SOUTHEND

ESSEX

THURROCK

SAFEGUARDING AND CHILD PROTECTION PROCEDURES

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PART A

CONTENTS

1. Responding to Concerns of Abuse and Neglect

Introduction 3

1.1 Concept of significant harm 4
1.2 Early Help 5
1.3 Definitions of child abuse and neglect 6
1.4 Potential risk of harm to an unborn child 9
1.5 Professional/agency response 9
1.6 Response and Concerns raised by members of the public 13
1.7 Schools and educational establishments 14
1.8 Adult services responsibilities in relation to children 15
1.9 Health agencies, NHS reforms and information sharing 15

2. Referral and Assessment

2.1 Introduction 17
2.2 Referral criteria 19
2.3 Local authority children's social care - thresholds for referrals 19
2.4 Making and receiving a referral 20
2.5 Assessment of children in need or in need of protection 24
2.6 Pre-birth referral and assessment 28

3. Child Protection s47 Enquiries

3.1 Duty to conduct s47 enquiries 32
3.2 Immediate protection 32
3.3 S47 thresholds and the multi-agency assessment 34
3.4 Strategy meeting/discussion 34
3.5 Initiating a s47 enquiry 38
3.6 Referrals to the police 39
3.7 Involving parents, family members and children 41
3.8 Visually recorded interviews/Achieving Best Evidence 41
3.9 Paediatric assessment 42
3.10 Outcome of s47 enquiries 45
3.11 Timescales 48
3.12 Recording 48

4. Child Protection Conferences

4.1 Child protection conferences 50
4.2 Looked after children and child protection conferences 55
4.3 Membership of child protection conference 57
4.4 Involving children and family members 60
4.5 Exclusion of family members from a conference 62
4.6 The absence of parents and / or children 64
4.7 Information for the conference 64
4.8 Chairing the conference 66
4.9 The child protection plan 66
4.10 Child does not require a protection plan 68
4.11 Professional dissent from the conference decision 69
4.12 Complaints by children and /or parents 70
4.13 Children who are subject of a child protection plan living in another borough 70
4.14 Administrative arrangements for child protection conferences 70

5. Implementation of child protection plans
5.1 Introduction 73
5.2 Core group 73
5.3 Formulation of child protection plan 75
5.4 The lead social worker role 76
5.5 Difficulties in implementing the child protection plan 78
6. Children and Families moving across Local Authority boundaries
6.1 Introduction 79
6.2 Identifying children at risk of harm 80
6.3 Information sharing 81
6.4 Case responsibility 81
6.5 Information sharing and child protection plan 83
6.6 Transfer in conference 85
6.7 Retention of child protection responsibilities by the originating authority 86
6.8 A child moving during s47 Enquiries 87
6.9 Arrangements for child protection enquiries 89
6.10 Families moving during s47 enquiry 92
7. Allegations against staff or volunteers, who work with children
7.1 The management of allegations against staff or volunteers who work with children 93
7.2 General considerations relating to allegations against staff 95
7.3 Initial response to an allegation or concern 98
7.4 Disciplinary process 103
7.5 Record keeping and monitoring progress 104
7.6 Unsubstantiated and false allegations 105
7.7 Substantiated allegations and referral to the DBS 106
7.8 Learning lessons 107
7.9 Procedures in specific organisations 107
7.10 Allegations/concerns process flowcharts 108
8. Organised and Complex Abuse
8.1 Definition 110
8.2 Investigation 110
8.3 The Child 111
8.4 Referral 112
8.5 The Strategy Meeting 112
8.6 The Strategic Management Group 113
8.7 The Investigation Management Group 114
8.8 End of Enquiry/Investigation Meeting and Report 115
9. Death of a child
9.1 The death of a child 116
9.2 Local framework for responding to child deaths 118
9.3 Local Child Death Review Panels (LCDRPs) 121
9.4 Strategic Child Death Overview Panel (SCDOP) 124
9.5 Information sharing in relation to child deaths 125
9.6 Rapid response service for unexpected child deaths 127
9.7 Key strands to rapid response 129
9.8 Other related processes 134

1. Responding to Concerns of Abuse and Neglect

Introduction

The Southend, Essex and Thurrock Child Protection Procedures are underpinned by Working Together to Safeguard Children (March 2015), which sets out what should happen in any local area when a child or young person is believed to be in need of support.

These procedures relate to any child and this is defined as anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, is in Foster Care or is in an Adoptive placement does not change their entitlements to services or protection.

Effective safeguarding arrangements should aim to meet the following two key principles:

- Safeguarding is everyone's responsibility: for services to be effective each individual and organisation should play their full part; and
- A child centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.

Working Together to Safeguard Children (2015) introduction:

Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- *protecting children from maltreatment*
- *preventing impairment of children's health or development;*
- *ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and*
- *taking action to enable all children to have the best outcomes."*

10. For children who need additional help, every day matters. Academic research is consistent in underlining the damage to children from delaying intervention. The actions taken by professionals to meet the needs of these children as early as possible can be critical to their future.

11. Children are best protected when professionals are clear about what is required of them individually and how they need to work together.

The Southend, Essex and Thurrock Procedures set out how agencies and individuals should work together to safeguard and promote the welfare of children and young people. The target audience is professionals (including unqualified staff and volunteers) and front-line managers who

have particular responsibilities for safeguarding and promoting the welfare of children, and operational and senior managers, in

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

Individual children, especially some of the most vulnerable children and those at greatest risk of social exclusion, will need early co-ordinated help from health agencies, schools and education services, local authority children's social care, children's centres, the private, voluntary, community and independent sectors, including youth justice services.

All agencies and professionals should:

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

(Working Together to Safeguarding Children 2015)

1.1 Concept of significant harm

1.1.1 Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm.

A Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that:

- The child is suffering, or is likely to suffer, significant harm ; and
- The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).

In addition, harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include “impairment suffered from seeing or hearing the ill treatment of another" for example, where there are concerns of domestic abuse.

1.1.2 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

1.1.3 Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment.

1.1.4 Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

1.1.5 Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

1.2 Early Help

1.2.1 The local agencies in any area should have in place effective ways to identify emerging problems and potential unmet needs for individual children and families as well as clear guidance and procedures for all professionals. This includes professionals and volunteers in universal services and those providing services to adults with children. The professionals should be supported through training and supervision to understand their role in identifying emerging problems and sharing information with other professionals to assist with early identification and assessment such as through the Common Assessment Framework (CAF) or other local assessment tool.

1.2.2 Professionals should be alert to the potential need for early help for a child who:

- is disabled and has specific additional needs;
- has special educational needs;
- is a young carer;
- is showing signs of engaging in anti-social; or criminal behaviour;

- is in a family circumstance presenting challenges for the child such as substance misuse, adult mental health problems or domestic violence and abuse;
- is showing early signs of abuse or neglect.

1.2.3 Professionals working in universal services have a responsibility to identify the symptoms and triggers of abuse and neglect, to share that information and work together to provide children with the support they need.

1.2.4 Each LSCB in the local area has published and disseminated a threshold document that should include:

- The process for the early help assessment and the type of early help services to be provided;
- The criteria, including the level of need, for when a child should be referred to the local authority children's social care for assessment and for statutory services under: Section 17 of the Children Act 1989 (children in need)
- Section 47 of the Children Act 1989 (safeguarding)
- Section 31 of the Children Act 1989 (care proceedings)
- Section 20 of the Children Act 1989 (duty to accommodate a child).

1.2.5 All agencies and professionals should be aware and make frequent reference to their LSCB's threshold document and associated guidance in order to determine the best response to a child and family at the first point any additional needs are identified. Agencies should ensure that their staff are trained in and understand the threshold document and guidance and how to access and contribute to Early Help in their LSCB area.

Threshold documents for each LSCB can be accessed at:
Essex – www.escb.co.uk
Southend – www.safeguardingsouthend.co.uk
Thurrock - www.thurrocklscb.org.uk

1.3 Definitions of child abuse and neglect

Physical abuse

1.3.1 Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child.

Physical harm may also be caused when a parent fabricates the symptoms of, or deliberately induces illness in a child; see Part B, chapter 19, Fabricated or induced illness.

Emotional abuse

1.3.2 Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent effects on the child's emotional development, and may involve:

- Conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person;
- Imposing age or developmentally inappropriate expectations on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction;
- Seeing or hearing the ill-treatment of another e.g. where there is domestic violence and abuse;
- Serious bullying, causing children frequently to feel frightened or in danger, including online;
- Exploiting and corrupting children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual abuse

1.3.3 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (e.g. rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing.

1.3.4 Sexual abuse includes non-contact activities, such as involving children in looking at, including online and with mobile phones, or in the production of pornographic materials, watching sexual activities or encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

1.3.5 In addition; sexual abuse includes abuse of children through sexual exploitation. Penetrative sex where one of the partners is under the age of 16 is illegal, although prosecution of similar age, consenting partners is not usual. However, where a child is under the age of 13 it is classified as rape under s5 Sexual Offences Act 2003. See Part B, General Practice Guidance.

Neglect

1.3.6 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.

1.3.7 Neglect may occur during pregnancy as a result of maternal substance misuse, maternal mental ill health or learning difficulties or a cluster of such issues. Where there is domestic abuse and violence towards a carer, the needs of the child may be neglected.

1.3.8 Once a child is born, neglect may involve a parent failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers);
- Ensure access to appropriate medical care or treatment.

1.3.9 It may also include neglect of, or unresponsiveness to, a child's basic emotional, social, health and educational needs.

1.3.10 Included in the four categories of child abuse and neglect above are a number of factors relating to the behaviour of the parents and carers which have significant impact on children, such as domestic abuse. Research analysing serious case reviews has demonstrated a significant prevalence of domestic abuse in the history of families with children who are subject of child protection plans. Children can be affected by seeing, hearing and living with domestic violence and abuse as well as being caught up in any incidents directly, whether to protect someone or as a target. It should also be noted that the age group of 16 and 17 year olds have been found in recent studies to be increasingly affected by domestic abuse in their peer relationships.

1.3.11 The Home Office definition of domestic violence and abuse was updated in March 2013 as:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial

- Emotional

1.3.12 Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

1.4 Potential risk of harm to an unborn child

1.4.1 In some circumstances, agencies or individuals are able to anticipate the likelihood of significant harm with regard to an expected baby (e.g. domestic abuse, parental substance misuse or mental ill health).

1.4.2 These concerns should be addressed as early as possible before the birth, so that a full assessment can be undertaken and support offered to enable the parent/s (wherever possible) to provide safe care.

1.4.3 See Part A, chapter 2.6, Pre-birth referral and assessment and Part A, chapter 4.1.11, Pre-birth conference.

1.5 Professional/agency response

1.5.1 Professionals in all agencies, whatever the nature of the agency (whether public services or commissioned provider services) who come into contact with children, who work with adult parents/carers or who gain knowledge about children through working with adults, should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers or potential abusers, may pose to children;
- Be alert to the impact on the child of any concerns of abuse or maltreatment;
- Be able to gather and analyse information as part of an assessment of the child's needs.

1.5.2 The law empowers anyone who has actual care of a child to do all that is reasonable in the circumstances to safeguard their welfare. Accordingly, professionals in all agencies should take appropriate action wherever necessary to ensure that no child is left in immediate danger, e.g. a teacher, foster carer, childminder, a volunteer or any professional should take all reasonable steps to offer a child immediate protection (including from an aggressive parent). Children Act 1989 S.3 (5) (a) and (b).

Child protection support for professionals

1.5.3 Each agency should have single/internal agency child protection procedures which are compliant with these SET Child Protection Procedures. The Local Safeguarding Children Board will hold agencies to account for having these procedures in place as part of their arrangements to safeguard and promote the welfare of children. Each agency or organisations own internal child protection procedures must provide instruction to professionals in:

- Identifying potential or actual harm to children;
- Discussing and recording concerns with a first line manager/in supervision;
- Analysing concerns by completing an assessment;
- Discussing concerns with the agency designated safeguarding professional lead (able to offer advice and decide upon the necessity for a referral to local authority children's social care).

1.5.4 Professionals in all agencies should be sufficiently knowledgeable and competent to contact local authority children's social care or the police about their concerns directly and to complete the appropriate referral form.

1.5.5 A formal referral to local authority children's social care, the police or emergency services (for any urgent medical treatment) must not be delayed by the need for consultation with management or the designated safeguarding professional lead, or the completion of an assessment.

Duty to co-operate and refer

1.5.6 Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements in any local area to safeguard and promote the welfare of children and improve the outcomes for children.

All professionals in agencies with contact with children and members of their families must make a referral to local authority children's social care if there are signs that a child or an unborn baby:

- Is suffering significant harm through abuse or neglect;
- Is likely to suffer significant harm in the future.

1.5.7 The timing of such referrals should reflect the level of perceived risk of harm, not longer than within one working day of identification or disclosure of harm or risk of harm.

1.5.8 In urgent situations, out of office hours, the referral should be made to the local authority children's social care emergency duty team/out of hour’s team.

Listening to the child

1.5.9 Whenever a child reports that they are suffering or have suffered significant harm through abuse or neglect, or have caused or are causing physical or sexual harm to others, the initial response from all professionals should be limited to listening carefully to what the child says to:

- Clarify the concerns;
- Offer re-assurance about how the child will be kept safe;
- Explain what action will be taken and within what timeframe.

1.5.10 Additional measures may be required for a child with communication difficulties e.g. in consequence of a disability.

1.5.11 The child must not be pressed for information, led or cross-examined or given false assurances of absolute confidentiality, as this could prejudice police investigations, especially in cases of sexual abuse.

1.5.12 If the child can understand the significance and consequences of making a referral to local authority children's social care, they should be asked their view.

1.5.13 However, it should be explained to the child that whilst their view will be taken into account, the professional has a responsibility to take whatever action is required to ensure the child's safety and the safety of other children.

Parental consultation

1.5.14 Where practicable, concerns should be discussed with the parent and agreement sought for a referral to local authority children's social care unless seeking agreement is likely to:

- place the child at risk of significant harm through delay or the parent's actions or reactions;
- Lead to the risk of loss of evidential material

For example in circumstances where there are concerns or suspicions that a serious crime such as sexual abuse or induced illness has taken place.

1.5.15 Where a professional decides not to seek parental permission before making a referral to local authority children's social care, the decision must be recorded in the child's file with reasons, dated and signed and confirmed in the referral to local authority children's social care.

1.5.16 A child protection referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer. Where the parent refuses to give permission for the referral,

unless it would cause undue delay, further advice should be sought from a manager or the nominated child protection adviser and the outcome fully recorded.

1.5.17 If, having taken full account of the parents' wishes, it is still considered that there is a need for referral:

- The reason for proceeding without parental agreement must be recorded;
- The parent's withholding of permission must form part of the verbal and written referral to local authority children's social care;
- The parent should be contacted to inform them that, after considering their wishes, a referral has been made.

Urgent medical attention

1.5.18 If the child is suffering from a serious injury, the professional must seek medical attention immediately from emergency services and must inform local authority children's social care, and the duty consultant paediatrician at the hospital.

1.5.19 Where abuse is alleged, suspected or confirmed in a child admitted to hospital, the child must not be discharged until:

- Local authority children's social care local to the hospital and the child's home address (may be two different local authority children's social care) are notified by telephone that there are child protection concerns;
- A strategy meeting/discussion has been held, if appropriate, which should then include relevant hospital and other agency professionals. See Part A, chapter 3.4 strategy meeting/discussion.

Initiating the referral

1.5.20 Referrals should be made to local authority children's social care for the area where the child is living or is found.

1.5.21 Where specific arrangements are made, or exist, for another local authority to undertake an enquiry, the home local authority children's social care will advise accordingly and ensure that the referral process outlined in Part A, chapter 2, Referral and assessment is followed.

1.5.22 If the child is known to have an allocated social worker, the referral should be made to them or in their absence to the social worker's manager or a duty children's social worker. In all other circumstances referrals should be made to the duty officer.

1.5.23 The referrer should confirm verbal and telephone referrals in writing, within 48 hours.

1.5.24 Where an assessment has been completed prior to referral, these details should also be conveyed at the point of referral.

1.5.25 Local authority children's social care should within one working day of receiving the referral make a decision about the type of response that will be required to meet the needs of the child. If this does not occur within three working days, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

1.5.26 Where local authority children's social care decides to take no action the referrer should receive feedback about the decision and its rationale.

Recording

1.5.27 The referrer should keep a formal record, whether hardcopy or electronic, of:

- Discussions/observations with the child;
- Discussions/observations with the parent;
- Discussions with their managers;
- Information provided to local authority children's social care;
- Decisions and actions taken (with time and date clearly noted, and signed).

1.5.28 The referrer should keep a copy of the written referral, confirming the verbal and telephone referral.

1.6 Response and concerns raised by members of the public

1.6.1 When a member of the public telephones or approaches any agency with concerns, about the welfare of a child or an unborn baby, the professional who receives the contact should always:

- Gather as much information as possible, to be able to make a judgement about the seriousness of the concerns;
- Take basic details:
  - Name, address, gender and date of birth of child;
  - Name and contact details for parent/s, educational setting (e.g. nursery, school), primary medical practitioner (e.g. GP practice), professionals providing other services, a lead professional for the child.
- Discuss the case with their manager and the agency's designated safeguarding professional lead to decide whether to:
  - Make a referral to local authority children's social care;
  - Make a referral to the lead professional, if the case is open and there is one;
  - Make a referral to a specialist agency or professional e.g. educational psychology or a speech and language therapist;
  - Undertake an assessment.

- Record the referral contemporaneously, with the detail of information received and given, separating out fact from opinion as far as possible.

1.6.2 The member of the public should also be given the number for their local authority children's social care and encouraged to contact them directly. The agency receiving the initial concern should always make a referral to local authority children's social care and to the lead professional if there is one, in case the member of the public does not follow through (a common occurrence).

1.6.3 If there is a risk that the member of the public will disengage without giving sufficient information to enable agencies to investigate concerns about a child, the NSPCC national 24 hour Child Protection Helpline (0808 800 5000) and Childline (0800 1111) can be offered as an alternative means of reporting concerns. See Part B, chapter 2 Roles and responsibilities, NSPCC.

1.6.4 Individuals may prefer not to give their name to local authority children's social care or NSPCC. Alternatively they may disclose their identity, but not wish for it to be revealed to the parent/s of the child concerned.

1.6.5 Wherever possible, professionals should respect the referrer's request for anonymity. However professionals should not give referrers any guarantees of confidentiality, as there are certain limited circumstances in which the identity of a referrer may have to be given (e.g. the court arena).

1.6.6 Local publicity material should make the above position clear to potential referrers.

1.6.7 Local authority children's social care should offer the referrer the opportunity of an interview.

1.7 Schools and educational establishments

1.7.1 One of the main sources of referrals about children are schools. Section 11 of the Children Act 2004 sets out the requirements for the safeguarding arrangements in schools and educational establishments in detail. The different school settings for all age groups should have systems in place to promote the welfare of children and a culture of listening to children taking into account their views and wishes.

1.7.2 Each establishment should have a designated and deputy professional lead for safeguarding. This role should be clearly set out and supported with a regular training and development program in order to fulfil the child welfare and safeguarding responsibilities. Arrangements within each school should set out the processes for sharing information with other professionals and the local LSCB.

1.7.3 All educational establishments including Free Schools, Academies, Children's Centres/nurseries, public schools and colleges must have safe recruitment policies and procedures in place.

1.7.4 Clear policies and procedures in accordance with the local LSCB procedures for managing allegations against people who work with children must be in operation.

1.8 Adult services responsibilities in relation to children

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

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

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

1.8.3 Professionals working with adults can access further advice in relevant local Adult Safeguarding Procedures. ESAB Guidelines

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

1.9 Health agencies, NHS reforms and information sharing

1.9.1 Safeguarding Vulnerable People in the Reformed NHS - Accountability and Assurance framework - March 2013 sets out the framework for health organisations. The complexity of health agencies as provider and commissioning organisations requires particular vigilance by professionals in their different roles when concerns arise about a child. Many different health professionals may be providing a service from one location such as a General Practice but reporting to different management/professional systems, such as GPs, Health Visitors, Practice Therapists and a range of others. The use of information systems and good practice in sharing information should be part of any procedures and practice guidance in any health setting.

1.9.2 Other agencies should be assisted to understand how the information they share with a health professional will be managed and who will have access to it. Requests for information about a child from health professionals by local authority children's social care should be directed to the correct professional and not dealt with by administrative staff or intermediaries.

1.9.3 From 1st April 2013, there have been changes to the commissioning landscape. Local authorities take responsibility for public health supported by Public Health England. Additionally, the commissioning responsibility for health visiting and family nurse partnerships will be transferred from NHS England to public health in local authorities by April 2015. Clinical Commissioning Groups (CCGs) are responsible for commissioning several local health services. NHS England supports CCGs and holds them to account. It is also responsible for directly commissioning specialist health services, primary care, prison health care and health visiting.

1.9.4 Commissioning and provider organisations employ safeguarding children professionals to take the lead on safeguarding children matters. The roles and responsibilities of designated and named safeguarding children professionals should be clear and accessible to all staff.

- Each CCG is required to have secured the expertise of designated professionals including a Designated Nurse and Doctor for Safeguarding Children, a Designated Doctor and Nurse for Looked After Children and a paediatrician responsible for Child Death Review processes. Designated professionals for safeguarding children as local clinical experts and strategic leaders are a vital source of advice and support to the CCG, NHS England, the local authority, LSCB, Health and Wellbeing Board and health professionals in all provider organisations;

- Health Service Providers and Foundation Trusts employ Named Doctor's and Named Nurses for Safeguarding Children for operational safeguarding children matters including professional advice, training and supervision.

2. Referral and Assessment

2.1 Introduction

2.1.1 Local authority children's social care will receive approaches from professionals, agencies and the public which usually fall into three categories:

1. Requests for information from local authority children's social care.
2. Provision of information such as notifications about a child.
3. Requests, for services for a child, which will be in the form of a referral.

Anyone who has concerns about a child's welfare can make a referral to a local authority children's social care service. Referrals can come from the child themselves, professionals such as teachers, the police, GPs and health visitors as well as family members and members of the public. Local authority children's social care has the responsibility to clarify with the referrer the nature of the concerns and how and why they have arisen.

2.1.2 When professionals refer into local authority children's social care, they should state if there are any pre-existing assessments such as an early help assessment or a Common Assessment (CAF) in respect of the child. Any information they have about the child's developmental needs and the capacity of their parents and carers to meet these within the context of their wider family and environment should be provided as a part of the referral information. Such early help assessments should identify what services the child needs and why the child and family require further support to prevent the concerns from escalating to the child needing statutory services. The interagency early help assessments should be undertaken by a lead professional acting as a coordinator of support services and as an advocate for the child. Local arrangements should be in place to promote effective early help assessments and services.

2.1.3 The referrer must always have the opportunity to discuss their concerns with a qualified social worker. Local authority children's social care should make clear in their local area how this should happen.

2.1.4 Within one working day of a referral being received, a qualified social worker and their line manager must make a decision about the course of action to be taken. The social worker will need to make a professional judgment as to what type and level of help and support is needed, record this and feed back in writing to the referrer and the child and their family.

2.1.5 Where an early help assessment such as a CAF assessment has been undertaken by the referring agency, it should inform the assessment to be undertaken by the social worker. All good assessments should be based on the common principles, which are set out in the three domains represented by the assessment triangle. This provides a systematic

approach, which addresses the interactions between the three domains when considering the impact on the child and assessing their needs. The three domains are:

1. The child's developmental needs, including whether they are suffering or likely to suffer significant harm.
2. The parents' or carers' capacity to respond to those needs.
3. The impact and influence on the child of wider family, community and environmental circumstances

2.1.6 Each local authority must with its partners develop and publish their own local frameworks for assessment which must be based on good analysis, timeliness, and transparency and be proportionate to the needs of the child and their family. Principles for an assessment should include that it is:

- Child centred and focussed on the child's best interests
- Rooted in child development and informed by evidence
- Focussed on action and outcomes for children
- Holistic in approach and involves all relevant agencies
- Timely to meet the child's needs
- Involved with children and their families; including the child's views and wishes
- Builds on strengths as well as identifies difficulties
- Monitored and reviewed regularly as a continuing process
- Transparent and open to challenge

2.1.7 In all assessment processes, the safety of the child should remain paramount at all times and in all circumstances. The child must be seen by a qualified social worker as soon as possible following a referral. Professionals involved with the child and family must make a decision on the timing of this meeting, based on their assessment of the child's needs. The child's wishes and feelings must be taken into account when deciding what services to provide.

2.1.8 Early help, assessment and intervention are important because incidents of neglect and abuse within families are on a continuum and situations where abuse is developing can, at times, be resolved by multi-agency preventative services outside the child protection procedures.

2.1.9 At all stages of referral and assessment, consideration must be given to issues of diversity, taking into account:

- The impact of cultural expectations and obligations on the family;
- The impact of any disability on the child and family
- The family's knowledge and understanding of UK law in relation to parenting and child welfare;
- The impact on the family if recently arrived in the UK and their immigrant status;

- The need to use interpreters for discussions about parenting and child welfare, even though the family's day-to-day English may appear/be adequate (see Part B, chapter 5, Working with interpreters/ communications facilitators);
- The analysis of the child's and families cultural needs must not result in a lowering of expectations in applying standards of good practice to safeguarding the child.

2.1.10 Assessments should, as far as possible, build on rather than repeat recent assessments and specialist assessments and have a clear purpose.

2.1.11 All assessments should be updated and reviewed regularly for example when new information comes to light or prior to consideration of case closures.

2.2 Referral criteria

2.2.1 Professionals in all agencies have a responsibility to refer a child to local authority children's social care when it is believed or suspected that the child:

- Has suffered significant harm (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);
- Is likely to suffer significant harm (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);
- Has a disability, developmental and welfare needs which are likely only to be met through provision of social work led family support services (with agreement of the child's parent) under the Children Act 1989;
- Is a Child in Need whose development would be likely to be impaired without provision of services.

2.3 Local authority children's social care - thresholds for referrals

2.3.1 Each local authority has local agreements in place for early help assessments such as the Common Assessment Framework (CAF) or other local assessment. These are all based on an agreed set of principles and values and reflect the statutory guidance in Working Together 2015. The aim is to facilitate the access to appropriate services across local boundaries and different agencies.

2.3.2 Each individual LSCB must provide guidance to explain how the multi-agency partnership applies thresholds when making decisions about how to receive and respond to referrals made to them.

Essex - Effective Support for Children & Families in Essex
Southend - Early Help Family Support Practitioner Toolkit (Threshold Document)'

Thurrock – Threshold Document

2.3.3 Referrals to services about a child where there may be concerns typically fall in to four categories and pathways:

- No further action, which may include information to signpost to other agencies.
- Early help - referrals for intervention and prevention services within the Common Assessment Framework and Early Help services range of provision.
- Child in Need services - assessment to be undertaken by Children's Social Care (Section 17 CA 1989).
- Child Protection services – assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies such as the police.

2.4 Making and receiving a referral

2.4.1 New referrals and referrals on closed cases should be made to the local authority children's social care duty social worker subject to local arrangements. Referrals on open cases should be made to the allocated social worker for the case (or in their absence their manager or the duty social worker). The referrer should discuss their concerns with a qualified social worker.

The referrer should outline their concerns and will be asked to provide information to explain what they are concerned about and why, particularly in relation to the welfare and immediate safety of the child. See 2.4.4 for details of the information that might be requested. The referrer should not refrain from making a referral because they lack some of the information as the welfare of the child is the priority.

2.4.2 For all referrals to local authority children's social care, the child should be regarded as potentially a child in need, and the referral should be evaluated on the day of receipt. A decision must be made within one working day regarding the type of response that is required.

2.4.3 Local authority children's social care should ensure that the social work professionals who are responding to referrals are supported by experienced first line managers competent in making sound evidence based decisions about what to do next.

Checks and information gathering

2.4.4 When taking a referral, local authority children's social care must establish as much of the following information as possible:

- Full names (including aliases and spelling variations), date of birth and gender of all child/ren in the household;
- Family address and (where relevant) school/nursery attended;
- Identity of those with parental responsibility;
- Names and date of birth of all household members and frequent visitors;
- Where available, the child's NHS number and education UPN number.
- Ethnicity, first language and religion of children and parents;
- Any special needs of children or parents, including any disability, speech, language or hearing difficulties;
- Any significant/important recent or historical events/incidents in child or family's life;
- Cause for concern including details of any allegations, their sources, timing and location;
- Child's current location and emotional and physical condition;
- Whether the child needs immediate protection;
- Details of alleged perpetrator, if relevant;
- Referrer's relationship and knowledge of child and parents;
- Known involvement of other agencies/professionals (e.g. GP);
- Information regarding parental knowledge of, and agreement to, the referral;
- The child's views and wishes, if known;
- Any need for an interpreter, signer or other communication aid;
- Background information relevant to referral e.g. positive aspects of parents care, previous concerns, pertinent parental issues (such as mental health, domestic abuse, drug or alcohol abuse, threats and violence towards professionals);
- Check systems using the name, dates of birth and aliases of any person identified on the referral to establish if they are previously known to social care and if so obtain those records.

2.4.5 At the end of the referral discussion the referrer and local authority children's social care should be clear about proposed action, timescales and who will be taking it, or that no further action will be taken.

2.4.6 The social worker should lead on an assessment and complete it within the locally agreed time scale by:

- Discussion with the referrer;
- Consideration of any existing records for the child and for any other members of the household;

- Involving other agencies as appropriate (including the police if an offence has been or is suspected to have been committed and probation, if the child is at risk of harm from an offender).

2.4.7 This assessment should establish:

- The nature of the concern;
- How and why it has arisen;
- What the child's and the family's needs appear to be;
- Whether the concern involves abuse or neglect; and
- Whether there is any need for any urgent action to protect the child or any other children in the household or community.

2.4.8 Personal information about non-professional referrers should not be disclosed to third parties (including subject families and other agencies) without consent.

