

- The initial assessment and information from the work that has been done on the core assessment so far;
- A chronology of significant events and agency and professional contact with the child and family, including a list in date order of the events that

brought the case to the child protection conference. Areas where more information is needed should be highlighted;

- Significant aspects of the child's current and past state of health and development;
- Report of the child protection section 47 enquiries and brief description of events;
- Information on the capacity of the parents and other family members to ensure the child's safety from harm, and to promote the child's health and development;
- The expressed views wishes and feelings of the child, parents and other family members;
- Assessment of risk and any child protection action taken;
- An analysis of the implications of the information obtained for the child's future safety, health and development;
- Recommendations for future work with the child and family;

The report may include a recommendation regarding registration, but this should not pre-suppose the decision making process of the conference. The social worker must be prepared to provide a clear summary and analysis to the conference to help decide what is needed to protect the child.

### **3.14.9 Other professionals reports**

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

- **Health personnel** including CAMHS will provide chronologies and reports which will collate all the other relevant health information appropriate to that professional, including that pertaining to parents and caregivers as it effects parental capacity to adequately provide for the health, safety and welfare of the children;
- **GPs** should always receive an invitation and if unable to attend should provide a written report. They should always receive minutes;
- **Education and school personnel** will collate and check all relevant records, including school attendance and pastoral information and provide a written report;

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- The **police** will check records of all known adults who have a significant involvement with the child and also check domestic abuse records. Their report needs to contain all previous convictions relating to drugs or alcohol, violence including domestic abuse, sexual offences or dishonesty where relevant to the child's welfare;
- The **national probation service** will check records including licence conditions and provide a written report;
- **Adult services** should be prepared to report on their involvement with the adult client and any issues that may indicate compromised parenting capacity;
- **Representatives of other agencies** will prepare and provide written reports as appropriate.

Reports from all agencies should include:

- Basic information about the child and family;
- Nature of their involvement with the family;
- Knowledge of involvement in current incident/cause for concern;
- Frequency of contact and date last seen for each child;
- Development details of each child;
- Background /previous concerns;
- Assessment of current issues/family strengths and risk factors to the child or children.

### 3.14.10 Medical reports

Medical personnel will collate all relevant medical information and provide written reports. Where medical advice is crucial to the conference deliberations, the conference should be scheduled to ensure that the examining doctor(s) or locality/community paediatrician is able to attend. If due to exceptional circumstances, the doctor cannot attend, he or she must submit a written report and the chair of the conference should read the medical findings in full to the conference. Only a medical practitioner should undertake any further interpretation of the report, although the conference can, and should, explore the extent to which any diagnosis excludes any other alternatives to explain apparent abuse or injuries to a child. If conference is not clear as to the contents or the interpretation of the report, arrangements should be made by the chair to seek clarification. Any delay should not prejudice the safety of the child.

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

### **3.14.11 Chairing the child protection conference**

The conference chair must be knowledgeable and trained for the role and should be:

- A professional who is independent of operational or line management responsibility for the case;
- Trained in chairing child protection conferences;
- Possess a good understanding and professional knowledge of child protection, children's welfare and development, and best practice in working with children and families;
- Able to look objectively at and assess the implications of the evidence on which judgements should be based and confident in managing and drawing to clear conclusion the views and judgements of conference members;
- Skilled in chairing meetings in a way that encourages constructive participation while maintaining a clear focus on the welfare of the child and the decisions that need to be taken;
- Knowledgeable about diversity and committed to anti-discriminatory practice.

### **3.14.12 The role of the conference chair**

The role of the conference chair is to:

- Meet the child and family members in advance, to ensure that they understand the purpose of the conference and what will happen;
- Decide whether or not there are valid reasons for excluding any children or other family members from attending the conference if this request is made;
- Ensure that the conference agenda is followed;

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- Enable **all** those present, including children and family members, to make their full contribution to discussion and decision making, which will include consideration of advocacy arrangements for parents, caregivers and/or child;
- Ensure that the conference makes decisions in an informed, systematic and explicit way;
- Enable conference members to share all appropriate information and evaluate risks;
- Ensure that the conference focuses on the child;
- Ensure that the conference is conducted in an anti-discriminatory manner and gives proper consideration to issues of race, culture, language, religion, gender and disability;
- Ensure that dissenting views and reasons are recorded in full;
- Clearly differentiate between fact, observation, allegation and opinion;
- Establish the opinions of lead persons from professional groupings about placing the child's name on the child protection register;
- Draw together the views of the conference members and arbitrate where different views are being expressed, in line with LSCB protocols;
- Be available after the conference to explain decisions to parents and children;
- Take responsibility for the accuracy of the conference minutes;
- Take responsibility for who will receive copies of the conference minutes.

### **3.14.13 The conference process**

The child protection conference will follow an agenda to include:

- The purpose or reasons for the particular conference and the tasks of the conference;
- Introductions, apologies, confidentiality, agency roles with the family;
- Circulation of reports;
- Details of the events leading up to the initial child protection conference;
- Information from the initial assessment, child protection section 47 enquiries and the core assessment to date;
- Background information from all agencies, including past and present involvement;

- A summary by the chair of all the main information provided to the conference;
- The views of children and family members;
- An analysis of the implications of all the information shared for the child's future safety, health and development: i.e. whether the child at continuing risk of significant harm;
- Consideration of the risks of harm if the child remains at home, and explicit recommendations for how the risks can be managed;
- Consideration of the need for legal advice;
- Make a decision whether to place the child's name on the child protection register and the category of risk.

#### **3.14.14 Confidentiality and the sharing of information at child protection conferences**

It is essential to the decision-making process that individual staff members and professionals contribute all the relevant information held on their records. Successful interagency co-operation in protecting children is rooted in the exchange and sharing of relevant information. In all cases where child abuse is alleged or suspected, there is a duty to share all relevant information. In all such situations the protection of the child must take precedence.

For further information on sharing information and the limits of confidentiality refer to [\*Safeguarding Children: Working Together under the Children Act 2004, Chapter 14.\*](#)

Information obtained in any part of the child protection process must be treated in strict confidence. Anyone obtaining information through the child protection process should not disclose it for any purpose other than the protection of children without the expressed consent of the professionals or any family member who provided it. If there is any doubt about sharing information this should be discussed with the chair before the conference. The same rules for confidentiality should also apply to strategy meetings.

It is good practice for the chair to ask professionals prior to the start of the conference whether there is anything a professional would find difficult to share with the parents. The chair will discuss with professional attendees how this information is to be shared. In the event of any member of the conference exercising their right to withhold confidential information from the family members after the conference has started, the family will be asked to leave the conference briefly for a closed session. Conference members may decide that such information is relevant to the protection of children and must therefore be



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shared with the family on their return to the conference room. The chair should facilitate this.

If parents or family members are not present at the meeting, the chair and conference members may decide that it is appropriate to provide them with full minutes in the interests of the children. This will usually be through the key worker.

Conference members should be aware that any person has a right to request access to confidential information held about themselves whether they attended the conference or not. All conference members should be mindful of this when making their contributions.

There are a number of circumstances when information must be disclosed:

- Subject to limited exceptions, any person has a right to request access to personal information held about them. This includes information contained in child protection conference minutes and must be disclosed upon request whether the individual attends the conference or not. It should be noted that non-family members might apply to see information about them that may be contained in child protection conference minutes;
- If there are court proceedings child protection conference minutes are disclosed to the parties. This applies to both family proceedings and to criminal proceedings. Conference members may be asked or ordered to attend court to give evidence;
- If there are legal proceedings, a guardian or a family court welfare officer in private proceedings, may see the child protection conference minutes, and any strategy meeting minutes, and may refer to them in their reports.

Permission should be obtained from the conference chair before passing information to a third party including other agencies. Other circumstances where the information may be disclosed include: -

- Disclosure to other professionals involved with the child who have not attended the conference;
- Conference attendees may disclose the minutes of the conference to their own legal advisor;
- Disclosure of confidential information when necessary, in the public interest when persons may be at risk of significant harm;

The public interest in child protection overrides the public interest of maintaining confidentiality. Disclosures should be justifiable in each case and legal advice should be sought.

Where there are criminal proceedings, the police will disclose the minutes to the crown prosecution service and if they contain any information, which either undermines the prosecution case or assists the defence case, also to the defence.

### **3.14.15 The decision making process of the initial child protection conference**

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

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

**The child is at continuing risk of significant harm if *either*:**

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

#### **Box 14: Establishing significant harm**

To understand and establish significant harm, consider:

- The family context;
- The child's development within the context of their family and wider social

and cultural environment;

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

The conference should follow a structured process of decision-making:

- The decision whether or not to include a child's name on the child protection register will be arrived at via a process of information sharing and discussion that includes everyone present at the conference and any written reports provided, including reports from those unable to attend;
- The conference chair should summarise the risks, based on the facts presented at the conference, before a decision is made about registration or before members of the conference are asked for their analysis of risk. The chair should then ask whether conference members agree this is an accurate summary, before proceeding;
- The role of the chair includes placing the facts that have been presented in a context informed by research and thereby summarising the risks to the child;
- The discussion at the conference should not be allowed to focus solely on registration; time and attention should be given to the development of a child protection plan if required;
- The chair should ask each member of the conference for their view about the risks to the child and the need for a child protection plan, including the proposed content of such a plan in terms of risks to be addressed.
- **All professionals attending conference must be aware that they are part of the decision making process and cannot abdicate their responsibility;**

- The decision should reflect the consensus view of the conference. The views of all individuals present at the conference will be taken into account. The views of parents and children are important to the conference but it is professionals who make the decision about registration;
- Where consensus cannot be achieved, the conference should make a decision on a majority basis to allow progress to be made.

### **3.14.16 Decision making at child protection conferences where consensus is not reached**

Each person at the conference other than family members or people who are there in the role of support for parents, should express a view about the need for a child protection plan and, hence, registration. Members of [CAFCASS Cymru](#) would not normally be expected to express an opinion regarding registration.

Parents, children (where appropriate) and family members should also be asked for their views but it is the professionals who would be responsible for making the final decision.

At many conferences there will be a consensus of opinion for or against registration.

In the event of a lack of consensus, the chair should attempt to seek a resolution, for example by re-summarising the issues and risks and facilitating further discussion. Voting as such should be avoided where possible although the chair needs to ensure the view of each agency has been sought. However if consensus is still not possible the decision on registration should be subject to a vote.

Voting should be based on agencies and/or professional groupings not individuals. The chair should clearly identify the relevant professional groupings within agencies in respect of voting. Senior staff present from each agency should assist in this process and ensure that professional groupings are kept to a minimum.

The following examples of professional groupings should be considered:

- Children's social services;
- Adult social services;
- Police;
- Probation;
- Housing;

- LEA;
- Primary school;
- Secondary school;
- Child health (to include health visitor, school nurse, midwife, paediatric nurse both acute and community);
- Paediatrician;
- GP;
- Adult mental health;
- Substance misuse service;
- CAMHS.

The nominated or lead person from each agency/professional group should be asked to vote on registration.

Where there is no consensus but there is a majority view, the chair will accept the majority view even if he/she may disagree with this. If the chair believes the decision places the child at risk, he/she needs to take their concern to the senior manager with responsibility for child protection immediately.

In situations where members remain split 50/50, the chair will make the decision about registration.

The minutes of the conference should reflect the difference of view expressed at the conference, including any concerns of the chair regarding the appropriateness of the decision.

Where the issues of a lack of consensus relate to professional differences the LSCB professional differences protocol may need to be used at a later date.

### **3.14.17 Deferring a decision at a child protection conference**

**It is not good practice to defer making a decision about registration at a child protection conference.**

It is more appropriate to defer convening a conference if key elements of information will not be available to make an informed judgement about risk to child and decide whether to place a child's name on the register.

If there is insufficient information upon which to base a decision it is probable that the conference will decide not to place the child's name on the register, but recommend that the core assessment is completed and should provide clearer information regarding the child and family. The conference, and in particular the chair, must be satisfied that there is no discernable indication of immediate risk for the child. A date for the next child protection conference should be set.

Even where the child is not considered to be at continuing risk of significant harm, the child may be in need, and therefore require advice or services to promote his or her development. The core assessment may need to continue, in accordance with eligibility criteria, and inter-agency arrangements made to draw up a plan for provision of appropriate support or services.

Where the child is considered to be at continuing risk of significant harm and their name is to be placed on the child protection register, safeguarding and promoting the welfare of the child will require inter-agency help and intervention delivered through a formal child protection plan, to be agreed at the conference.

### **3.15 Placing a child's name on the child protection register**

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

- Physical abuse;
- Emotional abuse;
- Sexual abuse;
- Neglect.

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

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

#### **3.15.1 The purpose of placing a child's name on the child protection register**

The purpose of placing a child's name on the register is to alert all professionals working with a child to their risk of significant harm it confirms that an interagency plan for the protection of the child is in place and must be complied with, and that a key worker is working with the child and family. Professionals have a duty to inform the key worker of significant events or changes of

circumstance relevant to the child. The fact that a child is on the register must never deter anyone from raising concerns with social services or the police.

Information regarding the management of the register including enquiries to the register is provided at [3.25](#)

### 3.15.2 Looked after children and registration

[The Review of Children's Cases Regulations 1991 as amended by the Review of Children's Cases \(Amendment\)\(Wales\) Regulations 2004](#) apply to local authorities looking after children and to voluntary organisations who accommodate children under [section 59 of the Children Act 1989](#) and registered children's homes who accommodate children who are not looked after by local authorities. The review regulations stipulate the frequency of reviews. The 2004 regulations require authorities to appoint an independent reviewing officer (IRO). Where children looked after are also subject to a child protection review conference, the two systems should be fully integrated promoting a child centred approach to planning. This means that a review of the child's care plan under the looked after children regulations should have all the information available to it from the review of the child protection plan held under these procedures. Careful consideration should be given to the timing of the two reviews as well as to who should be involved. Both reviews should involve all the relevant people. Where a child who is looked after remains on the register, explicit agreements are required about arrangements for review and co-ordination of plans.

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

## 3.16 The outline child protection plan

When a child's name is placed on the child protection register, the act of registration itself confers no protection on a child and a child protection plan should always accompany registration.

An inter-agency child protection plan must be formulated for every child whose name is placed on the child protection register. The child protection plan should be developed in two phases. An **outline** plan will be drawn up at the initial child protection conference and developed into a **detailed** plan at the first core group meeting.

The initial child protection conference should discuss and agree the following elements of the outline child protection plan for each child registered:

- Agree the risks of significant harm to the child and the way in which an inter-agency plan can protect the child;

- The shorter and longer term planned outcomes to be achieved, clearly linking them to reducing the risks of harm to the child and promoting the child's welfare;
- Specify who will have responsibility for what actions, within what specified timescales;
- Decide arrangements to monitor and evaluate progress against the plan;
- Identify the professionals who will monitor the child's progress, development, welfare and safety, and how;
- The outline child protection plan must take into consideration the wishes and feelings of the child, and the views of the parents, in so far as this is consistent with the child's welfare.

A copy of the outline plan and a summary of decisions made at the initial child protection conference, which includes the date of the next conference should be circulated to those invited and present at the conference and members of the core group within five working days.

### **3.17 Other tasks of the initial child protection conference**

When the child's name is placed on the child protection register the conference should:

- Agree how the decisions and recommendations of the conference are communicated to the parents or caregivers and, depending on age and understanding, the child/children, if they are not present at the conference;
- Appoint a key worker and set out their role, including visiting arrangements that should as a minimum comply with the standards described in section 3.20;
- Identify the membership of the core group of professionals and family members who will develop and implement the detailed child protection plan as a working tool;
- Establish how children and families will be involved in the planning and implementation process and identify the sources of support and advocacy available to them;



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- Set timescales for the meetings of the core group including the date of the first meeting and the production of the child protection plan. The core group should meet within 10 days of the date of the initial child protection conference and thereafter at monthly but no more than 6 weekly intervals;
- Set timescales for review conferences i.e. 3 monthly as a maximum time from the date of the initial child protection conference and thereafter at no more than 6 monthly intervals;
- Identify in outline the areas to be covered by the continuing core assessment with timescales for completion within 35 days of the date of the start of the child protection section 47 enquiries;
- Identify in outline which professionals will contribute to the core assessment and in what way;
- Outline the child protection plan, including identifying what needs to change in order to safeguard the child and the arrangements for monitoring the health, development and progress of the child.
- Consider the need for a contingency plan under certain circumstances e.g. in cases where the abuser receives a custodial sentence, the family withdraw co-operation or fail to comply with agreements
- Clarify the different purpose and remit of the initial conference, the core group and the child protection review conference;
- Recommend, if appropriate, that social services gives consideration to the need for legal action to protect the child;
- Plan any health assessment or care needed.

### **3.18 Minutes of the child protection conference**

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

The minutes should include:

- Details of attendance, including exclusions and the provision of reports

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- The essential facts of the case;
- A summary of the discussions at the conference which accurately reflect contributions made and clearly distinguishes between fact and opinion;
- A clear analysis of risk to the child;
- All decisions reached, with information outlining the reasons for decisions;
- An outline or revised child protection plan enabling everyone to be clear about their tasks and timescales for completing action;
- Any dissension from the conclusions, decision or recommendations of the conference.
- Minutes should be taken in the language of the conference and a translation provided for participants who require one. Families may wish for the conference to be held in the language of their choice but to receive the minutes in another language.
- The conference chair should agree the minutes including who should receive a full or partial copy before they are distributed. A summary and outline plan should be circulated within 5 working days or by the first meeting of the core group. A copy should be sent as soon as possible after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded. Good practice would aim for circulation no later than 20 working days. Conference participants, who have concerns regarding any inaccuracies in the minutes, should send their comments to the chair within ten working days of receiving the minutes.
- The minutes are confidential and should not be passed by professionals to third parties without the consent of the conference chair, except where transfer is made to another office of the same agency. Child protection conference minutes and other records associated with the registration process should be retained by the agencies receiving them in accordance with their record retention policies.

### **3.19 Complaints from parents, caregivers and children about the decisions and functioning of a child protection conference**

The LSCB should agree local protocols to ensure parents, caregivers and children are aware of the procedures for making a complaint, information is available describing the procedure, and, arrangements for receiving and investigating complaints are established. (See [5.2](#))

The complaints procedure should cover:

- The process of the conference, in terms of adherence to procedures;
- The registration decision, including the category;
- A decision not to register or to de-register.

The procedure should **not** cover:

- Complaints in relation to the contents of minutes, which will be dealt with by the conference chair;
- Complaints or representations relating to services that are delivered by individual agencies as a result of conference decisions;
- Complaints about an individual professional attending conference.

These complaints will be dealt with under the internal complaints procedures of the relevant agency. If an issue emerges in relation to an individual professional whilst a conference complaint is being addressed, it will be referred to that individual's agency.

The LSCB should ensure:

- Easy and open access to the procedure;
- All complaints relating to the outcome and process of conferences are received and responded to within an agreed timeframe;
- All complaints are monitored and reported to the LSCB at regular agreed intervals;
- When complaints are upheld, redress is made within agreed timescales and lessons learned.

### **3.19.1 Informing families about the complaints procedure**

Information, which explains the process for making complaints, will be made available to parents, caregivers and children invited to the conference.

At the start of each conference, the chair will check that this has occurred and this should be noted in the minutes.

Where parents, caregivers and children have expressed concern about process or outcome during a conference, they should be reminded of their right to complain. This should be noted in the minutes. Refer to [5.2](#) for further information for managing complaints about child protection conference.

## **3.20 The key worker**

Each child, whose name is placed on the child protection register, should have a named key worker who carries the professional responsibility for the case. The chair at the initial conference should identify the key worker. The key worker is always a social worker registered with the [General Social Care Council](#) and an employee of social services with appropriate qualifications, training and experience.

**In the event that it is not possible to appoint a key worker, the relevant senior manager responsible for child protection in social services must be informed immediately**

The key worker should:

- See the child at least every 10 working days, and ensure that the child is seen at home at least every 4 weeks;
- This responsibility is delegated to the key worker's line manager in the event of unanticipated absence;
- Ensure the child is seen alone whenever possible and as a minimum this should be every 6 weeks;
- Ensure the child's bedroom is seen at least once between conferences;
- Ensure that the outline child protection plan is developed by the core group into a more detailed inter-agency child protection plan;
- Co-ordinate the completion of the core assessment of the needs of the child and the family;
- Take the lead in inter-agency work with the child and family;
- Co-ordinate the contributions of family members and other agencies to the implementation of the child protection plan;

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- Review progress in outcomes for the child's safety and welfare in relation to the child protection plan;
- Provide a focus for communication between all professionals and family members;
- Ensure that the children and parents have a clear understanding of the objectives of the plan, and that they know of their right to make a complaint and how to do so.
- Complete the core assessment record

If a child is looked after or living away from home the standards for visiting looked after children may be applied.

All professionals have a duty to inform the key worker of significant events or changes of circumstance relevant to the child. This should not preclude making a new referral in the event of further risk or concerns being identified, and such concerns should be followed up in writing.

The key worker should notify the custodian of the child protection register immediately of any relevant information such as changes to the child's household, so the register can be updated. The key worker should also keep professionals informed of changes.

Any change of key worker must be notified verbally and confirmed in writing to all relevant agencies and the family by the key worker relinquishing responsibility or their supervising line manager. Registration records must also be amended promptly.

### **3.21 The core group**

The core group is responsible for developing and implementing the child protection plan as a detailed working tool within the outline plan agreed at the initial child protection conference. Membership is decided at the time of registration and will include the key worker, relevant family members (including children) and professionals and/or foster caregivers who have direct contact with the family. All professionals who have significant involvement should participate in the core group and may include staff from leaving care or substance misuse services. If another agency becomes involved the key worker may invite them to join the core group.

The first meeting of the core group should take place within a maximum of 10 working days of the initial child protection conference and be chaired in line with local arrangements. The core group should continue to meet at least monthly but no more than 6 weekly intervals.

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The core group needs to be chaired effectively and can be done by any professional member of the core group. Good practice separates the role of key worker and chairing the core group.

Although the key worker has the lead role, all members of the core group are jointly responsible for preparing and implementing the child protection plan, and members of the core group can undertake specific work as part of the plan. The core group should contribute to the social worker's report.

The tasks of the core group:

- Identify in detail the risks to the child and how these are to be addressed;
- Agree the frequency of contact with the child by the key worker and/or other core group members that should as a minimum comply with the standards described in [3.20](#);
- Agree objectives and timescales at the first meeting;
- Develop the outline child protection plan, including the identification of contingency arrangements in the event of family members not complying with the plan;
- Decide what steps need to be taken, by whom, to complete the core assessment on time;
- Assist the key worker in the preparation of the core assessment of the child and family;
- Plan and implement the inter-agency work in accordance with conference recommendations;
- Monitor progress against the objectives specified in the plan and refine the plan as needed;
- Ensure that parents, and children where appropriate, are fully engaged in the implementation of the child protection plan, and understand the expectations and objectives of each agency involved;
- In the event of further incidents to the child, reconvene the child protection conference;
- Ensure any instances of a professional or core group member being denied access to the child and/or home is reported to the other core group members and social services manager;
- Contribute to the key worker's written reports for the child protection review conference outlining the work that has been undertaken by family members and professionals and with what degree of success, as

measured against the objectives and in terms of positive outcomes for the child;

- The focus of planning has to always be on whether a child's requirement for safe and emotionally secure care will be met by their parent(s) making and sustaining necessary changes. Child protection interventions need to be undertaken within the context of child focussed care planning that secures the best possible outcomes for a child. This requires clear assessment and plans that are monitored to inform judgements about what is likely to be the best outcome for a child;
- Core groups should be mindful of children's needs for secure attachments and safe permanent care. Clear plans and agreements are essential components of working with parents of very young children in particular and determining whether parents are capable of addressing their child's needs for safety, welfare and development.

All core group meetings should be recorded in writing, including notes on the action agreed and decisions taken to inform the review conference. The minutes should be distributed to core group members. Good practice suggests the minutes should be circulated within 5 working days.

If the core group is unable to implement the plan agreed, for whatever reason, consideration needs to be given to seeking legal advice and the key worker in consultation with the relevant team manager should reconvene the child protection conference.

In particular if the key worker or other core group professional is obstructed or denied access at any time to a child on the child protection register, the relevant senior manager in social services should be informed as well as other core group members. The core group should formally agree that another agency carry out face-to-face contact and/or a child protection review conference should be arranged. The key worker in consultation with managers and legal advisors should consider whether any form of legal action including removal of the child is required to ensure the child is protected and safe.

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

### **3.22 The detailed child protection plan**

The core group develops the detailed child protection plan at its first meeting.

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The detailed plan will be the working document that the core group members use to assess, plan, provide and review the services to the family. The plan will identify in detail the risk of significant harm to the child, the needs of the child associated with the risk, and the expected outcomes from the interventions.

The plan should be recorded and distributed to all members of the core group. The planning process should involve the whole family as fully as possible, as long as this is compatible with keeping children protected. The discussions about the plan should take place in their language of choice and they should be given a copy of the minutes of core group meetings and of the child protection plan in their language of choice.

The plan should be written in clear terms that are understood by all parties. It needs to make explicit what needs to change in order to reduce the risks to the child. It should describe outcomes to be achieved and be possible to make judgements about whether progress has been achieved, for example the plan needs to distinguish between a parent who attends a parenting course and their ability to carry out their parenting tasks in relation to their child.

The child protection plan must take account of the wishes and feelings of the child, and the views of the parents, in so far as this is consistent with the child's welfare.

The aim of the child protection plan is to:

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

The child protection plan should set out what work needs to be done, why, when and by whom.

The plan should:

- Describe the identified risk to and needs of the child and any therapeutic services which are required;
- Include specific, achievable, child-focused objectives intended to safeguard the child and promote his or her welfare, together with timescales for achieving these objectives;
- Be specific about timescales which should reflect the needs of the child;



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- Make clear the part to be played by parents, the expectations they may legitimately have of agencies and what expectations agencies may reasonably have of them;
- Include realistic strategies and specific actions to achieve the objectives;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- State when progress will be reviewed and the means by which progress will be evaluated;
- Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family;
- Agree contingency plans if access to the child/home is denied.

All members of the core group have equal ownership of and responsibility for the detailed child protection plan and should co-operate to achieve its aims.

All professionals working with children and/or families under a child protection plan must be alert to indications that the plan may be failing to protect the child.

### **3.22.1 Use of written agreements**

It is good practice to produce a written agreement as part of, or additional to the plan, which is negotiated between the child, the family and professionals regarding the implementation of the plan. The agreement should make clear for parents:

- The causes of concern that resulted in their child's name being placed on the child protection register;
- The changes that are required and the timescale for achieving them;
- What is expected of the parents/caregivers as part of the plan for safeguarding the child;
- The consequences of failure to cooperate.

For agreements to be effective they need to be constructed in language that is clear, straightforward and practical, and taking into account the parent/caregivers level of literacy and comprehension. Parents should be encouraged to think about what needs to be said in the agreement and it should describe tasks as well as the outcomes being sought. The agreements should avoid jargon or generalisations for example, rather than stating that an objective is to keep a child safe, describe the nature of the specific risk that led to

registration and address it in terms of what the parent will do to reduce the identified risk. The agreement should also describe what professionals will do.

### **3.23 Action required when a professional believes a child on the register is not being adequately protected**

If any professional has concerns that a child on the child protection register is not being adequately protected, this must be brought to the immediate attention of their manager and their named child protection professional as well as the key worker and the social services team manager supervising the key worker. In their absence, or, if the response from the team manager is judged inadequate, the senior manager responsible for child protection in social services must be notified.

An agency may consider it necessary to take unilateral action in some cases. In exceptional cases where an individual worker or agency insists on unilateral action that departs from an agreed plan, the key worker and their team manager must be notified. The team manager will then discuss the matter with the senior manager responsible for child protection and the relevant senior manager of the agency concerned. Any issues arising out of this consultation will be brought to the attention of the chair of the LSCB. A child protection review conference will be convened as necessary. The case may also be referred for an internal case review.

### **3.24 The review child protection conference**

#### **3.24.1 Purpose of the review child protection conference**

All children on the child protection register will be subject of regular reviews, which should consider including any other children in the household.

The tasks of the review child protection conference are to:

- Review the safety, health and development of the child against the planned outcomes set out in the child protection plan;
- Consider the information and conclusions of the core assessment;
- Consider how successfully the current plan has improved the original perceived concerns;
- Ensure that the welfare of the child continues to be adequately safeguarded;
- Consider whether inter-agency co-ordination is functioning effectively;

- Consider whether the child protection plan should continue to be in place or should be changed;
- Consider whether the membership of the core group is appropriate;
- Consider whether the child's name should remain on or be removed from the child protection register or the category of registration changed.

The chair will decide if the category of registration should be changed.

### **3.24.2 Planning and conduct of the review child protection conference**

The first review child protection conference should be held within three months of the initial child protection conference. Further reviews should be held at intervals of no more than six months for as long as the child's name remains on the child protection register. If there is a significant change of circumstances, a further incident of significant harm, further child protection section 47 enquiries, or there are further incidents raising child protection concerns, the appropriate social services manager must be informed and he or she will then decide whether to bring forward the date of the review. The manager should normally agree to any such request from another agency supported by a senior manager or named or designated professional and / or core group.

Participants in the conference should include all members of the core group, including family members and the child, and any other relevant agencies such as those present at the initial child protection conference. Professional members of the core group have a responsibility to produce individual agency reports for the review child protection conference. Together they should provide an overview of the work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the objectives and planned outcomes set out in the child protection plan.

The key worker is responsible for ensuring that all the appropriate people are invited. Where key professionals are absent from the conference and written information is not available, consideration should be given to postponing the conference. A review will then be reconvened so that they can attend and their respective agency will be informed in writing of any failure to comply.

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

### **3.24.3 Decision making at review child protection conferences**

The review conference will consider whether the child continues to be at risk of significant harm and therefore whether or not their name should stay on the child protection register and they should continue to be in need of a formal child protection plan to safeguard their welfare.

While it is appropriate to consider removing a child's name from the register at each review conference, deregistration at the first review conference after registration would usually only occur if the child's circumstances have changed to such an extent that a child protection plan is no longer required.

The review conference decision must be based on a careful and thorough analysis of all the available information, including the written reports provided by the core group, the completed core assessment and a discussion involving all members of the conference. The conference needs to have access to the child protection plan and recommendations of the previous child protection conference to help them decide whether progress has been made.

The professional members of the core group should be asked for their opinion before other members of the conference are asked for their views on whether registration should continue.

Before making any decision to remove a child's name from the register, members of the conference must be satisfied that the significant harm or risk of significant harm is no longer present or is no longer at a level to warrant registration, and the child no longer needs a child protection plan. Clear reasons for the decision should be given and recorded.

Conference participants should base their judgements on whether:

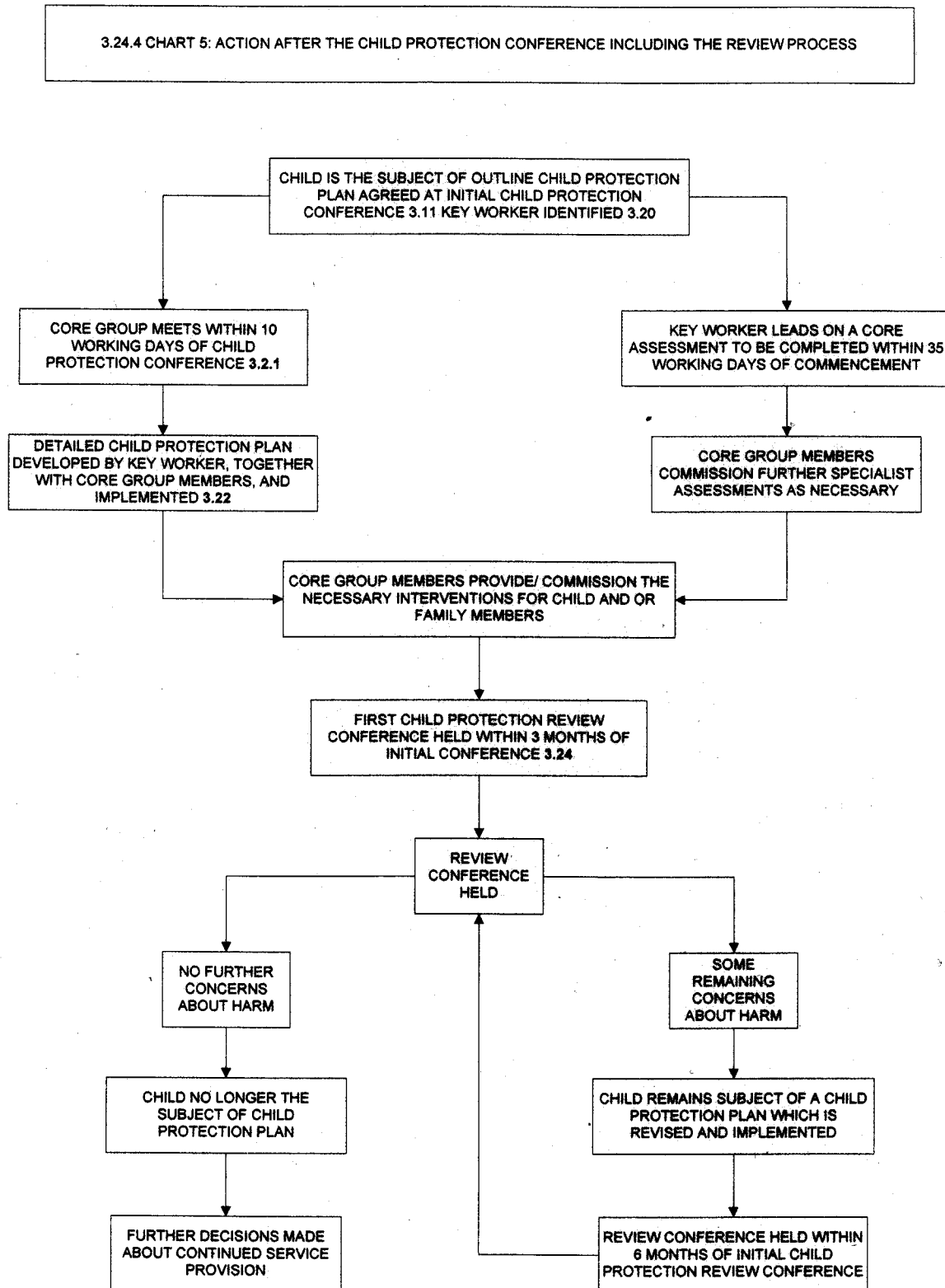
- The risk of harm has been reduced by action taken through the child protection plan;
- The child and family's circumstances have changed;
- The core assessment of the child and family indicates that a child protection plan is not necessary.

The role of the chair is to draw together the views of conference members. The decision about de-registration should reflect the consensus view of the review conference. Where consensus is not achieved, the review conference should make a decision on a majority basis. The views of parents and children are important to the conference but it is the professionals who make the decision about registration. In the event of a child's name being removed from the child protection register parents and caregivers should be informed that the previous registration history will remain on record.

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A child whose name is removed from the child protection register may continue to require support and services, and in these circumstances consideration should be given at the review conference to formulating a child in need plan in partnership with the child and family.

### 3.24.4 Flow Chart 5: Action after the Child Protection Conference, including the Review Process.



### **3.25 The child protection register**

The child protection register is a confidential list of children in a local authority area who are considered to be suffering or likely to suffer significant harm and who are currently subject of an inter-agency child protection plan.

The purpose of the register is to:

- Provide an easily accessible list of all children resident in the relevant area who are currently placed on the register or who have previously been the subjects of child protection enquires;
- Provide a central point of enquiry, available 24 hours a day, for professional staff who are concerned that a child may be at risk of significant harm;
- Make agencies and professionals aware of those children who are judged to be at continuing risk of significant harm and in need of active safeguarding;
- Provide a record of all children in the area for whom there are unresolved child protection concerns and who are currently the subject of an inter-agency child protection plan;
- Provide statistical information about current trends in the area and to contribute to national collation of statistics concerning child protection;
- If used properly the register will contain a chronological record of all previous concerns about possible significant harm about a child, which could assist the enquirer in deciding what action, if any, is needed;

#### **3.25.1 Managing the child protection register**

The child protection register is administered on behalf of the LSCB by social services. Social services will identify a senior manager to act as the custodian of the register.

Following the registration of a child, it is the responsibility of the custodian of the register to ensure that all details are entered onto the child protection register. Each LSCB should have arrangements in place to ensure that the custodian of the register is notified of all additions or changes to the register. The register should be kept up to date and its contents should be confidential other than to legitimate enquirers.

### **3.25.2 Placing a child's name on the child protection register**

A child's name can be entered on the register only as a result of a decision at a child protection conference, except where it is a child on another authority's register who moves into the area. In this case, the child will be registered immediately and the registration reviewed at the initial child protection conference in the new area. Children should be recorded as having been abused or neglected under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair of the child protection conference. These categories help reflect current concerns about specific children and will also contribute to the collation and analysis of information by the LSCB.

### **3.25.3 Removing a child's name from the child protection register**

Usually a child's name can be removed from the child protection register by the decision of a child protection conference.

A decision to remove a child's name from the register without the need to convene a child protection review conference may only occur in the following circumstances:

- The child has reached the age of 18 years
- Has permanently left the U.K
- Has died.

These decisions can only be made by the appropriate social services manager.

In all other cases the decision to de-register can only be made at a child protection review conference.

**Parents should always be informed in writing when their child's name has been removed from the child protection register.**

**Formal notification should be sent to all the agencies involved with the child.**

The removal of a child's name from the register should not automatically lead to services being stopped, as a child whose name is removed from the register may still require additional support and services. The key worker should discuss with the parents and the child what services might be required.

Good practice would suggest that if after de-registration services continue to be provided by social services a child in need plan should be drawn up and reviewed at intervals of not more than six months until the case is closed.



## **3.26 Access and enquiries to the child protection register**

Information can be sought from the register by any agency that is a member of the relevant LSCB.

All LSCBs should have a system to enable agencies to have access to the child protection register 24 hours per day. Where there is more than one access point there must be an agreed format of recording an enquiry and feeding this back to the custodian of the register.

LSCBs must ensure that arrangements are in place to monitor the operation of the register.

In some LSCB areas member agencies have 24 hour electronic access to the register, for instance NHS trust accident and emergency services. In these areas LSCBs should ensure that there is a distinction made between an automatic check to the register for all children using that service, and, a specific enquiry to the register, which is made because there are concerns that an individual child has been abused.

### **3.26.1 Enquiries to the child protection register**

Enquiries to the child protection register:

- enable a professional who has concerns about a child to enquire whether the child's name is or has been on the child protection register
- enable a professional who has concerns about a child to be informed if there have been other enquiries to the register

**Enquiries to the register must never be seen as a substitute for appropriate discussion of concern with social services and an appropriate child protection referral.**

#### **3.26.1.1 Process**

Enquiries can be made by phone, letter, electronically or via fax.

When an enquiry is made the custodian or their representative shall:

- Confirm the identity and position of the person making the enquiry;
- Request the reason for the enquiry.

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Responses will be made, within 2 hours, by phone to the nominated professional making the enquiry or their line manager and their identity and right of access to information verified.

On each enquiry made to the custodian the following information must be recorded;

- Name, agency and contact number of the enquirer;
- Date and time of enquiry;
- Reason for the enquiry;
- Date and time feedback given;
- Outcome.

The custodian will provide the registration status of the child and if registered:

- The category of registration;
- The date of registration;
- The name and contact details of the key worker;
- Previous registration details if available;
- Details of previous enquiries if available.

If a child's name is on the register, the enquirer will be given the name of the key worker, and it is the responsibility of the enquirer to notify the key worker of the enquiry and of the concern.

The custodian of the register should notify the key worker of any enquiry regarding a child on the register, or a child at the same address as a child on the register

If an enquiry is made but the **child's name is not on the register** this should be recorded together with the advice given to the enquirer.

A record is kept of the names of children about whom enquiries are made:

- All enquiries to the register must be recorded on the social services client information data base within 24 hrs
- The response to the enquiry should be made within 2 hrs
- Whenever a child protection referral is received by social services, an enquiry of the CPR should be made as a part of the initial assessment process.

### **3.26.1.2 Repeat enquiries**

In the event of two enquires for a non-registered child being made in a 6 month period then the custodian will ensure that the senior manager with responsibility for child protection is informed.

In the event of a second enquiry about a non-registered child:

- the later enquirer should be told about the earlier enquiry;
- the first enquirer should be notified of the later enquiry.

### **3.26.2 Other requests for information about children on the register**

Other requests for information about children on the child protection register may be made in the following circumstances:

- A professional preparing a report for court or involved in any formal criminal or child protection enquiry (usually from [CAFCASS Cymru](#) or [national probation service](#));
- **For the purpose of safeguarding children, for example working in regulated settings—child minders, fostering, adoption etc;**
- Anonymous statistical information (available to any agency or individual).

Such requests should be referred to the team manager for the child if the case is open. For a child who has never been known or is a closed case, the custodian will let the enquirer know if the case involved previous registration or not.

Written information from the child protection register will be given within 14 working days to a professional making an information request.

## **3.27 Moves of children on the child protection register**

Anybody working for an organisation represented on the LSCB should notify social services if they become aware that a family with a child whose name is on a child protection register moves into or out of the area. Social services should notify all other involved agencies, including the custodian of the register.

### **3.27.1 Where a family moves out of the area**

#### **3.27.1.1 Informing the receiving authority**

When it becomes known that a family with a child whose name is included on the child protection register has moved, or is planning to move, permanently or temporarily out of a local authority area, the individual receiving the information must immediately inform the team manager.

The team manager in the originating area then ensures that the intake team in the social services department in the receiving authority is informed immediately by telephone. The team manager will ensure that the telephone message is followed up, within three working days, with written information, including the following:

- Chronology;
- Initial/core assessment;
- Relevant child protection conference minutes (note a summary is not sufficient, unless the conference is very recent and the minutes are not yet available).

A team manager should request a written acknowledgement.

The key worker will immediately inform the custodian of the register who will, in turn, inform the custodian for the receiving authority. The child's name will then be placed on the receiving authority's register on a temporary basis. The receiving authority will await a request from the originating authority for a transfer in conference when the move is considered to be permanent.

The key worker should also inform health and education in the originating local authority of the move so that they can inform their counterparts in the receiving area in line with local protocol.

When a family moves from the area each agency must ensure the children's records are secured and transferred promptly to the relevant agency in the new area and no later than 10 working days.

The social services' records transferred should contain a transfer summary and chronology together with assessments already undertaken as well as minutes of child protection conferences and core group meetings and the latest child protection plan.