2.4.9 All referrals from professionals should be confirmed in writing, by the referrer, within 48 hours.

2.4.10 If the referrer has not received an acknowledgement within three working days, they should contact local authority children's social care again.

2.4.11 The parents' permission should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. See Part B, chapter 3, Sharing Information.

2.4.12 Interviews with family members and, if appropriate, with the child should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

2.4.13 A decision to discuss the referral with other agencies without parental knowledge or permission should be authorised by a local authority children's social care manager, and the reasons recorded.

2.4.14 Local authority children's social care should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies.

2.4.15 This checking and information gathering stage must involve an immediate assessment of any concerns about either the child's health and development, or actual and/or potential harm, which justify further enquiries, assessments and/or interventions.

2.4.16 The local authority children's social care manager should be informed by a social worker of any referrals where there is reasonable cause to consider s47 enquiries and authorise the decision to initiate action. In most cases this will first involve an assessment, which may be brief when the threshold for child protection enquiries is met (see Part A, chapter 3, Child Protection s47 Enquiries). If the child and/or family are well known

to professional agencies or the facts clearly indicate that a s47 enquiry is required, the local authority should initiate a strategy meeting/discussion immediately, and together with other agencies determine how to proceed.

2.4.17 The threshold may be met for a s47 enquiry at the time of referral, following checks and information gathering or at any point of local authority children's social care involvement.

2.4.18 The Police must be informed at the earliest opportunity if a crime may have been committed. The Police must decide whether to commence a criminal investigation and a discussion should take place to plan how parents are to be informed of concerns without jeopardising police investigations.

2.4.19 The Police should assist other agencies to carry out their responsibilities, where there are concerns about the child's welfare, whether or not a crime has been committed.

Outcomes of Referrals

2.4.20 The immediate response to referrals may be:

- No further action at this stage;
- Signposting to other agencies and services;
- Re-direction to appropriate early help arrangements
- Provision of services;
- An assessment of needs with a stated timescale and plan including regular reviews;
- Emergency action to protect a child;
- A s47 strategy meeting/discussion.

2.4.21 A local authority children's social care manager must approve the decision about the type of response that is required and ensure that a record of the outcome of the referral has been commenced and/or updated.

2.4.22 Local authority children's social care must acknowledge all referrals within one working day. It is the responsibility of local authority children's social care to make clear to the referrer when they can expect a decision on next steps.

2.4.23 The social worker should inform, in writing, all the relevant agencies and the family of their decisions and, if the child is a Child in Need, about how the assessment will be carried out or of a plan for providing support.

No further action

2.4.24 Where there is to be no further local authority children's social care action, feedback should be provided to the referrer about the outcome of this stage of the referral and agreement reached as to who will feedback to

the family. This should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.

2.4.25 In the case of referrals from members of the public, feedback must be consistent with the rights to confidentiality of the child and their family.

2.5 Assessment of children in need or in need of protection

2.5.1 The assessment should be undertaken in accordance with the relevant local assessment protocol based on the guidance in Working Together 2015. Where an early help or common assessment has previously been completed, this information should be used to inform the assessment, although the information must be updated and the child must be seen.

2.5.2 The assessment must be completed in a timely manner as identified by the social worker and local authority children's social care manager but should not exceed 45 working days from the point of referral. Where it becomes apparent that this timescale will require extension, a local authority children's social care first line manager must review the file, record the reason for the extension and agree the new timescale. Local authorities may have different local assessment framework agreements in place which may contain timescales to be observed. Any timescale should be regularly reviewed.

2.5.3 The assessment must be led by a qualified local authority social worker who is supervised by an experienced and qualified social work manager. The social worker should, in consultation with their manager and the other agencies involved with the child and family, carefully plan the assessment actions and steps for who is doing what by when:

- When to interview the child/ren (within an appropriate timescale);
- Whether the child/ren should be seen and spoken to with or without their parents;
- When to interview parents and any other relevant family members;
- What the child and parents should be told of any concerns;
- What contributions (historical and contemporary information) to the assessment from other agencies should be and who will provide them;
- What background history, for whom, should be gathered including the community context;
- Whether information from abroad is required. If it is, then professionals from each agency will need to request information from their equivalent agencies in the countries in which the child has lived.

2.5.4 Personal information about non-professional referrers should not be disclosed to third parties (including subject families and other agencies) without consent.

2.5.5 The parents' permission should be sought before discussing a referral about them with other agencies. If the manager decides to proceed with checks without parental knowledge or permission, they must record the reasons, e.g. that doing so would:

- Prejudice the child's welfare;
- Aggravate seriously concerning behaviours of the adult;
- Increase the risk of further significant harm to the child;
- Prejudice a criminal investigation.

See Part B, chapter 3, Sharing Information.

2.5.6 The checks should be undertaken directly with the involved professionals and not through messages with intermediaries for example reception staff in GP Practices.

2.5.7 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.

2.5.8 All discussions and interviews with family members and the child should be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

2.5.9 Local authority children's social care should make it clear to families (where appropriate) and other agencies that the information provided for this assessment may be shared with other agencies.

2.5.10 If during the course of the assessment it is discovered that a school age child is not attending an educational establishment, the local authority education service where the child resides should be contacted to establish the reason for this. Local authority education must take responsibility for ensuring that the child receives education as soon as possible.

2.5.11 Action must also be taken, if it is discovered that a child is not registered with a GP, to arrange registration. Depending on the age of the child the relevant community services named health professional should be contacted and action taken to arrange for the child to have access to all health services.

Principles for an assessment

2.5.12 The multi-agency assessment should be led and coordinated by a qualified social worker and must provide a rigorous analysis of the child's needs and the capacity of the child's parents to meet these needs within

their family and environment. Based on this analysis the key questions to be answered are:

- What is likely to happen if nothing changes in the child's current situation?
- What are the likely consequences for the child?

The answers to these questions should inform decisions about what interventions are required to safeguard and promote the welfare of a child and where possible to support parents in achieving this aim.

2.5.13 An assessment should be planned in accordance with Local Assessment guidance/protocols in place and set out to aim to understand the child's developmental or welfare needs and circumstances and the parents' capacity to respond to those needs, including the parents' capacity to ensure that the child is safe from harm now and in the future.

2.5.14 The assessment must set out the timescales and the child must be seen within a timescale that is appropriate to the nature of the concerns expressed at referral.

2.5.15 A local authority children's social care manager must approve the assessment and ensure that:

- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account when providing services;
- All the children in the household have been seen and their needs considered;
- The child's home address has been visited and the child's bedroom has been seen;
- The parent has been seen and their views and wishes have been recorded and taken into account;
- Background history of both mother and father ,or other adult carer, and their parenting skills and capacity has been considered;
- The analysis has been completed;
- The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child and family;
- The records and the child’s chronology within the records are up-to-date;
- The assessment will be reviewed regularly;
- The key elements of the plan have been distributed to all participants.

Information from previous local authorities/countries

2.5.16 If the child and their parents have moved into the local authority children's social care area, all practitioners should seek information from their respective agencies covering previous addresses in the UK and abroad.

2.5.17 For information from foreign countries, see Part B, chapter 4, Accessing information from abroad. In some cases, specialist assessments and information can be undertaken or obtained through independent consultants or through specialist agencies such as Children and Families Across Borders (CFAB).

2.5.18 It is never acceptable to delay immediate action required whilst information from foreign countries is accessed.

Notifying the police

2.5.19 It will not necessarily be clear whether a criminal offence has been committed, which means that even initial discussions with the child should be undertaken in a way that minimises distress to them and maximises the likelihood that they will provide accurate and complete information, avoiding leading or suggestive questions.

2.5.20 The police must be informed at the earliest opportunity if a crime may have been committed. The police will decide whether to commence a criminal investigation and should work jointly with the local authority. The police should assist agencies to carry out their responsibilities, where there are concerns about a child's welfare, whether or not a crime has been committed.

Outcome of assessment

2.5.21 The focus of the multi-agency assessment is to gather important information about the child and family, to analyse their needs, and the level and nature of any risk and harm, and to provide support services in order to improve the outcomes for the child. In the course of the assessment, local authority children's social care should ascertain:

- Is this a child in need? (s17 Children Act 1989); if so, is there a need for further social work support or provision of support?
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (s47 Children Act 1989).
- Is this a child in need of, or requesting, accommodation? (s20 or s31 Children Act 1989)

2.5.22 Every assessment should be focussed on outcomes, deciding which services and support to provide in order to deliver improved welfare for the child.

The possible outcomes of the assessment are:

- No further action;
- Re-direction to appropriate early help arrangements;
- The development of a multi-agency child in need plan for the provision of child in need services to promote the child's health and development;
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
- Undertaking a strategy meeting/discussion, or a s47 child protection enquiry;
- Emergency action to protect a child (see Part A, chapter 3.2, Immediate protection).

2.5.23 The outcome of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
- Taking account of confidentiality, provided to professional referrers;
- Given in writing to agencies involved in providing services to the child.

2.5.24 A local authority children's social care manager must have approved the outcomes of an assessment and have recorded and authorised the reasons for decisions, future actions to be taken and also that:

- The child/ren have been seen or there has been a recorded management decision that this is not appropriate (e.g. a s47 enquiry and police investigation initiated which will plan method of contact with child);
- The needs of all children in the household have been considered;
- Records and a chronology have been completed and/or updated;
- Written feedback has been provided to the family, other agencies and referrers about the outcome of this stage of the referral in a manner consistent with respecting the confidentiality and welfare of the child.

2.5.25 If the criteria for initiating s47 enquiries are met at any stage during an assessment a strategy meeting/discussion should take place.

2.5.26 If the assessment is that further support is required, a child in need plan should be agreed with the family and other agencies. This plan should be monitored and reviewed regularly in line with local standards but within a maximum of six months to ensure that the outcomes for the child are met.

2.6 Pre-birth referral and assessment

Referral

2.6.1 Where agencies or individuals anticipate that prospective parents may need support services to care for their baby or that the baby may be at risk of significant harm, a referral to local authority children's social care must be made as soon as the concerns are identified. See Part A, chapter 1.4 Potential risk to an unborn child.

2.6.2 The referrer should clarify as far as possible, using the local early help assessment arrangements such as the common assessment framework, their concerns in terms of how the parent's circumstances and/or behaviours may impact on the baby and what risks are predicted.

2.6.3 A referral should be made at the earliest opportunity in order to:

- Provide sufficient time to make adequate plans for the baby's protection;
- Provide sufficient time for a full and informed assessment;
- Avoid initial approaches to parents in the last stages of pregnancy, at what is already an emotionally charged time;
- Enable parents to have more time to contribute their own ideas and solutions to concerns and increase the likelihood of a positive outcome for the baby;
- Enable the early provision of support services so as to facilitate optimum home circumstances prior to the birth.

2.6.4 Concerns should be shared with prospective parent/s and consent obtained to refer to local authority children's social care unless obtaining consent in itself may place the welfare of the unborn child at risk e.g. if there are concerns that the parent/s may move to avoid contact with investigative agencies.

Pre-birth assessment

2.6.5 A pre-birth assessment should always be considered on all pre-birth referrals as early as possible, preferably before 28 weeks gestation, and when appropriate, a strategy meeting/discussion held, where:

- A parent or other adult in the household, or regular visitor, has been identified as posing a risk to children (see Part B, chapter 13, Risk management of known offenders);
- A sibling or child in the household is subject of a child protection plan;
- A sibling or child has previously been removed from the household either temporarily or by court order;

- There are significant domestic abuse issues (see Part B, chapter 17, Safeguarding children affected by domestic abuse and violence);
- The degree of parental substance misuse is likely to impact significantly on the baby's safety or development (see Part B, chapter 41.1, Parents who misuse substances);
- The degree of parental mental illness/impairment is likely to impact significantly on the baby's safety or development (see Part B, chapter 41.2, Parental mental illness);
- There are significant concerns about parental ability to self-care and/or to care for the child e.g. unsupported, young or learning disabled mother; (see Part B, chapter 41.3, Parents with Learning Difficulties)
- Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricating or inducing illness in a child (see Part B, chapter 19, Fabricated or induced illness) or harming a child;
- A child aged under 13 is found to be pregnant (see Part B, chapter 27, Safeguarding sexually active children and Part B, chapter 24. Safeguarding children from sexual exploitation).
- There has been a previous unexpected or unexplained death of a child whilst in the care of either parent;
- There are maternal risk factors e.g. denial of pregnancy, avoidance of antenatal care (failed appointments), non-cooperation with necessary services, non-compliance with treatment with potentially detrimental effects for the unborn baby.

Missed appointments should not only be a cause of concern in relation to ante-natal care, but also in relation to children's education and health, and indicate neglect or parents are struggling. Failing to attend appointments also reduces the opportunities for families to be seen, behaviour monitored and where necessary challenged. (Learning from Essex SCR Child J).

2.6.6 Consideration should be given to hold a strategy meeting/discussion when the parent is a looked after child.

Pre-birth strategy meeting/discussion

2.6.7 The need for a s47 enquiry should be considered and, if appropriate, initiated at a strategy meeting/discussion held as soon as possible following receipt of the referral. The expected date of delivery will determine the urgency for the meeting.

2.6.8 Consideration of the need to initiate a s47 enquiry should follow the procedures described in Part A, chapter 3, Child protection s47 enquiries.

2.6.9 The strategy meeting/discussion should follow the procedures described in Part A, chapter 3.4, Strategy meeting/discussion. It should take place at the hospital where the birth is planned or expected, or where the

responsible midwifery service is or would be if the parents have not booked for service provision prior to birth.

2.6.10 The meeting must decide:

- Whether a s47 enquiry and pre-birth assessment is required (unless previously agreed at any earlier ante-natal meeting);
- What areas are to be considered for assessment;
- Who needs to be involved in the process;
- How and when the parent/s are to be informed of the concerns;
- The actions required by adult services working with expectant parent/s (male or female);
- The actions required by the obstetric team as soon as the baby is born. This includes labour/delivery suite and post-natal ward staff and the midwifery service, including community midwives;
- Any instructions in relation to invoking an emergency protection order (EPO) at delivery should be communicated to the midwifery manager for the labour/delivery suite.

2.6.11 The parents should be informed as soon as possible of the concerns and the need for assessment, except on the rare occasions when medical advice suggests this may be harmful to the health of the unborn baby and/or mother.

Pre-birth s47 enquiry and assessment

2.6.12 In undertaking a pre-birth s47 enquiry and assessment, local authority children's social care, the police and relevant other agencies must follow the procedures described in Part A, chapter 3, Child protection s47 enquiries.

2.6.13 In summary, the enquiry should identify:

- Risk factors;
- Strengths in the family environment;
- The factors likely to change, the reasons for this and the timescales.

2.6.14 The enquiry must make recommendations regarding the need, or not, for a pre-birth child protection conference which should wherever possible be held ten weeks prior to the expected delivery date or earlier if a premature birth is anticipated.

See Part A, chapter 4.1.11, Pre-birth conferences.

3. Child Protection s47 Enquiries

3.1 Duty to conduct s47 enquiries

3.1.1 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child.

3.1.2 Responsibility for undertaking s47 enquiries lies with local authority children's social care in whose area the child lives or is found.

3.1.3 'Found' means the physical location where the child suffers the incident of harm or neglect (or is identified to be at risk of harm or neglect), e.g. nursery or school, boarding school, hospital, one-off event, such as a fairground, holiday home or outing or where a privately fostered or looked after child is living with their carers.

3.1.4 For the purposes of these procedures, the local authority children's social care in which the child lives is called the 'home authority' and the local authority children's social care in which the child is found is the child's 'host authority'.

3.1.5 Whenever a child is harmed or concerns are raised that a child may be at risk of harm or neglect, the host authority is responsible for informing the home authority immediately. The home authority should be invited to participate in the strategy meeting/discussion to plan action to protect the child. Only once agreement is reached about who will take responsibility is the host authority relieved of the responsibility to take emergency and ongoing action. Such acceptance should occur as soon as possible and should be confirmed in writing.

Responsibilities of all agencies

3.1.6 All agencies have a duty to assist and provide information in support of child protection enquiries. When requested to do so by local authority children's social care, professionals from other parts of the local authority such as housing and those in health organisations have a duty to cooperate under section 27 of the Children Act 1989 by assisting the local authority in carrying out its children's social care functions.

3.2 Immediate protection

3.2.1 Where there is a risk to the life of a child or the possibility of serious immediate harm, an agency with statutory child protection powers (the police and local authority children's social care) must act quickly to secure the immediate safety of the child.

3.2.2 Emergency action may be necessary as soon as the referral is received from a member of the public or from any agency involved with children or parents. Alternatively, the need for emergency action may become apparent only over time as more is learned about a child or adult carer's circumstances. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed.

3.2.3 When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (e.g. siblings), the household of an alleged perpetrator, or elsewhere.

3.2.4 Responsibility for immediate action rests with the host authority where the child is found, but should be in consultation with any home authority (as described in section 3.1 above).

3.2.5 Planned emergency action will normally take place following an immediate strategy meeting/discussion between police, local authority children's social care, and other agencies as appropriate (see section 3.4, Strategy meeting/ discussion).

3.2.6 Immediate protection may be achieved by:

- A parent taking action to remove an alleged abuser;
- An alleged abuser agreeing to leave the home;
- The child not returning to the home;
- The child being removed either on a voluntary basis or by obtaining an emergency protection order (EPO);
- Removal of the child/ren or prevention of removal from a place of safety under police powers of protection;
- Gaining entry to the household under police powers and to assess the situation.

3.2.7 The local authority children's social worker must seek the agreement of their relevant line manager and obtain legal advice before initiating legal action.

3.2.8 Police powers of protection should only be used in exceptional circumstances where there is insufficient time to seek an EPO or for reasons relating to the immediate safety of the child.

3.2.9 When police powers of protection are used, an independent police officer of at least inspector rank must act as the designated officer.

3.2.10 Where an agency with statutory child protection powers has to act immediately to protect a child, a strategy meeting/discussion should take place within 1 working day of the emergency action to plan the next steps.

3.2.11 Emergency action addresses only the immediate circumstances of the child/ren. It should be followed quickly by a s47 enquiry and an

assessment of the needs and circumstances of the child and family as necessary. Where an EPO applies, local authority children's social care will have to consider quickly whether to initiate care or other proceedings or to let the order lapse and the child/ren return home.

3.3 S47 thresholds and the multi-agency assessment

3.3.1 See Part A, chapter 2, Referral and assessment.

3.3.2 A s47 enquiry must always be commenced immediately when:

- There is reasonable cause to suspect that a child is suffering or likely to suffer significant harm in the form of physical, sexual, emotional abuse or neglect;

A s47 enquiry should also be considered following an Emergency Protection Order or the use of police powers of protection

3.3.3 The threshold criteria for a s47 enquiry may be identified during an early assessment, but may be apparent at the point of referral, during the multi-agency checks or in the course of the assessment.

3.3.4 An assessment should be initiated following referral and should continue whenever a s47 enquiry has commenced. The local assessment protocol will provide the framework for gathering and analysing information for the enquiry (see Part A, chapter 2, Referral and assessment). The conclusions and recommendations of the enquiry should inform the assessment (see also Part A, chapter 4.9, The Child Protection plan).

3.3.5 Local authority social workers have a statutory duty to lead enquiries under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should support the local authority in undertaking its enquiries.

Joint Visits-police and children's social care

3.3.6 The requirement for a section 47 joint visit should be discussed between police and children's social care on a case by case basis depending on the circumstances. The discussion should consider the best location for any visit to be undertaken (school, home or other safe location). An isolated incident resulting in no injury for example within the family may not always require both agencies to attend but should be discussed and recorded by both.

3.3.7 The following allegations should always be considered for a joint visit:

- All alleged sexual assaults
- Allegations of physical abuse amounting to offences of actual body harm (s47 Offences against the person Act 1861) and more serious assaults.
- Allegations of serious neglect/cruelty

- Allegations and concerns involving minor offences where there are aggravating features

3.3.8 Joint visits should not be delayed in the absence of either agency if there is recognition of any immediate risk to a child. It should be acknowledged that agencies may at times be needed to attend as a single agency due to other operational commitments within their services. Any actions and decisions made after the joint visit should be recorded and shared on completion.

3.4 Strategy meeting/discussion

3.4.1 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy meeting/ discussion. See Section 3.3, s47 thresholds and the multi-agency assessment.

3.4.2 A strategy meeting/discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether an assessment under s47 of the Children Act 1989 (s47 enquiries) should be initiated, or continued if it has already begun;
- Consider the assessment and the action points, if already in place;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy meeting/discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence/s;
- Determine if legal action is required.

3.4.3 Relevant matters include:

- Agreeing, or reviewing how the assessment under s47 of the Children Act 1989 will be carried out - what further information is required about the child/ren and family and how it should be obtained and recorded;
- Agreeing who should be interviewed, by whom, for what purpose and when;
- Agreeing, in particular, when the child will be seen alone (unless to do so would be inappropriate for the child) by the social worker during the course of these enquiries and the methods by which the

child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under section 47 of the Children Act 1989;

- In the light of the race and ethnicity of the child and family, considering how these should be taken into account and establishing whether an interpreter will be required; and
- Considering the needs of other children who may be affected (e.g. siblings and other children, such as those living in the same establishment, in contact with alleged abusers).

3.4.4 Strategy discussions by telephone can be adequate to plan an enquiry, but meetings are likely to be particularly effective where:

- There is concern that the child is suffering complex types of neglect or maltreatment (see Part B, chapter 19, Fabricated or induced illness and Part A, chapter 8, Organised and complex abuse);
- There is an allegation that a child has abused another child - separate strategy meetings should be held for both children (see Part B, chapter 32, Children harming others);
- There are ongoing, cumulative concerns about the child's welfare and a need to share concerns and agree a course of action;
- There are concerns about the future risk of harm to an unborn child.

This list is not exhaustive.

3.4.5 The strategy meeting/discussion should be convened by local authority children's social care. In addition to local authority children's social care, the police and relevant health professionals, the meeting/discussion may need to involve the other agencies (e.g. schools, early year's settings and housing) which hold information relevant to the concerns about the child.

3.4.6 More than one strategy meeting/discussion may be required but must be within 15 working days of the previous strategy meeting/discussion.

3.4.7 Where it is decided that there are grounds to initiate a s47 enquiry, decisions should be made about whether this is a single or joint investigation. Protocols in place in local areas should be followed.

3.4.8 For sharing information between the local authority and criminal justice professionals, the Child Abuse: Guidance on Prosecuting cases of Child Abuse (2012) may be needed. The Guidance can be found at the Crown Prosecution website - www.cps.gov.uk

3.4.9 The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence. See section 3.8. Visually recorded interviews/Achieving Best Evidence.

The strategy meeting/discussion

3.4.10 The strategy meeting/discussion should be co-ordinated and chaired by the local authority children's social care first line manager.

3.4.11 The strategy meeting/discussion must involve local authority children's social care, the police and relevant health professionals. The referring agency may need to be included, as may other agencies which are likely to include the child's nursery/school.

3.4.12 Professionals participating in strategy meetings/discussions must have all their agency's information relating to the child to be able to contribute it to the meeting/discussion, and must be sufficiently senior to make decisions on behalf of their agencies.

3.4.13 Where issues have significant medical implications, or a paediatric examination has taken place or may be necessary, a paediatrician should always be included. If the child is receiving services from a hospital or child development team, the meeting/discussion should involve the responsible medical consultant and, in the case of in-patient treatment, a senior ward nurse.

3.4.14 A professional may need to be included in the strategy meeting/discussion who is not involved with the child, but who can contribute expertise relevant to the particular form of abuse or neglect in the case.

Strategy meeting/discussion record

3.4.15 It is the responsibility of the chair of the strategy meeting/discussion to ensure that the decisions and agreed actions are fully recorded using an appropriate form/record. All agencies attending should take notes of the actions agreed at the time of the meeting/discussion.

A copy of the record should be made available for all those, who had been invited, as soon as practicable by local authority children's social care.

3.4.16 For telephone strategy discussions, all agencies should make a record of the outcome of the telephone discussion and actions agreed at the time. The record of the notes and decisions authorised by the local authority children's social care manager should be circulated as soon as practicable to all parties to the discussion.

Timing of strategy meeting/discussion

3.4.17 Strategy meetings/discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:

- For allegations/concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting/ discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the strategy meeting/ discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy meeting/discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse/ allegations against staff) the strategy meeting/discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

3.4.18 The plan made at the strategy meeting/discussion should reflect the requirement to convene an initial child protection conference within 15 working days of the strategy meeting/discussion at which it was decided to initiate the enquiry (if there were more than one strategy meetings). In exceptional circumstances, such as fabricated and induced illness for example, enquiries will be more complicated and may require more than one strategy discussion. If the strategy meeting/discussion concludes that a further strategy meeting/discussion is required, then a clear timescale should be set and be subject to regular review by the social work manager bearing in mind the safety of the child at all times.

3.4.19 If the conclusion of the strategy discussion is that there is no cause to pursue the s47 enquiry then consideration should be given to the needs of the child for any support services or services as a child in need.

3.5 Initiating a s47 enquiry

3.5.1 Local authority children's social care is the lead agency for child protection enquiries and the local authority children's social care manager has responsibility for authorising a s47 enquiry following a strategy discussion/meeting. In making a final decision about whether the threshold for a s47 enquiry is met, local authority children's social care must consult with Police CAIT.

3.5.2 In deciding whether to call a strategy meeting/discussion, the local authority children's social care manager must consider the:

- Seriousness of the concern/s;
- Repetition or duration of concern/s;
- Vulnerability of child (through age, developmental stage, disability or other pre-disposing factor e.g. 'looked after');
- Source of concern/s;
- Accumulation of sufficient information and patterns of concerns;

- Context in which the child is living (e.g. a child in the household already subject of a current child protection plan);
- Predisposing factors in the family that may suggest a higher level of risk of harm (e.g. mental health difficulties, parental substance misuse, domestic abuse or immigrant family issues such as social isolation);
- Emotional environment of child, especially high criticism / low warmth;
- The impact on the child's health and development.

3.5.3 A s47 enquiry may run concurrently with police investigations. When a joint enquiry takes place, the police have the lead for the criminal investigation (see section 3.6, Referrals to the police) and local authority children's social care have the lead for the s47 enquiries and the child's welfare.

Multi-agency checks

3.5.4 Whenever a s47 enquiry is initiated, even when there has been a recent assessment, the local authority children's social worker must consult with their manager about how and when to inform the family of the cause for concern unless to do so would place the child at risk of significant harm.

3.5.5 The social worker, together with their manager, must decide whether to consult or inform the parent(s) before undertaking multi-agency checks.

3.5.6 If the manager decides not to inform the parents that they are undertaking multi-agency checks, they must record the reasons, e.g.:

- Prejudicial to the child's welfare;
- Serious concern about the behaviours of the adult;
- Concern that the child would be at risk of further significant harm;
- Contact cannot be made with the parent/carer;
- Seeking permission is likely to impede a criminal investigation.

3.5.7 Where permission is sought from parents and carers and denied, the manager must determine whether to proceed, and record the reasons for the decision they make.

3.5.8 The social worker must contact the other agencies involved with the child to inform them that a child protection enquiry has been initiated and to seek their views. The checks should be undertaken directly with involved professionals and not through messages with intermediaries.

3.5.9 The relevant agency should be informed of the reason for the enquiry, whether or not parental consent has been obtained and asked for their assessment of the child in the light of information presented.

3.5.10 Agency checks should include accessing any relevant information that may be held in one or more other countries. See Part B, chapter 4, Accessing information from abroad.

3.6 Referrals to the police

3.6.1 The primary responsibility of police officers is to undertake criminal investigations of suspected or actual crime and to inform local authority children's social care when they are undertaking such investigations, and where appropriate to notify the Local Authority Designated Officer (LADO).

3.6.2 The police and local authority children's social care must co-ordinate their activities to ensure the parallel process of a s47 enquiry and a criminal investigation is undertaken in the best interests of the child. This should primarily be achieved through joint activity and planning at strategy meetings/discussions.

3.6.3 At the strategy meeting/discussion, the police officers should share current and historical information with other services where it is necessary to do so to ensure the protection of a child.

3.6.4 All suspected, alleged or actual crime must be referred to the police. Telephone referrals should be confirmed in writing, within 48 hours.

3.6.5 The police referral manager will make a decision, based on police threshold policy and following checks and information sharing, on whether to initiate a criminal investigation.

3.6.6 The following matters will always be investigated by the police:

- All alleged sexual assaults;
- Allegations of physical abuse amounting to offences of actual bodily harm (s47 Offences Against the Person Act 1861) and more serious assaults;
- Allegations of serious neglect/cruelty;
- Allegations and concerns involving minor offences where there are aggravating features.

3.6.7 Cases of minor injury should always be considered for a joint enquiry / investigation if the child is:

- Subject to a child protection plan
- Looked after by the local authority

3.6.8 In other cases of minor injury, the circumstances surrounding the incident must be considered to determine the ‘seriousness’ of the alleged abuse. The following factors should be included in any consideration by the CAIT and local authority children’s social care:

- Age, special needs and vulnerability of the child
- Any previous history of minor injuries
- The intent of the assault e.g. strangulation may leave no marks, but is very serious
- If a weapon was used
- Previous concerns from involved agencies
- Congruity with the child's account
- Clarity/credibility of child's account
- Predisposing factors about alleged perpetrator e.g. conviction/s, history of violence, substance misuse and/or mental health
- Belief systems which may affect safety and protection of children

3.6.9 There will be times that after discussion, or preliminary work, cases will be judged less serious and it may be agreed that the best interests of the child are served by a local authority children's social care led intervention, rather than a joint investigation.

3.6.10 In all cases the welfare of the child remains paramount and always takes precedence over the needs of any criminal investigation.

3.7 Involving parents, family members and children

3.7.1 Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. Local authority children's social care should explain the purpose and outcome of s47 enquiries to the parents and child/ren (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child.

The social worker has the prime responsibility to engage with family members. Parents and those with parental responsibility should be informed at the earliest opportunity of concerns, unless to do so would place the child at risk of significant harm, or undermine a criminal investigation.