### **3.27.2 Where the family moves to an unknown address**

If the family have moved and no forwarding address is known and reasonable efforts to ascertain this information have failed the team manager in the

originating authority should immediately discuss with the appropriate senior social services manager what further action is required. This action should include informing the LHB or NHS trust named nurse child protection, who already has responsibility for receiving information about local authority missing children and ante-natal referrals where there are child protection concerns. It is the responsibility of the trust named nurse to alert A&E departments, midwifery departments, mental health and health visiting services, in particular to include health visitors/ community nurses who cover women's refuges or homeless families units.

Action also might include:

- Circulating information on the missing family through the child protection network;
- Alerting the police;
- Alerting health either via the child protection network or via the designated professional's child protection in health.

### **3.27.3 Where a move of a child on the child protection register out of the originating area is temporary**

Following an initial assessment, the team manager in the receiving authority will determine whether the move is temporary or permanent. It would only be in exceptional circumstances that a child would have been considered to move temporarily if the period of residence exceeds (or is expected to exceed) three months.

Where a move is deemed to be temporary, the team manager will request that the child's name is placed on the receiving authority's child protection register on a temporary basis. The child's circumstances should continue to be reviewed by the originating authority until either the child returns to the originating area or a decision is taken that the move has become permanent.

Where it is anticipated that a child will remain in a receiving authority for longer than 3 months, but the arrangement is still considered to be on a temporary basis, a 'transfer in' child protection conference should be convened by the receiving authority. The originating authority will retain overall responsibility for the multi-agency child protection plan after the conference. The conference will clarify all of the information available in order to ensure that the multi-agency child protection plan operates in the receiving area for the child.

### **3.27.4 Where a family moves into the area**

Anybody working for an organisation represented on the LSCB should notify social services if they become aware that a family with a child whose name is on

a child protection register moves into the area. Social services should notify all other involved agencies, including the custodian of the register.

#### **3.27.4.1 Receiving the referral**

Where a family moves into the local authority area, including into a women's aid refuge, and the child or children's names are included on another LSCB's child protection register, whoever first receives the information should inform the custodian of the child protection register in the receiving area.

The custodian of the child protection register will inform all other relevant agencies. The custodian will add the child/children's names temporarily to the child protection register, pending the convening of a receiving child protection conference.

The team manager of the receiving authority should check whether a written referral has been made by the originating authority along with relevant information for example, e.g. initial assessment, core assessment, and minutes of previous child protection conferences. If necessary, the team manager in the receiving authority should ask the originating authority to make a written referral, to include this information.

The receiving local authority will carry out an initial assessment of the child's new living arrangements. Following the initial assessment the team manager in the receiving authority will determine whether the move is temporary or permanent. It would only be in exceptional circumstances that a child would have been considered to move temporarily if the period of residence exceeds (or is expected to exceed) three months.

#### **3.27.4.2 The 'transfer in' child protection conference**

If it becomes clear that the child is to remain in the receiving area on a permanent basis, a 'transfer in' child protection conference will be called within 15 working days by the receiving authority. In addition to the people who would normally be invited, the key worker and relevant members of the core group from the originating authority should be invited to attend and should provide a written report.

Following the conference, case responsibility will transfer to the receiving authority irrespective of the decision about registration. Should a decision be made to register the child/children the receiving authority will immediately name a suitably qualified key worker.

The team manager/assistant team manager in the receiving authority will, without delay, inform the receiving authority's custodian of the child protection register of the outcome of the conference. The custodian of the child protection register will then amend the records accordingly and confirm in writing, to the

custodian of the child protection register of the originating authority that the name of the child/children can be removed from that authority's child protection register.

### **3.27.5 Where a move of a child on the child protection register into the receiving area is temporary**

If it is concluded that the move is of a temporary nature it is important that the arrangements for supervision of the child are agreed between the team manager in the receiving authority and the originating authority.

These arrangements are likely to include:

- Responsibility for undertaking the child protection monitoring visits;
- Frequency of monitoring visits;
- Where concerns from other professionals should be directed;
- Who arranges and chairs core groups;
- How this information is going to be passed to other relevant professionals.

Where a child has remained, or is expected to remain, in an authority on a temporary basis for 3 months or longer a receiving conference should be convened by the authority in which the child is currently residing prior to the end of the 3 month period.

### **3.27.6 Missing children on the child protection register**

All professionals should immediately notify the key worker and the police if they become aware that a child whose name is on the child protection register is missing. The key worker will consult with the responsible team manager and make urgent enquiries in consultation with the police in order to locate the child.

The point at which a family is considered to be "missing" will depend on the known facts about the family and the assessed seriousness of the situation. The major reason for trying to locate such families is that the disappearance may indicate further abuse has occurred. It might also apply where there are unsuccessful contacts with children who are children in need.

The key worker should liaise closely with the police to ensure that there is no duplication of effort and that all enquiries are co-ordinated and recorded. The senior manager for child protection in social services should be informed. Legal advice should be sought at the earliest opportunity.

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If all efforts to locate the child fail, the appropriate manager in social services may request assistance from: the local [Department of Work and Pensions office](#); the [Child Benefit Centre](#); health organisations, education and schools.

The key worker should inform the custodian of the child protection register and the custodian should consider whether to circulate details of the missing family to all custodians of child protection registers throughout Wales and the United Kingdom. The custodian may liaise with the designated health professional for child protection to decide what if any circulation should be initiated within the National Health Service.

When the family is found, the key worker should be notified and will follow the procedure for the transfer of cases on the child protection register where appropriate. The key worker will also ensure that all other agencies are informed as well as the custodian of the register.

LSCBs should develop missing children procedures. Arrangements should include database and information systems that record and track school age children but who are not on a school roll. For pre-school children health professionals have a crucial role in alerting other agencies if a child is missing.

### **Box 15: Noticing when a family goes missing**

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

## **3.28 Moves of families with children in need**

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



### **3.28.1 Moves out of the authority of children in need**

In this section children in need refers to children whose cases are open to the originating local authority. They may:

- Have been assessed as being in need and be currently receiving services;
- Have had their assessments completed but are waiting for allocation or re-allocation to services;
- Currently be undergoing assessment.

Whenever a family with a child or children in need whose case is open to the local social services moves out of the area of the originating authority the social work professionals in the originating authority must consider whether to inform colleagues in the receiving authority. They will normally do so, subject to the consent of the family, if:

- They judge that it would be in the best interests of the child concerned to continue to receive services from the receiving authority; and/or,
- There is a history of concern about a child or children even though the child or children's names do not appear on the child protection register.

Given that there are no arrangements for the routine transfer of records between local authorities, this will always be done by making a referral.

#### **3.28.1.1 Making the decision**

When any member of social services staff within the originating authority becomes aware that a family with children currently allocated to a social worker has moved or is planning to move from the area, he or she will immediately inform the responsible team manager in the originating authority. The team manager will:

- Discuss with the allocated practitioner the need to make a referral to the receiving authority;
- If a referral is required, make suitable arrangements to inform the family of the decision, and seek their consent for the referral to be made;
- Where there are school age children, and following discussion with the family, inform the LEA's education welfare service in the originating authority about the move and ask them to liaise with the LEA in the receiving authority;

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- Where there are school age children, and following discussion with the family, inform the school nursing service in the originating authority, so that the school nursing service can notify the school nursing service in the receiving authority;
- Where there are children under 5, inform the health visiting service in the originating authority, following discussion with the family, so that the health visiting service can notify the health visiting service in the receiving authority;
- Follow local protocols on notification and transfer of records.

If the parents refuse consent for a referral to be made to the receiving authority, the team manager must make a professional judgement, in accordance with their own local authority's guidance, about whether or not the child is likely to suffer significant harm if a referral is not made. If it seems likely that the child will suffer significant harm, they should make the referral even without the consent of the parents.

### **3.28.1.2 Making the referral**

If a decision is taken to refer the family to the receiving authority the team manager will make arrangements for the receiving authority to be informed verbally and this will be recorded on the case file. Within five working days, a written confirmation of the referral will be made to the receiving authority, to include the following information:

- Names and dates of birth of all family members (if known);
- Address in the originating authority and in the receiving area (if known);
- Details of education and health arrangements;
- Outcome of any assessments conducted in the originating authority;
- Details of provision of services in the originating authority;
- Family history and reason for referral.

In all cases, where there is a disagreement in respect of actions taken/not taken which cannot be resolved by the social work practitioners, the disagreement will be referred to appropriate managers within the two authorities who will resolve the matter within 20 working days.

### **3.28.1.3 When the decision is made not to make a referral**

If a decision is made not to make a referral to the receiving authority the case file will be closed and the team manager will record the reasons for the action on

the case record and make suitable arrangements to inform the family of the decision.

#### **3.28.1.4 When a family moves to an unknown address**

If the family has moved and no forwarding address is known, despite reasonable efforts to find this information having been made, the team manager in the originating authority should immediately discuss with the appropriate senior manager in social services what, if any, further action is required. If the issues identified raise concern that the child may be in need of protection, consideration should be given to notifying the child protection network and the police of the missing family. There should be a clear agreement with the police regarding the concerns and the expected action required by the police if the child is found.

If, when located in another area, the child is assessed as being a child in need but not in need of protection, the originating authority's case file can then be closed with all actions recorded and counter-signed by the team manager. The team manager in the originating authority will inform key agencies involved in that authority of the decision to close the case file.

#### **3.28.2 Moves into the authority of children in need**

##### **Referrals**

In the event of a local authority be notified by an originating authority that they wish to refer a child in need moving into the area, the originating authority should be asked to complete a referral form and the team manager will make a decision regarding the referral in the normal way.

Where there is a disagreement in respect of actions taken/not taken that cannot be resolved by the social work practitioners, the disagreement will be referred to appropriate managers within the two authorities who will resolve the matter within 20 working days.

#### **3.28.3 Moves of children in need and child protection section 47 enquiries**

If the originating authority indicates that they were about to commence child protection section 47 enquiries before the family moved, they will make a referral to the receiving authority.

The receiving authority will convene a strategy discussion/meeting to plan the section 47 enquiries, which will be held jointly with the receiving authority within 48 hours of the originating authority making the referral. It is the role of the receiving authority to carry out an initial assessment and to clarify with the

originating authority whether any emergency protective action is required. Decisions should be clearly recorded on both authorities' case files.

**Box 16: Specific referrals about children in need moving to other areas**

Specific referrals are important in order to alert receiving agencies where there is a history of concerns about a child or children, even though they are not currently on the register. Everybody working with a family needs to think carefully about whether to make a specific referral about a child moving to another area. Take account of issues of consent. Don't make assumptions about the children's needs being met, or assume that concerns will be systematically addressed. It is neither safe nor professionally competent to assume that other agencies involved either know about the change or will take the appropriate action.

### **3.29 The child protection process and summary of timescales**

- Referring agency reports concerns to social services or police. Referring agency follows up verbal report with written referral **within two working days;**
- Duty worker shares referral with his/her designated supervising manager on the **same day;**
- Child subject of allegations of deliberate abuse or concern should be seen and spoken to **within 24 hours;**
- Enquiry of the child protection register **within 24hours;**
- Response from the custodian of the child protection register **within 2 hours;**
- Initial assessment completed within 7 working days of receipt of the referral;
- Referring agency advised of action being taken **within 10 days;**
- Where child protection section 47 enquiries are indicated, there is a strategy discussion with the police and a decision made about next course of action **within 24 hours;**
- Strategy meeting convened if appropriate as soon as possible but within 8 working days of receipt of the referral;
- Conference convened within 15 working days of the last strategy discussion/meeting;

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- Outline child protection plan agreed at conference and circulated within 5 working days or by the first core group;
- Core assessment completed **within 35 working days of commencement;**
- Core group convened **within 10 working days of initial child protection conference;**
- First review conference held **within 3 months of initial child protection conference;**
- Subsequent reviews to be held **within 6 months;**
- **Missing children must be reported to the police immediately** and in any case no later than midnight on the first day of disappearance;
- Police or social services interview missing child who returns within 72 hours;
- Child missing for **more than seven days convene a strategy meeting;**
- Child missing more than three times in 12 months **convene a strategy meeting.**

## **PART 4**

### **4. Child Protection in Specific Circumstances**

#### **4.1 Introduction**

This section supplements [Part 3: The Child Protection Process](#), and should be read in conjunction with it. Whilst [Part 3](#) sets out the basic framework of actions to be taken in all circumstances when anyone has concerns about the welfare of a child, Part 4 deals with additional considerations or points of procedure. One or more sections might apply to an individual child's circumstances.

#### **4.2 Children living away from home**

##### **4.2.1 Circumstances in which children live away from home**

**Children living away from home must be afforded the same level of protection as children living with their family.**

These procedures should be applied in every situation where there are concerns about a child's welfare and this includes children living away from home. Children are deemed to be living away from home in the following circumstances:

- Foster care, provided by the local authority or by an independent agency;
- Private fostering;
- Residential care, provided by the local authority or by a voluntary or independent agency;
- Secure units,
- Residential schools, both provided by the local authority and voluntary/independent schools;
- Health establishments such as hospitals;
- Independent accommodation used by care leavers and other young people under 18 years;
- Prisons, secure training centres and young offender institutions

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

## 4.2.2 Essential safeguards

Every setting where children live away from home should provide the same basic safeguards against abuse, founded on an approach that promotes their general welfare, protects them from harm, and treats them with dignity and respect.

### **Box 17: Safeguards for Children Living Away From Home**

Children who live away from their family home require safeguarding measures to protect them from harm. The LSCB should ensure that agencies/organisations commissioning placements and services for children living away from home always explicitly address the following safeguards in contracts/service level agreements with providers.

- Statements that describe how children will be made to feel valued, respected and safe;
- Statements and policies that ensure respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability is promoted;
- Statements that confirm arrangements for external scrutiny;
- Statements that confirm arrangements for the involvement of families;
- Recruitment and vetting procedures for staff that comply with national guidance and standards
- Child protection and safeguarding training, including the management of self harm, is provided for all staff and caregivers;
- Clear, effective and well promoted complaints procedures;
- Arrangements to ensure that children are aware and have information about how to make complaints and the help they will receive from advocacy services;
- A child's access to an independent advocacy service;
- A child's access to the independent visiting service;
- A child's access to the local authority complaints officer, the [Children's Commissioner](#) and [Child line](#);
- Formal protocols that describe the permitted measures of care and control;
- Training for staff/caregivers regarding the permitted measures of care and control;
- Staff and caregivers' access to explicit and well promoted whistle blowing

arrangements;

- Clear arrangements for the supervision and support of staff and caregivers, including temporary and volunteer staff;
- Formal protocols for the management and care of children who go missing from their placement that provides a child with the opportunity to talk to an independent person about any concerns;
- Adherence to the All Wales Child Protection Procedures and protocols.

**Box 18: Duty to notify social services about children in hospital or residential school**

The [Children Act 1989, section 85](#), requires health providers and education services to notify the local authority for the area where the child is ordinarily resident, or where the child is accommodated if this is unclear, when a child has been or will be accommodated for three months or more (for example in hospital or residential school), so that the welfare of the child can be assessed if necessary and kept under review.

The health provider or education service should inform social services whether this is a routine notification, or whether they consider that an assessment of the child's needs and family situation is needed. If the health provider or education service has particular concerns or issues regarding the safeguarding of the child, a formal child protection referral should be made, as described in [part 2](#).

Any notification/referral should be normally done in consultation with, and the agreement of, the parent(s) or person with parental responsibility, unless this would place the child or staff at risk.

### **4.3 Allegations of the abuse of children by professionals / staff members**

All organisations, establishments and professional groupings that work or have contact with children and families should have their own procedures for the management of allegations against staff and professionals, and for whistle blowing. The procedures should be compliant with the *All Wales Child Protection Procedures*. All staff and professionals should be made aware of



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these procedures. The LSCB should be provided with a copy of them and ensure that they are effective.

Allegations of the abuse of children by professionals/staff members should be managed in accordance with the child protection process. There are some differences that reflect the nature of the setting.

The following circumstances are addressed:

[4.3.1 Allegations of child abuse by staff in residential homes;](#)

[4.3.2 Allegations of abuse against a foster carer;](#)

[4.3.3 Allegations of abuse against private foster carer;](#)

[4.3.4 Additional guidelines on childminders;](#)

[4.3.5 Allegations of abuse of children in custody;](#)

[4.3.6 Allegations of abuse about a professional, staff member or volunteer in contact with children and vulnerable adults.](#)

For all of the sections [4.3.1](#) to [4.3.6](#) the following applies:

In the event of a member of staff being dismissed or moved to another position as a result of child protection enquiries and/or a criminal investigation, the investigation outcome meeting should advise the employer of the duty to submit their details under the [Protection of Children Act 1999 \(POCA\)](#) or [Protection of Vulnerable Adults \(POVA\)](#) protocols, and any other subsequent directions by the Welsh Assembly Government. No employing agency should accept a resignation from a member of staff subject to child protection enquiries and/or a criminal investigation but should follow disciplinary procedures to ensure a formal employment record of the investigation and its outcome and any disciplinary measures taken are clearly recorded.

Further information can be sought from <http://www.crb.gov.uk/>

- The LSCB should be informed about any recommendations made by the investigation outcome meeting for the employing authority to refer to the barring lists and / or to the relevant professional regulatory bodies
- The agency should be required to confirm in writing to the LSCB that this action has been taken.
- The LSCB should monitor the implementation of any such recommendations.

**Box 19: Duty to report professional abuse**

- Every staff member/professional has a duty to safeguard and promote the welfare of children.
- All organisations must ensure that job descriptions, codes of conduct and contracts/service level agreements include the duty to safeguard and promote the welfare of children.
- Individual staff members/professionals and volunteers have a duty to report concerns about the behaviour of other staff members /professionals/volunteers towards children.
- All organisations must ensure they have whistle blowing procedures.
- Chief officers should make sure that a record of any whistle blowing allegations in respect of possible child abuse within their organisation, are maintained on a register.

**4.3.1 Allegations of child abuse by staff in residential homes**

In the event of a staff member in a residential home being reported for alleged abuse, the child protection procedures for allegations against professionals must always be followed. A criminal offence must be reported to the police. An allegation may also result in an organisation's disciplinary procedures being invoked.

**The implementation of the All Wales Child Protection Procedures will always take precedence over a residential home's disciplinary process.**

Child protection enquiries into allegations of abuse of children in residential settings will follow the procedures in [Part 3](#), and must also consider the likelihood that other children may have been abused, and that there may have been a pattern of historical abuse. Therefore social workers and police officers undertaking the enquiries must be familiar with the procedure for the management of organised abuse.

Staff members will usually report concerns about the alleged abuse of a child by a staff member to the head and/ or deputy of the establishment, and follow the establishment's own procedures and guidance.

**Immediate consideration should be given to postponing any new or pending placements of children at the establishment.**

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The head of the residential home is required to report all allegations of abuse to [CSSIW](#) in accordance with the [Children's Homes \(Wales\) Regulations 2002 \(Regulation 29 \(1\) \(Schedule 5\)\)](#).

When the staff member has reported the alleged abuse to the head/deputy of the residential home, the head/deputy will inform the referring staff member about the actions taken to address the allegation and protect the child. If the referring staff member:

- Has concerns that the actions taken by the head and/or deputy have failed to protect the child and other children from continuing harm; *or*
- Is unable to discuss concerns with the head and/or deputy; *or*
- Suspects that the head and/or deputy is involved in or colluding with the abuse;

The staff member must report their concerns directly to the social services manager responsible for child protection in the local authority in which the establishment is situated, and/or to the police.

In the event of the allegation being directly or indirectly made about the head and/or deputy, the staff member should promptly report the allegation to the social services manager responsible for child protection in the local authority in which the establishment is situated, and/ or to the police.

Where the children's home is managed by or on behalf of the local authority:

- There should be someone independent involved in the child protection enquiry from the outset;
- The person managing the investigation should not have line management responsibility for the establishment.

At the strategy meeting/investigation outcome meeting a decision is required about the following additional matters:

- Arrangements for social services to inform the child's parents at an early stage of the details of the allegation and the procedure to be followed;
- Offer an independent advocate (e.g. Children Rights Service or Advocacy Service) to the child;
- Agree any action needed to protect the child making the referral and/or the child who is the subject of the allegation and any other children in the residential unit;

- Transfer the child to another placement if this is in the child's best interests;
- Consider what disciplinary measures should be invoked even when there is insufficient evidence for prosecution.

Additionally, in cases of alleged abuse in independent schools, the senior manager responsible for child protection in social services should at an early stage notify the [Care and Social Services Inspectorate Wales \(CSSIW\)](#) and the registrar of independent schools.

### **4.3.2 Allegations of abuse against a foster carer**

#### **4.3.2.1 Identifying the risk of harm**

This section applies to foster placements arranged by a local authority, independent fostering agencies and voluntary organisations.

Children looked after in foster care are often the most vulnerable in society. The majority of foster carers provide children with good quality and safe care. However the fact that foster care is undertaken in the privacy of a caregivers home may make it difficult to identify abuse taking place and for children to voice their concerns. A child in placement may have experienced abuse previously.

It is important for both the child and caregiver that all concerns are fully and rigorously investigated. An allegation against a foster carer has serious implications for them and their families.

Any allegation or concern about abuse or suspected abuse in relation to a foster carer or any member of the foster carer's household must be referred to the social services managers responsible for child protection, looked after children and fostering.

Child protection enquiries should not be carried out by anyone who has been involved in assessing the foster carer or who has operational responsibilities for the family placement/fostering service in the area. However, fostering staff can be important sources of information and may provide support to the foster carer, although consideration should always be given to the provision of independent support for the foster carer.

The handling of the referral will follow the procedure set out in [Part 3](#), with the following additional measures:

- Inform the social worker of any looked after child placed in the household;

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- Take any immediate steps necessary to ensure the protection of all children in the household;
- Take any immediate steps necessary to ensure the protection of the foster carer's own children;
- Ensure that no further placements are made pending the child protection enquiry;
- Convene a strategy meeting as soon as possible, to be chaired by social services at a senior level; best practice would be to hold the strategy meeting within 2 working days;
- Inform [CSSIW](#) of the allegations.

### 4.3.2.2 Strategy meeting

Consideration should be given to attendance by:

- The senior social services manager with responsibility for child protection;
- The manager responsible for fostering;
- The social services child protection co-ordinator;
- The social worker for the child and the team manager;
- The foster carers' social worker;
- A police representative;
- A legal representative for the authority;
- [CSSIW](#);
- LAC clinical nurse specialist / named or designated child protection health professional;
- Other relevant agencies e.g. education representative;
- The person with details of the referral.

The tasks of the strategy meeting should include the following, in addition to the tasks of all strategy meetings described in section [3.5](#)

Consider the safety and needs of all children currently in the placement as well as previously in the placement

- Consider **each** child individually and make recommendations as to whether the foster child/children should remain with the foster carers pending child protection section 47 enquiries. The views of the child should always be taken into account;

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- Plan additional safeguards, if the child is to remain in the foster placement while the enquiries take place;
- The approval of the senior manager should be sought if it is recommended that the child remains in the placement;
- Appoint an advocate for the child/ children, who may be a social worker, family member or independent person. There are particular benefits to involving an independent advocate who can represent the child at all stages of the process. However, the advocate would not usually be part of the strategy meeting unless they had information to share;
- Consider the safety and welfare of the foster carers' own children and any other children with whom they have regular contact;
- Consider any other employment or voluntary activity of the foster carer, which brings them into contact with children and may place a child at risk;
- Identify all children previously placed and whether there may be concerns in relation to them;
- Identify what information will be given to the foster carers, when and by whom, regarding the allegation and section 47 enquiries. The chair of the strategy meeting to confirm this information in writing to the foster carers;
- Identify who will support the foster carers during the process of investigation and how they will be kept informed. If the strategy meeting gives a staff member this role, their status must be made clear to all parties to avoid confusion;
- Make arrangements to advise the foster carers that no further placements will be made during the course of the child protection enquiries;
- The child's parent(s) should be informed at an early stage of the allegation and of the procedures to be followed, and should be offered support and advocacy. The disclosure of information to parents of other children in the placement should be carefully considered, particularly when a child has to be moved as the result of an allegation;
- Agree the manager who will receive the information on the outcome of child protection enquiries and the criminal investigation.
- A full record of the meeting will be made, including the reasons in the event of a decision to take no further action.

#### **4.3.2.3 The foster carers**

The person supporting the foster carers should ensure that the foster carers:

- Understand the concerns being expressed and arrange for the foster carers to verify and comment on the factual information given, unless this compromises any criminal investigation;
- Are informed of the child protection procedures that will be followed;
- Are informed of time scales set for the process;
- Are told what support is available to them and how to contact the [Fostering Network](#) and any other external support arrangements for foster carers made by the local authority;
- Are clearly informed of the outcome of the child protection enquiries/criminal investigation;
- Understand that witnesses, including support workers may be called to give evidence, in the event of a court hearing.

#### **4.3.2.4 After the child protection section 47 enquiries have been completed**

An investigation outcome meeting must be held following completion of the child protection enquiries and/or criminal investigation to determine what should happen next.

- The attendance at this meeting should include the strategy meeting participants, staff and officers directly contributing to the child protection enquiries and criminal investigation, and the child's advocate.
- This meeting will be convened by the social services manager with responsibility for child protection and will undertake the following tasks:
- Evaluate the information/findings gathered during the child protection enquiries and criminal investigation;
- Decide whether there is substance in the allegations;
- Decide whether further action is needed to safeguard any child in the light of the information gathered;
- Decide whether to convene an initial child protection conference in respect of the foster children and/or any other children for whom there may be child protection concerns;

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- Consider what information, regarding the outcome, should be given to the parents and/or caregivers of children who are the subject of the allegations;
- Ensure support is available as required for the child and the foster carer;
- Within five working days of this meeting, the foster carers should receive a letter from the chair of the strategy meeting giving details of:
  - The nature of the allegation;
  - The result of the child protection section 47 enquiries;
  - The decisions of the strategy meeting.

Following any child protection section 47 enquiries, or a significant incident or complaint, the fostering panel should always consider the foster carer's approval status. A record of the allegation and the outcome of the child protection enquiries and/or criminal investigation should be placed on the foster carers file.

The independent reviewing officer (IRO) should be informed about the child protection enquiries and the outcome.

Foster carers subject to allegations may decide to give notice of their intention to cease fostering. The regulations allow foster carers to provide 28 days notice of their intention to resign after which the resignation becomes effective. It is likely that in the event of a foster carer deciding to resign at an early stage of child protection enquiries that the investigation will not be complete before it takes effect. In the event of the foster carer having already resigned, the fostering panel should receive a report concerning the outcomes of the child protection enquiries and/or criminal investigation, and ensure a record of the panel discussion together with any advice or recommendations are placed on the foster carer's agency record. In the event of a request being made at a later date from other agencies for a reference, any response must include comment about recommendations or advice and make clear the foster carer resigned before the agency made a decision concerning their approval status.

The child protection section 47 enquiries and/or criminal investigation must be completed regardless of a resignation.

Social services must ensure that details about a foster carer removed from local registers as a direct result of the allegations, whether substantiated or not, are submitted for inclusion under the POCA and POVA protocols, and any other subsequent requirements directed by the Welsh Assembly Government.

### **4.3.3 Allegations against private foster carers**

A private fostering arrangement is a private agreement without the involvement of a local authority for the care of a child under the age of 16 (under 18, if



disabled) with someone other than a parent or close relative with the intention of it lasting for 28 days or more.

A private foster carer may be a friend of the family, the parent of a friend of the child, or someone previously unknown to the child or their family but who is willing to privately foster the child.

Both the private foster carers and the persons with parental responsibility are required to notify the local authority of the arrangement.

**All professionals have a duty to notify the local authority if they become aware of a private fostering arrangement.**

The risk of abuse of children subject to private fostering arrangements was highlighted by the death of [Victoria Climbié in 2000](#). The [Children Act 2004](#) establishes duties on all local authorities to promote awareness about the need to notify the authority about any privately fostered children living in their area.

The procedures to be followed when making enquiries about allegations concerning private foster carers follow the same sequence as described for other foster carers with some important distinctions:

- A strategy meeting should involve the social worker who has undertaken statutory visits to the private foster carer and child;
- If the child is a non UK national the appropriate embassy should be contacted;
- Consider support for the private foster carer following the completion of the enquiries.

#### **4.3.4 Additional guidelines in respect of childminders**

The Registration and Inspection Regulations apply to all childminding arrangements. The membership of the strategy meeting should therefore include:

- The Registration and Inspection Officer (Care and Social Services Inspectorate Wales (CSSIW));
- A senior social services officer responsible for day care services.
- In addition to the guidance in [Part 3](#), the strategy meeting will also:
- Consider action that may be taken by the [CSSIW](#) with regard to the suspension of the childminder's registration;
- Identify children currently and previously cared for by the childminder;

- What information should be shared with other parents currently using the service of the childminder;
- Consider the circumstances and welfare of the childminder's own children and any other children with whom they have significant contact;
- Agree the information to be given to the childminder about the allegation and child protection enquiries; the chair of the strategy meeting will provide this in writing to the childminder;
- Decide what information will be given to parents/caregivers; the chair of the strategy meeting will send this in writing to the parents/caregivers;
- Identify the nature and levels of support, which should be offered to the children, their parents and the childminder.

During the course of the enquiries, the childminder should be encouraged to seek support from the [National Childminder Association](#). The childminder will be kept informed as far as possible without prejudicing the effectiveness of the ongoing enquiries.

### **4.3.5 Allegations of abuse of children in custody**

When children are remanded to the care of social services or the police, protocols should describe arrangements for referring any allegations of abuse. These should be agreed with the LSCB.

#### **4.3.5.1 Responding to allegations of abuse involving children in prison.**

Individual staff members or professionals visiting children in custody have a responsibility to refer any concerns regarding the safety or well being of a child in custody to social services. The concerns may arise from disclosures made by the young person, observed signs or symptoms of abuse, or third party disclosures. The concerns may arise from allegations or suspicions regarding abuse from other prisoners or allegations concerning staff.

Individual staff members or professionals who have concerns or evidence about the safety and well being of a child in custody should bring their concerns to the attention of the designated child protection co-ordinator within the establishment without delay. Consideration should be given to whether the concerns merit referral to the local social services duty team. If the allegation concerns abuse by a member of staff a referral should be made in all cases and the procedures described in section [4.3.6](#) followed.

Individual staff members or professionals visiting a child in custody who become aware or have concerns or specific information regarding allegations of abuse must ensure that a referral is made to the social services duty team in whose area the establishment is located. It is good practice for the designated child

protection co-ordinator within the establishment to be informed of the concern or allegation as soon as practicable.

#### **4.3.5.2 Action required**

The procedures described in [part 3](#) and [section 4.3](#) apply to children in police custody, prison, secure training centres or youth offender institutions, who are subject of court warrants or orders.

The strategy meeting should follow the guidance in [Part 3](#) with the additional considerations:

- Decide whether the allegations or suspicions have implications for the safety and needs of other or **all** children in the establishment;
- Make recommendations as necessary as to whether the child/children should remain within the establishment pending child protection section 47 enquiries. Welfare and safety considerations as well as the views of the child should be taken into account, subject to the requirements of maintaining the physical security of the child;
- Plan additional safeguards as necessary if the child is to remain in the establishment while enquiries take place. If the allegations concern other children in custody the meeting should agree what arrangements will be made to prevent further abuse or intimidation occurring;
- Seek approval for the child to move to another establishment if considered necessary and practical;
- Appoint an advocate for the child/ren. It is beneficial to appoint an independent advocate who can represent the child at all stages of the process. However, the advocate would not usually be part of strategy meeting unless they have information to share;
- If the allegations concern a staff member consider the circumstances of their own children and whether any further child protection section 47 enquiries are necessary in respect of them;
- If the allegations concern other prisoners consider their family and social networks and whether any further child protection section 47 enquiries are necessary to assist with enquiries or safeguard other children;
- Determine if there is a need to identify other children previously placed and whether there may be issues in relation to them;

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- Identify what information will be given to the staff member(s) concerned, when and by whom, regarding the allegation and child protection section 47 enquiries;
- Identify who will support the alleged perpetrator during the process of investigation and how they will be kept informed. If the strategy meeting gives a staff member this role, their status must be made clear to all parties to avoid confusion;
- Decide who should give what information to the parents of the child. The child's parent(s) should be informed at an early stage of the allegation and of the procedures to be followed. They should be offered support and advocacy. The chair of the strategy meeting should confirm this in writing to the parents. The disclosure of information to parents of other children in the placement should be carefully considered, particularly when a child has to be moved as the result of an allegation;
- Arrange for staff to verify and comment on the factual information given;
- Appoint a case co-ordinator within the establishment, who will receive the information on the outcome of the child protection enquiries and the criminal investigation.

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

### **4.3.6 Allegations of abuse about or against a professional, staff member or volunteer in contact with children and vulnerable adults (or who manage/supervise/influence services)**

**Each agency must identify a senior manager/executive with responsibility for its professional abuse policy.**

#### **4.3.6.1 Responding to referrals about professionals who abuse a child in their professional or their private capacity**

This section applies to all professionals, employees and volunteers working for or accredited by a public, voluntary, private agency, place of worship or faith organisation or independent contractor, whose work brings them into contact with children and/or vulnerable adults. It includes employees working in prisons, secure training establishments, and escort driving services for children. For the purposes of this section the term individual employee will be used to describe a professional, employee, member of staff and volunteer.

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Allegations of abuse may be made against an individual employee in either their private life or their working capacity.

In the event of an allegation of abuse being made against an individual employee in their private life, child protection enquiries should be conducted in accordance with the procedures described in [Part 3](#). In addition to the procedures in [Part 3](#) the strategy discussion and/or strategy meeting should consider the following:

- Informing the employer about the allegation;
- Extending the child protection section 47 enquiries to include other children with whom the individual employee has contact at work;
- Convening a strategy meeting to consider likelihood of harm to other children with whom the individual employee has contact at work.

In circumstances where the individual employee is working with vulnerable adults, the allegations should be referred to the appropriate senior manager for vulnerable adults.

The local authority social services department must be informed by the employer in the event of an allegation of abuse and/or a criminal offence against a child being made about an individual employee in their working capacity, or information indicating that they have behaved towards a child in a way that may make the individual employee unsuitable to work with children. The employer must also immediately inform the police about a possible criminal offence. Following receipt of the referral the appropriate responsible senior manager in the local authority social services department will coordinate the response.

The responsible senior manager will have an initial discussion with the employer. If during the initial discussion the employer can unequivocally demonstrate that the allegation is false and/or unfounded, the senior manager may make a decision that there should be no further action. The senior manager may want to consult with the police before arriving at this decision. The decision should never be based on the employer's opinion about the character and/or personal circumstances of the individual employee and about the person making the allegation. In the event of no further action being taken the senior manager will consider the following:

- Informing the child's parents about the allegation and outcome. In certain circumstances the employer may need to advise parents immediately, before any discussion, if the child requires medical treatment;
- Informing the individual employee about the allegation, including the amount of detail that should be provided.

The reasons for the decision must be recorded.

If, following the initial discussion between the senior manager and the employer, there is cause to suspect a child is suffering or likely to suffer significant harm, and/or a criminal offence against a child has been committed, and/or the individual employee has behaved towards a child in a way that indicates he/she is unsuitable to work with children, the senior manager will arrange for a strategy discussion with the police to consider any immediate action to protect the child, and to arrange a strategy meeting.

At any point after being informed about the allegation the employer may decide to suspend the individual employee in order that the child can be afforded protection; the possible risk of harm to children can be evaluated; and, the child protection enquiries and/or criminal investigation be undertaken.

In addition if the individual employee decides to resign at any time following the allegation the child protection procedures and any disciplinary processes shall continue. The employer must not enter into any compromise agreements with the employee.

#### **4.3.6.2 Strategy meeting**

The senior manager will arrange for a strategy meeting to be convened within 2 working days of the referral.

All relevant agencies will be invited to the strategy meeting, and, in addition consideration should be given to inviting the following:

- The employer;
- The human resources/personnel department of the employing organisation;
- The regulating body as defined in the [Care Standards Act 2000](#);
- [HMIP](#), if the allegation is about an employee in a prison, secure training centre or youth offending institution;
- If the allegations concern an individual who also has contact or care of a vulnerable adult the vulnerable adult co-ordinator or designated lead manager in the area in which the vulnerable adult lives should be invited to attend.

The strategy meeting must be chaired at a senior level.

The strategy meeting will take account of the preliminary information gathered in the referral and initial assessment, and the information provided by the employer

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about the circumstances and context of the allegation. The strategy meeting should follow the procedures in [Part 3](#) and the additional considerations:

- The strategy meeting will also need to consider and evaluate the risk of harm to the individual employee's own children, and agree any actions that are required;
- When the allegation is about an individual employee of the social services department or the police the strategy meeting may recommend commissioning an independent agency to undertake the child protection enquiries;
- During the strategy meeting the suspension of an individual employee must always be considered where there is cause to suspect that a child is at risk of significant harm, and/or where the allegation warrants a criminal investigation by the police, and/or where the allegation might be grounds for dismissal. The suspension of an individual employee is not an automatic requirement and should only be recommended after careful consideration, and reviewed at each strategy meeting and the investigation outcome meeting. The strategy meeting can only recommend suspension; the authority to suspend an individual employee rests with the employer. However, in the event of an employer deciding not to suspend an individual employee, the employer should be encouraged to undertake a risk management assessment that should be shared with the strategy meeting, and/or consider the redeployment of an individual employee to a position where he/she has no contact with children.

Suspension is considered a neutral act and should be considered:

- Where an allegation has been made which, if proven, would lead to a dismissal or prosecution;
- Where a child could be placed in danger if the member of staff were not removed from duty;
- Where it is necessary to allow full and proper child protection section 47 enquiries and/or criminal investigation and the taking of statements for criminal proceedings.

#### **4.3.6.3 Outcome of the strategy meeting**

The strategy meeting will decide the following:

- To undertake child protection section 47 enquiries and/or a criminal investigation;
- That child protection section 47 enquiries are not required and the employer should deal with the allegation in accordance with the organisation's own disciplinary procedures;
- No further action should be taken.

If the outcome of the strategy meeting is for no further action to be taken, the reasons for the decision should be recorded.

It may be necessary to hold further strategy meetings in the event of child protection section 47 enquiries, and/or criminal investigation, and/or the organisation's disciplinary process identifying a risk of harm to other children. In addition during a prolonged and complex enquiry the local authority social services department should monitor the progress of the child protection section 47 enquiries by convening review strategy meeting at agreed intervals.

The strategy meeting should develop an action plan with timescales in order to avoid unnecessary delay.

The outcome for a number of allegations is likely to be that a criminal prosecution does not take place, and that the employer and/or regulatory body undertake disciplinary proceedings. The avoidance of delay and duplication may be facilitated by a recommendation at the strategy meeting that the interviewing police officer and/or social worker seek consent from individuals being interviewed to share the information provided with the employer and/or regulatory body and/or independent investigation service at the conclusion of the enquiries and/or court hearing.

#### **4.3.6.4 Information to the staff member**

The employer should inform the individual employee about the allegation at the earliest opportunity, unless to do so may place a child at risk of further harm and/or prejudice the criminal investigation. The employer should keep the individual employee up to date with the progress of the enquiries. The local authority social services department senior manager, the police and the employer must agree the information that can be disclosed to the individual employee.

The individual employee should be informed that the child protection enquiry would be carried out in accordance with the child protection procedures. The



individual employee will be assured that every effort will be made to preserve confidentiality and avoid media publicity during the enquiries. However any information gathered that is relevant for criminal proceedings or disciplinary procedures will be disclosed for those purposes.

If the individual employee is a member of a trade union or professional association they should be advised to contact that organisation.

The individual employee will not be invited to strategy meetings or the investigation outcomes meeting. At the conclusion of the investigation outcomes meeting and within 5 working days, the chair must write to the individual employee and inform them about the allegation that was made, the procedures followed, and, the outcome, including decisions that were made, unless to do so would prejudice any further enquiries or the legal process.

#### **4.3.6.5 Investigation outcome meeting**

When the child protection section 47 enquiries and/or criminal investigation has been concluded an investigation outcome meeting should be convened.

The social services manager with responsibility for child protection will convene an investigation outcome meeting within five working days of the completion of the child protection section 47 enquiries. The meeting will determine whether an allegation continues to be dealt with under these procedures. The meeting will be attended by those involved in the strategy meeting, plus relevant others who have been directly involved in the investigation process, and the child's advocate.

The investigation outcome meeting will:

- Evaluate the information gathered during the enquiries;
- Decide, on the balance of probability, whether there is substance in the allegation
- Decide whether any further action is needed, in the light of the information gathered;
- Ensure support and services are available for the child or children where indicated;
- Decide whether to recommend that the employer make a referral under the POCA and POVA procedures, and List 99 (and future arrangements brought in by the the Welsh Assembly Government);
- Offer advice to the police regarding any entry on the Police National Computer taking particular care to ensure that the outcome of the investigation is clearly recorded;

- Agree reporting arrangements to CSSIW, if involved, on the investigation and action taken or to be taken;
- Discuss and make recommendations to the employing manager in relation to employees who may have been temporarily suspended or redeployed for the duration of the investigation;
- Advise on support for staff where concerns are substantiated/ are not substantiated;
- If the allegation is deemed to be not substantiated, record the reason for this decision.

#### **4.3.6.6 Additional considerations in respect of education**

The process described in [4.3.6](#) applies equally to teaching staff, and the child protection referral must be made to social services.

The Children's Commissioner in the Clywch report, recommended an independent investigative element to be in place in respect of any disciplinary process, in relation to teaching staff where there are child protection concerns.

The Welsh Assembly Government has in the *Staffing of Maintained Schools (Wales) Regulations 2006* set out this requirement for an independent investigation service. Schools are now required to use an independent investigation service in respect of any disciplinary process in relation to teaching staff. The purpose of the independent investigation service is to support the school governing bodies when considering a disciplinary matter.

However the independent investigative element should not be introduced until the completion of the child protection enquiries and/or criminal investigation by the statutory agencies.

The investigation outcome meeting will have a role in determining when the independent investigative element of any disciplinary process commences.

LSCBs should ensure that there are protocols in place for the appropriate sharing of information with the independent investigation service.

#### **4.3.6.7 Action after the court hearing**

The police and CPS should inform the employer and the social services department senior manager when a criminal trial has been concluded and its outcome. The social services department senior manager should arrange for a child protection strategy meeting to be convened. The purpose of the strategy meeting will be to consider the outcome of the court hearing and decide any further recommendations and actions.

In the event of a criminal conviction and the individual employee is dismissed or resigns, the strategy meeting must recommend that the employer notify the relevant regulatory/barring organisation. Employers in the education sector are under a statutory duty to refer individual employees.

In the event of a court decision that does not find the individual employee guilty, the employer will decide if any further disciplinary action is required. If the individual employee is to return to work the strategy meeting will consider how the contact between the individual employee and child should be managed, and any services that the child may need.