Missing or inaccessible children

3.7.2 If the whereabouts of a child subject to s47 enquiries are unknown and cannot be ascertained by the local authority children's social care social worker, the following action must be taken within 24 hours:

- A strategy meeting/discussion with police CAIT;
- Agreement reached with the local authority children's social care manager responsible as to what further action is required to locate and see the child and carry out the enquiry.

3.7.3 If access to a child is refused or obstructed the social worker, in consultation with their manager, should co-ordinate a strategy meeting/discussion, including legal representation, to develop a plan to locate or access the child/ren and progress the s47 enquiry.

See also Part B, chapter 20, Children missing from care, home and school.

3.8 Visually recorded interviews/Achieving best evidence

3.8.1 Visually recorded interviews must be planned and conducted jointly by trained police officers and local authority social workers in accordance with the Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses (Home Office 2011).

3.8.2 All events up to the time of the video interview must be fully recorded.

3.8.3 Visually recorded interviews serve two primary purposes:

- Evidence gathering for criminal proceedings;
- Examination in chief of a child witness.

3.8.4 Relevant information from this process can also be used to inform s47 enquiries, subsequent civil childcare proceedings or disciplinary proceedings against adult carers.

3.8.5 In accordance with Achieving Best Evidence, all joint interviews with children should be conducted by those with specialist training and experience in interviewing children. Specialist/expert help may be needed:

- If the child's first language is not English (see Part B chapter 5, Working with interpreters/communications facilitators);
- They appear to have a degree of psychiatric disturbance but are deemed competent;
- They have a physical/sensory/learning disability;
- Where interviewers do not have adequate knowledge and understanding of the child's racial religious and cultural background.

3.9 Paediatric assessment

3.9.1 Where the child appears in urgent need of medical attention (e.g. suspected fractures, bleeding, loss of consciousness), they should be taken to the nearest emergency department.

3.9.2 In other circumstances, the strategy meeting / discussion will determine, in consultation with the paediatrician, the need and timing for a paediatric assessment. Where a child is also to be interviewed by police and/or local authority children's social care, this interview should take place prior to a medical examination unless there are exceptional circumstances agreed with the police and social work service.

3.9.3 A paediatrician may refer on to other professionals, particularly if there are suspicions of sexual abuse. All professionals will use the Sexual Abuse Referral Centre (SARC) and pathways accordingly.

3.9.4 A paediatric assessment should demonstrate a holistic approach to the child and assess the child's wellbeing, including mental health, development and cognitive ability. Community and acute health providers will have processes in place to facilitate examinations in or out of hours.

3.9.5 A paediatric assessment is necessary to:

- Secure forensic evidence;
- Obtain medical documentation;
- Provide re-assurance for the child, parent and local authority children's social care;
- Inform treatment follow-up and review for the child (any injury, infection, new symptoms including psychological).

3.9.6 Only doctors may physically examine the whole child. All other staff should only note any visible marks or injuries on a body map and record, date and sign details in the child's file.

Consent for paediatric assessments or medical treatment

3.9.7 The following may give consent to a paediatric assessment:

- A child of sufficient age and understanding (Fraser guidelines); Seeking Consent
- Any person with parental responsibility, providing they have the capacity to do so;
- The local authority when the child is the subject of a care order (though the parent should be informed);
- The local authority when the child is accommodated under s20 of the Children Act 1989, and the parent/s have abandoned the child or are physically or mentally unable to give such authority;
- The High Court when the child is a ward of court;
- A family proceedings court as part of a direction attached to an emergency protection order, an interim care order or a child assessment order.

3.9.8 When a child is looked after under s20 and a parent has given general consent authorising medical treatment for the child, legal advice must be taken about whether this provides consent for paediatric assessment for child protection purposes (the parent still has full parental responsibility for the child).

3.9.9 A child of any age who has sufficient understanding (generally to be assessed by the doctor with advice from others as required) to make a fully informed decision can provide lawful consent to all or part of a paediatric assessment or emergency treatment.

3.9.10 A young person aged 16 or 17 has an explicit right (s8 Family Law Reform Act 1969) to provide consent to surgical, medical or dental treatment and unless grounds exist for doubting their mental health, no further consent is required.

3.9.11 A child who is of sufficient age and understanding may refuse some or all of the paediatric assessment, though refusal can potentially be overridden by a court.

3.9.12 Wherever possible the permission of a parent should be sought for children under sixteen prior to any paediatric assessment and/or other medical treatment.

3.9.13 Where circumstances do not allow permission to be obtained and the child needs emergency medical treatment, the medical practitioner may:

- Regard the child to be of an age and level of understanding to give their own consent;
- Decide to proceed without consent.

3.9.14 In these circumstances, parents must be informed by the medical practitioner as soon as possible and a full record must be made at the time.

3.9.15 In non-emergency situations, when parental permission is not obtained, the social worker and manager must consider whether it is in the child's best interests to seek a court order.

Arranging the paediatric assessments

3.9.16 In the course of s47 enquiries, appropriately trained and experienced practitioners must undertake all paediatric assessments.

3.9.17 Referrals for child protection paediatric assessments from a social worker or a member of the police are made to the local service.

3.9.18 The paediatrician may arrange to examine the child themselves, or arrange for the child to be seen by a member of the paediatric team in the hospital or community.

3.9.19 In cases of suspected abuse, GPs must not perform a detailed examination unless this is agreed by the police and the local authority children's social care.

3.9.20 The assessment may be carried out jointly by a forensic medical examiner and a paediatrician. If a forensic medical examiner is not available, two paediatricians may carry out the assessment provided one has received forensic training.

3.9.21 In these cases, a child abuse investigation team (CAIT) officer should directly brief the doctors and take possession of evidential items.

3.9.22 Single examinations should only be undertaken if the person has the requisite skills and equipment. For further guidance for paediatricians and forensic medical examiners (see the Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse (The Royal College of Paediatrics and Child Health. October 2012)).

3.9.23 In cases of severe neglect, physical injury or penetrative sexual abuse, the assessment should be undertaken on the day of referral, where compatible with the welfare of the child.

3.9.24 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.

3.9.25 In planning the examination, the police CAIT officer and relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings.

3.9.26 Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.

3.9.27 The paediatrician should supply a report to the social worker, GP and, where appropriate, the police. The timing of a letter to parents should be determined in consultation with local authority children's social care and police.

3.9.28 The report should include:

- A verbatim record of the carer's and child's accounts of injuries and concerns noting any discrepancies or changes of story;
- Documentary findings in both words and diagrams;
- Site, size, shape and where possible age of any marks or injuries;
- Opinion of whether injury is consistent with explanation;
- Date, time and place of examination;
- Those present;
- Who gave consent and how (child/parent, written/verbal);
- Other findings relevant to the child (e.g. squint, learning or speech problems etc);
- Confirmation of the child's developmental progress (especially important in cases of neglect);
- The time the examination ended.

3.9.29 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

3.10 Outcome of s47 enquiries

3.10.1 Local authority children's social care is responsible for deciding how to proceed with the enquiries based on the strategy meeting/discussion and taking into account the views of the child, their parents and other relevant parties (e.g. a foster carer).

During the enquiry the scope and focus of the assessment will be that of a risk assessment which:

- Identifies the cause for concern;
- Evaluates the strengths of the family;
- Evaluates the risks to the child/ren;
- Considers the child's needs for protection;
- Evaluates information from all sources and previous case records;
- Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare;
- Considers how these risks can be managed.

It is important to ensure that both immediate risk assessment and long term risk assessment are considered. See also Part A, chapter 2, Referral and assessment.

Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child is to be discharged from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs).

3.10.2 At the completion of a s47 enquiry, local authority children's social care must evaluate and analyse all the information gathered to determine if the threshold for significant harm has been reached.

3.10.3 The outcome of the s47 enquiries may reflect that the original concerns are:

- Not substantiated; although consideration should be given to whether the child may need services as a child in need;
- Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference should be called;
- Substantiated but child is not judged to be at continuing risk of significant harm.

Concerns are not substantiated

3.10.4 Where the concerns are not substantiated, the local authority children's social care manager must authorise the decision that no further action is necessary, having ensured that the child, any other children in the household and the child's carers have been seen and spoken with.

3.10.5 The social worker should discuss the case with the child, parents and other professionals and determine whether support services may be helpful. They should consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this. Arrangements should be noted for future referrals, if appropriate.

Concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm

3.10.6 Where concerns are substantiated and the child is assessed to be at risk of significant harm, there must be a child protection conference within 15 working days of the strategy discussion, or the strategy discussion at which section 47 enquiries were initiated, if more than one has been held; Suitable multi-agency arrangements must be put in place to safeguard the child until such time as the Initial Child Protection Conference has taken

place. The local authority children's social worker and their line manager will coordinate and review such arrangements.

Concerns substantiated, but child not judged to be at continuing risk of significant harm

3.10.7 There may be substantiated concerns a child has suffered significant harm, and the agencies most involved, having ensured the child, any other children in the household and the child's carers have been seen and spoken with, agree that a plan for ensuring the child's future safety and welfare can be implemented without a child protection conference.

3.10.8 In these circumstances the Core Assessment should be completed and consideration given to the use of multi-agency meetings to develop, implement and review the child in need plan.

Feedback from enquiries

3.10.9 The local authority children's social worker is responsible for recording the outcome of the s47 enquiries consistent with the requirements of the relevant recording system. The outcome should be put on the child's electronic record with a clear record of the discussions, authorised by the local authority children's social care manager.

3.10.10 Notification, verbal or written, of the outcome of the enquiries, including an evaluation of the outcome for the child, should be given to all the agencies who have been significantly involved, the parents and children of sufficient age and appropriate level of understanding, in particular in advance of any initial child protection conference that is convened. This information should be conveyed in an appropriate format for younger children and those people whose preferred language is not English. See Part B, chapter 5, Working with interpreters/communications facilitators.

3.10.11 Feedback about outcomes should be provided to non-professional referrers in a manner that respects the confidentiality and welfare of the child.

3.10.12 If there are ongoing criminal investigations, the content of the local authority children's social worker's feedback should be agreed with the police.

3.10.13 Where the child concerned is living in a residential establishment which is subject to inspection, the relevant inspectorate should be informed.

Disputed decisions

3.10.14 Where local authority children's social care have concluded that an initial child protection conference is not required but professionals in other agencies remain seriously concerned about the safety of a child, these professionals should seek further discussion with the local authority

children's social worker, their manager and/or the designated safeguarding professional lead. The concerns, discussion and any agreements made should be recorded in each agency's files.

3.10.15 If concerns remain, the professional should discuss with a designated/ named/lead person or senior manager in their agency. If concerns remain the agency may formally request that local authority children's social care convene an initial child protection conference. Local authority children's social care should convene a conference where one or more professionals, supported by a senior manager/named or designated professional requests one.

3.10.16 If this approach fails to achieve agreement, the procedures for resolution of conflicts should be followed. See Part B, chapter 11, Professional conflict resolution.

3.11 Timescales

Routine

3.11.1 From when local authority children's social care receive a referral or identify a concern of risk of significant harm to a child:

- The initial strategy meeting/discussion which instigates the s47 enquiry must take place within three days;
- The multi-agency assessment taking place along with the s47 enquiries must be completed in a timely manner with progress being reviewed by a line manager regularly to avoid any unnecessary delay (local area agreements/protocols may stipulate different timescales)

3.11.2 The maximum period from the strategy meeting/discussion of an enquiry to the date of the initial child protection conference is 15 working days. In exceptional circumstances where more than one strategy meeting/discussion takes place the timescale remains as 15 working days from the strategy meeting/discussion which initiated the s47 enquiries. A strategy meeting may agree an extended timescale in exceptional circumstances such as Fabricated and induced illness for example.

3.12 Recording

3.12.1 A full written record must be completed by each agency involved in a s47 enquiry, using the required agency pro-forma, authorised and dated by the staff.

3.12.2 The responsible manager must countersign/authorise local authority children's social care s47 recording and forms.

3.12.3 Practitioners should, wherever possible, retain rough notes in line with local retention of record procedures until the completion of anticipated legal proceedings.

3.12.4 Local authority children's social care recording of enquiries should include:

- Agency checks;
- Content of contact cross referenced with any specific forms used;
- Strategy meeting/discussion notes;
- Details of the enquiry;
- Body maps (where applicable);
- Assessment including identification of risks and how they may be managed;
- Decision making processes;
- Outcome/further action planned.

3.12.5 At the completion of the enquiry, the social work manager should ensure that the concerns and outcome have been entered in the recording system including on the child's chronology and that other agencies have been informed.

4. Child Protection Conferences

4.1 Child protection conferences

All conferences

Note: Some Local Safeguarding Children Boards may have models or approaches as an integral part of their child protection framework, for example a Strengthening Families approach or Signs of Safety model, these approaches support assessment of risk using a strength and resilience model to engage children, young people and families. The models outline how child protection conferences will share and organise information and make a decision as to whether a plan needs to be in place to reduce the risk of harm to the child. It is advisable to enquire about the local approach to conferences although the basic principles in this chapter will remain the same.

4.1.1 A child protection conference brings together family members (and the child/ren where appropriate), supporters/advocates and those professionals most involved with the child and family to make decisions about the child's future safety, health and development. If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

4.1.2 The tasks for all conferences are to:

- Bring together and analyse, in an inter-agency setting the information which has been obtained about the child's developmental needs, and the parents' capacity to respond to these needs to ensure the child's safety and promote the child's health and development within the context of their wider family and environment;
- Consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, to decide whether the child is at risk of significant harm;
- Recommend what future action is required in order to safeguard and promote the welfare of the child, including the child becoming the subject of a child protection plan, what the planned developmental outcomes are for the child and how best to intervene to achieve these;
- Appoint a lead social worker from local authority children's social care for each child who requires a child protection plan. The social worker is responsible for ensuring that the child protection plan is developed, co-ordinated and fully implemented to timescale;
- Identify a core group of professionals and family members to develop, implement and review the progress of the child protection plan;

- Put in place a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

4.1.3 The local authority children's social care manager is responsible for making the decision to convene a child protection conference and the reasons for calling the conference (or not calling a conference following completion of a s47 enquiry) must be recorded.

4.1.4 A conference should be convened, if requested by a professional, supported by a senior manager/named or designated professional. If there is disagreement about the decision to hold the conference between agencies, the conflict resolution procedures should be applied. See Part B, chapter 11, Professional conflict resolution.

Types of conferences

4.1.5 Depending on the circumstances there are several different types of child protection conferences:

- Initial conferences;
- Pre-birth conferences;
- Transfer in conferences;
- Review conferences.

Note: All types of child protection conferences should include not only the child subject of the specific concerns but must also include consideration of the needs of all other children in the household.

4.1.6 An initial child protection conference must be convened when the outcome of the s47 enquiry confirms that the child is suffering, or is likely to suffer, significant harm. The local authority children's social care manager is responsible for making the decision on the completion of the s47 enquiry.

4.1.7 The initial child protection conference should take place within 15 working days of:

- The first strategy meeting/discussion when the section 47 enquiries were initiated; or
- Notification by another local authority that a child subject of a child protection plan has moved into the borough.

4.1.8 If there is an emergency protection order (EPO) and it is decided to hold a child protection conference, the conference should, whenever possible, be held before the EPO expires.

4.1.9 Where a child assessment order has been made, the conference should be held immediately on conclusion of examinations and assessments.

4.1.10 Any delay must have written authorisation from the operational service manager (including reasons for the delay) and local authority children's social care must ensure risks of harm to the child are monitored and action taken to safeguard the child.

4.1.11 A pre-birth conference is an initial child protection conference concerning an unborn child. Such a conference has the same status and must be conducted in a comparable manner to an initial child protection conference. The timing of the conference should be carefully considered bearing in mind the need for early action to allow time to plan for the birth.

4.1.12 Pre-birth conferences should always be convened where there is a need to consider if a multi-agency child protection plan is required. This decision will usually follow from a pre-birth assessment.

4.1.13 A pre-birth conference should be held where:

- A pre-birth assessment gives rise to concerns that an unborn child may be at risk of significant harm;
- A previous child has died or been removed from parent/s as a result of significant harm;
- A child is to be born into a family or household that already has children who are subject of a child protection plan;
- An adult or child who is a risk to children resides in the household or is known to be a regular visitor.

4.1.14 Other risk factors to be considered are:

- The impact of parental risk factors such as mental ill health, learning disabilities, substance misuse and domestic abuse. See Part B for Guidance.
- A mother under 16 years of age and any about whom there are concerns regarding her ability to self-care and / or to care for the child.

4.1.15 All agencies involved with pregnant women, where there are concerns about the unborn, should consider whether there is the need for an early referral to local authority children's social care so that assessments are undertaken as early as possible in the pregnancy.

4.1.16 The pre-birth conference should take place as soon as practical and at least ten weeks before the due date of delivery, so as to allow as much time as possible for planning support for and any further assessments of the baby and family. Where there is a known likelihood of a premature birth, the conference should be held earlier.

4.1.17 Transfer in conferences should take place when a child, who is the subject of a child protection plan, moves from the original local authority area to another local authority area to live there permanently. See Part A,

Chapter 6.6, Transfer in conference. Children's social care, designated health professionals and the police should be notified promptly.

4.1.18 The transfer in conference should receive reports from the original local authority and the original authority should be invited to attend the conference which should take place within 15 working days of the notification. Such a conference has the same status and purpose and must be conducted in a comparable manner to an initial child protection conference.

4.1.19 Responsibility for the case rests with the originating authority until the conference has been held, but local staff should co-operate with the key worker from the originating authority to implement the child protection plan and record a 'temporary child protection plan' on the child's social care record.

4.1.20 The transfer conference is an initial conference. Discontinuation of the child protection plan at conference should only be agreed following full assessment of child and family in their new situation.

4.1.21 A review conference is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child is suffering, or is likely to suffer, significant harm and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings. For further guidance see the Children Act 1989 Guidance and Regulations, revised 2008 and the Public Law Proceedings Guide to Case Management 2010.

If not, then the child should no longer be the subject of a child protection plan and the conference should consider what continuing support services may benefit the child and family and make recommendations accordingly.

4.1.22 Thorough regular review is critical to achieving the best possible outcomes for the child and includes:

- Sharing and analysing up-to-date information about the child's health, development and functioning and the parent's capacity to ensure and promote the child's welfare;
- Maintaining contact with Health professionals such as GPs, Health Visitors, Emotional Well-being and mental health service and adult mental health service professionals about the child;

- Considering the impact on the child of the capacity and functioning of the parent/carer;
- Ensuring that the measures already in place to safeguard the child from harm are effective and in line with local arrangements;
- Regularly reviewing the progress of all aspects of the Child Protection Plan;
- Making changes to the child protection plan (e.g. where a family is not co-operating);
- Deciding what action is required to safeguard the child if there are changes to the child's circumstances;
- Setting or re-setting desired outcomes and timescales;
- Seeking and taking into account the child's (possibly changed) wishes and feelings;
- Making judgements about the likelihood of the child suffering significant harm in the future;
- Deciding whether there is a need for a new assessment.

4.1.23 The first child protection review conference should be held within three months of the date of the initial child protection conference.

4.1.24 Further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. If the initial conference is a pre-birth conference ideally this should take place at 30 weeks gestation and then a review conference should take place within one month of the child's birth. Subsequent review conferences should take place within six months thereafter.

4.1.25 For cases of neglect a referral back to the police for a discussion around criminal threshold should be done when either a cases is acute from the outset or the chronic cases do not see improvements

4.1.26 All review conferences should consider the timescales to meet the needs and safety of the child. An infant or child under the age of 5 where there are serious concerns about the levels of risk might require the timescales to be shorter than those set above. The decisions should reflect the circumstances of the child and the impact on the child of the concerns rather than any agency constraints.

Additionally, some Local Safeguarding Children Boards have systems in place to routinely review children, who have been subject of a Child Protection plan for over 2 years to reconsider the progress of the plan. Such systems should be specifically concerned about children under the age of 5 years.

4.1.27 Reviews should be brought forward where/when:

- Child protection concerns relating to a new incident or allegation of abuse have been sustained;

- There are significant difficulties in carrying out the child protection plan;
- A child is to be born into the household of a child or children already subject of child protection plans;
- An adult or child who poses a risk to children is to join, or commences regular contact with, the household;
- There is a significant change in the circumstances of the child or family not anticipated at the previous conference and with implications for the safety of the child;
- A child subject of a child protection plan is also looked after by the local authority and consideration is being given to returning them to the circumstances where care of the child previously aroused concerns (unless this step is anticipated in the existing child protection plan);
- The core group believe that an early cancellation of the need for a child protection plan should be considered.

4.2 Looked after children and child protection conferences

Looked after children with child protection plans

4.2.1 Children who are already looked after will not usually be the subject of child protection conferences, though they may be the subject of a s47 enquiry. The circumstances in which a child who is looked after may be subject to a child protection plan or be considered for a child protection conference would be:

- A child, who is the subject of an interim care order, who remains at home pending the outcome of the final family court proceedings hearing;
- A child, who is subject of proceedings without any order, pending the outcome of the final family court proceedings hearing;
- A child subject to a care order who is to be returned to their birth family/ returned home;
- When a child in care is returned to parents/carers in court proceedings against the recommendation of the local authority, a review child protection conference must be convened to consider the risks and implications for the protection plan.
- A child looked after under s20 of the Children Act 1989 who has been or is about to be returned to a parent's care about whom there are concerns in terms of safeguarding the child's welfare; see The Care Planning, Placement and Case Review (England) Regulations 2010 and The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Review 2011

4.2.2 If it is proposed that a child subject to a care order should be returned to their birth family/returned home, the members of the statutory looked after child case review para 4.3 of Regulations and Guidance Volume 2 (2011) considering the proposal for rehabilitation must decide and record

whether an initial child protection conference should be convened. If the decision of the Review is that an initial child protection conference should be convened, the child's social worker must request it.

4.2.3 If a parent removes or proposes to remove a child looked after under s20 from the care of the local authority and there are serious concerns about that parent's capacity to provide for the child's needs and protect them from significant harm, the local authority social worker must discuss the case with the local authority children's social care manager and make a decision about whether a child protection enquiry should be initiated. If a child protection enquiry is initiated, the reasons for this must be clearly recorded on the child's record and may lead to an initial child protection conference. In such circumstances, the local authority children's social care social worker and manager should consider whether legal action is required to protect the child.

Children with child protection plans who become looked after

4.2.4 If a child subject of a child protection plan becomes looked after under s20, their legal situation is not permanently secure and the next child protection review conference should consider the child's safety in the light of the possibility that the parent can simply request their removal from the local authority's care. The child protection review conference must be sure that the looked after child care plan provides adequate security for the child and sufficiently reduces or eliminates the risk of significant harm identified by the initial child protection conference.

4.2.5 If a child ceases to be subject of a child protection plan as a result of a decision at a child protection review conference, and the parent then unexpectedly requests the return of the child from the local authority's care, the local authority children's social care social worker and manager should discuss the need for an initial child protection conference. The social worker must record the reasons for the decision whether or not to hold a conference.

4.2.6 If a court grants a care order in respect of a child who is subject of a child protection plan, the subsequent child protection review conference must make an assessment about the security of the child, considering issues such as contact and the looked after care plan for the child. If the care plan for the child involves remaining in or returning to the family of origin, the child protection review conference should give careful consideration to whether the child can be adequately protected through the framework of the child care reviews.

Review conferences and children who are looked after

4.2.7 Where a looked after child remains the subject of a child protection plan there must be a single plan and a single planning and reviewing process, led by the Independent Reviewing Officer (IRO). This means that the timing of the review of the child protection aspects of the care plan under

the requirements of these SET Child Protection Procedures should be the same as the review under the Care Planning, Placement and Case Review (England) Regulations 2010 (also see the IRO Handbook) and the accompanying statutory guidance Putting Care into Practice. This will ensure that up to date information in relation to the child's welfare and safety is considered within the review meeting and informs the overall care planning process.

4.2.8 Consideration should be given to whether the criteria continue to be met for the child to remain the subject of a child protection plan and consideration to bring forward a Review conference should be addressed. Significant changes to the care plan should only be made following the looked after child's review.

4.2.9 Consideration should be given to the IRO chairing the child protection conference where a looked after child remains the subject of a child protection plan despite there being:

- Different requirements for independence of the IRO function compared to the chair of the child protection conference; and
- A requirement for the child protection conference to be a multi-agency forum while children for the most part want as few external people as possible at a review meeting where they are present.

4.2.10 This should be decided on an individual case basis and managed to ensure that the independence of the independent reviewing officer is not compromised. Similarly the child might benefit from another independent chair and where it is possible should be consulted about the use of the IRO as chair. Where it is not possible for the IRO to chair the child protection conference the IRO will attend the child protection review conference.

4.3 Membership of child protection conference

4.3.1 A conference should consist of only those people who have a significant contribution to make due to their knowledge of the child and family or their expertise relevant to the case.

4.3.2 A child protection conference will involve statutory agencies that work with children and families, as and when there is actual involvement in a child's situation:

- Children's services (registered local authority children's social work professionals who have led and been involved in an assessment of the child and family, and their first line manager);
- Schools, colleges, nurseries etc.;
- Police;
- Health (e.g. health visitor, school nurse, paediatrician, GP, Emotional Well-being and mental health service)

4.3.3 All initial conferences must have representatives of local authority children's services and the police in attendance

Others likely to be included:

- The child as appropriate or their representative; (see 4.4)
- Parents and those with parental responsibility;
- Family members (including the wider family);
- Foster carers (current or former);
- Residential care staff;
- Offender Management Services
- Professionals involved with the child (e.g. early years staff);
- Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition (e.g. a disability or long term illness);

4.3.4 Invitations to conference should be provided to all professionals with a need to know or who have a contribution to the task involved. These may include:

- Local authority legal services (child protection), if it is anticipated that legal advice will be required;
- The child/ren's guardian where there are current court proceedings;
- Professionals involved with the parents or other family members (e.g. family support services, adult mental health services, probation, the GP; education welfare service professionals;
- Midwifery services where the conference concerns an unborn or new-born child;
- Probation or the Youth Offending Service;
- Local authority housing services;
- Domestic violence adviser;
- Alcohol and substance abuse services;
- A representative of the armed services, in cases where there is a service connection;
- Any other relevant professional or service provider;
- A supporter/advocate for the child and/or parents (e.g. a friend or solicitor); solicitors must comply with the Law Society guidance: Attendance of solicitors at local authority Children Act meetings 2013. The solicitor for a parent or child may attend in the role of representative of child or supporter of parent to assist her/his clients to participate and, with the independent chair's permission to speak on their behalf.

4.3.5 A professional observer can only attend with the prior consent of the Chair and the family, and must not take part in discussions or decision-making.

4.3.6 Professionals who are invited but unable to attend for unavoidable reasons should:

- Inform the conference administrator;
- Submit a written report; and
- Arrange for a well-briefed agency representative to attend and speak to the report.

Agencies are expected to share a report about the child and family in written form with the family and other agencies as appropriate, prior to the conference, whether or not they are able to attend the conference. See section 4.7 Information for conference.

4.3.7 Babies and young children should not normally be present during the conference as they will cause distraction from the focus of the meeting. Parents should be assisted to make arrangements for their care where necessary.

Location, timing and safety for conferences

4.3.8 The location and timing of the conference should be planned to ensure maximum attendance from the most critical attendees. In exceptional circumstances it may be considered for key professionals to contribute via conference calls. Conferences should not be scheduled for times when parents will be busy looking after children at home (e.g. after the end of the school day). Wherever possible, local authority children's social care should provide parents with the opportunity to utilise appropriate day care for their children to enable their attendance at the conference.

4.3.9 Local authority children's social care is responsible for taking into account health and safety issues and security arrangements when planning each conference. See also section 4.5, Exclusion of family members from a conference.

Conference quorum

4.3.10 As a minimum quorum, at every conference there should be attendance by local authority children's social care and at least two other professional groups or agencies, which have had direct contact with each child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services.

4.3.11 In exceptional circumstances, the Independent Chair may decide to proceed with the conference despite lack of agency representation. This would be relevant where:

- A child has not had relevant contact with three agencies (e.g. pre-birth conferences);
- Sufficient information is available; and

- A delay will be detrimental to the child.

4.3.12 Where an inquorate conference is held, if the Independent Chair has enough information they could make an interim plan and an early review conference should be arranged.

4.4 Involving children and family members

4.4.1 It is important that the principles of partnership with children, parents/carers and important family members are maintained in the child protection process. The following are minimum requirements for all attendees of the conference and the responsibility of the Independent Chair of the conference to uphold:

- Parents must be invited and encouraged to participate in all child protection meetings unless it is likely to prejudice the welfare of the child.
- Parents should be supported to enable them to participate by timely preparation and information, such as leaflets, being provided about the process and their role.
- Advocates should be facilitated to support parents.
- A meeting with the Independent Chair prior to the meeting should take place.
- Those parents for whom English is not a first language must be offered and provided with an interpreter, if required. A family member should not be expected to act as an interpreter of spoken or signed language. See Part B, chapter 5, Working with interpreters/communications facilitators.

It may be necessary to exclude one or more family members from a conference, in whole or in part. Where a parent attends only part of a conference as a result of exclusion, they must receive the record of the conference. The Independent Chair should decide if the entire record is provided or only that part attended by the excluded parent (see section 4.5, Exclusion of family members from a conference).

4.4.2 Explicit consideration should be given to the potential for conflict between family members and possible need for children or adults to speak without other family members present e.g. always consider this where there is domestic abuse.

4.4.3 The child, subject to their level of understanding, needs to be given the opportunity to contribute meaningfully to the conference.

4.4.4 In practice, the appropriateness of including an individual child must be assessed in advance and relevant arrangements made to facilitate attendance at all or part of the conference.

4.4.5 Where it is assessed, in accordance with the criteria below, that it would be inappropriate for the child to attend, alternative arrangements should

be made to ensure their wishes and feelings are made clear to all relevant parties (e.g. use of an advocate, written or taped comments).