The employer should never reach a compromise agreement with an individual employee who decides to resign. The disciplinary procedure and notification should always be carried out.

The strategy meeting should arrange to keep the child and his/her parents informed of the outcomes.

#### **4.4 Allegations of abuse of looked after children who are living outside their local authority area**

This procedure applies when a looked after child lives outside his/her own local authority area, and/or is in a placement that is not directly provided by the originating authority. The child may be living with kinship carers, in a residential home or a placement provided by an independent fostering agency. The procedures should also be applied to children placed in secure accommodation, secure training centres, young offender institutions and prisons where young people under 18 are detained.

Any allegation or incidence of child abuse concerning a looked after child placed in another local authority must be reported to the senior manager of the residential home or the foster care manager of the authority where the child is placed. The social services manager responsible for child protection for that authority must also be informed. The child's social worker must also be told about the allegation or incident.

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

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

#### **4.4.1 Responsibility for the strategy meeting and investigation**

- Where a complaint is received from a looked after child, found living away from the originating authority the initial strategy meeting will be convened by the authority where the child is found when he or she makes the complaint;
- The relevant social services managers should be informed about the referral without delay, and the strategy meeting (or discussion where there are constraints of distance) must be organised to allow for the attendance of a representative of the originating authority, and the authority where the incident is alleged to have happened if that is different from the authority where the child is found at the time of the complaint. The strategy meeting will decide which authority should have responsibility for carrying out the child protection section 47 enquiries although this will usually be the authority in whose area the incident occurred. The meeting will also decide what part the other relevant authorities should play in the child protection section 47 enquiries;
- The decision and reason for making this decision need to be clearly recorded and made in the best interest of protecting the child.

#### **4.4.2 Strategy meeting**

The social services manager with responsibility for child protection should ensure that a strategy meeting is convened which will consist of the following core members:

- A senior manager of the local authority in which the child is living or was found at the time of the allegation, who will chair the meeting;
- Police officer(s) from the team undertaking the child protection enquiries and/or criminal investigation;
- One or more social services representatives from relevant local authorities;
- A member of staff from the residential home or the foster care manager, whichever is relevant;
- Any other professional who may have a contribution to make.

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

- The professionals who will take responsibility for the different parts of the child protection section 47 enquiries;
- The role of the child's originating authority in relation to the child protection section 47 enquiries, any possible criminal investigation and staff disciplinary issues.

All decisions will be recorded and circulated within five working days. Further strategy meetings may need to be called during the enquiries, and decisions made at those will be recorded and circulated.

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

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

### **4.5 Investigating organised or multiple abuse**

#### **4.5.1 Definition of organised or multiple abuse**

Reference should also be made to [\*Safeguarding Children: Working Together under the Children Act 2004 \(Chapter 9\), and Complex Child Abuse Investigations: Inter-Agency Issues \(Welsh Assembly Government 2003\)\*](#).

Organised or multiple abuse involves one or more abusers and a number of related or non-related abused children and young people. The abusers may act together or in isolation, and/ or may use an institutional framework, and/ or a position of authority to recruit children for abuse, or may target establishments/organisations where child protection procedures are not sufficiently robust.

Organised and multiple abuse occurs both as a result of a network of abuse across a family or community, and within institutions such as residential homes or schools. The abuse is traumatic for the children who become involved. Its investigation is time consuming and emotionally demanding work requiring specialist skills from the police and social services. Some investigations have been extremely difficult due to the number of places and people involved and

can be complicated further when the allegations concern historical cases where alleged victims and perpetrators are no longer linked to a particular setting.

In general, organised or multiple abuse networks develop sophisticated mechanisms to avoid detection. Breaking into such networks requires careful consideration of the risks associated with complex investigations.

These are principally:

- Delaying the start of face to face investigations in order to collate evidence;
- Only uncovering a small part of the network but not all of it, and thereby exposing more children to further abuse.

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

The implications of unplanned interventions, and the potential for media interest requires senior managers in both social services and the police to be involved from the outset. The LSCB should have written protocols describing local arrangements for managing a complex investigation.

### **4.5.2 Action required**

Each investigation of organised or multiple abuse will vary according to the circumstances and the scale and complexity of the investigation.

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

The LSCB should ensure that a strategic management group is established to act as a steering group to formulate strategy, policy and working arrangements as necessary. This group should ensure clear terms of reference are established at the outset and agree staffing and other resources for the investigation. The possibility that the size and complexity of the task may increase considerably over time should be taken into account when initial decisions about the management of the investigation are taken. The strategic management group has a distinct role from the operational group of staff responsible for undertaking the investigation.

An expert, trusted and vetted team of police and social workers, that may include staff from NSPCC, suitably trained, should be put together as and when needed for the purposes of complex investigations of abuse in residential and other settings.

### **4.5.3 Strategy meeting**

The initial format and timing of the investigation should be agreed at a strategy meeting involving staff from the main child protection agencies. The meeting will be convened by social services in conjunction with the police within 2 working days of the receipt of the referral or the recognition that there may be complex or organised abuse.

The meeting must involve senior managers and be chaired at a senior level. Social services, the police (senior investigating officer or above) and other agencies as appropriate, the local authority solicitor and any other professionals on a “need to know” basis will attend the meeting. If the allegations relate to a regulated care setting, the Care and Social Services Inspectorate for Wales should be invited to the meeting.

The strategy meeting will consider all the issues listed in [Part 3](#) *The Child Protection Process* and also refer to the *Achieving Best Evidence* guidance in relation to investigative interviews with children.

It will additionally undertake the following:

- Consider whether there are any children
  - who need protection;
  - who need therapeutic help;
  - and, how this will be achieved in a way compatible with the conduct of a criminal investigation.
- Appoint a senior officer from social services and the police to co-ordinate and manage the overall investigation;
- Appoint a team from police and social services and /or NSPCC;
- Set out clear terms of reference that define the role and objectives for the team and methods of working and include specific arrangements for the team to have access to records and individuals who hold important information;
- Agree a joint plan for the investigation which identifies roles and tasks of staff involved and any resource implications;
- Agree the timing of any action and the possible consequences, for example not to remove children during unsocial hours;

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- Agree the lines of accountability and communication;
- Agree how and with whom information will be shared compatible with the need for confidentiality;
- Consider carefully the decision about what information to share with parents and when. Parents are usually entitled to the fullest possible information but in these circumstances the decision is more complex;
- Secure expert legal advice and ensure that the investigation will have ongoing access to expert legal advice in respect of criminal, civil and employment processes where the allegations concern professional staff;
- Make arrangements to ensure that both paper and electronic records will be safely and securely stored;
- Agree a strategy for dealing with the media; for example, senior managers will agree the timing and content of press and media statements. Particular care must be taken regarding matters which are *sub judice* or may identify the victim/s or family/ies;
- Contact other local authorities if the allegation crosses authority boundaries, to ensure joint planning and consistency;
- Agree the convening of child protection conferences as and when necessary;
- Agree a timetable for future meetings;
- Communicate the outcome of the meeting to the lead director responsible for children's services and the chief constable.

### **4.5.4 Planning and running the investigation**

The investigation should follow the guidance on child protection section 47 enquiries set out in [Part 3](#), and also address the following additional issues:

- The police should appoint a senior investigating officer of appropriate rank and experience and consider the use of the major incident room, standard administrative procedures, and, the Home Office large major enquiry system;
- A communications strategy should be developed covering authority members, staff, children and families, the media and CSSIW;
- Regular strategic planning meetings and reviews should consider the conduct of the investigation, next steps and the effectiveness of joint working;



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- Identify the resources in terms of appropriate staff and finance that may be required;
- Agree clear written protocols between police, social services and other agencies in relation to all key operational and policy matters, including information sharing;
- A thorough assessment should be made of victim/s' needs, and consideration of the services provided. It is good practice to provide a confidential and independent counselling service for victim/s and families. Guidelines should be agreed with counselling and welfare services on disclosure of information, to avoid the contamination of evidence;
- Where children are to be removed from their homes, the welfare of the individual child or children will always be the first consideration. Therefore the timing of removal should be agreed following consultation with all the appropriate professionals, unless the children are in acute and immediate physical danger;
- Care and support should be provided for the investigation team since much of the work may be difficult and distressing;
- Where social services staff, foster carers or police officers are under investigation, it is essential to ensure independence and objectivity on the part of the agencies that are members of the investigating team. It is important to ensure sufficient distance and independence from those being investigated by, for example, involving investigative staff from another area;
- Managers of the investigating team should have training and expertise in conducting investigations, legal processes, disciplinary proceedings, children's welfare, profiles and methods of abusers;
- Managers may wish to co-opt a colleague from another authority area that has recent experience of managing a complex investigation to provide advice and guidance at any stage of the enquiry. Investigating team members need expertise in conducting investigations, child protection processes, and children's welfare and they should be committed to working closely together;
- There should be the means for identifying and acting on lessons learned from the investigation as it progresses.

When the investigation is concluded, managers in conjunction with the LSCB should assess the management and identify lessons for conducting similar investigations in future. These should be shared with other relevant LSCBs.

**Box 20: Balancing the welfare of the child with the need to undertake a criminal investigation**

On occasion, a decision will be needed on whether protective action should be delayed in order to collect more evidence against abusers. Care should however be taken, particularly in large-scale investigations, to ensure that staff do not concentrate on the criminal aspects of the investigation at the expense of the safeguarding and promoting the welfare of children.

The single most important consideration is the safety and well being of the child/children. Their protection should always be the first priority. This has to be balanced with the knowledge that in cases of organised abuse the risk to children will escalate if abusers avoid detection.

## **4.6 Future risk of harm to an unborn child**

### **4.6.1 Identifying the risk of harm**

Individual staff members and professionals who have concerns about future risk of harm to a child not yet born, must make a child protection referral to social services. Although statutory intervention cannot begin prior to birth, an assessment can take place and plans formulated at a child protection conference with the purpose of ensuring the needs of the baby can be met following birth. Serious case reviews reinforce the importance of pre-birth plans for protecting children.

The circumstances for making a referral include:

- Previous children in the family have been removed because they have suffered harm;
- Other children in the family have their names included on the child protection register;
- The expectant mother/father has previously abused or allegedly abused a child;
- The expectant mother has a partner, or is in contact with someone, who has abused a child;

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- Concerns about either parent's ability to protect the baby;
- Any concern about new parents' capacity to parent and it is believed that any child of the family might suffer significant harm;
- Concerns about compromised parenting capacity for example:
  - Significant learning difficulties
  - Serious mental health problems (including a previous history of puerperal/post natal psychosis where there were concerns regarding parenting capacity);
  - Alcohol or substance abuse (could be affecting the health of an unborn baby, and may significantly impair parenting skills);
  - Serious or persistent incidents of domestic abuse (within the relationship which give cause for concern about a child's safety or well being).
- A very young expectant parent may require a dual assessment of her/his own needs as a child, as well as her/his ability to meet the baby's needs
- The lifestyle of the expectant mother and/or the people she is in contact with is such that the child may be at risk at birth;
- A history of non-cooperation with agencies in families for whom there are concerns, especially where there is a new partner.

### 4.6.2 Action required

The allocated social worker will conduct an initial assessment and follow the procedure outlined in [Part 3 The Child Protection Process](#).

Consideration will then be given to convening an initial child protection conference before the birth to plan co-ordinated action and services for the protection of the child at the time of the birth. The decision about whether to convene an initial child protection conference must be made in accordance with the procedures set out in [part 3](#). The conference will have the same status and be conducted in the same manner as any other initial child protection conference.

The child protection conference should take place between 8 and 16 weeks before the estimated delivery date to allow for appropriate assessment and planning.

Conference members will share information and consider the need for registration of the child at birth. When it is agreed that the unborn baby will be registered at birth, the key worker and members of the core group will agree a detailed child protection plan in advance of the birth.

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The plan will need to include:

- A pre-birth core assessment to ensure that an effective response is made at the time of the birth;
- Ensuring that the named midwife/nurse informs the delivery team of the planned response and that a copy of the plan is sent to the maternity unit.

The core assessment should ensure that information from the GP, the midwife and other health sources is incorporated together with a comprehensive social history, an assessment of the parents, their relationship, parenting capacity, an exploration of the family's functioning and an account of any previous abuse involving the family or parents. The assessment should explore family attitudes to professional involvement and include an evaluation about the parents understanding of their baby's basic needs and their ability to meet them.

The conference can decide to place the unborn child's name on the child protection register at birth without a further conference, although a further conference can be convened if required. The same criteria for registration apply as for any other child. A review conference should take place within 3 months of the baby's name being placed on the child protection register, that is, at birth. However it may be necessary to hold the review conference at an earlier stage.

When a decision is taken to remove a baby at birth a plan needs to be in place that ensures clarity about arrangements. These should include:

- Hospital staff know who to contact when the mother is admitted;
- Arrangements are agreed if the birth occurs outside office hours;
- The parent's level of contact with the baby is agreed;
- The plan includes practical care arrangements such as breast-feeding;
- Consider whether other hospitals need to be alerted to the plan;
- Arrangements for initiating legal proceedings;
- Contingency plans if the baby is born outside hospital;
- Identify who needs a copy of the plan.

If the baby is born prematurely a pre-birth meeting/conference may not be possible. The child protection conference should be held as soon as possible after the birth and before the baby is discharged.

In addition if a baby is born prematurely the child protection concerns may not have been identified before the birth. In such cases it is highly probable that the baby will be cared for in a neonatal intensive care unit (NICU)/special care baby unit (SCBU). These units need to ensure there is a thorough process for planning the discharge of the baby that includes an appropriate assessment of

parenting capacity involving the relevant community based practitioners. If any concerns of safeguarding are identified a child protection referral must be made to social services.

## **4.7 Abuse of children with a disability**

**The protection and safeguarding of children with a disability must follow the same procedure as for all other children.**

There is considerable evidence that children with a disability are at increased risk of abuse, and children with multiple disabilities appear to be at increased risk of both abuse and neglect.

Children with a disability are especially vulnerable for a number of reasons, which include:

- They have fewer outside contacts than other children;
- They receive intimate care sometimes from multiple caregivers that increases the potential for exposure to abuse;
- They have an impaired capacity to resist or avoid abuse;
- They have difficulty in communication;
- They can be concerned about loss of services if they raise complaints;
- They are particularly vulnerable to bullying and intimidation.

Some professionals and others working with children with a disability may be reluctant to believe that such children can be abused or neglected and therefore be unwilling to challenge parents / caregivers when necessary.

Concerns about the welfare of a child with a disability should be acted upon in accordance with the guidance throughout these procedures with the additional considerations:

- Where a child has communication, learning difficulties, and /or emotional health problems special attention needs to be given to their communication needs and ascertaining the child's perception of events and their wishes and feelings;
- Social services and the police need to ensure staff undertaking interviews have been trained, and have access to appropriate specialist knowledge and resources. This will include using suitable interpreters or facilitators when appropriate;

- Consider the use of specialist staff to work alongside the investigating workers.

Practitioners need to be wary of assumptions about the inability of a child to give credible evidence. Care should be exercised in how information is sought from children who may have limited comprehension or means of communication. Particular care needs to be paid to not leading a disclosure from a child. This can be especially sensitive in cases involving suspected sexual abuse. A balance is required between the needs of the criminal justice system to detect, investigate and prosecute individuals who have committed crimes and keeping a child safe and protected. Agencies should not make assumptions about the ability of a child to either give evidence or withstand the court process but do need to balance the child's best interests and the interests of justice.

Where concerns remain and the young person is approaching the age of 18, there must be transition plans in place with an appropriate transfer to the protection of vulnerable adults arrangements.

LSCBs have an important role in raising awareness about safeguarding children with a disability and promoting the pooling of interagency expertise between those with expert knowledge about specific disability and those with knowledge and skills in child protection.

## **4.8 The sexual exploitation of children**

### **4.8.1 Definition**

The sexual exploitation of children and young people is a hidden form of abuse though the concepts of exploitation and exchange are central.

Child sexual exploitation includes:

- abuse through prostitution;
- abuse through using children to produce child sexual abuse images and material;
- abuse through grooming whether via direct contact or the use of technologies such as mobile phones and the internet;
- abuse through trafficking for sexual purposes.

### **4.8.2 Recognition**

Safeguarding Children Involved in Prostitution (2000) highlights the need to respond to children who are being sexually exploited as victims of abuse and to ensure the proper investigation and prosecution of perpetrators. It states all

professionals and staff in agencies who work with children and families should be aware of and alert to indicators of abuse or risk of abuse to children through sexual exploitation.

Interagency working is essential, agencies should contribute to safeguarding children and promoting their well being by working together, sharing information and agreeing and implementing a child protection or child in need plan which addresses all the child's assessed needs.

Sexual health service providers should be particularly vigilant in recognising potential signs a child is being sexually exploited and should be trained to do so. (see [5.5. Safeguarding and Promoting the Welfare of Sexually Active Young People](#)).

The research evidence about child sexual exploitation suggests that the majority of abuse is hidden and takes place 'off street', in private accommodation, or hotels or sauna and massage establishments.

Disclosure of sexual abuse and violence is always difficult for children. The sophisticated grooming and priming processes executed by abusing adults and the exchange element of this form of abuse, can act as additional barriers, which increase denial and make disclosure especially difficult

**Box 21 Vulnerabilities include:**

- Abuse or neglect by parent/carer/family member;
- History of local authority care;
- Family history of domestic abuse;
- Family history of substance misuse;
- Family history of mental health difficulties;
- Breakdown of family relationships;
- Low self-esteem.
- Risk indicators include:
- Staying out late;
- Multiple callers (unknown adults/older young people);
- Use of a mobile phone that causes concern;
- Expressions of despair (self-harm, overdose, eating disorder, challenging behaviour, aggression);
- Disclosure of sexual/physical assault followed by withdrawal of allegation;
- Sexually Transmitted Infections (STIs);
- Peers involved in clipping/sexual exploitation;

- Drugs/alcohol misuse;
- Use of the Internet that causes concern;
- Unsuitable/inappropriate accommodation;
- Isolation from peers/social networks;
- Lack of positive relationship with a protective/nurturing adult;
- Exclusion from school or unexplained absences from or not engaged in school/college/training;
- Living independently and failing to respond to attempts by worker to keep in touch;
- High number of sexual partners.
- Significant risk indicators include:
  - Periods of going missing overnight or longer;
  - Older boyfriend/ relationship with controlling adult;
  - Physical/emotional abuse by boyfriend/controlling adult;
  - Entering/leaving vehicles driven by unknown adults;
  - Unexplained amounts of money, expensive clothing or other item;
  - Frequenting areas known for prostitution;
  - Physical injury without plausible explanation;
  - Children under 13 years asking for sexual health advice.

### **4.8.3 Referral**

Any person who works with children and families and has concerns that a child is at risk of abuse through sexual exploitation must make a referral in accordance with child protection procedures as set out in Part 3. This includes any unsubstantiated concerns as they can contribute to other information that has been provided from elsewhere and help to build up a full picture that the child may be suffering harm.

### **4.8.4 Action required**

Following referral, the procedures set out in [Part 3](#) will be followed, and a strategy meeting will take place with the following additional considerations:

- If the sexual exploitation is taking place or has taken place in another area, social services and police should make contact with their respective



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agencies to make them aware of the concerns and agree action, including participating in the strategy meeting;

- In light of the complex and hidden nature of this form of abuse which children and young people rarely disclose, it is important to work on the basis of concerns rather than relying on hard evidence.
- Take account of the new offences introduced by the [Sexual Offences Act 2003](#) in respect of child sexual exploitation detailed below .

1. Paying for the sexual services of a child aged under 13 years (Section 47);
2. Paying for the sexual services of a child aged between 14 and 16 years (Section 47);
3. Paying for the sexual services of a child aged between 16 and 18 years (Section 47);
4. Controlling a child prostitute (Section 49);
5. Causing or inciting child prostitution (Section 48);
6. Arranging or facilitating child prostitution (Section 50);
7. Sexual grooming of a child under 16 years.

The strategy meeting will result in one of the outcomes set out in part 3, plus the following

- Monitoring and intelligence gathering for any future prosecutions against adults, and, if appropriate, a referral to the Multi Agency Public Protection Arrangements;
- Activating organised abuse procedures if it is suspected that the allegations concern organised or multiple abuse;( See [4.5](#))
- Ensuring worker is identified to co-ordinate any multi agency plan if it is not appropriate for nominated social worker to undertake this role;
- Make arrangements to review the plan minimum timescale 3 months.

### **4.8.5 LSCB responsibilities**

LSCBs should ensure clear guidance and working protocols are in place describing arrangements to respond to concerns that children (including 16/17 year olds) are of may be being abused through sexual exploitation

NB There is currently an All Wales Sexual Exploitation of Children Protocol in development.

## **4.9 Children who display sexually harmful behaviour**

This section relates to children and young people who display sexually harmful/offending behaviour.

### **4.9.1 Responding to sexual abuse by children and young people**

**Abuse by children and young people should be treated seriously and should always be referred to social services and/or the police.**

Staff members and caregivers need clear guidance and training to identify when relationships between children are coercive, inappropriate or exploitative. They need to be aware that children and young people may commit sexual offences. They should not dismiss abusive sexual behaviour as normal and adaptive, and need to know that a child under 13 cannot in law consent to sexual activity.

If the allegedly abusive behaviour is initially investigated directly by the police they must always inform social services. This information should be regarded as a child protection referral and managed in accordance with procedures in [Part 3](#).

There should be a co-ordinated approach to allegations of sexual abuse by children and young people that involves the Youth Offending Service as well as social services, police, education services (including educational psychology and education welfare), the health service (including child and adolescent mental health service) and specialist harmful behaviour services where available.