Criteria for presence of child at conference, including direct involvement

4.4.6 The primary questions to be addressed are:

- Does the child have sufficient understanding of the process?
- Have they expressed an explicit or implicit wish to be involved?
- What are the parents' views about the child's proposed presence?
- Is inclusion assessed to be of benefit to the child?

4.4.7 The test of 'sufficient understanding' is partly a function of age and partly the child's capacity to understand. The following approach is recommended:

- A (rebuttable) presumption that a child of less than twelve years of age is unlikely to be able to be a direct and/or full participant in a forum such as a child protection conference;
- A presumption (also rebuttable by evidence to the contrary) that from the age of twelve and over, a child should be offered such an opportunity.

4.4.8 A declared wish not to attend a conference (having been given a full and clear explanation of the process) must be respected.

4.4.9 Consideration should be given to the views of and impact on parent/s of their child's proposed attendance.

4.4.10 Consideration must be given to the impact of the conference on the child (e.g. if they have a significant learning difficulty or where it will be impossible to ensure they are kept apart from a parent who may be hostile and/or attribute responsibility onto them). Consideration must be given in particular to the extent to which it is appropriate for a child to hear details of a parent's personal difficulties and a parent's view about this must be respected.

4.4.11 In such cases, energy and resources should be directed toward ensuring that, by means of an advocate and/or preparatory work by a social worker, the child's wishes and feelings are effectively represented.

Direct involvement of a child in a conference

4.4.12 In advance of the conference, the Independent Chair and social worker should agree whether:

- The child attends for all or part of the conference, taking into account confidentiality or parents and/or siblings;
- The child should be present with one or more of their parents;

- The Independent Chair meets the child alone or with a parent prior to the meeting.

4.4.13 If a child attends all or part of the conference, it is essential that they are prepared by the social worker or independent advocate who can help them prepare a report or rehearse any particular points that the child wishes to make.

4.4.14 Provision should be made to ensure that a child who has any form of disability is enabled to participate.

4.4.15 Consideration should be given to enabling the child to be accompanied by a supporter or an advocate.

Indirect contributions when a child is not attending

4.4.16 Indirect contributions from a child should, whenever possible, include a pre-meeting with the independent conference Chair.

4.4.17 Other indirect methods include written statements, e-mails, text messages and taped comments prepared alone or with independent support, and representation via an advocate.

4.4.18 Childcare professionals should all be able to represent a child's views and a particular responsibility falls upon the social worker to do so. It is more important that the child feels involved in the whole process of child protection assessment rather than merely receiving an invitation to the conference.

4.5 Exclusion of family members from a conference

4.5.1 The Independent conference Chair, or other participants, must be notified as soon as possible by the social worker if it is considered necessary to exclude one or both parents for all or part of a conference. The Independent Chair should make a decision according to the following criteria:

- Indications that the presence of the parent may seriously prejudice the welfare of the child;
- Sufficient evidence that a parent may behave in such a way as to interfere seriously with the work of the conference such as violence, threats of violence, racist or other forms of discriminatory or oppressive behaviour, or being in an unfit state (e.g. through drug, alcohol consumption or acute mental health difficulty). In their absence, a friend or advocate may represent them at the conference;
- A child requests that the parent / person with parental responsibility is not present while they are present;
- The presence of one or both parents would prevent a professional from making their proper contribution through concerns about

violence or intimidation (which should be communicated in advance to the Independent conference Chair).

- The need (agreed in advance with the Independent conference Chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a criminal investigation;
- Conflicts between different family members who may not be able to attend at the same time (e.g. in situations of domestic abuse).

4.5.2 Where a worker from any agency believes a parent should, on the basis of the above criteria, be excluded, representation must be made, if possible at least three working days in advance, to the Independent Chair of the conference.

4.5.3 The agency concerned must indicate which of the grounds it believes is met and the information or evidence on which the request is based. The Independent Chair must consider the representation carefully and may need legal advice.

4.5.4 If, in planning a conference, it becomes clear to the Independent Chair that there may be a conflict of interest between the children and the parents, the conference should be planned so that the welfare and safety of the child remains paramount.

4.5.5 Any exclusion period should be for the minimum duration necessary and must be clearly recorded in the conference record.

4.5.6 It may also become clear in the course of a conference that its effectiveness will be seriously impaired by the presence of the parent/s. In these circumstances the Independent Chair may ask them to leave.

4.5.7 Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the Independent Chair to ensure that the police representative can fully present their information and views and also that the parents participate as fully as circumstances allow. This might mean that if the police representative is a police officer they may be asked to leave a conference after providing information. It is not appropriate for a police officer to administer a caution to parents prior to the conference; the purpose of the conference is to enable analysis and not to progress a criminal investigation.

4.5.8 The decision of the Independent Chair over matters of exclusion is final regarding both parents and the child/ren.

4.5.9 If, prior to the conference, the Independent Chair has decided to exclude a parent, this must be communicated in writing with information on how they may make their views known, how they will be told the outcome of the conference and about the complaints procedure. See section 4.11, Professional dissent from the conference decision and 4.12, Complaints by children and/or parents.

4.5.10 Those excluded should be provided with a copy of the social worker's report to the conference and be provided with the opportunity to have their views recorded and presented to the conference. The Independent Chair will determine whether or not the excluded parent should receive the record of the conference. If circumstances change the social worker should consult with the Independent Chair whether the excluded parent should now receive the record of the conference.

4.5.11 If a decision to exclude a parent is made, this must be fully recorded in the record. Exclusion at one conference is not reason enough in itself for exclusion at further conferences.

4.6 The absence of parents and/or children

4.6.1 If parents and/or children do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:

- The use of an advocate or supporter to attend on behalf of the parent or child;
- Enabling the child or parent to write or tape or use drawings to represent their views;
- Agreeing that the social worker, or any other professional, expresses their views.

4.7 Information for the conference

4.7.1 In order for the conference to reach well-informed decisions based on evidence, it needs adequate preparation and sharing of information on the child/ren's needs and circumstances by all agencies that have had significant involvement with the child and family, including those who were involved in the assessment and the s47 enquiry. All reports must be clear and distinguish between facts, allegations and opinions.

Local authority children's social care report

4.7.2 Local authority children's social care should provide all conferences with a written report that summarises and analyses the information obtained in the course of the assessment undertaken in conjunction with the child protection enquiries under s47 of the Children Act 1989 and information in existing records relating to the child and family. Reports to review conferences should include a clear analysis of the implementation and progress of the child protection plan including any new information or obstacles to implementation. The report for a child protection conference should be consistent with the information set out in local LSCB procedures.

4.7.3 Where decisions are being made about more than one child in a family the report should consider the safeguarding needs of each child.

4.7.4 The record of the assessment by the social worker should form a part of the report.

4.7.5 The conference report should include information on the dates the child was seen by the social worker during the course of the section 47 enquiries, if the child was seen alone and if not, who was present and for what reasons.

4.7.6 All children in the household need to be considered and information must be provided about the needs and circumstances of each of them, even if they are not the subject of the conference.

4.7.7 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least two working days in advance of the initial conferences and a minimum of five working days before review conferences to enable any factual errors to be corrected and the family to comment on the content.

4.7.8 The report should be available to the Independent conference Chair at least two working days prior to the initial conference and five working days in advance of the review conference.

Reports from other agencies

4.7.9 Information by all agencies about their involvement with the family should be submitted in a written, legible and signed report for the conference. The report should be available to the Independent conference Chair and other attendees including parents two working days in advance of the conference and five working days for a review conference. All agencies should have a conference report pro-forma, approved by the Local Safeguarding Children Board. The report should be discussed with the child, if appropriate and the family prior to the conference (to the extent that it is believed to be in their interests).

Information from children and families

4.7.10 Children and family members should be helped in advance to consider what they wish to convey to the conference, how they wish to do so and what help and support they will require (e.g. they may choose to communicate in writing, by tape or with the help of an advocate).

4.7.11 Families may need to be reminded that submissions need to be sufficiently succinct to allow proper consideration within the time constraints of the child protection conference.

See section 4.4, Involving children and family members.

4.8 Chairing the conference

Conference Chair

4.8.1 The Chair of a child protection conference will be a local authority children's social care manager or an independent Chair, accountable to the Director of Children's Services on behalf of the LSCB. They must not have or have had operational or line management responsibility for the case. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child

4.8.2 If a decision is made that a child requires a protection plan to safeguard their welfare, the Independent Chair should ensure that:

- The risks to the child are stated and what is needed to change is specified;
- A qualified local authority children's social worker is identified as a lead social worker to develop, co-ordinate and implement the child protection plan;
- A core group is identified of family members and professionals;
- A date is set for the first core group meeting within ten working days of the initial conference and timescales set for subsequent meetings (at maximum intervals of every six weeks);
- A date for the child protection review conference is set;
- The outline child protection plan is formulated and clearly understood by all concerned including the parents and, where appropriate, the child.
- The Independent Chair should ensure that the frequency of social work visits to the child are determined as a minimum every four weeks

4.8.3 If the conference determines that a child does not need the specific assistance of a protection plan but does need help to promote their welfare, the Independent Chair must ensure that:

- The conference draws up a child in need plan or makes appropriate recommendations for a plan.
- The conference considers any local protocols in place referred to as “step down procedures” or Family Group Conference processes.

4.9 The child protection plan

Threshold for a child protection plan

4.9.1 The conference should consider the following question when determining whether a child requires a multi-agency child protection plan:

- Has the child suffered significant harm? and
- Is the child likely to suffer significant harm in the future?

4.9.2 The test for likelihood of suffering harm in the future should be that either:

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

4.9.3 If a child is likely to suffer significant harm, then they will require multi-agency help and intervention delivered through a formal child protection plan and/or consideration of legal proceedings.

4.9.4 The primary purposes of this plan are to:

- ensure the child is safe from harm and prevent him or her from suffering further harm;
- promote the child's health and development; and
- support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.

Decision that a child needs a child protection plan

4.9.5 If a decision is taken that the child is likely to suffer significant harm and hence in need of a child protection plan, the Independent Chair should determine which category of abuse or neglect the child has suffered or is at risk of suffering. The category used (that is physical, emotional, sexual abuse or neglect, see Part A, chapter 1, Responding to concerns of abuse and neglect for definitions) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became the subject of a child protection plan.

4.9.6 The need for a protection plan should be considered separately in respect of each child in the family or household.

4.9.7 Where a child is to be the subject of a child protection plan, the conference is responsible for recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others.

4.9.8 The outline plan should:

- Describe specific, achievable, child-focused outcomes intended to safeguard each child;
- Describe the types of services required by each child (including family support) to promote their welfare;
- Set a timescale for the completion of the assessment, if appropriate;
- Identify any specialist assessments of each child and the family that may be required to ensure that sound judgements are being/can be made on how best to safeguard each child and promote their welfare;
- Clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- Identify the resource implications for each agency as far as possible and determine the agency representation, who can commit agency resources, to the first core group meeting;
- Lay down points at which progress will be reviewed, the means by which progress will be judged and who will monitor this;
- Develop a robust contingency plan to respond if the family is unable to make the required changes and the child continues to be at risk of significant harm (e.g. recommend the consideration of legal action and the circumstances which would trigger this).

4.10 Child does not require a protection plan

4.10.1 If the conference decides that a child is not likely to suffer significant harm then the conference may not make the child the subject of a child protection plan. The child may nevertheless require services to promote his or her health or development. In these circumstances, the conference should consider the child's needs and make recommendations for further help to assist the family in responding to them.

4.10.2 The decision must be put in writing to the parent/s, and agencies as well as communicated to them verbally.

4.10.3 Where there is a need for ongoing multi-agency working a multi-agency meeting should be convened three months after the discontinuation of a child protection plan to provide a formal opportunity to facilitate on-going multi-agency support and provide a first review to a child in need plan.

Discontinuing a current child protection plan

4.10.4 The conference should use the same decision-making process to reach a judgement for when a protection plan is no longer needed. This includes situations where other multi-agency planning might need to replace a protection plan.

4.10.5 A child may no longer need a protection plan if:

- A review conference judges that the child is no longer likely to suffer significant harm and no longer requires safeguarding by means of a child protection plan;
- The child has moved permanently to another local authority when a protection plan can only cease after the receiving authority has convened a transfer child protection conference (see Part A, chapter 6. Children and Families moving across Local Authority boundaries, 6.4 case responsibility) and confirmed in writing responsibility for case management;
- The child has reached eighteen years of age, has died or has been judged to have permanently left the UK, when their name can be removed.

4.10.6 It is permissible for the local authority child protection manager to agree the discontinuing of a child protection plan without the need to convene a child protection review conference only when:

- One or other of the latter two criteria in section 4.10.5 above are satisfied; and the manager has consulted with relevant agencies present at the conference that first concluded that a child protection plan was required.

4.10.7 When the process carried out at section 4.10.6 is followed, the consultation with other agencies and the decision to discontinue the child protection plan must be clearly recorded in the local authority children's social care child's record.

4.10.8 When a child is no longer subject of a child protection plan, notification should be sent, as a minimum, to the agencies' representatives who were invited to attend the initial conference that led to the plan.

4.10.9 When a child protection plan is discontinued, the social worker must discuss with the parents and child/ren what services might be needed and required, based on the re-assessment of the needs of the child and family. A Child in need plan should be developed for any continuing support. The plan should be reviewed at regular intervals of no more than every six months.

4.11 Professional dissent from the conference decision

4.11.1 If an agency does not agree with a decision or recommendation made at a child protection conference, their professional dissent will be recorded in the record of the conference. The procedures to apply the escalation process for professional disagreements should be implemented as soon as practicable after the conference has concluded. See Part B, chapter 11.2, Dissent at/arising from Conference.

4.11.2 Each LSCB and their partner agencies should have a local protocol in place with a policy and procedure to address professional disagreements and dissent about the outcome of child protection conferences as well as core group meetings.

4.12 Complaints by children and/or parents

4.12.1 Parents and, on occasion, children, may have concerns about which they wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection conferences:

- The process of the conference;
- The outcome, in terms of the fact of and/or the category of primary concern at the time the child became the subject of a child protection plan;
- A decision for the child to become, to continue or not to become, the subject of a child protection plan.

4.12.2 Complaints about aspects of the functioning of conferences described above should be addressed to the conference Chair. Such complaints should be passed on to the Chair's manager in local authority children's social care and the local authority complaints manager. These can also be taken through the Local Safeguarding Children Board.

4.12.3 Whilst a complaint is being considered, the decision made by the conference stands.

4.12.4 The outcome of a complaint will either be that a conference is re-convened under a different Chair, that a review conference is brought forward or that the status quo is confirmed along with a suitable explanation. Local protocols may be in place and should be made accessible to parents and families.

4.12.5 Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's own complaints management process.

4.13 Children who are subject of a child protection plan living in another local authority

See Part A, chapter 6, Children and families moving across local authority boundaries.

4.14 Administrative arrangements for child protection conferences

4.14.1 Local authority children's social care is responsible for administering the child protection conference service.

4.14.2 Each Local Safeguarding Children Board must have clear arrangements for the organisation of child protection conferences including:

- Arrangements for sending out invitations to children, parents and professionals;
- Information leaflets for children and for parents translated into appropriate languages;

4.14.3 All conferences should be recorded by a dedicated person whose sole task within the conference is to provide a written record of proceedings in a consistent format.

4.14.4 The conference record, signed by the Independent conference Chair, should be sent to all those who attended or were invited to the conference within 20 working days of the conference. Any amendments should be received within one week of receipt of record.

4.14.5 A copy of the conference record should be given to and discussed with the parents by the local authority social worker within 20 working days. The independent conference Chair may decide that confidential material should be excluded from the parent's copy. The decision letter should be sent to parents within 24 hours of the conference taking place.

4.14.6 Where a friend, supporter or solicitor has been involved, the Independent Chair should clarify with the parent whether a record should be provided for those individuals.

4.14.7 Relevant sections of the record should be explained to and discussed with the child by the local authority social care children's social worker.

4.14.8 The independent conference Chair should decide whether a child should be given a copy of the record. The record may be supplied to a child's legal representative on request.

4.14.9 Where parents and/or the child/ren have a sensory disability or where English is not their first language, the local authority children's social care social worker should ensure that they receive appropriate assistance to understand and make full use of the record. A family member should not be expected to act as an interpreter of spoken or signed language. See Part B, chapter 5, Working with interpreters/communications facilitators.

4.14.10 Conference records are confidential and should not be shared with third parties without the consent of either the independent conference Chair or an order of the court.

4.14.11 In criminal proceedings the police may reveal the existence of child protection records to the Crown Prosecution Service, and in care proceedings the records of the conference may be revealed in the court.

4.14.12 The record of the decisions of the child protection conference should be retained by the recipient agencies in accordance with their record retention policies.

Decision letter

4.14.13 The decision letter, signed by the independent conference Chair, should be sent to all those who attended or were invited to the conference, including the parents and where appropriate the child, within one working day of the conference. The letter should give details of conference decisions and recommendations, the name of the social worker and details about the right to complain.

Managing and providing information about a child

4.14.14 Each local authority should designate an experienced social care manager who has responsibility for:

- Ensuring that records on children who are subject of a child protection plan are kept up to date;
- Ensuring enquiries about children about whom there are concerns or who are subject of child protection plans are recorded and reviewed in the context of the child's known history;
- Managing notifications of movements of children who are subject of a child protection plan, looked after children and other relevant children moving into or out of the local authority area;
- Managing notifications of people who may pose a risk of significant harm to children who are either identified within the local authority area or have moved into the local authority area;
- Managing requests for local authority checks to be made to ensure unsuitable people are prevented from working with children e.g. prospective child minders, foster carers etc.

4.14.15 Information on each child known to local authority children's social care should be kept up-to-date on the local authority's electronic record system. This information should be confidential but accessible at all times to legitimate enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.

5. Implementation of child protection plans

5.1 Introduction

5.1.1 When a conference decides that a child should be the subject of a child protection plan, a qualified and experienced local authority children's social worker must be appointed as the lead social worker to co-ordinate all aspects of the inter-agency child protection plan.

5.1.2 The core group is the forum to co-ordinate this multi-agency work and the membership will have been identified at the initial child protection conference.

5.2 Core group

Responsibilities

5.2.1 The core group is responsible for the detailed formulation and implementation of the child protection plan, previously outlined at the conference. Agencies should ensure that members of the core group undertake their roles and responsibilities effectively in accordance with the agreed child protection plan.

All members of the core group are jointly responsible for:

- Collecting information to assist the lead social worker in completing the assessment;
- Participating in the compilation and analysis of the assessment;
- The formulation and implementation of the detailed child protection plan, specifying who should do what, by when;
- Carrying out their part in implementing the plan including the commitment of identified resources;
- Monitoring and evaluating progress against specified outcomes for the child of the detailed child protection plan;
- Making recommendations to subsequent review conferences about future protection plans and the child's needs being met stipulating specific outcomes;
- Attending core group meetings and reviewing progress to ensure that there is no drift in achieving the aims of the Child Protection Plan;
- The core group must ensure that the child protection plan sets out the frequency for all core group members to see the child and the frequency of all contacts;
- All action points must be clearly recorded, analysis of the risk of harm to the child should be made and all the information should be shared with the lead social worker and the core group. All core group members are responsible for keeping a record of the outcome of the meeting;

- Providing a written report if they are unable to attend the meeting;
- Notifying the core group of any additional adults or children either residing at or frequent visitors to the home address;
- Agreeing an appropriate venue for a core group to be held.

5.2.2 If the lead social worker or any other involved professional has difficulty obtaining direct access to the child, the local authority children's social care manager/child protection adviser should be informed, as well as other core group members. This must result in a plan of action agreed between core group members and the police including consideration of convening a review conference.

Membership

5.2.3 Membership of the core group will have been identified at the initial child protection conference and must include:

- The lead social worker/first line manager. Which one of these professionals chairs the core group is dependent on the complexity of the case;
- The child if appropriate (see Part A, chapter 4.4, Involving children and family members);
- Parents and relevant family members;
- Professionals involved with the child and/or parent;
- Foster carers or residential care staff who will have direct contact with the family.

5.2.4 Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. Where there are conflicts of interest between family members in the work of the core group, the child's best interests should always take precedence.

Timing

5.2.5 The date of the first core group meeting must be within ten working days of the initial child protection conference. After that the core group should meet within six weeks of the first meeting and thereafter every six weeks as a minimum. More regular meetings may be required according to the needs and age of the child.

5.2.6 The first core group meeting date must be arranged at the end of the conference, along with the required frequency of subsequent meetings.

5.2.7 Dates for future meetings must be agreed at the first core group meeting following each conference. Where a meeting needs to be rescheduled, this must be confirmed in writing to all concerned by the lead social worker.

5.3 Formulation of child protection plan

Purpose of child protection plan

5.3.1 The purpose of a child protection plan is to facilitate and make explicit a co-ordinated approach to:

- Ensure that each child in the household is safe and prevent them from suffering further harm;
- Promote the child's health and development (i.e. welfare);
- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

5.3.2 It must be clarified for parents:

- What the causes for concern are that have resulted in the decision that a child needs a child protection plan;
- What needs to change and contingency plans if not; and expected timescale;
- What the intended outcomes of the intervention and services are;
- What is expected of them as part of the plan for safeguarding the child.

5.3.3 Review of progress on achieving the outcomes set out in the child protection plan and consideration as to whether changes need to be made should be an agenda item at each review conference and core group meeting. Contingency plans should be made, if there is no evidence of change in relation to the child's safety and welfare.

5.3.4 The child protection plan may be used as evidence, in any legal proceedings, of the efforts that have been made to work in partnership (this must be made clear to parents).

For further details about the development of the CP plan, the interventions and services including the decision making see Part B, chapter 8, Best practice for the implementation of child protection plans.

Detailed child protection plan

5.3.5 The lead social worker must ensure that there is a record of the core group meetings and must ensure that they formulate the detailed child protection plan in the form of a written plan. Each Local Safeguarding Children Board should ensure that standard arrangements for the recording of the written plan are in place. Other agencies may take responsibility for recording the notes of the meeting.

5.3.6 The child protection plan should take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are

consistent with the child's welfare. The lead social worker should make every effort to ensure that the child/ren and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it.

The completed child protection plan should be explained to the child in a manner which is in accordance with their age and understanding. The child should be given a copy of the plan written at a level appropriate to their age and understanding, and in their preferred language.

5.3.7 Professionals should ensure that the parents understand:

- The evidence of the child suffering significant harm, or likely significant harm, which resulted in the child becoming the subject of a child protection plan;
- What needs to change and the timescales;
- What is expected of them in the plan to safeguard the child.

5.3.8 If the parents' preferences have not been accepted in the plan about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Parents should be told about their right to complain and make representations, and how to do so.

5.3.9 All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the child protection plan.

5.3.10 Copies of the notes and the written plan should be circulated to core group members within ten working days of the core group meeting. Implementation of the child protection plan must begin immediately.

5.3.11 Any disagreements should have been discussed at the core group meeting, recorded with reasons and reflected appropriately in the written plan. It is permissible to rely on electronic signatures or emails confirming acceptance of an agency's responsibilities under the child protection plan, but all such signatures and emails must be collected in the child's local authority children's social care record.

5.3.12 The child protection plan should also be on the adult service user's record if the parent is known to local authority adult social care or health services.

5.3.13 All agencies are responsible for the implementation of the child protection plan and all professionals must ensure they are able to deliver their commitments or, if not possible, that these are re-negotiated.

5.4 The lead social worker role

5.4.1 It is important that the role of the lead social worker is fully explained at the initial child protection conference and at the core group.

5.4.2 At every initial or pre-birth conference, where a child protection plan is put into place, the conference chair must name a qualified social worker, identified by the local authority children's social care manager, to fulfil the role of lead social worker for the child.

5.4.3 The lead social worker should complete the assessment of the child and family, securing contributions from core group members and others as necessary. They should co-ordinate the contribution of family members and other agencies to plan the actions which need to be taken, put the child protection plan into effect, and review progress against the planned outcomes set out in the plan.

5.4.4 The lead social worker should also regularly ascertain the child's wishes and feelings, and keep the child up to date with the child protection plan and any developments or changes.

5.4.5 The lead social worker should:

- See the child (infants and babies to be seen awake) as agreed in the child protection plan. The frequency of visiting must be determined in the child protection plan and reviewed by the core group;
- See the child on their own on at least alternate occasions;
- Explain the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;
- See the child's bedroom as agreed in the plan but not less than alternate occasions;
- Undertake direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare;
- Convene and chair/lead second and subsequent core group meetings (where appropriate the first core group meeting should be chaired / led by an experienced practitioner). Complex cases as specified in local protocols will continue to be chaired/led by a manager;
- Provide a written record of meetings for all core group members and the local authority children's social care manager;
- Ensure that the outline child protection plan is developed, in conjunction with members of the core group, into a detailed multi-agency protection plan;
- Clearly note and include in the written record any areas of disagreement;
- Produce a written agreement from the protection plan to be maintained on the child's file and circulated to the core group members;
- Obtain a full understanding of the family's history, which must involve reading previous local authority children's social care files as well as current records in use in local authority children's social care,

including those relating to other children who have been part of any households involving the current carers of the child. Additional information should be obtained from relevant other agencies and local authorities;

- Complete the assessment of the child and family, securing contributions/information from core group members and any other agencies with relevant information;
- Co-ordinate the contribution of family members and all agencies in putting the plan into action and regularly reviewing the objectives stated in the plan.
- The lead social worker must maintain a complete and up-to-date signed record on the child's current file, electronic or manual.

5.5 Difficulties in implementing the child protection plan

5.5.1 Where any member of the core group is aware of difficulties implementing the protection plan, the lead social worker must be informed immediately and a core group meeting/discussion co-ordinated to agree a reconsidered child protection plan. Alternatively a strategy discussion/meeting should be convened to consider the need for immediate emergency police action to gain access to a premises where appropriate, a s47 enquiry, legal action, and/or to bring forward the date of the review child protection conference. Arranging a legal planning meeting should be considered by the lead social worker with their line manager.

5.5.2 Circumstances about which the lead social worker should be informed include inability to gain access to a child who is subject to a child protection plan, for whatever reasons, on two consecutive home visits (the second visit being a second attempt to see the child in close succession of the first attempt).

5.5.3 If members are concerned that there are difficulties implementing the protection plan arising from disagreement amongst professional agencies or a core group member not carrying out agreed responsibilities this must be addressed by:

- First, discussion with core group members;
- Second, if required, involvement of respective managers/child protection advisers (e.g. child protection manager for local authority children's social care, designated/named safeguarding children doctor/nurse, teacher or police DCI);
- If the situation remains unresolved see Part B, chapter 11, Professional conflict resolution.

6. Children and Families moving across Local Authority boundaries

6.1 Introduction

6.1.1 Local authorities, the police, schools and educational establishments, the health service and Youth Offending Service have a specific 'duty to co-operate' to ensure better outcomes and to improve the well-being of all children, including children who move frequently.

6.1.2 Where parents are separated, children may live in two different local authority areas. In such circumstances the paramountcy principle must be adhered to and both authorities must work together in the best interests of the child/ren.

6.1.3 In order to provide mobile families with responsive, consistent, high quality services, local authorities and agencies must develop and support a culture of joint-responsibility and provision for all children (rather than a culture of 'local services for local children').

6.1.4 Children and families who move most frequently between local authorities are homeless families, asylum seekers and refugees, gypsy and traveller families, looked after children, and families experiencing domestic abuse.

6.1.5 Frequent movers can find it difficult to access the services they need. For those already socially excluded, moving frequently can worsen the effects of their exclusion. Wherever possible and safe a child subject of a child protection plan should remain the responsibility of one local authority until such time as the concerns have been resolved. See chapter 6.8.6, Exceptional arrangements.

6.1.6 This section:

- Defines the terms 'originating authority' as the local authority where the family previously lived, and the 'receiving authority' as the local authority to which the family has moved;
- Does not distinguish between temporary or permanent moves or to the nature of accommodation in which the child and/or family are living - e.g. private or public housing;
- Addresses local authority children's social care case and other responsibilities in relation to children in need, including those in need of protection. Other local authority services and other agencies will have arrangements determined by different legislation and guidance;
- Excludes local authority housing provision or local authority children's social care provision of housing or subsistence costs included in a child in need plan. These remain the responsibility of the originating authority until the housing issue is resolved, although

the receiving authority may become responsible for other parts of service delivery.

Negotiated alternatives

6.1.7 In exceptional cases, in response to the circumstances of an individual child, a local authority children's social care first line manager or above may negotiate different arrangements to those set out here, with their equivalent in another local authority.

6.1.8 Such negotiated departure from this procedure should be confirmed in writing by both the originating and receiving local authorities within 48 hours of the agreement being made.

6.2 Identifying children at risk of harm

6.2.1 When families move frequently, it is more difficult for agencies to identify risks and monitor a child's welfare. See also Part B, chapter 22, Socially excluded and isolated children.

6.2.2 Professionals in all agencies should be alert to the possibility that a child or family who has moved may not be in receipt of universal services. Professionals should be competent in proactively engaging with the family in order to link them into local universal services, e.g.:

- Seeking information about the child/family (full names, dates of birth, previous address, GP's name, if attending any school etc.);
- Providing information about relevant services;
- Following up to ensure that the family has managed to make contact and register with a local GP, school and other relevant services to which the child is entitled;
- Engaging appropriately with relevant agencies regarding any concerns which emerge.

6.2.3 Along with the indicators of risk of harm in Part A, chapter 1, Responding to concerns of abuse and neglect, the following circumstances associated with children and families moving across local authority boundaries are a cause for concern:

- A child and family, or pregnant woman, not being registered with a GP;
- A child not having a school place or whose attendance is irregular;
- A child or family having no fixed abode (e.g. living temporarily with friends or relatives);
- Several agencies holding information about the child and family, which is not co-ordinated and / or which has not followed the child or family (i.e. information which is missing or has gaps).