The needs of children and young people who abuse other children should be considered separately from the needs of their victims, and an assessment should be carried out in each case. This should address their emotional and therapeutic needs as well as being mindful of protecting other children from future abuse. Children and young people who abuse others are likely to have considerable needs themselves as well as posing a significant risk of harm to other children. They may also be in need of protection.

Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way that meets their needs as well as protecting others. Therefore when another child or young person within or outside the family alleges abuse of a child, the child protection procedures must be followed in respect of both the victim and **considered** in relation to the alleged abuser. The welfare of other children, for example, those living in the same residential home, should also be considered.

If the initial assessment and/or child protection section 47 enquiries indicate that a child has an urgent requirement for services arising from an allegation of abuse, or because they are exhibiting sexually inappropriate behaviour, the services should be made available before the completion of a core assessment.

#### **4.9.2 Action required**

Following the referral, the child protection procedures set out in [Part 3](#) will be followed, with the following variations.

When a child makes an allegation of abuse against another child in a residential home, the manager of the home must be informed. He or she should make a referral to the social services manager with responsibility for child protection in the area. The manager of the residential home and the child's key worker must attend the strategy meeting.

In planning the child protection enquiries it is important to ensure that:

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

The enquiries should also take account of the following factors:

- The power difference between the alleged abuser and his or her victim, which may relate to age, physical size, intellectual or social status;
- The sophistication and age-appropriateness of the activity, given the age and understanding of the young person;
- Any evidence of overt violence, sexual bullying or exploitation;
- Whether consent/choice could not be exercised because of the victim's social or economic vulnerability;
- Whether there was secrecy or denial of the activity;
- The possible immediate risk posed by the alleged abuser to his or her current alleged victims and other potential victims;
- Whether the alleged abuser is a child in need of protection and/or has in the past suffered or may be suffering continued abuse;

- Establish whether the children's parents or caregivers were aware of the abuse prior to the referral being made but took no action or colluded with the abuse.

**Box 22: Abuse by children and young people and learning disability/difficulty**

- Any learning difficulties or disability should be assessed at the outset and appropriate advocacy should be provided during the enquiries;
- Although the child with learning difficulties may not be culpable, they may nevertheless continue to present a risk of significant harm to other children;
- Treatment will need to take account of the child's abilities and address the child's needs in a holistic way.

### **4.9.3 Initial child protection conferences where the alleged perpetrator is a child/young person**

An initial child protection conference should be held about the victim of the alleged abuse where either:

- The child's parents may have contributed to the abuse through negligence or collusion; *or*
- The alleged abuser is considered to pose a further risk to the child victim.

### **4.9.4 The child perpetrator**

A strategy meeting should always take place wherever there is an allegation that a child or young person has committed a sexually abusive act. This meeting will consider whether a child protection conference is appropriate and a core assessment be instigated.

Evidence suggests that children who sexually abuse others may have:

- Suffered considerable disruption in their lives;
- Been exposed to violence within the family;
- Witnessed or been subject to neglect, physical or sexual abuse;

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- Problems in their educational development;
- Committed other offences.

Children and young people who exhibit sexually harmful behaviours are likely to be children in need, some will additionally be suffering or be at risk of significant harm, and may require protection themselves. Research from work with adult abusers demonstrates that many began committing abusive acts during childhood or adolescence, and that a significant number have been subjected to abuse. Early intervention with children and young people who exhibit sexually harmful behaviours may, therefore, play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

The strategy meeting should decide whether to arrange an initial child protection conference in respect of the alleged child abuser. If the decision is made not to hold a conference, social services should ensure that this decision is made in full consultation with all those agencies included in the child protection enquiries. If there is no agreement, the social services manager with responsibility for child protection should be consulted.

A child protection conference about the alleged abuser should:

- Share all available information about the young person including his or her family circumstances, the circumstances of the abusive behaviour and the nature of the offence committed, and consider whether to place the young person's name on the child protection register;
- Consider the level of understanding he/ she has about the offence;
- As part of the core assessment, decide on any further specialist advice and assessment that may be required;
- Set a date to discuss the results of the core assessment and any additional specialist assessments;
- Ensure that the placement of the young person fully protects actual and potential victims, and that the young person is supported safely;
- Consider any other help that should be offered to the young person and his/ her family;
- Seek the agreement of the young person and their family to whatever further intervention is needed;
- Identify the therapeutic needs of the young person and the pathway for accessing this;
- Consider alternative forms of intervention where voluntary agreement cannot be reached, including court proceedings.

A specialist sexually harmful behaviour service, or in the absence of such a service, a professional, trained and experienced in working with children who sexually harm / offend, should provide advice and assistance with the outcome of the core assessment.

Where a decision is made not to hold a child protection conference or the young person's name is not placed on the child protection register, and work with the young person and possibly their family/caregivers may still be recommended, there must be continued multi agency working and meetings.

#### **4.9.5 A child who becomes a suspect**

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

If the child is to be interviewed in accordance with the [Police and Criminal Evidence Act](#), he or she will be cautioned and the purpose of the interview made clear.

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

### **4.10 Unaccompanied asylum seeking children (UASC)**

#### **4.10.1 Introduction**

Each year, substantial and growing numbers of children and young people come to seek asylum in the UK. They are "unaccompanied" in the sense that they do not have parents or guardians to turn to when they arrive here, although they may well have been accompanied on the trip by a courier or other companion. UASC are usually in the 16-18 age group, although some younger children arrive as well.

As with any other child in the UK, UASC are entitled to social services' assistance from a named authority for the period of their childhood, or until they leave the United Kingdom, or until their needs are otherwise met. UASC are entitled to assessment, support and protection in the same way as any other child. The local authority in which a child's needs are identified is usually responsible for meeting them.

UASC frequently arrive with little or no documentation. There can be uncertainty and dispute about their ages, and even whether they are children at all. Their immigration status, entitlements, and the identification of appropriate support

services all depend on an assessment of the age range into which they fall. Immigration staff and staff members and professionals in the receiving authority are frequently involved in making judgements about a young person's age and entitlements, which at times can be difficult and conflicting.

There is a significant lack of information about children who arrive with pressing child protection needs. The protection of children at risk from traffickers requires staff members and professionals with specialist skills, and the earliest possible identification of potential victims.

#### **4.10.2 Establishing responsibility for UASC**

UASC, like other children in urgent need, should receive immediate assistance from the nearest local authority, until an authority with long-term responsibility takes over.

When an asylum-seeking child establishes a local connection, the local authority responsibility is determined in the usual way. Children/young people should be asked for their preferences, and their attachment to a particular area, because of existing communities, and as far as possible their views should be respected.

Where a child has not established a local connection with a particular local authority, responsibility should be established quickly.

#### **4.10.3 Assessing the needs of UASC**

As with any other child, local authorities should use the Framework for Assessment of Children in Need and their Families when assessing the needs of UASC. Particular attention should be paid to the following:

- family history, language, culture, religion;
- child's knowledge of plans for them in the UK;
- child's knowledge of accompanying/meeting adult;
- whether the child has any worries, concerns;
- whether the child has any contact numbers, knowledge of relatives etc in UK;
- any gaps in the information identified above.

Particular attention should be paid to the following, which are additional indicators of risk of significant harm to those, which apply to all children:

- false address provided in UK;
- evidence that address is unsuitable;
- evidence that accompanying/meeting adult is unsuitable;

- evidence that parents have not made plans for the child;
- no relationship between adult accompanying/meeting the child; remember it may be culturally acceptable for an extended family member or friend to care for a child; **but this may be a private fostering arrangement and the receiving local authority would need to be notified and assess;**
- telephone numbers held by the child give cause for suspicion;
- police checks on adults meeting the child cause concern;
- discrepancies in the child's and accompanying/meeting adult's account;
- demeanour of child in company of adult;
- account of child;
- account of (absent) parent;
- contents of luggage, e.g. drugs, pornography, large sums of money.

Where appropriate, use should be made of Language Line or an independent interpreter.

#### **4.10.4 Sharing information on the movements of UASC**

There is a [National Register for Unaccompanied Children \(NRUC\)](#). This is a web-based register where it is intended that all unaccompanied children's details will be entered. This means that if a child moves across boundaries, the collected information about them will be accessible by the receiving authority. **In the event of authority becoming aware of movements of UASC either in or out of their authority the web site must be notified.**

### **4.11 Multi agency public protection arrangements (MAPPA)**

The Multi Agency Public Protection Arrangements (MAPPA) provide a national framework for the assessment and management of risk posed by sexual and violent offenders. This includes individuals who are considered to pose a risk, or potential risk of harm to children. The arrangements impose statutory requirements on the police and probation services (the "Responsible Authorities") to make these arrangements under [Sections 67 and 68 of the Criminal Justice and Court Services Act of 2000](#).

[Section 325 \(3\) of the Criminal Justice Act 2003](#) imposes a 'duty to co-operate' with the MAPPA on certain agencies:

- Youth Offending Service



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- Local Education Authorities
- Local Authority Social Services
- Job Centre Plus
- Local Housing Authorities
- Registered Social Landlords
- Electronic Monitoring providers
- Health Bodies including:-
- National Health Service Trusts
- National Public health Service
- Local Health Boards

The purpose of MAPPA is to focus on convicted sexual and violent offenders returning to and living in the community. The development of national databases significantly enhances the ability to track offenders who move between communities and across organisational boundaries. The LSCB should ensure local databases are effective in storing and searching for information regarding adults who pose a risk to children.

There will be local arrangements including information sharing protocols in place to enable and direct the full sharing of information between all agencies involved.

Three categories of offenders are identified for MAPPA:

- **Category 1:** registered sex offenders as defined by the [Sex Offenders Act 1997](#), and amended by the [Criminal Justice and Court Services Act 2000](#) and the [Sexual Offences Act 2003](#);
- **Category 2:** violent and other sex offenders; violent and sexual offenders who receive a custodial sentence of 12 months or more, those detained under Hospital or Guardianship Orders and those who have committed specific offences against children;
- **Category 3:** other offenders not in Category 1 or 2 but who are considered by the responsible authority to pose a serious risk to the public.

Offenders are referred to the MAPPA process following conviction for a relevant offence. Following referral to MAPPA, a thorough and rigorous risk assessment on an individual case basis should be undertaken. Each area should have identified a MAPPA co-ordinator who can be contacted via any of the local responsible authorities.

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The area MAPPA Strategic Management Board comprises lead managers from police, probation and prison, a number of agencies with a duty to co-operate and two lay advisors.

The National Probation Service and the Prison Service are responsible for the assessment of risk under the MAPPA arrangements. These services assess risk of harm using the [Offender Assessment System \(OASys\)](#). The [Youth Justice Board](#) use ASSET for under eighteen year olds. The following describe each level of risk:

- **Low:** no significant indicators of risk of harm at present;
- **Medium:** there are currently some indicators of risk of harm. The offenders has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, for example failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse;
- **High:** there are currently indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- **Very High:** there is an imminent risk of harm. The potential event is more likely than not to happen imminently and the impact would be serious.

Risk is categorised by reference to people who may be the subject of that harm. This includes children who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect. In this context, the MAPPA must work closely with LSCBs to ensure that the best, local joint arrangements can be made for any individual child being considered by either setting.

The MAPPA framework identifies three separate, but connected levels at which risk is assessed and managed:

- **Level 1** ordinary risk management: this would be where the risks posed by the offender can be managed by one agency without significantly, involving other agencies;
- **Level 2** local inter-agency risk management: this is used where significant involvement from 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 level 3;

- **Level 3** MAPPP (Multi Agency Public Protection Panels): This relates to the “critical few” assessed under OASys/ASSET as being a high or very high risk of causing serious harm.

#### **4.11.1 Action required where a risk to a child/children is identified by the MAPPA process**

When an offender is assessed as presenting a medium or high risk to a particular child/ren, the MAPPA co-ordinator has the responsibility for making the referral to social services or the police, who will consider the need to convene a strategy meeting.

The strategy meeting must:

- Consider where the offender plans to reside, its location and opportunity for contact with children;
- Consider the safety and needs of **all** children living in a household the offender plans to move in to or have contact with taking account of their age, understanding, any special needs and previous contact;
- Decide if child protection section 47 enquiries are required , and/or whether an assessment of a child’s needs is required for providing a service that safeguards and promotes the welfare of the child;
- Determine what need, if any, there is to identify other children the offender has had contact with previously;
- Identify what information has been provided by MAPPA about the offender to schools, voluntary groups and others and whether any further steps are required to safeguard specific children;
- Identify a contingency plan and, if necessary, convene a child protection conference.

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

#### **4.11.2 The domestic abuse multi agency risk assessment conference (MARAC)**

The MARAC is a process to address the safety and protection of those most at risk from serious assault or murder as a result of domestic abuse. Effective protection of victims and their children is a multi agency responsibility and this conference to facilitate the risk assessment process is attended by a partnership

of criminal justice agencies, other statutory bodies and the voluntary support sector.

The MARAC process is a way of moving the responsibility for addressing domestic abuse from the victim to a broad group of agencies.

In many high risk situations, victims may adopt an increasingly passive stance and an acceptance of their situation without the possibility of change, leading to them being unlikely to seek help. The MARAC is a vital tool in addressing their safety.

The MARAC meeting combines up to date risk information with a comprehensive assessment of a victim's needs linking those directly involved to the provision of appropriate services for the victim, children and perpetrator.

#### **4.11.2.1 The aims of the MARAC.**

The aims of the MARAC are to:

- Share information to enhance the safety, health and well being of victims, adults and their children;
- Raise awareness of the impact of domestic abuse on children;
- Agree and implement a risk management plan;
- Reduce repeat victimisation;
- Determine whether the perpetrator poses a significant risk to any particular individual or to the general community;
- Reduce domestic homicide and abuse;
- Prevent child abuse;
- Ensure agency accountability;
- Provide support for staff members and professionals involved in high risk domestic abuse cases.

The MARAC may recommend a referral to social services. Similarly at any point in a social services assessment process a MARAC may be recommended and arrangements must be in place to share information between the 2 processes.

**Research shows that children experiencing domestic abuse can be affected in every aspect of their functioning - safety, health, school attendance, educational achievement, economic well-being and emotional and social development. In the most extreme cases children are at risk of serious injury or death.**

MARAC partner agencies recognise the overlap between domestic abuse and the abuse of children. The legal definition of harm to children has been extended

to include those living in households where domestic abuse is taking place. Amendment, [Section 120, Adoption & Children Act 2002](#).

## **4.12 Safeguarding children who visit adult prisoners**

The purpose of these guidelines is to provide a framework of guidance for managing contact between children and their parents/guardians or close relatives who have been deemed a risk to children or a specified child. As part of an overall assessment, professional judgement will be required regarding any contact between a prisoner and child.

**The Prison Services Public Protection Strategy** states that:

- The over-riding principle is that the child's welfare is paramount;
- Any contact should be in the child's best interest;
- It is necessary to carry out a risk assessment of the prisoner and a best interest assessment for the child in order to decide what, if any, form of contact is appropriate;
- Contact includes correspondence, telephone calls and visits;
- A minor is classed as any person under the age of 18.

The overriding principle in any decision-making is safeguarding and promoting the welfare of children. When assessing contact arrangements for a child, social services in consultation with the prison will need to take account of the wishes and feelings of the child. Any orders made by a court regarding contact between a child and specified people must be complied with and will take precedence over this guidance. If an order prohibiting or restricting contact has been made concerning a prisoner, and a child is supervised by a social worker, he/she must ensure the Prison Governor/Director is advised of this order and the terms of the restriction.

**The prison governor has the overall responsibility for visiting arrangements.**

### **4.12.1 Identification of prisoners posing a risk to children**

Establishments are required to identify prisoners who have:

- Been convicted or are charged with a sexual offence against a child;
- A previous conviction for a sexual offence against a child;
- A conviction or charge of murder or assault against a child;

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- A charge or conviction involving domestic abuse where a child was involved;
- A charge or conviction where emotional abuse or neglect of a child was involved;
- Displayed any behaviour whilst in custody indicating the prisoner presents a risk to a child;
- Information has been received from other agencies that the prisoner presents a risk to a child.

Establishments are required to undertake a risk assessment to determine whether the offender poses a risk to children.

An assessment must give consideration to:

- a pattern of behaviour;
- age at time of offence;
- a prisoner's insight into his/her behaviour.

Once an offender has been assessed as a *Risk to Children* they will not be allowed to contact any child by any means regardless of their prisoner status, that is convicted or on remand. All prisoners are informed of the decision made and are offered the opportunity to apply for contact.

### **4.12.2 Assessment procedure**

In accordance with the prison service public protection manual an offender can apply for contact with:

- Their own children;
- Their brothers and sisters children; and,
- In exceptional circumstances, their grand-children.

Where a prisoner requests a child visit, the establishment is responsible for the assessment of the offender.

The prison service will be required to write to the main carer of the child to seek their approval for contact to take place. The parent/ person with parental responsibility will be contacted for their consent. The views of the child/young person must also be listened to and considered.

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If contact is supported then a full risk assessment will be undertaken. A request for assistance will be sent to social services, police and probation. These agencies will be asked to provide a written report.

The prison service will contact social services to request an assessment of the suitability of the visit by the child. Social services should respond if they know the child and/or family. When the child is a looked after child, the views of social services must always be sought.

If the main carer, who has or shares parental responsibility does not support contact then the prisoner will not be allowed any contact with children and the full risk assessment will not be carried out.

When the establishment has received all assessments then a decision will be made on the level of contact the prisoner is allowed. In the case of a prisoner's contact with grandchildren the Governor/Director will make the final decision.

There are four levels of contact:

- Level 1      No contact allowed;
- Level 2      Written correspondence only;
- Level 3      Written and telephone contact;
- Level 4      Full contact including visits, mail and telephone calls.

An offender can appeal any decision made through the establishment's internal procedures. All cases are reviewed at least every 6 months.

### **4.12.3 Safeguarding the interests of children**

Only those offenders identified after a thorough risk assessment will be allowed contact with children.

A photograph will be held at reception and in the visiting area. Each child will be identified prior to entering the prison and again on arrival at the visits hall. Where a child arrives at the prison and is not allowed to have contact with the prisoner then access will be refused. Establishment staff will closely monitor visits.

## PART 5

### 5. All Wales protocols for safeguarding children in specific circumstances.

#### 5.1 Introduction

The guidance, *Safeguarding Children: Working Together under the Children Act 2004* requires LSCBs to have a number of specified multi agency child protection protocols in place. They can be produced at a local, regional or national level, and a function of the All Wales Child Protection Procedures Review Group is to undertake this task on behalf of LSCBs in Wales. All child protection multi agency protocols should be accepted and approved by individual LSCBs before being implemented. They should be reviewed on a regular basis.

The Clwyd Report recommended that all LSCBs keep a register of child protection protocols, including single agency child protection protocols issued in their local area.

The guidance requires LSCBs to have the following child protection protocols.

	<b>Title of Protocol</b>	<b>All Wales version available as separate document</b>	<b>Included in Procedures</b>		<b>LSCB version required</b>
<b>1</b>	Protocol for Child Protection Enquiries / Investigation (Section 47 Children Act 1989)				√
<b>2</b>	Resolving Professional Differences				√



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3	Information sharing protocol for the assessment of children in need and children requiring protection				√
4	<a href="#">Access and Enquiries to the Child Protection Register</a>		√	3.26	
5	<a href="#">Attendance at child protection conferences (including quorum)</a>		√	3.14.3	
6a	<a href="#">The participation of children, and the representation of the views, wishes and feelings at child protection conferences</a>		√	3.14.4	
6b	<a href="#">The participation of adults with parental responsibility/the child's caregivers, and the representation of the views, wishes and feelings at child protection conferences</a>		√	3.14.5	

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7	<a href="#">Decision Making at child protection conferences where a consensus is not reached</a>		√	3.14.16	
8	<a href="#">Handling complaints from families re child protection conferences</a>		√	5.2	
9	Joint working arrangements with Care and Social Services Inspectorate Wales				√
10	<a href="#">Moves of Child Protection Cases and Vulnerable Children between Local Authorities</a>		√	3.27 3.28	
11	<a href="#">Safeguarding Children in Whom Illness is Fabricated or Induced</a>		√	5.3	
12	Safeguarding Children at Risk of Sexual Exploitation				√
13	The Provision of Pre-Trial Therapy for Child Witnesses				√

All Wales Child Protection Procedures 2008

14	Children visiting secure psychiatric hospitals				√  <b>(where applicable)</b>
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The All Wales Child Protection Procedures Review Group recommends that LSCBs have the following protocols, some of which are / or will be available as all Wales versions:

	<b>Title of Protocol</b>	<b>All Wales version available as separate document</b>	<b>Included in Part 5</b>		<b>LSCB version required</b>
15	The impact on the child/children of families experiencing Mental Illness/disorder	<b>To be developed</b>			√
16	The impact on the child/children of families with substance / alcohol misuse	<b>To be developed</b>			√
17	The impact on the child/children of Domestic Abuse	<b>To be developed</b>			√
18	Children Missing from home or from local authority care	<b>To be developed</b>			√

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19	All Wales Multi-Agency Protocol for Sudden Unexpected Death in Infants and Children (SUDI)	√			
20	Female Genital Mutilation Protocol	√			
21	<a href="#">Safeguarding and Promoting the Welfare of Sexually Active Young People</a>		√	5.4	
22	The management of children displaying sexually harmful behaviour				√
23	<a href="#">The protection of children from abuse via information technology</a>		√	5.5	
24	Serious Case Reviews				√
25	Safeguarding children within surrogacy arrangements				√

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<b>26</b>	Children on exchange holidays				√
<b>27</b>	Children of Asylum seeking families				√ <b>(see also <a href="#">4.10</a>)</b>
<b>28</b>	Safeguarding Children from Abuse linked to a belief in Spirit Possession				√ <b>(see also 5.6)</b>

All Wales protocols available as All Wales documents but not included in these procedures can be accessed at [www.awcpp.org.uk](http://www.awcpp.org.uk).