6.3 Information sharing

6.3.1 For agencies to maintain contact with children and families who move frequently, information needs to be accurate. Professionals should:

- Ensure that all forenames and surnames used by the family are provided, and clarification is obtained about the correct spelling;
- Ensure that accurate dates and places of birth are obtained for all household members, wherever possible;
- Obtain the previous full addresses, and earlier addresses within the last two years;
- Clarify relationships between the child and other household members, if possible with documentary evidence;
- Ask the child/family with which statutory or voluntary organisations they are in contact;
- Ensure that they are sharing information in line with the principles in the data protection act.

6.3.2 Professionals in originating authorities must ensure that their counterparts in the receiving authority have been sent a copy of all relevant records within five days of being notified of the move.

6.3.3 Professional staff in receiving authorities must ensure that they request relevant records from their counterparts in originating authorities immediately when notified of the move.

6.3.4 All attendances of children at emergency departments should be communicated to the child's GP by the hospital's paediatric discharge system or paediatric liaison arrangements.

6.4 Case responsibility

6.4.1 The local authority in which a child is residing or found is responsible for providing the child with local authority children's social care services, for exceptions to this see 6.4.2 below, regardless of whether the residence is viewed as temporary or permanent by either professionals or the family.

6.4.2 The circumstances when responsibility is retained by the originating authority are when the child is:

- Subject to a care order or an interim care order in the originating authority;
- Accommodated under section 20 of the 1989 Children Act by the originating authority;
- Subject of a child protection plan in the originating authority;
- In receipt of services from the originating authority, other than rent and subsistence.

6.4.3 Where housing and any subsistence costs are being provided by the originating authority as part of a child in need plan, these costs should continue to be borne by the originating authority until the child and family's housing needs are resolved. Other local authority children's social care or other services should be provided by the receiving authority in accordance with this procedure.

Child subject to a statutory order in the originating authority

6.4.4 Children subject to a care order, an interim care order, any form of supervision or family assistance order, an emergency protection order, a child assessment order or subject to current use of police protection powers remain the responsibility of the originating authority.

6.4.5 Where a care, supervision or family assistance order is in force, the receiving authority may (and this must be confirmed in writing by a local authority children's social care first line manager or above) agree to provide required services on behalf of the originating authority. However, the legal responsibility remains with the originating authority.

Child accommodated by the originating authority

6.4.6 An accommodated child remains the responsibility of the originating authority until:

- They are discharged from accommodation; or
- Agreement is reached, and confirmed in writing by local authority children's care first line managers for both authorities, that the receiving authority will accommodate the child.

6.4.7 Where a child is a mother/expectant mother and is accommodated or subject to leaving care arrangements (potentially up to 25 years), and is placed by the originating authority in another local authority, the authority in which the mother is living is responsible for the baby (the subject is the new baby).

Child subject of a child protection plan in the originating authority

6.4.8 All reasonable efforts should be made to house children who are subject of a child protection plan or to a child protection enquiry within the authority, unless a move is part of the child protection plan. This applies to both temporary and permanent housing provision.

6.4.9 The responsibility for a child subject of a protection plan remains with the originating authority until the receiving authority's transfer in conference. See section 6.6.

6.4.10 The receiving authority may be some distance away, to the extent that home visits and other tasks cannot be effectively accomplished by a social worker within an originating authority. In such cases, the receiving

authority must agree to implement the child protection plan on behalf of the originating authority from the date of the move. The agreement must be confirmed in writing at local authority children's social care first line manager level or above. The receiving authority is responsible in law for making enquiries and taking action to safeguard and promote the child's welfare.

6.4.11 The originating authority's responsibility for a child subject of a child protection plan ceases when, following from a transfer in conference:

- The receiving authority's transfer child protection conference makes a decision about the continuing need for a protection plan;
- Management responsibility is transferred to the receiving authority;
- These decisions have been confirmed between the two authorities and this has been conveyed in writing between the originating and receiving authorities.

6.4.12 The local authority child protection adviser in the originating authority must be informed in writing of the result of the transfer in conference and is responsible for notification of other agencies where case responsibility has transferred to a new area.

6.5 Information sharing and child protection plan

6.5.1 In cases where local authority children's social care is aware in advance of a child's move, the children's social worker in the originating authority must, prior to the child's move (and in addition to informing relevant agencies within the originating authority) inform the receiving authority's local authority children's social care of the child's move and ensure that appropriate agencies in that authority are aware of their needs.

6.5.2 Health and education agencies in the originating authority are responsible for providing information to their colleagues in the receiving authority prior to the child's move.

6.5.3 If this information has not been received by the time the child moves, it is the responsibility of the receiving agencies (once they become aware of the child's arrival) to request the information. In such cases, the first line manager for the relevant originating authority's services is responsible for providing the information within one working day.

Information sharing where child is subject of a protection plan

6.5.4 If a professional from any agency discovers that a child subject of a protection plan is planning to move or has moved out of/into the area, they should inform the social worker immediately, and confirm this information in writing, whenever practicable on the same day.

6.5.5 The social worker must inform all other professionals involved in the case as well as the receiving local authority children's social care. If the move

has occurred already, the social worker should complete this task immediately. If the move is to be within the next 14 days, the social worker should complete this task within one working day.

6.5.6 The social worker from the originating authority must inform the child protection managers of both originating and receiving authorities of the (proposed) move.

6.5.7 It is the responsibility of each agency in the originating authority to try to ascertain that:

- Its reciprocal agency in the receiving authority receives detailed information and is made aware of the need to fulfil its role in the protection plan;
- The social worker is informed of the name and details of staff in the receiving area;
- The social worker is notified of any factors affecting the protection plan.

6.5.8 The social worker in the originating authority must:

- Make contact with agencies in the receiving authority to ensure that the level and type of service being provided satisfies the requirements of the protection plan;
- Discuss any difficulties with their supervisor;
- Initiate use of any of the local authority's statutory powers made necessary by the move;
- Provide a report and attend the transfer in conference.

6.5.9 When case responsibility is to be transferred, the social worker must inform all agencies of the arrangements so that staff can transfer records and attend and provide information to the receiving authority's transfer in conference.

6.5.10 Local authority children's social care in the receiving authority must ensure, prior to the transfer in conference, that it has received sufficient relevant information from the originating authority to clarify details of the case, responsibility for the child and plans. Relevant information includes:

- Initial child protection conference minutes and plan;
- Most recent Review child protection conference minutes and plan;
- Up to date assessment updated within last 3 months;
- Last core group minutes;
- Chronology;
- Any other key information from professionals and report for the conference;
- List of other involved agencies/professionals

6.5.11 Staff from agencies in the receiving authority must ensure prior to the transfer in conference that where they have not already received it, they seek information from their counterparts in the originating authority.

6.6 Transfer in conference

6.6.1 The receiving authority must convene a transfer in conference within 15 working days from the date that it has been agreed that the child has moved permanently into the area/they were notified that a child subject of a child protection plan had moved into their area.

6.6.2 The host and receiving authority need to agree when a child has deemed to have moved permanently into the area. If there is disagreement then this needs to be escalated through the dispute resolution process. A number of factors will determine whether a move is seen as permanent. These will include;

- The view(s) of the family;
- The nature of the accommodation in the receiving authority area e.g. do the family have permanent accommodation e.g. an agreed tenancy or ownership of a property?
- Have they relinquished housing in the originating authority?
- Have the family registered with professionals in the receiving authority area e.g. GPs?
- Are the children attending school in the receiving authority?
- Does the family have links to the receiving authority?
- How long have the family been staying in the receiving authority? If this is over 3 months then this would generally indicate a permanent move;
- Do the family have a history of moving?

6.6.3 The transfer in conference should be convened, in line with Part A, chapter 4, Child protection conferences.

6.6.4 The transfer in conference may recommend that although case responsibility is transferred to the receiving authority, joint work with professionals from agencies in the originating authority continues for a time limited period. Where this occurs, the originating authority must comply with the terms of the revised child protection plan.

6.6.5 Families should be made aware that information will be shared with services in the receiving authority.

6.6.6 When a planned transfer of responsibility for a case is being arranged, a local authority children's social care professional from the originating authority, who has knowledge of the case, must be invited to attend the transfer in conference, along with any other significant contributors to the child protection plan.

6.7 Retention of child protection responsibilities by the originating authority

6.7.1 The originating authority should retain child protection responsibilities where the child protection plan specifies a move out of an authority for a time-limited period. The originating authority may require assistance from the receiving authority to carry out the protection plan.

6.7.2 These may be circumstances where:

- The child temporarily stays with friends/family in another local authority;
- The child is admitted to hospital in another local authority (e.g. a tertiary treatment centre, see also Part B, chapter 36.8, Hospitals (specialist));
- Parent/s, together with children, are provided with time-limited placement in a residential family assessment unit in another local authority;
- A parent is supported for a time-limited period to live with a specific person (e.g. a relative or friend in another authority).

6.7.3 The originating authority should also retain child protection responsibilities when a family moves so frequently that the child's welfare cannot be adequately monitored because of the continuing disruption to service provision and information transfer.

6.7.4 In this situation, the originating authority should retain child protection responsibility but should share information with the successive receiving authorities and receive new information and assistance from the receiving authorities to carry out the protection plan.

6.7.5 Whenever one of the above circumstances applies, the social worker must:

- Agree with the local authority children's social care first line manager that it is in the best interests of the child for the originating authority to retain case responsibility;
- Inform the local authority child protection advisers in both authorities that the originating authority will retain case responsibility;
- Provide the receiving authority with written information on the child and the protection plan and the level of participation required of the receiving local authority children's social care in implementing the plan;
- Request that the child is added to the receiving authority's list of children subject of child protection plans, in a temporary category;
- Make contact with agencies in the receiving authority to ensure that the level and type of service being/to be provided satisfies the requirements of the protection plan.

6.7.6 Both local authority children's social care first line managers must:

- Confirm in writing their agreement to case responsibility being retained by the originating authority for a specific period, including the dates for the period;
- Ensure that the arrangements made satisfy the requirements of the protection plan.

6.7.7 The local authority child protection adviser of the receiving authority must ensure that a proper record is made of the existence of a child subject of another authority's protection plan living in the area of the receiving authority.

6.7.8 If first line managers are unable to immediately agree case responsibility, they must refer to their respective child protection managers, who should determine case responsibility. If agreement is still not achieved, the conflict resolution process in Part B, chapter 11, Professional conflict resolution, should be followed.

6.7.9 The originating authority must ensure effective completion of an assessment or s.47 enquiry before seeking to discharge a child from care or accommodation or to transfer case responsibility.

6.8 A child moving during s47 enquiries

6.8.1 There will also be cases in which a family moves its address whilst undergoing child protection enquires. In these cases, it is normally advisable that assessments or particular pieces of work or treatment are concluded before transfer of case responsibility takes place. This ensures that services are working together to limit the extent to which children and families are exposed to having to repeat their stories and repeat work to overcome child protection concerns.

Local authority children's social care

6.8.2 Where a child and/or family in receipt of services from one local authority children's social care moves to another local authority, the originating authority is responsible for notifying the receiving authority in writing of the child and family's circumstances and any ongoing need for services.

6.8.3 In response to notification by the originating authority of an ongoing need for services, the receiving local authority children's social care must either:

- Accept the assessment of need provided by the originating authority; or
- Undertake an assessment within one calendar month of the family's move (or receipt of notification that the family have moved - if later).

6.8.4 The receiving local authority children's social care will be responsible for making a decision on the child/family's eligibility for service provision based on an assessment of need one calendar month after notification of the move (or later if agreed).

6.8.5 The originating authority must retain case responsibility, unless otherwise agreed, until their assessment has been completed and this has been shared and acknowledged by the receiving authority. This needs to be confirmed in writing by both authorities.

Exceptional arrangements

6.8.6 The exceptions to the transfer of case responsibility in sections 6.8.1 to 6.8.5 above are where the originating authority is:

- Providing a time limited service which requires consistent professional input;
- Completing an assessment as agreed;
- Providing a specified package of support such as housing/subsistence for a defined period (e.g. family are 'over stayers' within the terms of immigration legislation or subject to benefit/housing restrictions under 'habitual residence' regulations, or are housed by local authority children's social care, having being deemed 'intentionally homeless'); or
- The family moves so frequently that in order for the child's welfare to be adequately monitored, the risk of disruption to service provision and information gathering which could happen with frequent case transfer needs to be minimised.

6.8.7 The originating authority must provide a child in need plan which sets out the authority's intention to continue to offer a service for a defined period in excess of one month (e.g. subsistence payments, housing costs, completion of an assessment).

6.8.8 If the need for a s47 enquiry arises in respect of the child during this extended time-limited period, the receiving authority is responsible for this, as outlined in section 6.9, Arrangements for child protection enquiries.

6.8.9 Once a s47 enquiry has commenced, the originating authority ceases to have responsibility for the child/family other than in respect of funding of the child in need plan originally formulated.

Information sharing

6.8.10 Where a child in need is receiving services, but is not looked after or subject of a protection plan, the originating authority must (in addition to informing relevant agencies in the originating authority) inform the receiving authority in writing of the plan, with intended date of move and details of the child's identified needs.

6.8.11 If the originating authority was unaware of the move before it occurred, the notification must occur within one working day following its discovery.

6.8.12 The receiving authority is responsible for seeking full information from the originating authority, including information from other agencies where appropriate in accordance with data protection.

6.8.13 It is the responsibility of health and education authorities in the originating authority to provide information to their colleagues in the receiving authority. The receiving agencies are responsible for requesting the information in writing.

6.8.14 Where a housing authority has been involved in the move of the child/ren and family, the originating housing authority must inform the originating and receiving local authority children's social care services, children's services (Education) and clinical commissioning groups of the move.

6.9 Arrangements for child protection enquiries

6.9.1 A local authority has a lawful responsibility to conduct a s47 enquiry regarding suspected or actual significant harm to a child who lives or is found in its area.

Definition of 'home' and 'host' authority

6.9.2 The term 'home authority' refers to the authority holding case responsibility or if the child is not on an active caseload in local authority children's social care, the authority where the child is living (this could be either an originating or receiving authority).

6.9.3 The term 'host authority' refers to the authority where a child may be found, is visiting for a short break or in receipt of specified services (e.g. education) - this could be either a receiving authority without case responsibility or an entirely different authority.

6.9.4 In situations where the child is found, staying in or receiving a service from a host authority, it is not always clear which authority is responsible for protecting the child and conducting enquiries.

6.9.5 The following are examples of these circumstances:

- A child found in one authority but subject to a protection plan in another authority;
- A looked after child placed in another local authority;
- A child attending a boarding school in another area;
- A child attending a school, some other form of educational establishment or Children's Centre and nursery in another local authority;

- A child receiving in-patient treatment in another area (see also Part B, chapter 36.8, Hospitals (specialist));
- A family currently receiving services from another local authority;
- A child staying temporarily in the area but whose family remains in the home authority;
- A family who have moved into the area, but where another authority retains case responsibility temporarily;
- A child suspected of being abused (e.g. by a paedophile operating in the host authority).

Local authority children's social care

6.9.6 Where more than one authority is involved with a child, local authority children's social care responsibility for child protection enquiries will depend on whether the allegations or concerns arise in relation to the child's circumstances within their home authority or within their host authority.

6.9.7 The following should always be applied:

- All child protection enquiries should be managed in accordance with these SET Child Protection Procedures;
- Immediate and full consultation and co-operation between both host and home authorities, with both involved in the planning and undertaking of enquiries;
- Case responsibility for child lies with the home authority;
- Any emergency action should be taken by the host authority unless agreement is reached between authorities for the home authority to take alternative action (e.g. if geographically close);
- Where concerns arise in relation to the child's home circumstances, the home police child abuse investigation team and local authority children's social care will lead the enquiry, involving the host authority where the child is placed;
- If concerns arise in relation to safe parenting (e.g. where parents are visiting a child in hospital, residential or boarding school), the home police child abuse investigation team and local authority children's social care will lead the enquiry, involving the host authority where the child is placed;
- Where concerns arise in relation to the child's circumstances within the host local authority (e.g. abuse in school or placement), the host local authority children's social care will lead the enquiry, liaising closely with the home authority (the home police child abuse investigation team retain responsibility but may negotiate with their colleagues in the host area);
- Where emergencies and enquiries are dealt with by the host authority, responsibility for the child will revert to the home authority immediately thereafter. The home authority will also normally be responsible for the provision of any form of foster or residential care or other services to ensure the protection of a child found in a host

authority. The welfare of the child will be the paramount consideration in this determination;
- Negotiations about responsibility must not cause delay in urgent situations.

Procedure

6.9.8 There must be immediate contact between home and host authorities, initiated by the authority which receives the referral.

6.9.9 The home and host authority will agree initially:

- Any need for urgent action;
- Responsibility for any urgent action and enquiries in accordance with the above principles;
- Responsibility and plans for a strategy meeting/discussion;
- Responsibility for liaison with other agencies.

6.9.10 The following people must be told, and sent written confirmation, of the referral in line with Part B, chapter 3, Sharing information:.

- The social workers for the child/ren or the relevant manager where there is no allocated social worker;
- The child protection manager for both home and host authorities;
- (Where relevant) the placement officers of both authorities;
- Other local authorities using the service or placement;
- The appropriate regulatory authority;
- The local authority where an alleged abuser lives and/or works, in line with Part B, chapter 13, Risk management of known offenders.

6.9.11 If agreement cannot be reached within the working day, the local authority children's social care covering the area where the child is found has the responsibility to undertake the enquiry and take any protective action necessary.

Strategy meeting/discussion

6.9.12 Strategy meetings/discussions must be held within the timescales set generally for strategy meetings/discussions and be convened, administered and chaired by the responsible local authority children's social care as defined above.

6.9.13 Attendance at the meeting / discussion must include:

- A managerial representative of the service provider (unless suspected of involvement in the child protection concerns);
- Home authority responsible for the child/ren;
- Host authority;

- Representatives of other agencies and authorities as decided by the responsible social worker (in consultation with the other authority).

6.9.14 Information provided to the strategy meeting/discussion will depend on the source of the concern, but must include basic details of the child/ren and family as well as relevant information about:

- Family and (where applicable) placement history of the child;
- Basic details about alleged abuser (where applicable) employment history for the staff member/foster carer/volunteer etc.;
- Registration history of the establishment service.

6.9.15 The responsible local authority should record the strategy meeting/ discussion, including decisions, actions, responsibility for actions, timescales and process for review and closure, and distribute this to relevant parties.

Outcome of enquiry

6.9.16 The outcome must be conveyed in writing by the social worker in line with Part B, chapter 3, Sharing information, to:

- All local authorities with children affected;
- All local authorities using the same service or placement;
- All agencies involved;
- The child/ren where appropriate;
- Parents, carers and any others with parental responsibility;
- The employee, foster carer and any other professional involved in the concerns;
- The appropriate registering authority.

6.10 Families moving during s47 enquiry

6.10.1 In the event that a family moves whilst a s47 enquiry is being undertaken (e.g. to a refuge in another authority), the originating authority should convene a strategy meeting/discussion within 72 hours. This must include the receiving authority.

6.10.2 The originating authority retains responsibility until the completion of the enquiry, unless an alternative arrangement is agreed. If a child protection conference is required it should be convened in the receiving authority. The originating authority must provide a report for the conference based on their investigation.

7. Allegations against staff or volunteers, who work with children

7.1 The management of allegations against staff or volunteers who work with children

7.1.1 Despite all efforts to recruit safely there will be occasions when allegations of abuse against children are raised. Local Safeguarding Children Boards (LSCBs) must have arrangements in place for monitoring and evaluating their effectiveness of local arrangements to deal with individual cases where there are allegations against adults who work with children.

7.1.2 These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child;
- Behaved towards a child or children in a way that indicates he or she would pose a risk of harm to children.

7.1.3 These behaviours should be considered within the context of the four categories of abuse (i.e. physical, sexual and emotional abuse and neglect). These include concerns relating to inappropriate relationships between members of staff and children or young people, for example:

- Having a sexual relationship with a child under 18 if in a position of trust in respect of that child, even if consensual (see ss16-19 Sexual Offences Act 2003);
- 'Grooming', i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003);
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate messages or images, gifts, socialising etc);
- Possession of indecent photographs/pseudo-photographs of children.

7.1.4 All references in this document to 'members of staff' should be interpreted as meaning all paid or unpaid staff and volunteers, including permanent, temporary or agency staff member, contract worker, consultant, volunteer, foster carer, kinship carers, short break carers, supported lodgings, approved child carer, child minder, prospective adopters. This chapter also applies to any person, who manages or facilitates access to an establishment where children are present.

Roles and responsibilities

7.1.5 Each LSCB member organisation should identify a named senior officer with overall responsibility for:

- Ensuring that the organisation deals with allegations in accordance with these SET Child Protection Procedures;
- Resolving any inter-agency issues;
- Liaising with the LSCB on the subject.

7.1.6 Local authorities should assign a Local Authority Designated Officer (LADO) to:

- Be involved in the management co-ordination and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process.

7.1.7 Employers should appoint:

- A designated senior manager to whom allegations or concerns should be reported;
- A deputy to who reports should be made in the absence of the designated senior manager or where that person is the subject of the allegation or concern.

7.1.8 The police detective inspector on each child abuse investigation team will:

- Have strategic oversight of the local police arrangements for managing allegations against staff and volunteers;
- Liaise with the LSCB on the issue as appropriate;
- Ensure compliance with these procedures.

7.1.9 The police should designate a detective sergeant/s to:

- Liaise with the local authority designated officer (LADO);
- Take part in strategy meetings/discussions;
- Review the progress of cases in which there is a police investigation;
- Share information as appropriate, on completion of an investigation or related prosecution.

7.1.10 Additional Guidance:

- DfES/AMA Guidance for Safe Working Practice for Adults who work with Children and Young People and Guidance for Safer Working Practice for Adults who Work with Children and Young People in

Education Settings March 2009, which are conduct guidance documents designed for staff at induction.
- Keeping Children Safe in Education 2016

7.2 General considerations relating to allegations against staff

Persons to be notified

7.2.1 The employer and/or the commissioner of the service must inform the local authority designated officer (LADO) within one working day when an allegation is made and prior to any further investigation taking place.

7.2.2 The LADO will advise the employer whether or not informing the parents of the child/ren involved will impede the disciplinary or investigative processes. Acting on this advice, if it is agreed that the information can be fully or partially shared, the employer should inform the parent/s. In some circumstances, however, the parent/s may need to be told straight away (e.g. if a child is injured and requires medical treatment).

7.2.3 The parent/s and the child, if sufficiently mature, should be helped to understand the processes involved and be kept informed about the progress of the case and of the outcome where there is no criminal prosecution. This will include the outcome of any disciplinary process, but not the deliberations of, or the information used in, a hearing.

7.2.4 The employer should seek advice from the LADO, the police and/or local authority children's social care about how much information should be disclosed to the accused person.

7.2.5 Subject to restrictions on the information that can be shared, the employer should, as soon as possible, inform the accused person about the nature of the allegation, how enquiries will be conducted and the possible outcome (e.g. disciplinary action, and dismissal or referral to the DBS or regulatory body).

7.2.6 The accused member of staff should:

- Be treated fairly and honestly and helped to understand the concerns expressed and processes involved;
- Be kept informed of the progress and outcome of any investigation and the implications for any disciplinary or related process;
- If suspended, be kept up to date about events in the workplace.

7.2.7 Ofsted should be informed of any allegation or concern made against a member of staff in any day care establishment for children under 8 or against a registered child minder. They should also be invited to take part in any subsequent strategy meeting/discussion.

7.2.8 Local authority children's social care should inform Ofsted of all allegations made against a foster carer, prospective adopter, or member of staff in a residential child care facility.

Confidentiality

7.2.9 Every effort should be made to maintain confidentiality and guard against publicity while an allegation is being investigated or considered. Apart from keeping the child, parents and accused person (where this would not place the child at further risk) up to date with progress of the case, information should be restricted to those who have a need to know in order to protect children, facilitate enquiries, manage related disciplinary or suitability processes.

7.2.10 The police should not provide identifying information to the press or media, unless and until a person is charged, except in exceptional circumstances (e.g. an appeal to trace a suspect). In such cases, the reasons should be documented and partner agencies consulted beforehand.

7.2.11 Section 13 of the Education Act 2011 introduces new restrictions implemented in September 2012 on the publication of any information that would identify a teacher who is the subject of an allegation of misconduct that would constitute a criminal offence, where the alleged victim of the offence is a registered pupil at the school.

Such restrictions remain in place unless or until the teacher is charged with a criminal offence, though they may be dispensed with on the application to the Magistrates' Court by any person, if the court is satisfied that it is in the interests of justice to do so, having regard to the welfare of:

a. the person who is the subject of the allegation, and
b the victim of the offence to which the allegation relates.

There is a right of appeal to the Crown Court.

This restriction will apply to allegations made against any teacher who works at a school, including supply and peripatetic teachers. 'School' includes academies, Free Schools, independent schools and all types of maintained schools.

There is a new offence of publishing any information in breach of these restrictions. Publication includes any communication, in whatever form, which is addressed to the public at large or any section of the public.

It is a defence to show that the person publishing was not aware of the allegation having been made as set out in section141H 'Defences' of the Act.

Support

7.2.12 The organisation, together with local authority children's social care and/or police, where they are involved, should consider the impact on the child concerned and provide support as appropriate. Liaison between the agencies should take place in order to ensure that the child's needs are addressed.

7.2.13 As soon as possible after an allegation has been received the accused member of staff should be advised to contact their union or professional association. Human resources should be consulted at the earliest opportunity in order that appropriate support can be provided via the organisation's occupational health or employee welfare arrangements.

Suspension

7.2.14 Suspension is a neutral act and it should not be automatic. It should be considered in any case where:

- There is cause to suspect a child is at risk of significant harm; or
- The allegation warrants investigation by the police; or
- The allegation is so serious that it might be grounds for dismissal.

7.2.15

Where suspension is being considered any alternatives to suspension must be considered and documented in writing

7.2.16 If a Management Planning Meeting is to be held, or if local authority children's social care or the police are to make enquiries, the LADO should canvass their views on suspension and inform the employer. Only the employer, however, has the power to suspend an accused employee and they cannot be required to do so by a local authority or police.

7.2.17 If a suspended person is to return to work, the employer should consider what help and support might be appropriate (e.g. a phased return to work and/or provision of a mentor), and also how best to manage the member of staff's contact with the child concerned, if still in the workplace.

Resignations and 'settlement agreements'

7.2.18 All investigations into allegations should be completed and the outcome recorded, regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process.

7.2.19 Settlement agreements' must not be used (i.e. where a member of staff agrees to resign provided that disciplinary action is not taken and that a future reference is agreed).

Organised and historical abuse

7.2.20 Investigators should be alert to signs of organised or widespread abuse and/or the involvement of other perpetrators or institutions. They should consider whether the matter should be dealt with in accordance with complex abuse procedures which, if applicable, will take priority. See Part A, chapter 8, Organised and complex abuse.

7.2.21 Historical allegations should be responded to in the same way as contemporary concerns. It will be important to ascertain if the person is currently working with children and if that is the case, to consider whether the current employer should be informed. See Part B, chapter 37, Historical abuse.

Whistle-blowing

7.2.22 All staff should be made aware of the organisation's whistle-blowing policy and feel confident to voice concerns about the attitude or actions of colleagues.

7.2.23 If a member of staff believes that a reported allegation or concern is not being dealt with appropriately by their organisation, they should report the matter to the LADO.

Timescales

7.2.24 It is in everyone's interest for cases to be dealt with expeditiously, fairly and thoroughly and for unnecessary delays to be avoided. The target timescales provided in the flowchart at the end of this chapter of the SET Child Protection Procedures are realistic in most cases, but some cases will take longer because of their specific nature or complexity.

7.3 Initial response to an allegation or concern

7.3.1 An allegation against a member of staff may arise from a number of sources (e.g. a report from a child, a concern raised by another adult in the organisation, or a complaint by a parent).

Initial action by person receiving or identifying an allegation or concern

7.3.2 The person to whom an allegation or concern is first reported should treat the matter seriously and keep an open mind.

7.3.3 They should not:

- Investigate or ask leading questions if seeking clarification;
- Make assumptions or offer alternative explanations;
- Promise confidentiality, but give assurance that the information will only be shared on a 'need to know' basis.

7.3.4 They should:

- Make a written record of the information (where possible in the child/ adult's own words), including the time, date and place of incident/s, persons present and what was said;
- Sign and date the written record;
- Immediately report the matter to the designated senior manager, or the deputy in their absence or; where the designated senior manager is the subject of the allegation report to the deputy or other appropriate senior manager.

Initial action by the designated senior manager

7.3.5 When informed of a concern or allegation, the designated senior manager should not investigate the matter or interview the member of staff, child concerned or potential witnesses. They should:

- Obtain written details of the concern/allegation, signed and dated by the person receiving (not the child / adult making the allegation);
- Approve and date the written details;
- Record any information about times, dates and location of incident/s and names of any potential witnesses;
- Record discussions about the child and/or member of staff, any decisions made, and the reasons for those decisions.

7.3.6 The designated senior manager should report the allegation to the LADO and discuss the decision in relation to the agreed threshold criteria in chapter 7.1 within one working day. Referrals should not be delayed in order to gather information and a failure to report an allegation or concern in accordance with procedures is a potential disciplinary matter.

7.3.7 If an allegation requires immediate attention, but is received outside normal office hours, the designated senior manager should consult the local authority children's social care emergency duty team or local police and inform the LADO as soon as possible.

7.3.8 If a police officer receives an allegation, they should, without delay, report it to the designated detective sergeant on the child abuse investigation team (CAIT). The detective sergeant should then immediately inform the LADO.

7.3.9 Similarly an allegation made to local authority children's social care should be immediately reported to the LADO.

Initial consideration by the designated senior manager and the LADO

7.3.10 There are up to three strands in the consideration of an allegation:

- A police investigation of a possible criminal offence;
- Social care enquiries and/or assessment about whether a child is in need of protection or services;
- Consideration by an employer of disciplinary or capability action.

7.3.11 The LADO and the designated senior manager should consider first whether appropriate safeguarding actions has been taken.

7.3.12 The LADO and the designated senior manager should consider whether further details are needed in order to establish whether the allegation meets the threshold for LADO involvement (see 7.1.2).

7.3.13 The LADO and the designated senior manager should then consider whether further details are needed in order to establish whether there is evidence or information that establishes that the allegation is false or unfounded. Care should be taken to ensure that the child is not confused as to dates, times, locations or identity of the member of staff.

7.3.14 If there is cause to suspect that a child is suffering or is likely to suffer significant harm, the LADO should refer to local authority children's social care so that they can initiate s47 investigations. The LADO may chair any strategy meetings as these meetings may form part of a Management Planning Meeting in order for all relevant information to be shared in relation to the concerns about a child or person who the allegation is against. However, it is also recognised that strategy meetings may be separate from Management Planning Meetings. In any event, the progress and outcome of any on-going s47 investigations should be communicated to the LADO whilst there is an on-going managing allegations process.

7.3.15 The police must be consulted about any case in which a criminal offence may have been committed. If the threshold for significant harm is not reached, but a police investigation might be needed, the LADO should immediately inform the police and convene a Management Planning Meeting.

7.3.16 Management Planning Meeting is the term used in this document to cover the meetings that are used to consider, oversee and review any investigatory processes in relation to allegations against adults who work or volunteer with children. (These meetings have been referred to as strategy meetings, professional strategy meetings etc.). These are usually chaired by the LADO.

Management Planning Meeting

7.3.17 Wherever possible, a Management Planning Meeting should take the form of a meeting. However, on occasions a telephone discussion may be justified. The following is a list of possible participants:

- LADO;

- Social care manager to chair (if a strategy meeting);
- Relevant social worker and their manager;
- Detective sergeant;
- The Designated Health Professional (CCG); and always when an allegation concerns a health agency worker /professional;
- Designated senior manager for the employer concerned;
- Human resources representative;
- Legal adviser where appropriate;
- Senior representative of the employment agency or voluntary organisation if applicable;
- Manager from the fostering service provider when an allegation is made against a foster carer;
- Supervising social worker when an allegation is made against a foster carer;
- Those responsible for regulation and inspection where applicable (e.g. CQC,GMC or Ofsted);
- Where a child is placed or resident in the area of another authority, representative/s of relevant agencies in that area;
- Complaints officer if the concern has arisen from a complaint.

7.3.18 The Management Planning meeting should:

- Decide whether there should be a s47 enquiry and/or police investigation and consider the implications;
- Consider whether any parallel disciplinary process can take place and agree protocols for sharing information;
- Consider the current allegation in the context of any previous allegations or concerns;
- Where appropriate, take account of any entitlement by staff to use reasonable force to control or restrain children (e.g. section 93, Education and Inspections Act 2006 in respect of teachers and authorised staff);
- Consider whether a complex abuse investigation is applicable; See Part A, chapter 8, Organised and complex abuse;
- Plan enquiries if needed, allocate tasks and set timescales;
- Decide what information can be shared, with whom and when.

7.3.19 The Management Planning meeting should also:

- Ensure that arrangements are made to protect the child/ren involved and any other child/ren affected, including taking emergency action where needed;
- Consider what support should be provided to all children who may be affected;
- Consider what support should be provided to the member of staff and others who may be affected and how they will be kept up to date with the progress of the investigation;
- Ensure that investigations are sufficiently independent;

- Make recommendations where appropriate regarding suspension, or alternatives to suspension;
- Identify a lead contact manager within each agency;
- Agree protocols for reviewing investigations and monitoring progress by the LADO, having regard to the target timescales;
- Consider issues for the attention of senior management (e.g. media interest, resource implications);
- Consider reports for consideration of barring;
- Consider risk assessments to inform the employer's safeguarding arrangements;
- Agree dates for future Management planning meetings.

7.3.20 A final Management Planning meeting/discussion should be held to ensure that all tasks have been completed, including any referrals to the DBS if appropriate, and, where appropriate, agree an action plan for future practice based on lessons learnt.

7.3.21 The Management Planning meeting should take into account the following definitions when determining the outcome of allegation investigations:

1. Substantiated: there is sufficient identifiable evidence to prove the allegation;
2. False: there is sufficient evidence to disprove the allegation;
3. Malicious: there is clear evidence to prove there has been a deliberate act to deceive and the allegation is entirely false;
4. Unfounded: there is no evidence or proper basis which supports the allegation being made. It might also indicate that the person making the allegation misinterpreted the incident or was mistaken about what they saw. Alternatively they may not have been aware of all the circumstances;
5. Unsubstantiated: this is not the same as a false allegation. It means that there is insufficient evidence to prove or disprove the allegation; the term therefore does not imply guilt or innocence.

Allegations against staff in their personal lives

7.3.22 If an allegation or concern arises about a member of staff, outside of their work with children, and this may present a risk of harm to child/ren for which the member of staff is responsible, the general principles outlined in these procedures will still apply.

7.3.23 The Management Planning meeting should decide whether the concern justifies:

- Approaching the member of staff's employer for further information, in order to assess the level of risk of harm; and/or
- Inviting the employer to a further Management Planning meeting about dealing with the possible risk of harm.

7.3.24 If the member of staff lives in a different authority area to that which covers their workplace, liaison should take place between the relevant agencies in both areas and a joint Management Planning meeting convened.

7.3.25 In some cases, an allegation of abuse against someone closely associated with a member of staff (e.g. partner, member of the family or other household member) may present a risk of harm to child/ren for which the member of staff is responsible. In these circumstances, a Management Planning meeting should be convened to consider:

- The ability and/or willingness of the member of staff to adequately protect the child/ren;
- Whether measures need to be put in place to ensure their protection;
- Whether the role of the member of staff is compromised.

7.4 Disciplinary process

Disciplinary or suitability process and investigations

7.4.1 The LADO and the designated senior manager should discuss whether disciplinary action is appropriate in all cases where:

- It is clear at the outset or decided by a Management Planning meeting that a police investigation or local authority children's social care enquiry is not necessary; or
- The employer or LADO is informed by the police or the Crown Prosecution Service that a criminal investigation and any subsequent trial is complete, or that an investigation is to be closed without charge, or a prosecution discontinued.

7.4.2 The discussion should consider any potential misconduct or gross misconduct on the part of the member of staff, and take into account:

- Information provided by the police and/or local authority children's social care;
- The result of any investigation or trial;
- The different standard of proof in disciplinary and criminal proceedings.

7.4.3 In the case of supply, contract and volunteer workers, normal disciplinary procedures may not apply. In these circumstances, the LADO and employer should act jointly with the providing agency, if any, in deciding whether to continue to use the person's services, or provide future work with children, and if not, whether to make a report for consideration of barring or other action. See Part A, chapter 7.7, Substantiated allegations and referral to the DBS.

7.4.4 If formal disciplinary action is not required, the employer should institute appropriate action within three working days. If a disciplinary hearing is required, and further investigation is not required, it should be held within 15 working days.

7.4.5 If further investigation is needed to decide upon disciplinary action, the employer and the LADO should discuss whether the employer has appropriate resources or whether the employer should commission an independent investigation because of the nature and/or complexity of the case and in order to ensure objectivity. The investigation should not be conducted by a relative or friend of the member of staff.

7.4.6 The aim of an investigation is to obtain, as far as possible, a fair, balanced and accurate record in order to consider the appropriateness of disciplinary action and/or the individual's suitability to work with children. Its purpose is not to prove or disprove the allegation.

7.4.7 If, at any stage, new information emerges that requires a child protection referral, the investigation should be held in abeyance and only resumed if agreed with local authority children's social care and the police. Consideration should again be given as to whether suspension is appropriate in light of the new information.

7.4.8 The investigating officer should aim to provide a report within ten working days.

7.4.9 On receipt of the report the employer should decide, within two working days, whether a disciplinary hearing is needed. If a hearing is required, it should be held within 15 working days.

Sharing information for disciplinary purposes

7.4.10 Wherever possible, police and local authority children's social care should, during the course of their investigations and enquiries, obtain consent to provide the employer and/or regulatory body with statements and evidence for disciplinary purposes.

7.4.11 If the police or CPS decide not to charge, or decide to administer a caution, or the person is acquitted, the police should pass all relevant information to the employer without delay.

7.4.12 If the person is convicted, the police should inform the employer and the LADO straight away so that appropriate action can be taken.

7.5 Record keeping and monitoring progress

Record keeping

7.5.1 Employers should keep a clear and comprehensive summary of the case record on a person's confidential personnel file and give a copy to the

individual. The record should include details of how the allegation was followed up and resolved, the decisions reached and the action taken. It should be kept at least until the person reaches normal retirement age or for ten years if longer.

The purpose of the record is to enable accurate information to be given in response to any future request for a reference if the person has moved on. It will provide clarification where a future DBS request reveals non convicted information, and will help to prevent unnecessary reinvestigation if an allegation re-surfaces after a period of time. In this sense it may serve as a protector to the individual themselves, as well as in cases where substantiated allegations need to be known about to safeguard future children.

Details of allegations that are found to be malicious should be removed from personnel records. For education services see the DfE statutory guidance Dealing with Allegations of Abuse Against Teachers and Other Staff which was updated and published for implementation October 1st 2012.

Monitoring progress

7.5.2 The LADO should regularly monitor and record the progress of each case, depending on its complexity and directly liaise with the police, local authority children's social care, or employer, as appropriate.

7.5.3 The LADO should keep comprehensive records in order to ensure that each case is being dealt with expeditiously and that there are no undue delays. The records will also assist the LSCB to monitor and evaluate the effectiveness of the procedures for managing allegations.

7.5.4 If a police investigation is to be conducted, the police should set a date for reviewing its progress and consulting the CPS about continuing or closing the investigation or charging the individual. Wherever possible, this should be no later than four weeks after the Management Planning meeting. Dates for further reviews should also be agreed, depending on the complexity of the investigation.

7.6 Unsubstantiated and false allegations

7.6.1 Where it is concluded that there is insufficient evidence to substantiate an allegation, the Chair of the Management Planning meeting will ensure relevant information is passed to the designated senior manager of the employer in consultation with the LADO to enable them to consider what further action, if any, should be taken.

7.6.2 False allegations are rare and may be a strong indicator of abuse elsewhere which requires further exploration. If an allegation is demonstrably false, the employer, in consultation with the LADO, should refer the matter to local authority children's social care to determine

whether the child is in need of services, or might have been abused by someone else.

7.6.3 If it is established that an allegation has been deliberately invented, the police should be asked to consider what action may be appropriate.

7.7 Substantiated allegations and referral to the DBS

Substantiated allegations

7.7.1 The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act 2012 and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The relevant legislation is set out in the Protection of Freedoms Act 2012.

7.7.2 If an allegation is substantiated and the person is dismissed or the employer ceases to use the person's service or the person resigns or otherwise ceases to provide his/her services, the LADO should discuss with the employer whether a referral should be made to the Disclosure and Barring Service (DBS). The employer should make this referral but the LADO has overall responsibility to ensure the referral is made in a timely manner.

Bodies with a legal duty to refer

7.7.3 The following groups have a legal duty to refer information to the DBS:

- Regulated activity suppliers (employers and volunteer managers);
- Personnel suppliers;
- Groups with a power to refer.

Bodies with the power to refer

7.7.4 The following groups have a power to refer information to the DBS:

- Local authorities (safeguarding role);
- Health and Social care (HSC) trusts (NI);
- Education and Library Boards;
- Keepers of registers e.g. General Medical Council, Nursing and Midwifery Council;
- Supervisory authorities e.g. Care Quality Commission, Ofsted.

If the person being referred to the DBS is a teacher in England they should also be referred to the National College for Teaching and Leadership. This is part of the Department for Education, responsible for the regulation of teachers in respect of serious misconduct.

7.8 Learning lessons

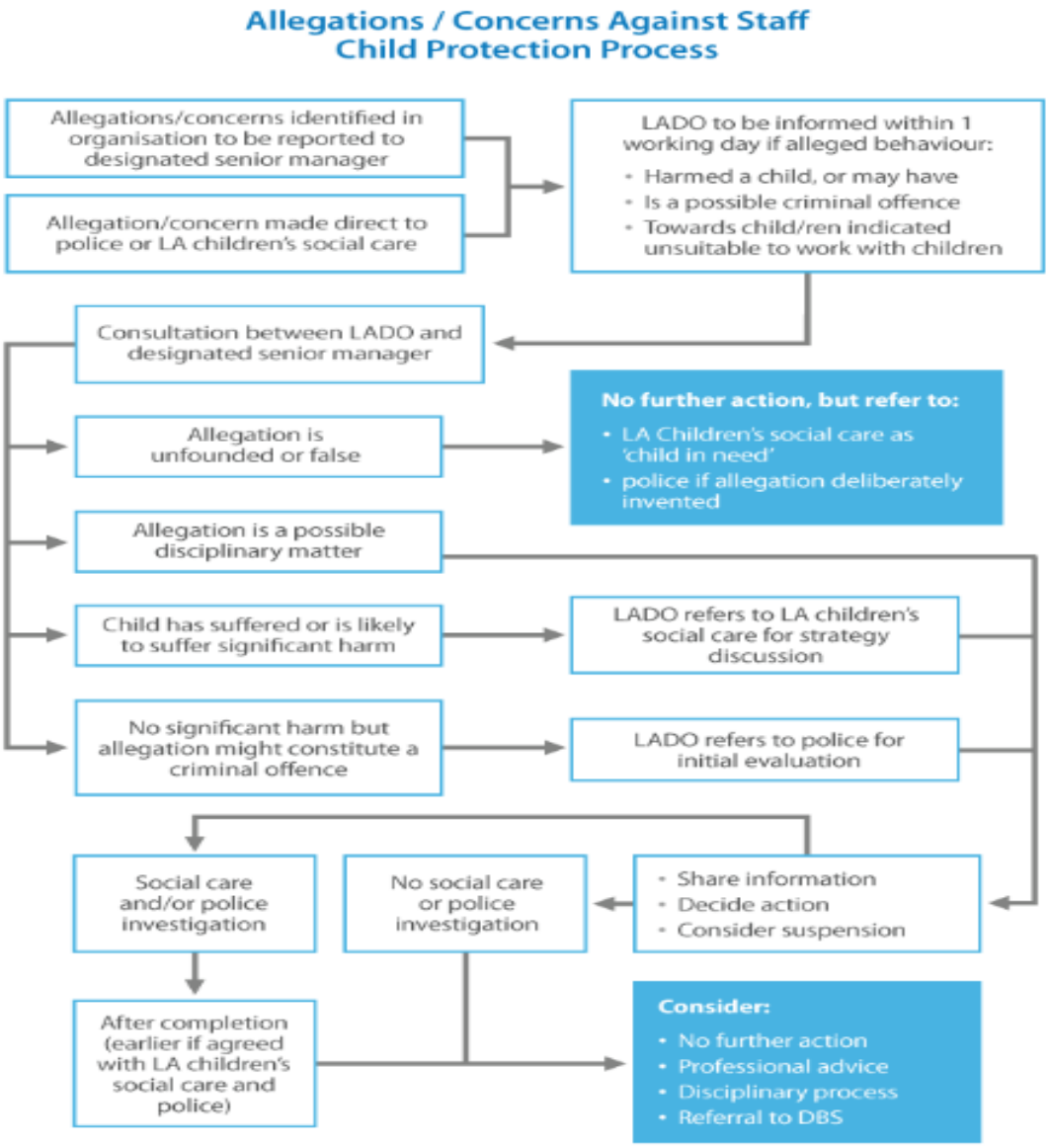
7.8.1 The employer and the LADO should review the circumstances of the case to determine whether there are any improvements to be made to the organisation's procedures or practice.

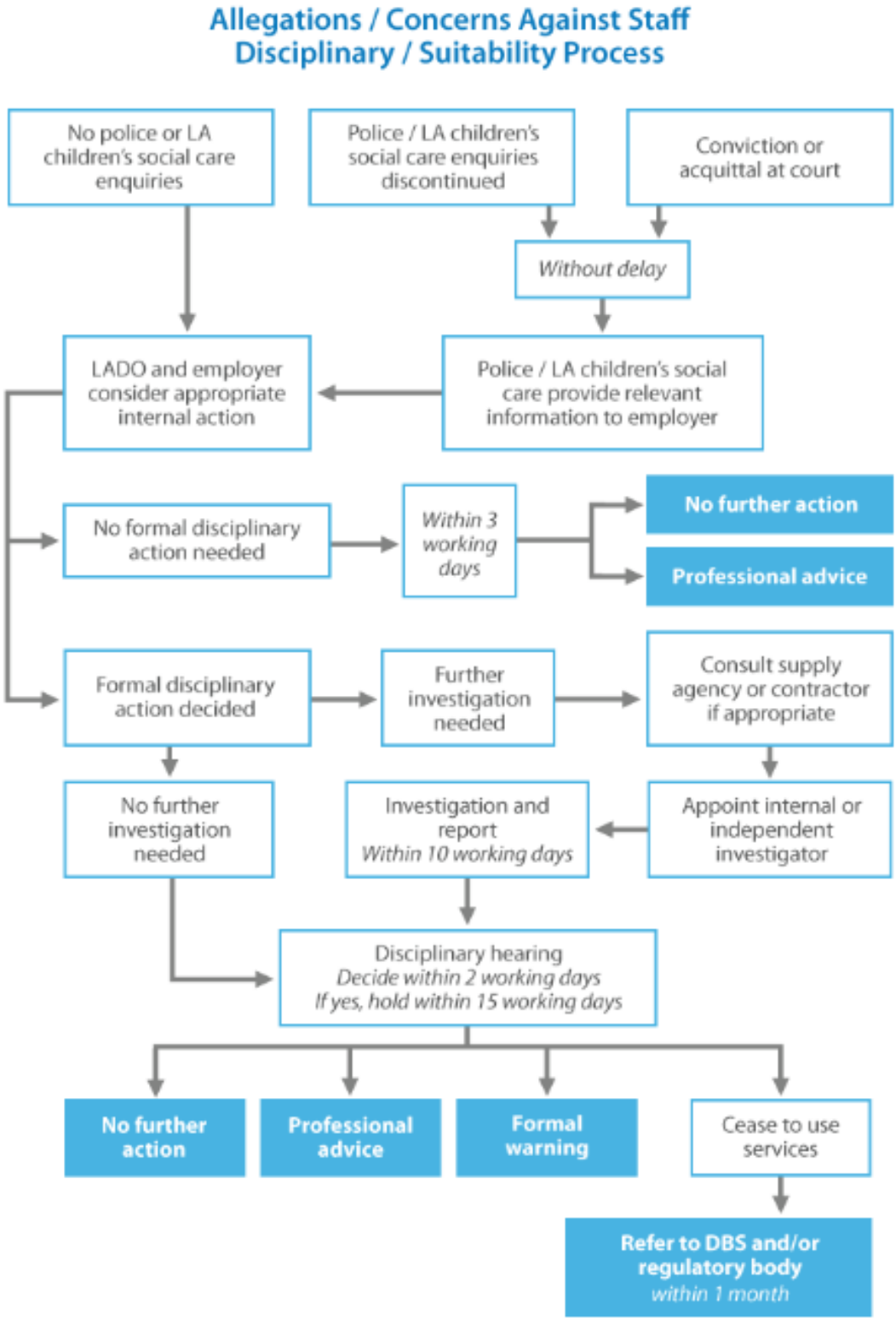
7.9 Procedures in specific organisations

7.9.1 It is recognised that many organisations will have their own procedures in place, some of which may need to take into account particular regulations and guidance (e.g. schools and registered child care providers). Where organisations do have specific procedures, they should be compatible with these procedures and additionally provide the contact details for:

- The designated senior manager to whom all allegations should be reported;
- The person to whom all allegations should be reported in the absence of the designated senior manager or where that person is the subject of the allegation;
- The LADO.

7.10 Allegations/concerns process flowcharts




Allegations / Concerns Against Staff
Disciplinary / Suitability Process
No police or LA children's social care enquiries
Police / LA children's social care enquiries discontinued
Conviction or acquittal at court
Without delay
LADO and employer consider appropriate internal action
Police / LA children's social care provide relevant information to employer
No formal disciplinary action needed
Within 3 working days
No further action
Professional advice
Formal disciplinary action decided
Further investigation needed
Consult supply agency or contractor if appropriate
No further investigation needed
Investigation and report
Within 10 working days
Appoint internal or independent investigator
Disciplinary hearing
Decide within 2 working days
If yes, hold within 15 working days
No further action
Professional advice
Formal warning
Cease to use services
Refer to DBS and/or regulatory body
within 1 month

8. Organised and Complex Abuse

Scope of this chapter

This chapter provides a procedure for agencies about the investigation of complex and organised abuse and information about what action they should take if they suspect such abuse. All agencies, including those from the voluntary and community sector, who may be asked to contribute to complex abuse investigations, need to ensure that they follow this procedure. Registration authorities should also adhere to this procedure in cases where continuing registration of a setting may be affected by the investigation.

For further guidance see also Complex Child Abuse Investigations: Inter-Agency Issues, HO & DH 2002

These procedures must be implemented in conjunction with the procedures on abuse by those working with children where appropriate. See chapter 7: Allegations against staff or volunteers who work with children.

8.1 Definition

8.1.1 Complex and organised abuse may be defined as abuse involving one or more abusers and a number of related or non-related abused children and may take place in any setting. The adults concerned may be acting in concert to abuse children, sometimes acting in isolation or may be using an institutional framework or position of authority such as a teacher, coach, faith group leader or celebrity position to access and recruit children for abuse.

8.1.2 Such abuse can occur both as part of a network of abuse across a family or community and within institutions such as residential settings, boarding schools, in day care and in other provisions such as youth services, sports clubs, faith groups and voluntary groups. There will also be cases of children being abused via the use of electronic devices, such as mobile phones, computers, games consoles etcetera which all access the Internet.

8.1.3 Although in most cases of complex and organised abuse the abuser(s) is an adult, it is also possible for children/young people to be the perpetrators of such harm, with or without adult abusers.

8.2 Investigation

8.2.1 Each investigation of complex and organised abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. But all will require thorough planning,

collaborative inter-agency working and attention to the needs of the child victim/s involved.

8.2.2 The investigation of complex abuse requires specialist skills from both police and social work staff which usually involves the formation of dedicated teams of professionals and will need consideration of the needs for victims for therapeutic services. The consequent legal proceedings may add to the timescales of such investigations.

8.2.3 Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. In these circumstances a specialist Investigation Management Group (see Section 8.7, The Investigation Management Group), as well as a Strategic Management Group (see Section 8.6, The Strategic Management Group) may be set up.

8.2.4 The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role. These will all need to be taken into consideration when working with a child or adult victim. When the victim is vulnerable and unable to provide a full statement careful consideration should be given to how to proceed to ensure that other children, now in contact with the alleged perpetrator, are also protected.

8.2.5 A senior Police Officer may convene a Gold Group if a particular investigation merits senior oversight from a police perspective. Police may invite senior members of staff from all agencies, so that information can be shared and strategy agreed. It is not the remit of the Gold Group to direct investigations. These meetings will be minuted and those minutes may be revealed to the prosecution, should criminal proceedings be undertaken.

8.2.6 The confidentiality of the information relevant to any Section 47 Enquiry and criminal investigation must be strictly maintained by those involved and must not be disclosed to others, including others within the agency, unless absolutely necessary.

8.3 The child

8.3.1 The single and most important consideration is the safety and well-being of the child or children.

8.3.2 In reconciling the difference between the standard of evidence required for child protection purposes and the standard required for criminal proceedings, emphasis must be given to the protection of the children as the prime consideration.

8.3.3 The investigation and enquiries must also address the racial, religious, cultural, language, sexual orientation and gender needs of the child,

together with any special needs of the child arising from illness or disability.

8.3.4 A victim support strategy and protocol should be established at the outset. Support will be required in pre-trial, trial and post-trial periods if the case/s proceed to court. Minimum periods for contact should be established. It is clear from experience in research about complex investigations that many victims and families feel strongly that it is important that they remain in contact with the same staff throughout the investigative process.

8.4 Referral

8.4.1 When receiving information or a referral, which may indicate complex and organised abuse, the recipient should immediately refer the matter to the police and a manager in children's social care services. Where appropriate the Local Authority Designated Officer (LADO) should be informed. See also chapter 7: Allegations against staff or volunteers who work with children.

8.4.2 If there is any suspicion that any managers currently employed by a social care agency are implicated or a member of the police, the matter should be referred to a senior manager and the LADO. Consideration should be given to informing the Chair of the Safeguarding Children Board or in their absence, the Vice-Chair and a Senior Officer within the police where specific complexities and resource implications may need to be considered quickly.

8.5 The strategy meeting/discussion

8.5.1 A strategy meeting/discussion should be arranged to take place as a matter of urgency to assess the need for future action to be taken and, in particular, whether a criminal investigation should take place.

8.5.2 The strategy meeting/discussion, chaired by a senior manager of children's social care, must take place within one working day of the receipt of the referral and be formally recorded. The Independent Chair of the LSCB must be notified 'for information only', at this stage.

8.5.3 The nominated senior staff of children's social care and the police should attend the meeting/discussion. The meeting/discussion will involve senior staff from health, education and other agencies as required and, where necessary, must ensure coordination across local authority boundaries.

8.5.4 The strategy meeting/discussion must carefully note:

- An assessment of the information known to date:
  - The children named;
  - The children who may be in current contact with possible abusers;

  - Children who were, but no longer are, in contact with possible abusers;
  - Possible victims who are now adults.
- Decide what further information is required at this stage;
- Arrange for its gathering;
- Establish if/to what extent complex abuse has been uncovered;
- Undertake an initial mapping exercise to determine the scale of the investigation and possible individuals implicated as well as prepare:
  - Witnesses to be interviewed prior to the interviews of children;
  - Multiple and simultaneous interviews.
- Consider a plan including resource implications, for investigation to be presented to the management and resources strategy group;
- Consider any immediate protective action required.

8.5.5 A strategic decision will need to be made by senior managers from the involved agencies as to whether the social work input into the enquiries/ investigation can be managed in the conventional way or whether a specialist approach is required for example from a dedicated team outside the service.

8.5.6 This will usually depend on the number, geographical spread and age range of potential interviewees, as well as whether those implicated are foster carers or employees of any member agency.

8.5.7 Where the strategy meeting/discussion confirms that the investigation will relate to complex and organised abuse, it will appoint a multi-agency Strategic Management Group (see Section 8.6, The Strategic Management Group) to oversee the process.

8.5.8 Where a member of staff of any agency is implicated in the investigation, his or her line manager must not be a member of the Strategic Management Group.

8.6 The Strategic Management Group

8.6.1 The Strategic Management Group will be chaired by a senior officer in children's social care and will:

- Complete the mapping process started by the Strategy Discussion as set out in Section 8.5, The strategy meeting/discussion;
- Establish ownership of the strategic lead in the investigation;
- Decide the terms of reference and accountability for the investigating team, including the parameters and timescales of their enquiries/investigation;
- Bring together a team of people with the necessary training, expertise and objectivity to manage and conduct the criminal investigation and/or Section 47 Enquiry on a day to day basis. NB: Line managers or colleagues of any person implicated in the investigation must not be involved and the involvement of any

person from the work place under investigation must be considered with particular care;

- Decide whether there is a need for an independent team to investigate the allegations, for example, the NSPCC, particularly where the alleged perpetrators are foster carers, prospective adopters or members of staff employed by a member agency of the Local Safeguarding Children Board;
- In cases of greater scale and complexity, appoint an Investigation Management Group (IMG) (see Section 8.7, The Investigation Management Group);
- Ensure that appropriate resources are deployed to the investigation including access to legal and other specialist advice, resources and information;
- Ensure that appropriate resources are available to meet the needs of the children and families or adult survivors, including any specific health issues arising from the abuse;
- Ensure the investigating team are themselves supported with personal counselling if necessary and that issues of staff safety are addressed;
- Ensure that suitable accommodation and administrative support are available for the investigation;
- Ensure that an appropriate venue is available for interviews and the interviews are conducted in accordance with Achieving Best Evidence Guidance;
- Liaise as necessary with the Crown Prosecution Service at an early stage before arranging services for a child in need of counselling or therapeutic help so that the help can be given in a way which is consistent with the conduct of the criminal investigation;
- Agree a communications strategy including the handling of political and media issues, and communication as necessary with the Regulatory Authority;
- Ensure that records are kept safely and securely stored and a high level of confidentiality maintained at all times;
- Hold regular strategic meetings and reviews, which must be recorded, to consider progress, including the effectiveness of the joint working, the need for additional resources and next steps.

8.7 The Investigation Management Group

8.7.1 In cases of considerable complexity and scale, an Investigation Management Group will be appointed.

8.7.2 Membership of this group should include representatives from local authority children's social care, the police, designated health professionals and the local authority's legal services, with other agencies being invited to participate as appropriate.

8.7.3 The tasks and functions of the Group will be subject to the terms of reference agreed by the Strategic Management Group (SMG), and will include the following:

- To provide a forum where professionals can meet, exchange information and discuss the implementation of the agreed investigation strategy;
- To ensure a consistent strategy for interviewing victims within and outside the councils area;
- To keep the SMG informed of resources and any shortfalls;
- To ensure a consistent and appropriate inter-agency approach to support victims and their families;
- To co-ordinate the inter-agency response to families and provide consistent information;
- To ensure information is shared appropriately with other agencies not represented on the SMG or the IMG;
- To ensure clarity of roles and responsibilities for staff involved in the investigation. Investigators will have full access to all records and key information;
- To ensure that relevant intelligence is passed between agencies and to the police Major Incident Room (MIR).

8.8 End of enquiry/investigation meeting and report

8.8.1 The Waterhouse Inquiry report has noted the importance of adequate referral of information about suspected abusers. It is probable that an investigation will identify individuals who are suspected abusers but against whom prosecutions are not brought. If a suspected abuser is working with children in a child care position, or in the education service, evidence and information should be shared to support disciplinary proceedings and to enable, where appropriate, the referral of suspected abusers to the Disclosure and Barring Service (DBS) and the relevant regulatory bodies.