In addition a model template for the Serious Case Review chronology is available on the website.

**ALL WALES  
PROTOCOL**

**Handling Complaints**

**from**

**Families**

**about the**

**Functioning**

**of the**

**Child Protection Conference**

## **5.2 Handling complaints from parents, caregivers and children about the functioning of the child protection conference**

Parents, caregivers and children, who are involved in the conference process, may have concerns about which they may wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection conference:

- The process of the conference in terms of adherence to procedures;
- The registration decision, including the category;
- A decision not to register or to de-register.

Complaints should be addressed to the conference chair within 14 working days from the conference minutes being sent. The person making the complaint may need to be assisted in putting their complaint in a written format. The complainant should agree and sign the complaint. The chair should notify the senior manager for child protection in social services about the complaint.

The chair will attempt to resolve the complaint within 7 days of receiving the complaint.

If the complaint is not resolved, the chair should inform the senior manager for child protection that the complainant wishes to go to next stage of the procedure, the interagency LSCB Panel.

### **5.2.1 The LSCB panel**

The senior manager for child protection shall convene a meeting of the interagency LSCB Panel. This panel has 25 working days from the date that the complaint was **signed** to inform the complainant of their findings.

The panel should consist of a minimum of three senior representatives from LSCB member agencies, one of whom will act as chair. The panel shall not include anyone who has had direct involvement in the case that is being heard.

The complainant shall be offered the opportunity to make a statement in person or in writing to the panel and call evidence relating to his/her complaint. The complainant shall be entitled to be accompanied by an advocate and/or a legal advisor.

Both the panel and the complainant may call witnesses.

The panel will determine:

- Whether the process followed adhered to the All Wales Child Protection Procedures;
- Whether the decision that is being complained about follows reasonably from the proper observation of the procedures;
- Whether the decision that is being complained about follows reasonably from the information available to the original conference.

**The LSCB panel cannot remove a child's name from the child protection register; this can only be done at a child protection conference**

The chair of the panel shall inform the complainant of the decision of the panel.

The decision should be communicated in writing and also be sent to:

- The child if appropriate to their age and understanding
- Any other parent or caregiver
- Any other person with parental responsibility
- Members of the relevant child protection conference
- The chair of the child protection conference, subject to the complaint

### **5.2.2 If the complaint is upheld:**

The panel shall refer their recommendations to a reconvened child protection conference to reconsider the registration decision and category.

A different conference chair must be nominated and the conference reconvened within 15 working days of the panel decision. The original conference decision will remain in place until the reconvened conference has taken place.

The conference must consider, taking into account the panel's recommendations, whether the criteria for registration is met.

If the criteria for registration are met, the conference chair should then determine the relevant category for registration.

### **5.4.3. Unresolved complaints**

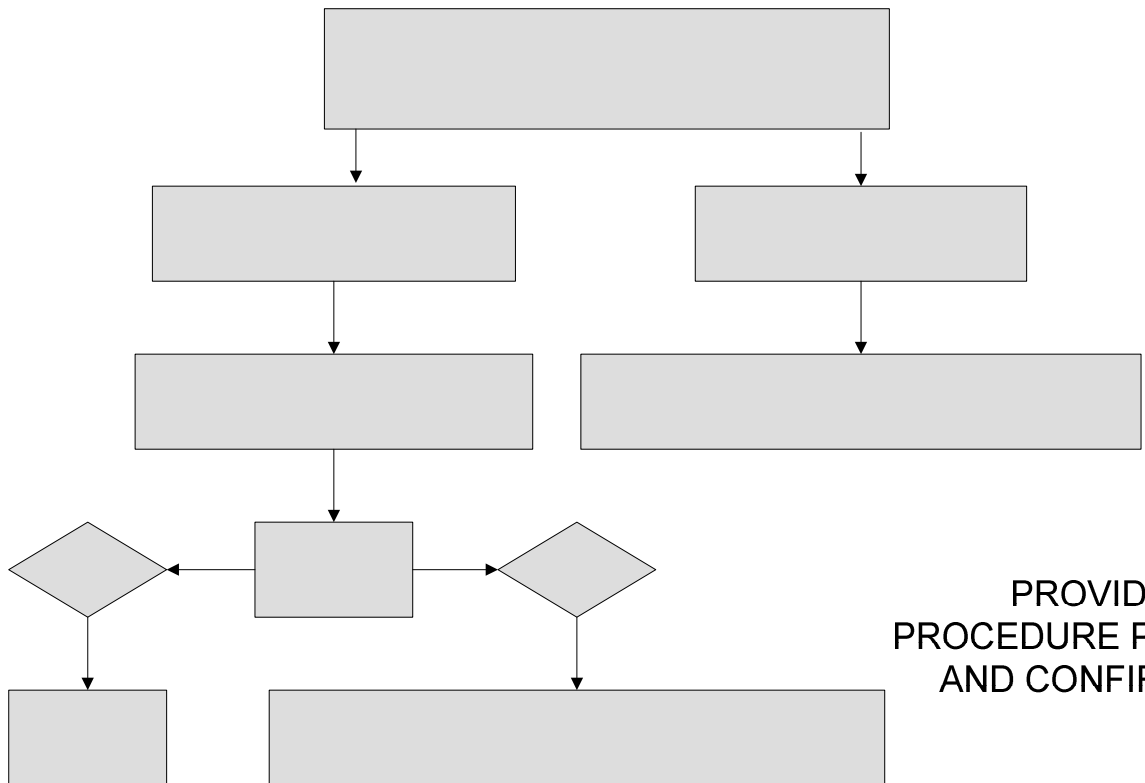
LSCB's should consider making their own arrangements for dealing with unresolved complaints.



#### **5.4.4. Reports**

The LSCB should ensure reports are provided on a quarterly basis regarding any complaints made, outcomes and summary of issues raised.

### 5.2.5 Flow Chart 6: Handling Complaints about Child Protection Conferences.



COMPLAINT ABOUT PROCESS, DECISION OR OUTCOME OF CONFERENCE SIGNED BY COMPLAINANT

CONFERENCE MEETS COMPLAINANT WITH A VIEW TO RESOLUTION WITHIN 7 DAYS

ALL WALES  
PROTOCOL

**Safeguarding Children  
In Whom Illness is  
Fabricated or Induced**

**2007**

Replaces the previous 2004 version

## 5.3 Fabricated Illness Protocol

This policy was previously issued in 2004, and is now reissued as an update for the new All Wales Child Protection Procedures 2007.

**Fabricated/Induced Illness in children is a form of abuse  
not a medical condition.**

### 5.3.1

In 2002 the Department of Health, Home Office, Department of Education and Skills and the Welsh Assembly Government issued comprehensive guidance under statute, [\*Safeguarding Children in Whom Illness is Fabricated or Induced\*](#).

- The guidance provides a national framework for all agencies and recommends that more specific and detailed guidance is available locally;
- In addition in 2001/2 The Royal College of Paediatrics and Child Health (RCPCH) produced their own working party report;
- The guidance gives a comprehensive overview of fabricated illness, and in particular the complex issues of working with families;
- The above national policy [\*Safeguarding Children in whom Illness is Fabricated/Induced\*](#), and this All Wales protocol should be viewed as addenda to the *All Wales Child Protection Procedures* and [\*Safeguarding Children: Working under the Children Act 2004 \(2006;\)\*](#)
- The above documents should be available to practitioners and must be read in conjunction with this protocol;
- A training pack for professionals is now available: '**Incredibly Caring**'. ([Radcliffe Publishing Oxford](#))

### 5.3.1.1

Referrals regarding fabricated/induced illness should be managed in accordance both with the *All Wales Child Protection Procedures 2007*, [Part 3](#) – The Child Protection Process and with this protocol.

- **Fabrication of symptoms and signs by a caregiver will result in harm to the child whether as a direct result of the caregiver's actions**

OR

- as a result of unnecessary medical investigation and treatment.

All professionals in all agencies should be alert to the possibility of fabricated illness.

The terminology used and the diagnostic criteria should be carefully considered.

The term FII (Fabricated/Factitious/Induced Illness) should be reserved for parents who are causing the child harm, or risk of harm, as a result of deliberate fabrication/induction of illness.

The spectrum of cases will vary from the very mild to the severe and life threatening.

(Another term in use is Paediatric Falsification)

### 5.3.1.2 The following may be present:

- Exaggerating real illness and symptoms;
- Fabrication of symptoms for example sleep apnoea, seizures, asthma attacks and allergy;
- Falsifying signs, tests and records, for example addition of blood or sugar to urine, false temperature records;
- Inducing physical illness, for example poisoning, suffocation, starvation or inappropriate diet;
- Sudden unexpected death of infant or child;
- False allegations of abuse;
- Encouraging or requiring the child to appear disabled, including learning disability and/or obtaining unnecessary specialist treatments or equipment for the child.

**5.3.2 Fabricated illness** may be unusual but should form part of a differential diagnosis/consideration for all professionals, especially health, in working with/ treating children and young people.

**5.3.2.1 In the case of suspected fabricated illness, a referral should be made to social services.**

**Where any such concerns arise:**

- All professionals in all agencies need to be aware of the need to seek the advice of a senior key professional at an early stage;
- Considerable care must be taken in deciding whether to share concerns with the family at this stage, and should only take place where it is clear that this will **not** further jeopardise the safety of the child. This is highlighted as being different to the normal rule of partnership working with parents;
- Consideration of whether to share concerns with the family should be a multi-agency shared responsibility, possibly decided at a professional/strategy meeting when the initial assessment has been undertaken;
- Action must be taken in a time frame which is not detrimental to the needs of the child;
- All professionals **MUST** keep clear, accurate and contemporaneous records.

**5.3.2.2** An initial assessment will then be carried out by social services and a strategy meeting under child protection procedures will be held. The strategy meeting will include senior professionals from each relevant agency:-

- Senior manager social services / team leader / social worker;
- Named doctor and named nurse or equivalent;
- Senior investigating police officer;
- Local authority legal adviser;
- General practitioner;
- Other health professionals as indicated (either involved with the family or an expert resource);
- Education and other agencies if indicated.

**5.3.2.3** Once it has been decided that a strategy meeting should be convened;

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The strategy meeting will:

- Share information and plan to produce a detailed chronology of all of the issues, with clear recognition of confirmed signs and symptoms. Health has a particular responsibility to explain the significance of the medical information. In addition to a chronology a time line of the information available may be of assistance;
- Confirm the key health professionals and key professionals from the other agencies;
- Clarify and possibly limit the number of health professionals seeing the child for example where possible ensure that the same GP responds to requests for consultation;
- Consider the need to access the family's health records. This should be facilitated via the named and/or designated doctor and nurse;
- Make a decision on sharing or not sharing information with the family. (Fabricated Illness is an exception to "Partnership with Parents");
- Consider appropriate protection arrangements for the child;
- Consider whether to consult a health professional, or other child care professional who can give an expert opinion, and who is independent of the case. This may be a professional with expertise in fabricated illness and/or` a professional with expertise relevant to the target diagnosis;
- Ensure that all agencies understand the need to work very closely together and to keep each other fully informed;
- Only consider covert video surveillance as a possible course of action following full discussion within a strategy meeting. It can only be initiated by the police according to their guidelines and must comply with the [Regulation of Investigatory Powers Act 2000](#);
- Develop a clear action plan, although in many cases, especially if referral is at a very early stage, the next steps may be further collation of information;
- Emphasise that each agency may need to take its own legal advice. In complex cases the legal advisers may also themselves need to meet with all of the relevant professionals;
- Decide whether child protection section 47 enquiries should be initiated;
- Consider the need for further strategy meetings;
- The meeting will need to advise on the need for longer term vigilance;

- The meeting will be minuted, with strict control over the circulation of the minutes;
- Consider the needs of, and provide support and supervision for all professionals involved with the family.

There may be a series of strategy meetings under child protection procedures before a decision is made to proceed to a child protection conference.

### **5.3.3 Specific action by the Local Safeguarding Children Board (LSCB):**

- Each LSCB needs to ensure that appropriate key professionals are nominated from each agency and to hold a list of these names
- Each LSCB, via Health, needs to ensure access to appropriate expert medical opinion.

### **LSCB LIST OF “KEY” PROFESSIONALS**

(to be completed by each LSCB)

Identified Professionals re: Fabricated Illness:

- **Key Health Professionals**
- **Key Social Services Professionals**
- **Key Education Professionals**
- **Key Police Professionals, including those with responsibility for Covert Video Surveillance**
- **Key Legal Professionals who can access expert medical advice**

### **5.3.4 CONSIDERATIONS FOR HEALTH PROFESSIONALS**

Health will often be the first agency to raise concerns. It is therefore important that health has well-established links with children’s/social services and the family/child protection units of the police, to enable early discussion of cases.

It is again imperative that within NHS settings and in particular where children and young people may be under the care of “non paediatric” specialists, health professionals are alert to the possibility of the diagnosis and aware of where to obtain advice. This will usually be from the named doctor and/ or named nurse child protection for the trust.



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It is imperative that health professionals are fully aware of the need to make an early decision on sharing information with the statutory agencies.

The named doctor/named nurse (or appropriate health professionals with expertise), should work with all involved health colleagues to draw together all available information and make an early decision on sharing information with social services.

### **5.3.4.1 Action for health professionals (if initial concerns raised by health)**

- Medical and nursing staff should record their concerns and seek further information regarding the family within their own department initially. (Health professionals should be aware of local protocols about the use of “supplementary type records”. They **must** then communicate with other local health professionals, who may have had contact with the family, e.g. the general practitioner, the named and/or designated doctor and nurse child protection and other agencies;
- Non- medical / non-nursing staff in health should communicate with the appropriate named and/or lead professional for child protection and document as advised;
- A key health professional should be nominated to pull together **ALL** the health information across the acute units and the community. This should also include relevant family history available from the GP including relevant information regarding the child’s caregivers;
- A health professionals’ meeting may be convened at this stage including only relevant personnel, or an immediate contact made with social services. It is crucial that possible perpetrators are still not informed.

### **5.3.4.2 Additional health considerations:**

- Ensure a “key” health professional is nominated, who will ensure agreement between primary and secondary services and also maintain communication with tertiary services;
- The key professional will need to monitor and liaise when advice is sought by the family from alternative or other specialist centres;
- Health will need to take steps to ensure that investigations/interventions are limited;

- If the GP is unable to attend strategy meetings the nominated health professional must ensure that all information is shared, but in such a way that the family are not alerted;
- Health professionals need to have a low threshold for sharing information with the statutory agencies;
- Health professionals should ensure that they refer to the national policy, [Safeguarding Children in Whom Illness is Fabricated/Induced](#) and the report of the Royal College of Paediatricians and Child Health (RCPCH), for further guidance and information.

### **5.3.5 CONSIDERATIONS FOR SOCIAL SERVICES**

Referrals to social services in relation to fabricated or induced illness should be managed in accordance with *the All Wales Child Protection Procedures (2007)* ([Part 3: The Child Protection Process](#)), and with this All Wales Protocol.

Action for Social Services Professionals.

The role of social services is to undertake assessment, planning, and intervention in order to achieve the best outcomes for children and families.

Social services work in collaboration with other agencies, which also have responsibilities for safeguarding and promoting the welfare of children

#### **5.3.5.1 Key considerations**

##### **5.3.5.1.1 Immediate action**

- If, at any stage, there is medical evidence to indicate that a child's life is at risk, immediate action should be taken by police and/or social services to secure the child's safety;
- The nature and severity of the abuse will determine the urgency and level of response; for example; intentional suffocation or poisoning will require immediate protection for the child, whereas this level of response is unlikely to be required for verbal fabrication of illness;
- However, the circumstances and child's needs may change during the assessment process, especially if parents and/or caregivers become aware that professionals are suspicious that symptoms of an illness are being fabricated. The decisions, about the need for immediate action should be kept under constant review;

- During the assessment social services professionals should consider the needs of other children in the household and whether any action is required to protect them.

#### **5.3.5.1.2 Information to parents**

- At each stage of the enquiries, from referral and case planning to intervention and review, careful consideration must be given to what information should be shared with parents, when and by whom, taking account of the child's welfare;
- The professionals should discuss and jointly agree the information that will be shared with parents and /or caregivers, in accordance with the All Wales Child Protection Procedures;
- No concerns and/or information should be shared with parents and/or caregivers if it is judged that this action will jeopardise the child's safety;
- In all cases any decision to disclose concerns to the parents needs to be handled very carefully.

#### **5.3.5.1.3 Initial assessment**

- A chronology is an integral part of the initial assessment. The social worker should compile it from existing records and all available information from other agencies in preparation for a child protection strategy meeting or other information-sharing meeting;
- The nominated key health professional responsible for collating all the health information in the child's case should also be preparing a health chronology.

#### **5.3.5.1.4 Strategy meeting (see also 5.3.2.3)**

- A child protection strategy meeting shall always be convened following suspicions or allegations of fabricated or induced illness. A telephone strategy discussion is not an adequate and appropriate course of action;
- Police and social services should ensure that the child's medical consultant, GP, the senior ward nurse (if the child is an in-patient) and other relevant professionals are involved in their planning and decision-making, including decisions about sharing information with parents;

- More than one child protection strategy meeting might be necessary in order to ensure that the complex issues are discussed thoroughly and all the information shared before a decision is made to undertake child protection section 47 enquiries.

#### **5.3.5.1.5 Initial child protection conference**

- The social worker should ensure that the initial child protection conference takes place within 15 working days of the child protection strategy meeting. There may be a series of strategy meetings, and the conference should be held within 15 working days of the final one held.
- The social worker in consultation with their line manager, should consider inviting a professional who has expertise in the field of fabricated or induced illness and a medical professional such as a paediatrician with knowledge of the particular symptoms and illness processes caused by the suspected abuse for example, gastroenterology, neurology, respiratory illness and other specialist areas. The medical professionals can provide essential specialist assistance to the conference participants in making sense of all the information presented;
- Children should be involved in the initial child protection conference in accordance with their age and level of understanding. A child who has suffered fabricated or induced illness is also likely to have suffered emotional harm, and therefore all discussions should be carried out in a sensitive manner and provide a safe context for the child. In addition the child's safety following the conference, and the way in which these concerns are conveyed are important considerations for conference participants;
- The parents and/or caregivers will normally be invited to the child protection conference. However, it may not be in the child's interests for them to attend at the same time, for instance the alleged abusing parent and/or caregiver may not wish to admit their behaviour in front of their partner and should not be put under pressure to talk about the abuse. These are matters that might be best managed outside the conference. The preparation of family members should be undertaken by the social worker before the conference, using her/his professional judgement from what she/he knows about each of them to recommend their level of

participation in the meeting. The social worker should discuss his/her views with the independent chair of the child protection conference and the chair will decide on the matter of attendance.

- The social worker and other key professionals will contribute written reports to the conference, setting out their involvement with the family. Factual accuracy is essential. A chronology, focusing particularly on the child's medical history, should be compiled in collaboration with the responsible consultant paediatrician involved and the health history of siblings should also be considered. The social worker's report and the chronology will **not** routinely be shared with parents before the conference following allegations of fabricated or induced illness. The social worker and other professionals should discuss this course of action at the child protection strategy meeting and with the independent child protection conference chair before the conference.

### **5.3.6 CONSIDERATIONS FOR THE POLICE**

Any suspected case of fabricated or induced illness may also involve the commission of a crime and therefore the police should always be involved at an early stage in accordance with '[Safeguarding Children: Working Together under the Children Act 2004 \[2006\]](#)' and the All Wales Child Protection Procedures.

#### **5.3.6.1**

- Such complex cases must be led by an experienced detective supervisor who as part of the inter-agency management team should, plan carefully the investigation process, taking account of the impact that such an investigation may have on hospital staff and patients;
- All investigative avenues must be explored, including the use of covert surveillance techniques;
- Covert surveillance should only be used when there are no alternative ways of explaining the child's signs and symptoms and the multi agency strategy meeting considers that such an approach is appropriate;
- When covert surveillance techniques are utilised the detective supervisor dealing with the investigation **MUST** liaise, at the earliest opportunity, with the authorising officer for RIPA (Regulation of Investigatory Powers Act 2000) within the appropriate policing area;

- The RIPA authorising officer when considering the use of covert techniques to deal with such sensitive matter must consider that the levels of intrusion offered by the covert methods used are justified, necessary and proportionate when considering the information available and the offences under investigation.

### **5.3.7 CONSIDERATIONS FOR THE CROWN PROSECUTION SERVICE**

- It is expected that when any enquiries regarding a possible fabricated/induced illness reach the criminal investigation stage, the police will work closely with the crown prosecution service. Cases of this nature will be covered by the director of public prosecution's (dpp) guidance on charging, requiring the crown prosecutor to advise upon charge in all cases;
- In deciding upon the charge the crown prosecutor will consider the need for any specialist expert evidence and may consider whether a conference with health and children's social services might be helpful in assessing the evidence;
- Following charge the crown prosecutor will be alert to the need to obtain and consider further expert opinion (for example where the defence serve an opinion from their own expert upon the crown)

### **5.3.8 CONSIDERATIONS FOR EDUCATION SERVICES**

#### **THE ROLE OF EDUCATION**

Schools have an important role to play in the identification and management of suspected cases of fabricated or induced illness. Through their day-to-day contact with children, teachers and other school staff are particularly well placed to notice outward signs of a child at risk of significant harm. Similarly, staff from LEA school support services, such as education welfare officers, education social workers and educational psychologists, are in a position to raise concerns.