8.8.2 At the conclusion of the enquiry/investigation, the Strategic Management Group must evaluate the investigation, identify the lessons learned and prepare an Overview Report with recommendations and an Action plan for the Local Safeguarding Children Board, highlighting any practices, procedures or policies which may need further attention and require either inter-agency or individual agency action plans.

9. Death of a child

9.1 The death of a child

Introduction

9.1.1 This chapter sets out the processes to be followed when a child dies, whether from natural, unnatural, known or unknown causes, at home, in hospital or in the community. There are two inter-related processes for reviewing child deaths (either of which can trigger a serious case review, see Part B, chapter 15, Serious case reviews):

- Rapid response by a group of key professionals coming together for the purpose of enquiring into and evaluating each unexpected death of a child; and
- An overview of all child deaths up to the age of 18 years (excluding both those babies who are stillborn and planned terminations of pregnancy carried out within the law) in the LSCB area/s, undertaken by a panel.

9.1.2 Reviews of deaths which follow a planned termination under the law (Abortion Act 1967) should not be carried out even in instances where a death certificate has been issued. If the LSCB has general concerns about local procedures relating to planned terminations, it should contact the Care Quality Commission (enquiries@cqc.org.uk).

9.1.3 All other deaths (i.e. excluding those deaths which follow a planned termination of pregnancy under the law) which have been registered as live with the General Registrar's Office should be reviewed in line with these procedures.

The regulations relating to child deaths

9.1.4 One of the LSCB functions, set out in Regulation 6 of the Local Safeguarding Children Boards Regulations 2006, in relation to the deaths of any children normally resident in their area is as follows:

a. collecting and analysing information about each death with a view to identifying -
   i. any case giving rise to the need for a review mentioned in Regulation 5(1)(e);
   ii. any matters of concern affecting the safety and welfare of children in the area of the authority; and
   iii. any wider public health or safety concerns arising from a particular death or from a pattern of deaths in that area; and

b. putting in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

9.1.5 In Southend, Essex and Thurrock these functions are undertaken by five Local Child Death Review Panels (LCDRPs) and one Strategic Child Death Overview Panel (SCDOP). Southend, Essex and Thurrock Child Death Review Procedures 2016

9.1.6 The LCDRPs review anonymised datasets on every death occurring in their area. The SCDOP will take an overview of reviews conducted locally to identify countywide trends.

9.1.7 The Local and Strategic Child Death Review Panels operate in accordance with agreed terms of reference which are available on the website of the Essex Safeguarding Children Board (www.escb.co.uk). These are subject to regular review and update by the SCDOP.

Children with life limiting or life threatening conditions

9.1.8 Chronic illness, disability and life limiting conditions account for a large proportion of child deaths. Whilst it is to be expected that children with life limiting or life threatening conditions (LL/LT conditions) will die prematurely young, it is not always easy to predict when, or in what manner they will die.

9.1.9 Professionals responding to the death of a child with a LL/LT condition should ensure that their response to these families is appropriate and supportive and does not cause any unnecessary distress. End of life care plans may be in place and where appropriate, families should be supported to choose where their child's body is cared for after death e.g. a children's hospice.

9.1.10 The unexpected death of a child with LL/LT condition should be managed as for any other unexpected death so as to determine the cause of death and any contributory factors.

Involvement of parents and family members (for all child deaths)

9.1.11 LSCBs must have mechanisms in place for appropriately informing and involving parents and other family members in both the child death overview and the rapid response processes. Information outlining the involvement of parents and carers in this process is contained within the agreed Parent Information Protocol.

9.1.12 Parents should be advised that the child's death will be subject to a review in order to learn any lessons in order to improve the health, safety and well-being of children with a view to preventing further such child deaths where possible. It should be emphasised that the process is not about culpability or blame. This would normally be done by the paediatrician confirming the child's death to the parents.

9.1.13 The SCDOP should agree what information is to be shared with parents and family members and ensure that a professional known to the family conveys to them agreed information in a sensitive and timely manner.

9.1.14 Decisions on what information is shared, with whom, and why must be recorded in each agency's records. It is not appropriate for parents to attend the LCDRP meeting as this is a meeting for professionals to discuss not only the individual case but also wider public health issues. Parents should however be encouraged to contribute any comments or questions they might have to the review of their child's death.

9.1.15 Parents should be informed that all cases will be anonymised prior to discussion by the LCDRP, information gathered will be stored securely and only anonymised data will be collated at a regional or national level.

9.1.16 LCDRPs should review the services and immediate support offered to families of children who have died.

9.2 Local framework for responding to child deaths

9.2.1 The framework in place for responding to child deaths should include:

- A designated paediatrician for child death;
- A designated person to be informed of all child deaths;
- A Strategic Child Death Overview Panel (see section 9.4)
- A working relationship with the local coroner's office; and
- A rapid response team. The SCDOP should assure itself that Board partners have adequate local arrangements for responsible on-call professionals with relevant expertise to function as a multi-agency rapid response service to the unexpected death of a child (see section 9.7 Key strands to rapid response).

Designated paediatrician for child death

9.2.2 Each clinical commissioning group (CCG) should ensure that the SCDOP, through the LCDRP, has access to a consultant paediatrician whose designated role is to provide advice on:

- The commissioning of paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood and the medical investigative services such as radiology, laboratory and histopathology services; and
- The organisation of such services.

9.2.3 The designated paediatrician or equivalent is responsible for co-ordinating the multi-agency response to all child deaths in a CCG area which are unexpected or where the cause of the death is uncertain.

Designated Person

9.2.4 In order for LSCBs to fulfil their child death reviewing responsibilities, each LSCB should be informed of all deaths of children normally resident in its geographical area. The Designated Person for Southend, Essex and Thurrock is the Child Death Review Manager (a list of people designated by LSCB's to receive notifications of child death information is available at https://www.gov.uk/government/publications/child-death-overview-panels-contacts
The SCDOP Chair is responsible for ensuring that this process operates effectively.

9.2.5 The designated person will also need be informed about the death of a child normally resident in the area but who has died elsewhere, and must inform the relevant other designated person about a child death where the child normally resides elsewhere.

9.2.6 The Registrar has a duty to send a notification of each child's death to the designated person. This should enable the designated person to check that he or she has been notified of all child deaths in the area.

9.2.7 Any professional or member of the public hearing of a local child death in circumstances that mean it may not yet be known about, e.g. a death occurring abroad, can inform the designated person in the LSCB.

Notification of a child death

9.2.8 National templates are available for LSCBs to use to assist collecting information about child deaths.

9.2.9 Southend, Essex and Thurrock will use the national templates to assist collecting information about child deaths. These forms are available at https://www.gov.uk/government/publications/child-death-reviews-forms-for-reporting-child-deaths and can also be found on the Essex Safeguarding Children Board website.

Responsibilities of all agencies

9.2.10 Local agencies responding to a child's death should inform:

- The coroner, within one working day as appropriate;
- The designated person; and
- The designated paediatrician or equivalent, if the death is unexpected or the cause of death is uncertain.

9.2.11 The information can be conveyed to the designated paediatrician or equivalent, in a confidential telephone conversation. However, there must be agreement during this call as to who will take responsibility for

completing the child death initial notification form and sending it to the designated person.

9.2.12 The police have a key role in informing the designated paediatrician or equivalent, and/or the designated person of child deaths.

Deaths of children out of area

9.2.13 The SCDOP in the area where the child was normally resident will review the death and liaise with the area where the child died, where appropriate.

9.2.14 If it is unclear in which LSCB area the child normally resided (such as in cases of shared care arrangements in different local authorities), the relevant SCDOP designated persons should negotiate and agree who will lead the review. If no agreement can be reached, the panel chairs involved should escalate the issue to their respective LSCBs, for agreement to be reached by the LSCB Chairs.

9.2.15 Information sharing between two SCDOPs when a child dies out of his/her normal residency area is in addition to informing the coroner and immediate notification of the designated paediatrician or equivalent, if the death was unexpected or there is uncertainty about the cause of death.

9.2.16 Children who die in hospital will be reviewed by the SCDOP for the area in which they were normally resident.

9.2.17 In the case of a looked after child, the SCDOP for the area of the local authority looking after the child should exercise lead responsibility for conducting the child death review.

9.2.18 The SCDOP must review the circumstances of children who are normally resident in the area but who die abroad.

Consent and confidentiality

9.2.19 Information in LCDRP meetings will be anonymised.

9.2.20 It is best practice to seek consent before processing information about any individual, but it will be legitimate to share information with the designated paediatrician or equivalent, for unexpected deaths in childhood/the LCDRP designated person without seeking parental consent. It should only be shared with those who need to know, as governed by the Caldicott Principles, the Data Protection Act and Working Together to Safeguard Children 2013.

9.2.21 SCDOP should have arrangements in place for parents and carers to be advised that the child's death will be subject to a review in order to learn any lessons that may help to prevent future deaths of children.

9.2.22 All LSCB member agencies must be aware of the need to share information on all child deaths to enable the LSCB to carry out its statutory duty.

9.2.23 Members of the LCDRP must sign a confidentiality agreement, including sharing and securely storing information when they join the LCDRP. This agreement should be reviewed at each meeting.

9.2.24 In no case should any LCDRP member disclose any information pertaining to any individual case which has been dealt with by the LCDRP outside the meeting, other than pursuant to the mandated agency responsibilities of that individual or for the purposes of joint investigations. Public statements about the general purpose of the child death review process may be made in line with the LSCB process for managing media interest (see section 9.6 Rapid response service for unexpected child death), as long as they are not identified with any specific case.

Learning from child deaths

9.2.25 The SCDOP will monitor and advise the LSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths.

9.2.26 The SCDOP will identify any strategic issues (such as public health, community safety, health and safety etc.) and consider how best to address these and their implications for both the provision of services and for training.

Reporting mechanisms

9.2.27 The SCDOP will submit an annual report to all three LSCBs.

9.2.28 The SCDOP is responsible for:

- Disseminating the lessons to be learnt to all relevant organisations;
- Ensuring that relevant findings inform the Children and Young People's Plan;
- Acting on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children; and
- Ensuring that data relating to child deaths is submitted to relevant regional and national initiatives to identify lessons on the prevention of unexpected child deaths.

9.3 Local child death review panels (LCDRPs)

9.3.1 The purpose of the LCDRPs is to undertake a review of all child deaths within the locality. This process uses a standard set of data (see https://www.gov.uk/search?q=child+death+review) based on information

available from those who were involved in the care of the child, both before and immediately after the death, and other sources such as:

- Case summaries from health records;
- Case information from police, local authority children's social care and education; and
- Post-mortem reports.

9.3.2 The LCDRPs have responsibility for reviewing the deaths of all children.

9.3.3 Where specific issues and recommendations are identified these are provided to the SCDOP.

9.3.4 Where necessary, the LCDRPs have the authority to recommend that a serious case review should be undertaken by the LSCB. If there is to be a serious case review, it will be undertaken by the LSCB where the child normally resides, with the final decision taken by the LSCB Chair. See section B, chapter 15, Serious case reviews.

Partner agency representation and responsibility

9.3.5 The LCDRPs should have a permanent core membership drawn from the key organisations represented on the LSCB. The minimum should be representation from:

- Designated paediatrician for unexpected deaths in childhood
- Public health
- Community child health or designated nurse for safeguarding children
- Local authority children's social care
- Police

9.3.6 Other members should be co-opted as and when appropriate. This may be so that the membership of the LCDRPs better reflects the characteristics of the local population, to provide a perspective from the independent or voluntary sector or to contribute to the discussion of certain types of death e.g. the fire service, adult mental health services, education/early years, bereavement services etc.

9.3.6 The LCDRP Chair is accountable to the LSCB, but should not be involved in providing direct services to children and families in the LCDRP.

9.3.7 Within each organisation represented on the LCDRP, a senior person with relevant expertise should be identified as the lead professional with responsibility for implementation of the local procedures on responding to child deaths. Each organisation should expect to be involved in a child death review at some time.

9.3.7 The LCDRP should have a clear relationship and agreed channels of communication with the local coronial service.

9.3.8 The LSCB should ensure that appropriate single and inter-agency training is made available to ensure successful implementation of these processes. LSCB partner agencies should ensure that relevant staff have access to this training.

Frequency of LCDRP meetings

9.3.9 The LCDRPs should hold meetings on a regular basis to enable the circumstances of each child death to be discussed in a timely manner.

9.3.10 The LCDRPs should ensure that all other processes (e.g. coronial enquiries, legal proceedings, serious case reviews etc.) have concluded before reviewing a child death, although data collection should continue in the meantime.

Key functions

9.3.11 The key functions of the LCDRPs are to:

- Evaluate the data available and identify lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children;
- Ensure that individual case discussions have taken place regarding unexpected child deaths;
- Monitor the appropriateness of the response of professionals to an unexpected death of a child, reviewing the reports produced by the rapid response team on each unexpected death of a child, making a full record of this discussion and providing the professionals with feedback on their work. Where there is an ongoing criminal investigation, the Crown Prosecution Service must be consulted as to what it is appropriate for the LCDRP to consider and what actions it might take in order not to prejudice any criminal proceedings;
- Consider whether the death was preventable, if so how such deaths might be prevented in the future;
- Consider the Framework for the Assessment of Children in Need and their Families (Department of Health et al, 2000) to assess any child, parent, social or environmental factors which could contribute to developing an understanding of the individual child's death;
- Consider in relation to any death where, on evaluating the available information, the LCDRP considers there may be grounds to undertake further enquiries, investigations or a serious case review, explore why this had not previously been recognised and make referrals as necessary;
- Inform the Chair of the LSCB where specific new information should be passed to the coroner or other appropriate authorities;
- Provide relevant information to those professionals involved with the child's family so that they, in turn, can convey this information in a sensitive and timely manner to the family;

- Monitor the support and assessment services offered to families of children who have died.

9.4 Strategic Child Death Overview Panel (SCDOP)

9.4.1 The purpose of the SCDOP is to review aggregated data on all deaths to identify themes and trends related to the safety and welfare of children and wider public health and safety concerns. It is the role of the SCDOP to monitor the activity of the LCDRPs. The work of the SCDOP is monitored by the LSCBs.

9.4.2 The Chair of the SCDOP is accountable for its work to the Chairs of the SET LSCB's.

Partner agency representation and responsibility

9.4.3 The SCDOP has a required core membership as follows:

- A Director of Public Health
- A senior acute nursing representative
- 5 x Designated Paediatricians for Deaths in Childhood (one per CCG area)
- A NHS Children's Services Commissioner
- A senior representative from local authority children's services
- A senior representative from the Police
- A Coroner or their representative
- A representative from the East of England Ambulance Service

The core membership may be added to by agreement of the Panel on a standing or ad hoc basis.

9.4.4 The SCDOP Chair is accountable to the LSCB, but should not be involved in providing direct services to children and families in the LSCB area.

9.4.5 Within each organisation represented on the LSCB, a senior person with relevant expertise should be identified as the lead professional with responsibility for implementation of the local procedures on responding to child deaths.

Frequency of SCDOP meetings

9.4.6 The SCDOP will meet quarterly.

Key functions

9.4.7 The key functions of the SCDOP are to:

- Scrutinise the recommendations from the LCDRP's;

- Identify any common themes from individual cases and consider these in more depth (e.g. road traffic deaths, sudden unexpected death in infancy (SUDI), or deaths of children with life limiting conditions);
- Identify any patterns or trends in the local data and report these back to the LSCB;
- Monitor and advise the LSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths;
- Identify any public health issues and consider, with the Director/s of Public Health, how best to address these and their implications for both the provision of services and for training;
- Co-operate with regional and national initiatives to identify lessons on the prevention of unexpected child deaths e.g. the Confidential Enquiry into Maternal and Child Health (CEMACH); and
- Ensure each partner agency of the LSCB identifies a senior person with relevant expertise to have responsibility for advising on the implementation of the local procedures on responding to child deaths within their agency.

9.5 Information sharing in relation to child deaths

9.5.1 Registrars of Births and Deaths are required by the Children and Young Persons Act 2008 to supply LSCB s with information which they have about the deaths of:

- Persons aged under 18 in respect of whom they have registered the death; or
- Persons in respect of whom the entry of death is corrected and it is believed that person was or may have been under the age of 18 at the time of death.

Registrars must also notify LSCBs if they issue a Certificate of No Liability to Register where it appears that the deceased was or may have been under the age of 18 at the time of death.

9.5.2 Registrars are required to send the information to the appropriate LSCB no later than seven days from the date of registration, the date of making the correction/update or the date of issuing the certificate of no liability as appropriate (the appropriate LSCB is the Board established by the children's services authority in England within whose area is situated the sub-district for which the register is kept). These requirements only apply in respect of deaths occurring on or after 1 April 2009.

9.5.3 In order to support these responsibilities, it is a statutory requirement for each LSCB to make arrangements for the receipt of notifications from registrars and to publish these arrangements. In order to carry out this responsibility LSCBs are required to notify the Department for Education of the name and email address for the designated person (DP) in each LSCB to whom child death notifications should be sent. This information is published by the Department at:

https://www.gov.uk/government/publications/child-death-overview-panels-contacts

Supply of information about child deaths by Coroners

9.5.4 The Coroners Rule 57a places a duty on Coroners to inform the LSCB, for the area in which the child died, of the fact of an inquest or post-mortem. It also gives Coroners powers to share information with the LSCB for the purposes of carrying out their functions, which include reviewing the child deaths.

9.5.5 Coroners' officers, rapid response teams and child death review panels should establish close liaison. Coroners' officers should be kept fully informed about the work of the team / panel and should be invited to attend relevant team / panel meetings as appropriate and in accordance with agreements reached with individual Coroners. Likewise the Coroner's officers should ensure that the rapid response team is updated with relevant information about the course of their investigations. The process of information sharing between the Coroners officers and rapid response team is outlined in detail at Appendix 19.

Duty and powers of medical examiners (MEs) to share information

9.5.6 In taking forward the proposed improvements to the process of death certification, the Department of Health will ensure that appropriate interfaces are established with these functions now being delivered by LSCB s.

Definition of a preventable child death

9.5.7 A preventable child death is one in which modifiable factors may have contributed to the death. These are factors defined as those, where, if actions could be taken through national or local interventions, the risk of future child deaths could be reduced - [See Working Together to Safeguarding Children 2015].

9.5.8 In reviewing the death of each child, the LCDRP should consider modifiable factors, e.g. in the family and environment, parenting capacity or service provision, and consider what action could be taken locally and what action could be taken at a regional or national level.

Use of child death information to prevent future deaths

9.5.9 The SCDOP should prepare an annual report of relevant information for Southend, Essex and Thurrock LSCBs. This information should in turn inform the individual LSCB annual reports. This information should

include the total numbers of deaths reviewed, recommendations made by the panel about required future actions to prevent child deaths, and any further description of the deaths that the panel deems appropriate. It should also include a review of actions taken to implement the recommendations from the previous year's report, and set out any such recommendations which have not yet been fully implemented which are to be carried forward. Appropriate care should be taken to ensure confidentiality of personal information and sensitivity to the bereaved families. Information which could lead to the identification of individual children or family members should not be included in the annual report. The LSCB annual report should serve as a powerful resource for driving public health measures to prevent child deaths and promote child health, safety and wellbeing.

9.5.10 The LSCB has responsibility for disseminating the lessons to be learned from the child death and other reviewing processes to all relevant organisations, ensures that relevant findings inform the Children and Young People's Plan and acts on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children. The LSCB is also required to supply anonymised data on child deaths to the Department for Education, so that the Department can commission research and publish nationally comparable analyses of these deaths. The primary aims of this research are to support a reduction in the incidence of children whose deaths can be prevented, to improve inter-agency working and to safeguard and promote the welfare of children.

9.6 Rapid response service for unexpected child deaths

Definition of an unexpected death of a child

9.6.1 An unexpected death is defined as the death of a child not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events that led to the death.

9.6.2 The designated paediatrician or equivalent, responsible for child death (see 9.2.2 and 9.2.3, above) should be consulted where professionals are uncertain about whether the death is unexpected. If in doubt, the processes for unexpected child deaths should be followed until the available evidence enables a different decision to be made.

Rapid response remit

9.6.3 The service response to an unexpected child death should be safe, consistent and sensitive to those concerned. Bereaved parents and siblings should receive a similar response across Southend, Essex and Thurrock.

9.6.4 Professionals should be aware that, in certain circumstances, separate investigative processes may be taking place alongside those described in this procedure (e.g. murder investigations, SUDI processes etc.). Professionals and agencies should liaise across processes to avoid duplication.

9.6.5 The purpose of a rapid response service is to ensure that the appropriate agencies are engaged and work together to:

- Ensure support for the bereaved family members, as the death of a child will always be a traumatic loss - the more so if the death was unexpected;
- Identify and safeguard any other children in the household or affected by the death;
- Respond quickly to the unexpected death of a child;
- Make immediate enquiries into and evaluate the reasons for and circumstances of the death, in agreement with the coroner when required;
- Enquire into and constructively challenge how each organisation discharged their responsibilities when a child has died unexpectedly (liaising with those who have ongoing responsibilities for other family members), and whether there are any lessons to be learnt;
- Collate information in a standard format;
- Co-operate appropriately post death, maintaining contact at regular intervals with family members and other professionals who have ongoing responsibilities to the family, to ensure that they are appropriately informed (unless such sharing of information would place other children at risk of harm or jeopardise police investigations);
- Consider media issues and the need to alert and liaise with the appropriate agencies;
- Provide bereavement support as needed, for any other children, family members or members of staff who may be affected by the child's death.

See section 9.7. Key strands to rapid response for more information

9.6.6 Rapid response begins at the point of death and ends when the final meeting has been convened and chaired by the designated paediatrician or equivalent. Any records of the meeting should be forwarded to the CDR Manager at the time of the review.

9.6.7 The area in which the death of a child has been declared must take initial responsibility for convening and co-ordinating the rapid response process, until agreement for handover can be secured with the area where the child was normally resident. See 9.2.14 for information around conflict resolution in cases where it is unclear where the child normally resided.

9.6.8 Where notified of a death abroad, the professionals responsible for child death in the local authority where the child is normally resident must

consider implementing this procedure as far as is practically possible and fully record any decisions made.

Rapid response timeline

9.6.9 The designated paediatrician or equivalent is responsible for ensuring all actions relating to the rapid response process are completed. The rapid response timeline involves three phases:

- Phase one (usually 0-5 days): the management of information sharing from the point at which the child's death becomes known to any agency until the initial results of the post-mortem have been completed;
- Phase two (usually 5-7 days): the management of information sharing once the initial post mortem results are available; and
- Phase three (usually 8-12 weeks): the management of information sharing through the case discussion meeting when the final post-mortem report is available.

9.6.10 It is important that all agencies are clear that the rapid response process is multi-dimensional, the information flow is variable, and that a number of different processes can occur at the same time.

9.7 Key strands to Rapid Response

Phase I: usually 0 - 5 days

Immediate response

9.7.1 Children who die unexpectedly in the community should be taken to an accident and emergency department (A&E) rather than a mortuary, and resuscitation should always be initiated unless clearly inappropriate. See the UK Resuscitation Guidelines (2010).

9.7.2 As with children who die in hospital, their parent/s should be allocated a member of hospital staff to support them throughout the process.

9.7.3 A child should not be taken to A&E in situations where:

- The circumstances of the death require the child's body to remain at the scene for forensic examination (police will be involved in these cases and decisions will be made after consideration by the police Senior Investigating Officer); or
- The death was expected in the context of the child's life limiting condition and they were receiving palliative care (the end of life care team must be involved in the decision on how to respond).

9.7.4 Where a child is not taken immediately to A&E, the professional confirming the death should inform the coroner, designated person and the designated paediatrician at the earliest opportunity. This death will be

subject to local coronial guidelines if the doctor is unable to issue a Medical Certificate of the Cause of Death.

9.7.5 The families of children who are not taken to hospital should receive support throughout the process from a professional in the rapid response team whose role is to provide such support.

On arrival at hospital

9.7.6 As soon as practicable (i.e. as a response to an emergency) after arrival at a hospital, the child should be examined by the consultant paediatrician or delegated senior paediatric clinician on call. In some cases, this examination might be undertaken jointly with a consultant in emergency medicine, or for some children over 16 years of age, the consultant in emergency medicine may be more appropriate than a paediatrician. A detailed and careful history of events leading up to and following the discovery of the child's collapse should be taken from the parents/carers.

9.7.7 Where the cause of death or factors contributing to it are uncertain, investigative samples should be taken immediately on arrival and after the death is confirmed. Full guidance is provided to hospital staff on the taking of samples in the agreed hospital trust protocol for 'Initial Assessment of an infant or child presenting unexpectedly dead or moribund'. This protocol has been agreed with the Essex Coroners.

9.7.8 In seeking to clarify the cause of death and the factors which contributed to it, the paediatrician should document:

- A full account of any resuscitation and any interventions or investigations carried out;
- An account by the carer, including narrative, of the events leading to the death; and
- A body chart documenting the examination findings and any post-mortem changes.

9.7.9 The parents should normally be given the opportunity to hold and spend time with their child in a quiet designated area. The allocated member of staff should maintain a discrete presence throughout.

9.7.10 The medical consultant who saw the child must inform the designated paediatrician or equivalent, immediately after the coroner is informed. Once the death of a child has been referred to the coroner and s/he has accepted it, the coroner has jurisdiction over the body and all that pertains to it. Coroners must therefore be consulted over the local implementation of national guidance and protocols, and should be asked to give general approval for the measures agreed to reduce the need to obtain specific approval on each occasion.

9.7.11 The same processes will apply to a child who is admitted to a hospital ward and subsequently dies unexpectedly in hospital.

9.7.12 Professionals should be aware that, in certain circumstances, separate processes may be taking place alongside those described in this procedure (i.e. murder investigations, SUDI processes etc.).

Immediate notification and information sharing

9.7.13 The Designated paediatrician or equivalent, is responsible for co-ordinating the multi-agency response, and must ensure that the following have been notified:

- The coroner;
- The police; and
- Other agencies as appropriate (e.g. local authority children's social care);

And, in a timely manner, will notify the CDR Manager.

9.7.14 The designated paediatrician or equivalent, must ensure that information is shared and initiate a planning discussion between relevant agencies such as the police, health and local authority children's social care (and others, including the coroner's office) in a timely manner to decide next steps. This may or may not involve a meeting.

9.7.15 Where the death occurred in a hospital, the plan should also address the actions required by the Trust's serious incidents protocol. Where the death occurred in a custodial setting, the plan should ensure appropriate liaison with the investigator from the Prisons and Probation Ombudsman.

9.7.16 Before leaving the hospital, or if the child died at home, before the professionals leave the home, the parents have the contact details for the lead professionals (consultant paediatrician, senior investigating police officer or coroners officer), and the details of who they should contact for information on the progress of any investigation or if they wish to visit the hospital to see their child. Parents should be kept informed of the whereabouts of their child.

9.7.17 For each unexpected death of a child (including those not seen in A&E) urgent contact should be made with any other agencies who know or are involved with the child (including Emotional Well-being and mental health service, school or early years) to inform them of the child's death and to obtain information on the history of the child, the family and other members of the household. If a young person is under the supervision of the Youth Offending Service (YOS), the YOS should also be approached.

Police investigation

9.7.18 The police will begin an investigation into the unexpected death of a child on behalf of the coroner. They will carry this out in accordance with relevant Association of Chief Police Officers guidelines.

Potential visit to the place where the child died

9.7.19 When a child dies unexpectedly in a non-hospital setting the senior investigating police officer and designated paediatrician or equivalent, should make a decision about whether a visit to the place where the child died should be undertaken and who should attend. This should almost always take place for cases of sudden infant death (Working together) (SUDI) - [Sudden Unexpected Death in Infancy: a multi-agency protocol for care and investigation. The report of a working party convened by the Royal Colleges of Pathologists and the Royal College of Paediatrics and Child Health (2004). London: RCPath] [See paragraph 5.1 in the Kennedy Report]

Phase II: within 5 - 7days

9.7.20 A case discussion should take place within one week of the child's death, in order to:

- Ensure the right support is available for the family;
- Ensure all agencies are aware of their roles and responsibilities;
- Review the preliminary post-mortem results (if available);
- Identify any safeguarding concerns around surviving children, and refer accordingly to the police child protection team and local authority children's social care;
- Ensure agencies are collating information for Form B;
- Ensure all relevant agencies are involved in the process;
- Identify what further investigations or enquiries are required, agree which agency will undertake each task and agree timescales (which may not exceed those set out in this procedure) for doing so. If abuse or neglect appear to be possible causes of death, local authority children's social care and the police should be informed and serious case review procedures considered.

9.7.21 Prior to this meeting, the designated paediatrician or equivalent, should discuss the case with the pathologist (when a post-mortem has taken place and consent obtained from the coroner) and the police senior investigating officer, where appropriate.

Involvement of the coroner and pathologist

9.7.22 If s/he deems it necessary (and in almost all cases of an unexpected child death it will be), the coroner will order a post-mortem examination to be carried out as soon as possible by the most appropriate pathologist available (this may be a paediatric pathologist, forensic pathologist or

both) who will perform the examination according to the guidelines and protocols laid down by The Royal College of Pathologists. The designated paediatrician, or equivalent, should collate information collected by those involved in responding to the child's death and share it with the pathologist conducting the post mortem examination in order to inform this process. Where the death may be unnatural, or the cause of death has not yet been determined, the coroner will in due course hold an inquest.

9.7.23 All information collected relating to the circumstances of the death - including a review of all relevant medical, social and educational records - must be included in a report for the coroner prepared jointly by the lead professionals in each agency. This report should be delivered to the coroner within 28 days of the death, unless some of the crucial information is not yet available.