#### **5.3.8.1 Identifying fabricated or induced illness**

There are a number of factors that teachers and other school staff should be aware of that can indicate that a pupil may be the subject of fabricated or induced illness.

## All Wales Child Protection Procedures 2008

- Frequent and often unexplained absences from school;
- Regular absences to keep a hospital or doctor's appointment;
- Repeated claims by a parent/caregiver that a child is frequently unwell and that s/he requires medical attention for symptoms or illnesses that have not been observed by staff;
- Conflicting or patently untrue stories about illnesses, accidents or deaths in the family.

Schools should be aware of significant changes to a child's physical or emotional state, unexplained injuries, changes in behaviour and a failure to thrive.

### **5.3.8.2 Action required by school staff**

Where a teacher or other member of staff has cause to believe that a child is at risk from, or is the subject of, fabricated or induced illness, the teacher with designated responsibility for child protection should be immediately informed. As with all forms of suspected harm, the *All Wales Child Protection Procedures* will apply and the designated teacher will take responsibility for making an appropriate referral to social services. All evidence relating to the concern should be kept safely as it may be needed to inform decision-making or contribute to any consequent investigation.

Teachers and other school staff should not carry out their own investigations or discuss the matter with the child's parent/caregiver. With the safety of the child foremost in mind, the teacher will take advice as to whether the school should share its concerns with a child's parent/caregiver. After the designated teacher has referred a concern to social services, the lead agencies, including education, will take the matter forward in line with local LSCB child protection arrangements.

### **5.3.8.3 Action required by staff from LEA school support services**

Staff from school support services should either refer their concerns to the designated teacher of the child's school or to the LEA senior officer with designated responsibility for child protection who will make the referral to social services.

### **5.3.8.4 Further advice**

Further advice can be sought from the LEA senior officer with responsibility for co-ordinating action and policy on child protection.

**ALL WALES  
PROTOCOL  
Safeguarding and Promoting  
the  
Welfare  
of  
Sexually Active  
Young People**



## 5.4 Safeguarding and Promoting the Welfare of Sexually Active Young People

### 5.4.1 Introduction

- This protocol is designed to assist those working with young people to identify where these relationships may be abusive and where children and young people may need safeguarding or additional services.
- It has been devised with the understanding that most young people under the age of 18 will have a healthy interest in sex and sexual relationships. This protocol provides a bridge between government guidance, legislation, public inquiries such as the [Richard Report](#) and the needs of children and young people.
- This protocol will ensure consistency in the identification, reporting and response throughout Wales in relation to under age sexual activity.
- The protocol is based on the core principle that the welfare of the child is paramount and emphasises the need to accurately assess any risk of significant harm when a child or young person is engaged in a sexually active relationship.
- The [Sexual Offences Act 2003](#) sets the legal age for sexual activity, both heterosexual and homosexual at 16. It further states that children under the age of 13 are of insufficient age to give consent to sexual activity. In law, sexual activity with a child under the age of 13 years is a serious arrestable offence and reflects society's view that children of less than 13 years of age should not be sexually active and that their level of vulnerability to exploitation and sexual grooming is potentially significant.

This protocol endorses both of the following;

- Sexual activity between consenting young people should not be criminalised;
- The legal position that sexual activity under the age of 16 is an offence.

In practice this protocol will apply for under 16 year olds. However professionals must always be aware of the possibility of abuse and / or exploitation in the 16-18 age group.

**It must be noted that is illegal to pay for sex with any child or young person under the age of 18 years.**

**Achieving good outcomes for children and young people requires all those with responsibility for assessment and the provision of services to work together according to this protocol and the *All Wales Child Protection Procedures*. [Safeguarding Children: Working Together under the Children Act 2004](#).**

## **5.4.2 Information sharing**

Comprehensive information on any child or young person or indeed on any specific risk factor in their life is rarely held exclusively by a single agency. 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.

The first duty of every practitioner is to safeguard and promote the welfare of the child and young person. It must always be made clear to children and young people at the earliest opportunity and throughout any working relationship that the duty of confidentiality is not absolute, and that there will be some circumstances where the needs of the child or young person, or of other children and young people, can only be safeguarded by sharing information with others.

Decisions to share information with parents and caregivers will be taken using professional judgement, consideration of Fraser/Gillick guidelines (see 5.4.8) and in consultation with the All Wales Child Protection Procedures. Decisions will be based on the child's age, maturity and ability to appreciate what is involved in terms of the implications and risks to themselves. This should be coupled with the parents' and caregivers' ability and commitment to protect the young person. Given the responsibility that parents have for the conduct and welfare of their children, professionals should encourage the young person, at all points, to share information with their parents and caregivers wherever safe to do so.

This protocol is written on the understanding that those working with this vulnerable group of young people will naturally want to do as much as they can to provide a safe, accessible and confidential service whilst remaining aware of their duty of care to safeguard them and promote their well being.

### **5.4.2.1 Confidentiality and consent**

The [Sexual Offences Act 2003](#) does not affect the duty of care and confidentiality of health and social care professionals to children and young people under 16 years of age. According to current government guidance for health and social care professionals, although the age of consent remains at 16, it is not intended that the law should be used to prosecute mutually agreed

teenage sexual activity between two young people of similar age, unless the activity involves abuse or exploitation.

Professionals can only work together to safeguard children if there is an exchange of relevant information between them. This has been recognised in principle by the courts (Butler Schloss LJ in *Re G (a minor)* (1996) 2 ALL ER 65 at 68) 6. Normally personal information should only be disclosed to third parties (including other agencies) with the consent of the subject of that information. When ever possible, consent should be obtained before sharing personal information with third parties. However, in some circumstances, consent may not be possible or appropriate but the safety and welfare of a child may dictate that the information must be shared. ([Safeguarding Children: Working Together under the Children Act 2004](#))

The duty of confidentiality is not absolute. Where a professional believes that there is a risk to the health, safety or welfare of a child, young person or others, which is serious enough to outweigh the young person's right to privacy, they should follow the All Wales Child Protection Procedures.

Any disclosure or decision not to disclose must be justified according to the particular facts of the case and documented accordingly. Advice should be sought in cases of doubt from lead professionals in child protection within the practitioners' own agency without delay.

Disclosure of information without consent might give rise to a challenge under [Article 8 \(European Convention on Human Rights\)](#). However Article 8 is not absolute and disclosure of information to safeguard children is essential and can be wholly justified when considering the protection of children and young people's safety, health or morals, the rights and freedoms of others and for the prevention or detection of crimes committed against children.

The assessment of risk is a continual process it is therefore appropriate that on each occasion that a practitioner has contact with a young person or receives information about them, consideration should be given as to whether the young person's circumstances have changed in a way which may require referral (or re-referral) to social services and the police. Further information may be required from partner agencies to inform the decision-making before making a referral to appropriate agencies.

### **5.4.3 Assessment**

All young people, regardless of gender, or sexual orientation who are believed to be engaged in, or planning to be engaged in, sexual activity must have their needs in respect of their health, education, support and/or protection assessed by the agency involved. This assessment must be carried out in accordance with information and guidance set out within:

- All Wales Child Protection Procedures;
- Department of Health Best Practice Guidance for Doctors and other Health Professionals on the provision of Advice and Treatment to Young People Under 16 On Contraception, Sexual, and Reproductive Health.

#### **5.4.3.1 Assessing young people's needs:**

- Children/young people engaging in consensual sexual relationships are entitled to confidential advice and services;
- Children and young people must have their health and / or education needs assessed;
- However every professional has a duty to always consider the possibility of harm for every sexually active child or young person under 18 years of age. Sexual activity at a young age is an indicator that there are possible risks to the welfare of the child and possibly other children.

#### **5.4.3.2 Indicators of risk of harm**

In order to determine whether a relationship presents a risk of harm to a young person, the following factors should be considered:

- Whether the child/young person is competent to understand, and consent to, the sexual activity they are involved in. The Fraser guidelines (see [5.4.8](#)) should be applied and decisions recorded;
- Where and with whom the child or young person resides, whether they are attending school or whether they or their siblings have involvement with social services or any social care agency etc;
- The nature of the sexual relationship between those involved, particularly if there are age or power imbalances (see [5.4.3.3](#));
- Whether overt aggression, coercion or bribery was or is involved including misuse of alcohol or other substances as a disinhibitor;
- Whether there is any element of commercial sexual exploitation including in particular the elements of affection, money, drugs, alcohol;
- Whether the child/young person's own behaviour, for example through misuse of alcohol or other substances, places him/her in a position where he/she is 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 or young person's compliance and 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 or young person) to befriend a child/young person by indulging or coercing her/him with gifts, treats, money, drugs, developing a trusting relationship with the child/young person's family, developing a relationship with the child or young person through the internet etc in order to abuse the child/young person;
- Whether the sexual partner is known by one of the agencies as having or having had, other concerning relationships with children/young people which presupposes that checks will be made with the police;
- Whether the child denies, minimises, or accepts concerns;
- Whether the child or young person has learning needs;
- Whether the child has a history of being missing from home.

#### **5.4.3.3 Power imbalances**

Sexual abuse and the exploitation of a child or young person involve 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 any other diversity issues where levels of sexual knowledge can be used to exert power.

Whilst a large age differential could be a key indicator for example a 15-year-old girl and a 20-year-old man, practitioners should be aware that a 14 or 15 year old boy, supported by a group of his peers, is able to exert very real pressure over a girl of the same age or older. There will also be instances when the sexual predator is a woman or girl and the victim is a boy.

Where a power imbalance results in coercion, manipulation and/or bribery and seduction, these pressures can be applied to a young person by one or two individuals, or through peer pressure (i.e. group bullying). Professionals assessing the nature of a child or young person's relationship need to be aware of the possibility that either or both of these situations can exist for the child or a young person – and conduct an holistic assessment of the young person's needs.

There will be an imbalance of power and the child or young person will not be deemed able to give consent if the sexual partner is in a position of professional trust or is a family member as defined by the [Sexual Offences Act 2003](#).

It is illegal for any person to pay for sexual activity with a child or young person under 18 years.

#### **5.4.4 Children and young people with a disability and/or with a mental health disorder**

Children and young people with a disability and/or with a mental health disorder are more vulnerable than non-disabled children; and they are especially at risk when they are living away from home. They may be particularly vulnerable to coercion due to physical dependency or because of a learning disability or because a communication difficulty means that it is not easy for them to make known their wishes to another person. Their disability and age increases the risk that a sexual relationship may not be consensual.

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 [5.4.3.2](#) in the light of these potential additional vulnerabilities.

A child or young person with moderate learning difficulties could be vulnerable to harm from a sexual relationship developed through inclusive activities. This may be in mainstream schools, education colleges, leisure centres and other places where children and young people meet where supervision is at a minimum. Staff need to be alert to the different capabilities of the children and young people they supervise, and assess the risk of harm accordingly.

Where professionals have concerns that a relationship may present a risk of harm to an older disabled young person, they should begin work with the agency's adult protection staff at an early point in order for there to be a smooth transition from protection under the [Children Act 1989](#) to protection for the young person, from their 18<sup>th</sup> birthday onwards, under the local Protection of Vulnerable Adult Procedures.

In undertaking the risk assessment, agencies and professionals have to balance these concerns with their duty of confidentiality, particularly within the health service where the law allows health workers to give confidential contraception, sexual health advice and treatment to under 16 year olds.

Therefore when a professional becomes aware that a young person is, or is likely to be, sexually active, an assessment should be made of the young person's physical and emotional health, education and safeguarding needs – in the context of the sexual relationship. The assessment should be based on the three dimensions of [The Framework for Assessment of Children In Need and Their Families](#) (or the *Common Assessment Framework* when in place), and where appropriate, it should be in accordance with the *All Wales Child Protection Procedures*.

### **5.4.5 Abuse through commercial sexual exploitation / or trafficking**

If there are any concerns that the child or young person may be at risk of abuse through sexual exploitation (prostitution, pornography (abusive images of children), including creating/exchanging images, grooming etc through the internet or trafficking), a referral to social services and to the police must be made in accordance with *All Wales Child Protection Procedures* and local *Child Commercial Sexual Exploitation Protocols*.

It should be noted that the legislation regarding the commercial sexual exploitation of children is up to the age of 18 i.e. it is illegal to pay (in any way) for the sexual services of a child/young person under the age of 18.

#### **5.4.5.1 Intervention**

When social services identify a risk of significant harm or are aware that an offence may have been committed against a child, they will hold a strategy discussion or meeting with the police and health (which may include the referrer), which will determine the need or otherwise for section 47, child protection enquiries to be made in line with [part 3](#) of the *All Wales Child Protection Procedures*.

### **5.4.6 Thresholds for referring to social services and/or police and the age of the child**

#### **5.4.6.1 Children under the age of 13**

Under the [Sexual Offences Act 2003](#), children under the age of 13 are of insufficient age to give consent to sexual activity.

In all cases where the sexually active young person is under the age of 13, a full assessment must be undertaken by the agency involved. Each case must be assessed individually and consideration must be given to making a child protection referral to social services. In order for this to be meaningful, the young person will need to be identified, as will their sexual partner if details are known.

A decision not to refer to social services can only be made following a discussion of the case, with the designated / named lead for child protection within the professional's employing agency. When a referral is not made, the professional and agency concerned is fully accountable for the decision and the reasons for the decision must be clearly recorded.

When a girl under the age of 13 is found to be pregnant, a referral must be made to social services where an initial assessment will be completed and a



strategy meeting/discussion will take place, which will include representatives from health and education.

The [Bichard Inquiry Report's recommendation 12](#) stated that the Government should reaffirm the guidance that the police are notified as soon as possible when a criminal offence has been committed, or is suspected of having been committed, against a child – unless there are exceptional reasons not to do so. The Welsh Assembly Government reaffirmed this recommendation in the guidance [Safeguarding Children: Working Together Under the Children Act 2004 in Chapter 8, para 8.29](#).

#### **5.4 6.2 Young people aged between 13 and 16**

The [Sexual Offences Act 2003](#) reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should still remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such.

Sexually active young people in this age group will still have to have their needs assessed using this protocol. Discussion with social services will depend on the level of risk/need assessed by those working with the young person.

Consideration should be given to making a referral if the young person becomes pregnant or has a miscarriage or planned termination.

This difference in procedure reflects the position that, whilst sexual activity under 16 remains illegal, young people under the age of 13 are not capable of giving consent to sexual activity.

#### **5.4.6.3 Young People aged between 17 and 18**

Although sexual activity in itself is no longer an offence over the age of 16, young people under the age of 18 are still offered the protection of child protection procedures under *the* [Children Act 1989](#). Consideration still needs to be given to issues of sexual exploitation through prostitution and abuse of power in circumstances outlined above. Young people, of course, can still be subject to offences of rape and assault and the circumstances of an incident may need to be explored with a young person.

For young people over the age of 16 and under the age of 18, there will be an imbalance of power and the child or young person will not be deemed able to give consent if the sexual partner is in a position of professional trust or is a family member as defined by the [Sexual Offences Act 2003](#).



#### **5.4.6.4 Use of the Abduction Act**

In situations where a young person is known to be visiting a person or place that is inappropriate / unsafe, the [Abduction Act 1984](#) may be of use to support the parents / caregivers. In this situation advice should be sought from the police child abuse investigation unit.

#### **5.4.7 Fraser guidance**

Professionals working with young people should be fully aware of the 5 points of the Fraser guidance in respect of the young person's capacity:

- The young person will understand the professional's advice;
- The young person cannot be persuaded to inform their parents;
- The young person is likely to begin, or to continue having, sexual intercourse without contraceptive treatment;
- Unless the young person receives contraceptive treatment, their physical or mental healths, or both, are likely to suffer.
- The young person's best interests require them to receive contraceptive advice or treatment with or without parental consent.

#### **5.4.8 Legislation and guidance**

In addition to the documents listed in [part 1](#), the following have been considered in developing this protocol:

- [Sexual Offences Act 2003](#);
- [Bichard Report 2004](#);
- Kelly Report 2004;
- [ACPO Guidance on Investigating Child Abuse and Safeguarding Children 2005](#);
- Enabling young people to access contraceptive and sexual health advice. DFES Teenage Pregnancy Unit 2005;
- Child Prostitution DOH Guidance;
- [The Common Assessment Framework 2005](#);
- [National Crime Recording Standards](#).

#### **5.4.10 Risk assessment**

An example risk assessment model is available on the [www.awcpp.org.uk](http://www.awcpp.org.uk) website.

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PROTOCOL**

**The  
Protection of Children  
from  
Abuse  
via  
Information Technology**

## **5.5 Indecent Images of Children and the Internet.**

### **5.5.1 Introduction**

This protocol aims to provide advice for practitioners involved in safeguarding and promoting the welfare of children when a child is in the care of an individual who is under investigation for offences related to indecent images of children on the internet or linked to mobile telephone usage.

The guidance also aims to ensure that all practitioners are aware of the importance of the need to share information in compliance with the All Wales Child Protection Procedures when dealing with victims and offenders linked to such crimes.

Offences related to taking, making, distributing or publishing of indecent images of children always involve a child or young person being abused or exploited in some way. In the event of practitioners becoming aware of this activity it is of paramount importance that it is brought to the attention of the police at the earliest opportunity.

### **5.5.2 Definition of indecent images of children**

For the purpose of this protocol indecent images of children are defined as either still or moving images deemed to be indecent; they may be created by any means, including hand drawings, photographs, film or pseudo-photographs. A pseudo-photograph is an image that is produced by combining various parts or other images, for example, the head from one image and the body from another.

The [Protection Of Children Act 1978 Section 1](#) defines a child as under 18 years of age or where the predominant impression conveyed is that the person shown, is a child, notwithstanding that some of the physical characteristics shown are those of an adult.

The term indecent is not defined by legislation and will be a matter for the court to decide.

### **5.5.3 The Internet and mobile telephones**

The Internet and mobile telephones have now become significant tools used for the distribution of indecent images of children. Offenders also use the Internet and mobile telephones to try and establish contact with children and young people, with a view to grooming them for inappropriate or abusive relationships.

The use of chat rooms on the Internet is a particular concern. Chat rooms are on-line meeting places that children often use to communicate with their friends and other children. It is a very well established fact that offenders use such rooms to contact children so to satisfy their own needs and to encourage inappropriate or abusive relationships. In addition, mobile telephones are also a tool used by offenders to groom children and also to send indecent photographs, pseudo-photographs of children.

#### **5.5.4 Principal offences**

The principal offences are as follows:

- To take, or permit to be taken, or to make any indecent photograph or pseudo-photograph of a child under 18 years of age; [Protection of Children Act 1978, Section 1 \(a\)](#);
- To distribute or show such indecent photographs or pseudo-photographs; [Protection of Children Act 1978, Section 1 \(b\)](#);
- To have in his/her possession such indecent photographs or pseudo-photographs with a view to their being distributed or shown by himself or others; [Protection of Children Act 1978, Section 1\(c\)](#);
- To publish or cause to be published any advertisement likely to be understood as conveying that the advertiser distributes or shows such indecent photographs or pseudo-photographs, or intends to do so; [Protection of Children Act 1978, Section 1\(d\)](#);
- Publishing an obscene article or being in possession of an obscene article for publication or gain; [Obscene Publications Act 1959, Section 2](#);
- Possession of an indecent photograph or pseudo-photograph of a child; [Criminal Justice Act 1988, Section 60](#).

#### **5.5.5 Child protection and case management.**

The police will lead all criminal investigations concerning offences involving indecent images of children. However, in all cases, where a person is suspected of committing such offences and has a child or young person in his/her care resides with children or works with children the Child Abuse Investigation Unit or Social Services must be contacted at the very outset of the criminal investigation. Additionally, the All Wales Child Protection Procedures must be followed, that is, the risk posed to any child/children is discussed and multi-agency information shared, to ensure that appropriate action is taken to safeguard and promote the welfare any children/ child or young person.

### **5.5.6 Preservation of evidence.**

All reports concerning the presence of indecent images of children on the Internet or mobile telephone MUST be reported to the police without delay.

The police will determine the process of the investigation, and with the local authority social services will consider the risks posed to any child or young person.

The following information, if known, should be given to the police as a matter of urgency:

- The identity of any witnesses;
- The name of the Internet service provider or mobile telephone service provider;
- The web address, name of the chat room, or online group through which the image was found or received;
- Any passwords or other procedure required to gain access to the website;
- The identity of the person who sent the image;
- In respect of e-mails, the sender's e-mail address or screen name used by the sender while in a chat room;
- The reason for any delay in reporting the incident to the police.

### **5.5.7 The Child Exploitation and Online Protection (CEOP)**

The [Child Exploitation and Online Protection \(CEOP\)](#) Centre works across the UK and maximises international links to tackle child sex abuse.

CEOP work very closely with all agencies to proactively tackle and address child protection issues.

CEOP provides advice for parents and carers and delivers a virtual police station for children report abuse on the Internet. They also provide an invaluable service to law enforcement agencies in tackling and tracing offenders that use the Internet to groom and subsequently abuse children.

Professionals aware of ongoing or historic child protection abuse matters of any kind must refer such concerns to local authority social services or police in accordance with the All Wales Child Protection Procedures.