9.7.24 The results of the post mortem examination belong to the coroner. In most cases it is possible for these to be discussed by the paediatrician and pathologist, together with the senior investigating police officer, as soon as possible, and the coroner should be informed immediately of the initial results. The Coroners Officer will provide the results to the CDR Manager. At this stage, the LSCB child death core data set should be updated and, if necessary, previous information corrected.

9.7.25 If the initial post-mortem findings or findings from the child's history suggest evidence of abuse or neglect as a possible cause of death, the police and local authority children's social care should be informed immediately, and the serious case review processes in Part B, chapter 15, Serious case reviews should be followed. If there are concerns about surviving children living in the household, professionals should follow the procedures set out in section 9.8 Child protection enquiry below.

9.7.26 In all cases, the designated paediatrician or equivalent for unexpected child deaths or the designated paediatrician or equivalent, should convene a further multi-agency discussion (usually on the telephone) very shortly after the initial post-mortem results are available. This discussion usually takes place five to seven days after the death and should involve the pathologist, police, local authority children's social care and the paediatrician, plus any other relevant healthcare professionals, to review any further information that has come to light and that may raise additional concerns about safeguarding issues.

Phase III: usually within 8 - 12 weeks

9.7.27 When the post mortem is available this is sent to the CDR Manager.

The final case discussion meeting should be convened and chaired by the designated paediatrician or equivalent, following the final results of the post-mortem examination becoming available. This should involve those who knew the child and family and those involved in investigating the

death - the GP, health visitors, school nurse, paediatrician/s, pathologist or pathologist report, police senior investigating officers, coroner or coroner's officer and, where relevant, social workers.

9.7.28 At this stage the collection of the LSCB child death core dataset should be completed. The purpose of the meeting is to share information to identify the cause of death and/or those factors that may have contributed to the death and then to plan the future care for the family. Potential lessons to be learned may also be identified at this stage. The outcome of this meeting should inform the inquest, if there is one.

9.7.29 The meeting should explicitly address the possibility of abuse or neglect as causes or contributory factors in the death, and the outcomes of this should be recorded.

9.7.30 The meeting should agree how and by whom, the parents will be informed about the post-mortem results and the outcome of the meeting. The meeting should also agree how and by whom the parents will be provided with on-going support and given the opportunity to have their views taken into account by the LCDRP review.

9.7.31 The designated paediatrician or equivalent, must ensure that the results of the post-mortem examination are shared with parents, provided this is consistent with the requirements of the coroner and the police.

9.7.32 Where other investigations are ongoing, the meeting should conclude with a record of the current situation.

9.7.33 An agreed record of the case discussion meeting and all reports should be sent to the coroner, to take into consideration in the conduct of the inquest and, in the cause of death, notified to the Registrar of Births and Deaths. The record of the case discussions and the record of the core data set should also be made available to the relevant LCDRP. When a child dies away from their normal place of residence, a joint decision will need to be made by the rapid response team in the LSCB area in which the death occurred and the team in the child's normal area of residence as to which team will lead the investigation and in which LSCB area the case review meeting should be held. On occasion separate meetings may be appropriate in both LSCB areas, but good communication between the teams is essential.

9.8 Other related processes

9.8.1 If, during the enquiries, concerns are expressed in relation to the needs of surviving children in the family, discussions should take place with local authority children's social care. It may be decided that it is appropriate to initiate an assessment in line with the process outlined in chapter 2 of these SET Procedures.

9.8.2 If **at any stage in the process** information arises that suggests concerns about surviving children in the household then a referral of the case should be made to the relevant Children's Social Care Service in accordance with chapters 1 and 2 of these SET Procedures. This action should be notified to the rapid response team (should it not already be aware) and the CDR Manager. Once social care services have become involved in the case a social care representative must become a core participant in the rapid response team. Social Care assessment processes can run in parallel to the work of a rapid response team and local review panel but close liaison should be established between the two via the social care participant in the team / on the panel.

9.8.3 If it is thought, at any time, that the criteria for a serious case review might apply, the Chair of the LSCB should be contacted and the serious case review procedures set out in Part B, chapter 15 should be followed. If a serious case review is initiated, the LCDRP will not be able to conclude the child death reviewing process until after the serious case review has been published. Similarly, the child death reviewing process will not be able to be completed if the LCDRP is awaiting the outcomes of criminal proceedings and/or an inquest. This should not prevent lessons from being learned and from being acted upon in a timely manner.

9.8.4 Where there is an ongoing criminal investigation, the Senior Investigating Officer and the Crown Prosecution Service must be consulted as to what it is appropriate for the professionals involved in reviewing a child's death to be doing, and what actions to take in order not to prejudice any criminal proceedings. Where a death of a young person occurs in custody, local agencies must co-operate with the Prisons and Probation Ombudsman.

9.8.5 Where notification of an incident results in a local or external review or investigation being undertaken the results of these investigations should be made available to the CDRP and will be used to inform the CDR review. The findings of the rapid response and CDR Panel cannot be finalised until these reviews are concluded.

9.8.6 Where a child dies unexpectedly, all registered providers of healthcare services are obliged to notify the Care Quality Commission, but may discharge this duty by notifying the National Patient Safety Agency (NHS providers) or the Care Quality Commission, as set out in Regulation 16 of the Care Quality Commission (Registration) Regulations 2009 - [See 'Outcome 18 - Notification of death' in Guidance about Compliance Essential Standards of Quality and Safety (CQC, 2009). NHS organisations should also follow locally agreed procedures for reporting and handling serious untoward and/or patient safety incidents]. The results of these investigations should be made available to the LCDRP in order to allow the information to be included in the Panel's discussions.

9.8.7 The Youth Justice Board for England and Wales (YJB) requires Youth Offending Service (YOS) to report and undertake local reviews of youth offending practice in cases where a child or young person has either died

or attempted suicide whilst under supervision or within three months of the expiry of supervision. Where a child has died, the Local Management Review undertaken by the YOS in relation to the death should feed into the child death processes initiated by the LCDRP.

9.8.8 When a child dies unexpectedly and no doctor is able to issue a medical certificate of the cause of death, the child's death must be reported to the coroner. Agencies and professionals contributing to the processes described in this chapter should co-operate with their local coroner to ensure the inquest is able to proceed appropriately. The process of the rapid response can greatly assist the coroner in gathering information to inform the inquest, whilst providing ongoing support to the family. Any information pertaining to the death arising from the rapid response, including the outcome of a final local case discussion should be passed to the coroner. The LCDRP members may attend an inquest at the discretion of HM Coroner and ask questions as a 'properly interested person'; there may be issues identified through the inquest that the LCDRP would then be able to review to identify any wider public health concerns.

PART B

Contents

PART B1: General Practice Guidance 149
1. A Child Focussed Approach to Safeguarding 149
2. Roles and Responsibilities 151
2.1 Introduction 151
2.2 Statutory Duties 151
2.3 Responsibilities shared by all agencies 152
2.4 Local authority children's service authorities 160
2.5 Local authority children's social care 160
2.6 Local authority adult social care 163
2.7 Local authority housing authorities and social landlords 164
2.8 Local authority environmental health and planning services 166
2.9 Local authority sport, culture and leisure 168
2.10 Youth services 169
2.11 Local authority education 170
2.12 The National Health Service (NHS) and independent/third sector health services 178
2.13 Essex Police 181
2.14 Children and Family Court Advisory and Support Service (CAFCASS) 187
2.15 Probation Services 188
2.16 Essex Community Rehabilitation Company 189
2.17 National Probation Service 190
2.18 Crown Prosecution Service (CPS) 191
2.19 The Prison Service and high security hospitals 192
2.20 The secure estate for children 193
2.21 The Armed Services 198
2.22 Border Force (formally UK Border Agency) 201
2.23 The Refugee Council 202
2.24 The Fire and Rescue Service (F&R Service) 203
2.25 The independent and third sectors 203
3. Sharing information 209
3.1 Introduction 209
3.2 Agency responsibilities under Children Act 2004 210
3.3 Individual/professional responsibility 211

3.4 Sharing information where there are concerns about significant harm .. 216
3.5 Key questions to inform decision-making 217
3.6 Professional guidance 221
3.7 Sharing information safely 224
3.8 Information sharing glossary 225
4. Accessing information from abroad 227
5. Working with interpreters/communication facilitators 228
5.1 Introduction 228
5.2 Recognition of Communication Difficulties 228
5.3 Interviewing Children 228
5.4 Video Interviews 229
6. Managing work with Families where there are obstacles and resistance 231
6.1 Definition 231
6.2 Recognition and understanding 231
6.3 Impact on assessment 233
6.4 Impact on multi-agency work 235
6.5 Response to unco-operative families 238
6.6 Dealing with hostility and violence 241
6.7 Keeping professionals safe 244
6.8 Management responsibility 245
6.9 Supervision and support 247
7. Best Practice Guidance for Child Protection Conferences 248
7.1 Who Should Attend a Child Protection Conference? 248
7.2 Enabling Parental Participation 249
7.3 Criteria for Excluding Parents or Restricting their Participation 251
7.4 Enabling Children's Participation 253
7.5 Responsibilities of the social worker before the conference 256
7.6 Responsibilities of other professionals/agencies 258
7.7 Responsibilities of the conference chair 260
8. Best Practice for the Implementation of Child Protection Plans 262
8.1 The Core Group 262
8.2 The Child Protection Plan 262
8.3 The child 264
8.4 The parents and/or carers 264
8.5 The role of the lead social worker 265
8.6 The role of Core Group members 265

8.7 Evaluation of progress and review 266
9. Local Safeguarding Children Boards 268
9.1 Local Safeguarding Children Boards (LSCBs) 268
9.2 LSCB functions 271
9.3 LSCB governance and operational arrangements 278
10. Quality Assurance 289
10.1 The LSCB's Monitoring and Evaluation Function 289
10.2 Individual Agencies' Quality Assurance 290
10.3 Unallocated Child Protection Cases 291
11. Professional Conflict Resolution 293
11.1 Dissent at Referral and Enquiry Stage 293
11.2 Dissent at/arising from Conference 294
11.3 Dissent Regarding the Implementation of a Protection Plan 294
11.4 Where Professional Differences Remain 294
12. Safer Recruitment 296
12.1 Safer Recruitment 296
12.2 Induction and supervision of newly appointed staff 304
13. Risk Management of Known Offenders 306
13.1 Individuals who pose a risk of harm to children 306
13.2 Child offenders who pose a risk of harm to children (and adults) 307
13.3 Sex Offenders Register 310
13.4 Adult offenders 313
13.5 Multi-agency risk assessment conferencing (MARAC) 316
13.6 Multi-agency Public Protection Arrangements 320
13.7 MAPPA core functions 323
PART B2: Learning and Improvement Framework 336
14. Principles for Learning and Improvement 336
14.1 Learning and Improvement Framework 336
14.2 Purpose of Local Framework 336
14.3 Principles for a Culture of Continuous Improvement 337
14.4 Notifiable Incidents 338
15. Serious Case Reviews 339
15.1 Criteria 339
15.2 Decisions Whether to Initiate a Serious Case Review 340
15.3 Methodology for Learning and Improvement 340
15.4 Parallel Processes 342
15.5 Appointing Reviewers 343

15.6 Timescale for Serious Case Review Completion 343
15.7 Engagement of Organisations 343
15.8 Agreeing Improvement Action 344
15.9 Publication of Reports 344
15.10 National Panel of Independent Experts on Serious Case Reviews 344
15.11 Considerations for Local Processes 345
15.12 Further Information 345
16. Supervision 346
16.1 Introduction 346
16.2 Function in Management 346
16.3 Function in Practice 346
16.4 Supervisor's Role and Responsibility 346
16.5 Children's Social Care Services 348
16.6 Health Service 348
PART B3: Safeguarding Children Practice Guidance 349
17. Safeguarding children affected by domestic abuse and violence 349
17.1 Introduction to Safeguarding Children Abused through Domestic Violence 349
17.2 Context 350
17.3 Families with additional vulnerabilities 352
17.4 The impact of domestic abuse 353
17.5 Substance misuse and mental ill health 356
17.6 Barriers to disclosure 358
17.7 See Part B, Appendix 8, Communicating with a Child. 360
17.8 Enabling disclosure (local authority children's social care, health and education/schools professionals) 360
17.9 Responding to domestic abuse 362
17.10 Assessment and intervention 364
17.11 Police Response 370
17.12 Local authority children's social care 373
17.13 Health services 373
17.14 Local authority education/schools 374
17.15 Safety Planning 374
17.16 Contact (Local authority children's social care, specialist agencies and CAFCASS) 377
17.17 Young people 378
17.18 Abusive partners/children 378
17.19 Staff Safety 379

18. Disabled Children 381
19. Fabricated or Induced Illness 384
19.1 Introduction 384
19.2 Impact on the Child 384
19.3 Abusers 385
19.4 Recognition 385
19.5 Response 386
19.6 Medical Assessment and Referral 386
19.7 Initial Consideration of Referral 387
19.8 Assessment, Outcomes and Immediate Protection 388
19.9 Strategy Meeting 388
19.10 Police Investigation 389
19.11 Outcome of Enquiries 390
19.12 Initial Child Protection Conference 390
20. Children Missing from Care, Home and School 392
20.1 Introduction and general principles 392
20.2 Definitions 394
20.3 Roles and responsibilities 395
20.4 Specific risks 400
20.5 Children missing from care and care leavers 403
20.6 Children missing from home 410
20.7 Children missing education [CME] 414
20.8 Children who are foreign nationals and go missing 418
21. Not Attending School 421
21.1 Introduction 421
21.2 Child registered at School who goes missing 421
21.3 Children with poor, irregular or interrupted School attendance 422
21.4 Children who are vulnerable or at risk of harm 422
21.5 Reasonable Enquiry 424
21.6 Children of school age who are not registered with a School 425
21.7 Children of school age who are educated at home but where there are concerns about their welfare 426
22. Socially excluded and isolated children 426
23. Missing families for whom there are concerns for children or unborn children 429
23.1 Recognition and Referral 429
23.2 Immediate Action 430

23.3 Strategy Meeting/Discussion 430
23.4 When the expectant mother/family is found 430
24. Safeguarding Children from Sexual Exploitation 432
24.1 Introduction 432
24.2 Identification 434
24.3 Assessment 435
24.4 Role of local authority children's social care 440
24.5 Role of the police 444
24.6 Role of leisure and community service 445
24.7 Role of education services 445
24.8 Role of health services 446
24.9 Role of voluntary and community groups/agencies 447
24. Information and Communication Technology (ICT) based Forms of Abuse 450
24.1 Introduction 450
24.2 Recognition and Response 450
24.3 Concern about Particular Child/ren 451
24.4 Concern about an adult 451
24.5 Allegations Against Colleagues 452
24.6 Supplementary Guidance 452
24.7 Impact on Children 452
24.8 Definition and Legislation 453
24.9 Online Grooming and Offline Abuse 453
24.10 Child Exploitation and Online Protection Centre (CEOP) 454
24.11 Supporting carers/parents 454
25. Safeguarding Trafficked and Exploited Children 455
25.1 Introduction 455
25.2 Policy and Legislation 455
25.3 Definitions 456
25.4 How does Trafficking Happen? 456
25.5 Why do people traffick children? 457
25.6 Why is trafficking possible? 457
25.7 How are children brought to the U.K.? 458
25.8 Trafficking Schemes 459
25.9 What happens to children before they arrive in the UK 459
25.10 The impact of trafficking on children 459
25.11 Identifying trafficked and exploited children 461

25.12 Risk Indicators 461
25.13 Children at Port of Entry 462
25.14 Community Groups, Neighbours and the Public 462
25.15 Private Fostering 463
25.16 All Agencies 463
25.17 Local authority children's social care 464
25.18 Health Services 464
25.19 Education Services 464
25.20 Refugee Council Children's Panel 465
25.21 Referrals regarding possible trafficking and exploitation of a child 465
25.22 Referral and Information Gathering 466
25.23 Action after the Information Gathering 466
25.24 Decision to Interview 467
25.25 S.47 Enquiry 468
25.26 Looked After Children 469
25.27 Support for trafficked and exploited children 470
25.28 Issues for professionals to consider when working with trafficked and exploited children 470
25.29 Issues for the prosecution of traffickers 471
25.30 Repatriation and Deportation 471
26. Safeguarding Sexually Active Children 472
26.1 Introduction 472
26.2 Responding to Children 472
26.3 Assessment 473
26.4 Disabled Children and Young People 475
26.5 Information Sharing 475
26.6 Thresholds for Referring to Local Authority Children's Social Care and the Police 476
26.7 A Strategy Discussion should be used to: 477
26.8 Criminal Investigation 479
26.9 Safeguarding young people 16 and 17 years 480
27. Young Parents (19 years old and under) 481
27.1 Introduction 481
27.2 Mother under 16 years 481
27.3 Mother over 16 years 482
27.4 Young fathers 482
28. Safeguarding children affected by gang activity/serious youth violence 483

28.1 Introduction 483
28.2 Definition of a gang (serious youth violence) 483
28.3 Community and Family Circumstances 484
28.4 Professional Response 485
28.5 Agency Responses 486
28.6 Violent Extremism 487
28.7 Radicalisation 487
29. Safeguarding children policy for licensed premises 490
29.2 Definition of child abuse and neglect 491
29.3 Safeguarding children procedures to be followed by owners and staff of licensed premises 493
29.4 Designated safeguarding children lead 494
30. Young Carers 496
31. Children Harming Others 498
31.1 Introduction 498
31.2 Recognition and referral of abuse 498
31.3 Sexual abuse and serious physical and emotional abuse 499
31.4 Strategy meeting/discussion 499
31.5 Criminal Investigation 501
31.6 Outcome of Enquiries 502
31.7 Child Protection Conference 503
31.8 Criminal proceedings 503
31.9 Multi-agency meetings 503
31.10 Children moving into or re-entering a local authority area 504
31.11 Carrying of offensive weapons and gangs 505
32. Bullying 507
33. Fire Setting 509
34. Self-harming and Suicidal Behaviour 510
34.1 Introduction 510
34.2 Definition 510
34.3 Indicators 510
34.4 Risks 511
34.5 Protective and supportive action 511
34.6 Issues – information sharing and consent 513
34.7 Further information 514
35. Children Living Away from Home 515
35.1 Foster Care 515

35.2 Private fostering 518
35.3 Residential care 520
35.4 Adoption 523
35.5 Boarding School 527
35.6 Custodial Settings for Children 529
35.7 Hospitals 534
35.8 Hospitals (specialist) 535
35.9 Serious case reviews 537
35.10 Foreign Exchange Visits 538
36. Historical Abuse 540
36.1 Introduction 540
36.2 Required Response 540
37. Children Visiting Custodial Settings 542
37.1 Definition of contact 542
37.2 Contact requests and registers 542
37.3 Parental support for contact 542
37.4 Looked After Children 543
37.5 Multi-agency assessment 543
37.6 Prison establishment operational manager's decision 544
37.7 Level of contact decided 544
37.8 Monitoring 545
37.9 Ensuring correct identification of children 545
37.10 Reviewing contact decisions 545
37.11 Appeals process 546
38. Children Visiting Mental Health Wards and Facilities 547
38.1 Introduction 547
38.2 Visiting patients in psychiatric wards 547
38.3 Pre-visit arrangements 548
38.4 Visiting Patients in the Special Hospitals: Ashworth, Broadmoor and Rampton 551
39. Child Abuse linked to faith or culture 552
39.1 Honour based abuse 552
39.2 Forced marriage of a child 556
40.4 Male Circumcision 571
40.5 Spirit Possession or Witchcraft 575
40. Parents where there are specific or multiple issues 581
40.1 Parents who Misuse Substances 581

40.2 Parenting Capacity and Mental Illness 583
40.3 Parenting capacity and learning disabilities 586
41. Further safeguarding information 588
41.1 Lack of Parental Control 588
41.2 Child left alone 589
41.3 Animal abuse and links to abuse of children and adult with care or support needs 591
41.4 Begging 592
41.5 Surrogacy 593
41.6 Blood-borne Viruses 594
42.7 Pre-trial therapy (criminal proceedings) 597
42.8 Criminal Injuries Compensation 602
42.9 Diplomats families 604
Working with foreign authorities 605
PART B4: Appendices 606
1. Appendix 1: Links to relevant legislation 606
1.2 Children Act 2004 606
1.3 Education Act 2002 607
1.4 Children Act 1989 609
1.5 Homelessness Act 2002 613
1.6 Sexual Offences Act 2003 613
1.7 Protection of Freedoms Act 2012 614
1.8 The Hague Convention 1996 614
1.9 Children and Families Act 2014 614
2. Appendix 2: Third sector agencies or community groups keeping children safe 616
3. Appendix 3: Faith Community contacts 621
4. Appendix 4: Triangle chart for the Assessment of Children in Need and their Families 623
4.1 Dimensions of child's developmental needs 623
4.2 Dimensions of parenting capacity 625
4.3 Family and environmental factors 626
5. Appendix 5: Use of questionnaires and scales to evidence assessment and decision making 628
6. Appendix 6: MOD contacts 632
7. Appendix 7: Key facts about domestic violence 635
8. Appendix 8: Communicating with a child 637
9. Appendix 9: Clarification questions for a mother 640

10. Appendix 10: Legal and housing options 641
11. Appendix 11: Safety planning with women 649
12. Appendix 12: Safety planning with children and young people 650
13. Appendix 13: Working with abusive partners 651
14. Appendix 14: Risk Assessment Toolkit 654
15. Appendix 15: Essex Police Child Information Sharing Form 654
16. Appendix 16: The Sexual Offences Act 2003 654
17. Appendix 17: Police Information Request/Referral Process 657
18. Appendix 18: Protocol for Joint Working between Child Death Review Rapid Response Team and Coroners Service 659
19. Appendix 19: A guide to the acronyms used in these procedures 663

PART B1: General Practice Guidance

1. A Child Focussed Approach to Safeguarding

Effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the children within them, or placing the interests of adults ahead of the needs of children.

Children want to be respected, their views to be heard, to have stable relationships with professionals built on trust and for consistent support provided for their individual needs. This should guide the behaviour of professionals. Anyone working with children should see and speak to the child; listen to what they say; take their views seriously; and work with them collaboratively when deciding how to support their needs. A child-centred approach is supported by:

- The **Children Act 1989** (as amended by **section 53 of the Children Act 2004**). This Act requires local authorities to give due regard to a child's wishes when determining what services to provide under **section 17** of the Children Act 1989, and before making decisions about action to be taken to protect individual children under **section 47** of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (**section 22 (4)** Children Act 1989), including those who are provided with accommodation under **section 20** of the Children Act 1989 and children taken into police protection (**section 46(3) (d)** of that Act);
- The **Equality Act 2010** which puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and
- The **United Nations Convention on the Rights of the Child (UNCRC)**. This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

See Working Together to Safeguarding Children 2015:

Children have said that they need

- Vigilance: to have adults notice when things are troubling them;
- Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon;

- Stability: to be able to develop an on-going stable relationship of trust with those helping them;
- Respect: to be treated with the expectation that they are competent rather than not;
- Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans;
- Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response;
- Support: to be provided with support in their own right as well as a member of their family;
- Advocacy: to be provided with advocacy to assist them in putting forward their views.

Effective ongoing action to keep the child in focus includes:

- eliciting the child's wishes and feelings – about their situation now as well as plans and hopes for the future;
- providing children with honest and accurate information about the current situation, as seen by professionals, and future possible actions and interventions;
- involving the child in key decision-making;
- providing appropriate information to the child about his or her right to protection and assistance;
- inviting children to make recommendations about the services and assistance they need and/or are available to them;
- Ensuring children have access to independent advice and support (for example, through advocates or children's rights officers) to be able to express their views and influence decision-making.

Even initial discussions with children should be conducted in a way that minimises any distress caused to them and maximises the likelihood that they will provide helpful information. Children may need time and more than one opportunity in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young or are experiencing mental health problems.

2. Roles and Responsibilities

2.1 Introduction

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

2.2 Statutory Duties

Duty to safeguard children and promote the welfare of children

2.2.1 'Safeguarding children is everyone's responsibility'. Local authorities which are children's services authorities have a number of specific duties to organise and plan services and safeguard and promote the welfare of children.

2.2.2 Local authorities, District/Borough/City councils, NHS bodies, Commissioners and Providers of health services, including Clinical Commissioning Groups (CCGs), NHS trusts, and NHS foundation trusts and NHS England and local authority Health & Well Being Boards, the Police including the British Transport Police, providers of Probation services and Prison services (under the National Offender Management Service (NOMS) structure), Youth Offending Services (YOS), and Secure Training Centres – the relevant partners – have a duty under section 11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children.

2.2.3 Guidance for these agencies about their duty under s11 is contained in Making Arrangements to Safeguard and Promote the Welfare of Children (DfES 2007).

2.2.4 Local authorities also have a duty to carry out their functions under the Education Act with a view to safeguarding and promoting the welfare of children under s175 of the Education Act 2002. Under s175 of the Education Act 2002, maintained (state) schools and Further Education (FE) institutions, including Sixth Form Colleges, have a duty to exercise their functions with a view to safeguarding and promoting the welfare of their pupils (students under 18 years of age in the case of FE institutions).

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

2.2.5 Guidance to local authorities, schools, and FE institutions about these duties is in Keeping Children Safe in Education 2016

2.2.6 In addition, under s87 of the Children Act 1989 independent schools which provide accommodation for children have a duty to safeguard and

promote the welfare of those pupils. Boarding schools, residential special schools, and further education institutions which provide accommodation for children under 18 must have regard to the respective National Minimum Standards for their establishment. See www.ofsted.gov.uk.

2.2.7 Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the welfare requirements of the Early Years Foundation Stage.

2.2.8 The Children and Family Court Advisory and Support Service (CAFCASS) has a duty under s12(1) of the Criminal Justice and Court Services Act 2000 to safeguard and promote the welfare of children involved in family proceedings in which their welfare is, or may be, in question.

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

2.2.9 Section 11 of the Children Act 2004 places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

2.3 Responsibilities shared by all agencies

Systems and arrangements to safeguard and promote the welfare of children

2.3.1 To fulfil their responsibilities to safeguard and promote the welfare of children all organisations that provide services for children, parents or families, or work with children, should have in place:

- Clear priorities for safeguarding and promoting the welfare of children explicitly stated in key policy documents and commissioning strategies;
- Clear commitment by senior management to the importance of safeguarding and promoting children's welfare through both the commissioning and the provision of services;
- A culture of listening to and engaging in dialogue with children – seeking their views in ways appropriate to their age and understanding, and taking account of those both in individual decisions and the establishment or development and improvement of services;
- A clear line of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children;
- Recruitment and human resources management procedures and commissioning processes, including contractual arrangements, that take account of the need to safeguard and promote the welfare of children, including arrangements for appropriate checks on new staff and volunteers and adoption of best practice in the recruitment of new staff and volunteers (see Safer Recruitment Procedure);

- A clear understanding of how to work together to help keep children safe in relation to the new technologies by being adequately equipped to understand, identify and mitigate the risks of new technology;
- Procedures for dealing with allegations of abuse against members of staff and volunteers or, for commissioners, contractual arrangements with providers that ensure these procedures are in place;
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively (including training to follow these revised Child Protection Procedures), and keep this up to date by refresher training at regular intervals; and that all staff, including temporary staff and volunteers who work with children, are made aware of both the establishment's arrangements and their responsibilities for safeguarding and promoting the welfare of children (see Learning and Improvement Framework for each LSCB – Essex, Southend, Thurrock;
- Staff receive regular supervision, sufficient to support staff to recognise children in need of support and / or safeguarding, and which is appropriate to their responsibilities within the organisation (see Learning and Improvement Framework as above);
- Policies for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy in line with these Child Protection Procedures, which are known and easily accessible to all staff. Also, effective complaints procedures and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures;
- Their agency has internal safeguarding children policies and procedures, which are in line with these SET Child Protection Procedures, which are known and easily accessible to all staff;
- Staff have easy access during service delivery times to the agency's designated safeguarding children lead (and in the NHS, also access to their organisations named safeguarding children leads and the CCG designated safeguarding children leads);
- Arrangements to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information;
- Arrangements for effective internal and external challenge, conflict resolution and complaint in relation to delivery of services. See Part B, chapter 11, Professional conflict resolution;
- Appropriate whistle blowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

Staff/professional competence

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

- Understand the risk factors and recognise children in need of support and/or safeguarding (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);
- Recognise the needs of carers who may need extra help in caring for children, and know where to refer for help (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);
- Recognise the risks of abuse to an unborn child (see Part A, chapter 1, Responding to Concerns of Abuse and Neglect);
- Understand the risks posed by and needs of children who harm others (see Part B, chapter 32, Children harming others);
- Access immediately contact details of the agency's designated safeguarding children lead from whom child protection advice can be sought;
- Actively promote a culture of listening to and engaging in dialogue with children and actively seeking their views in ways appropriate to their age and understanding;
- Respond sensitively to the needs of children and their families from a range of racial, cultural, religious or linguistic backgrounds;
- Understand the roles and responsibilities of other departments and agencies in safeguarding children and refer children to them appropriately;
- Contribute to enquiries from other professionals about a child and their family (see Part A, chapter 3, Child protection s47 enquiries and chapter 4, Child protection conferences);
- Liaise closely with other professionals internally and in other agencies and take the lead professional role in multi-agency networks as appropriate (see Part B, chapter 3, Sharing information);
- Assess the needs of children and the capacity of parents to meet their children's needs (see Part A, chapter 2, Referral and assessment and Part B, chapter 13, Risk management of known offenders);
- Plan and respond appropriately to the needs of children and their families, particularly those who are vulnerable (see Part A, chapter 2, Referral and assessment and Part B, chapter 13, Risk management of known offenders);
- Contribute to Child Protection Conferences, Family Group Conferences
    - (in some areas referred to as family group meetings) and strategy meetings / discussions (see Part A, chapter 3, Child protection s47 enquiries and chapter 4, Child protection conferences);
    - [*Family group conferences are conferences where the professionals help the family use their knowledge and experience to make sure the child is safe where they live and can develop as an individual. The child is encouraged to take part in the decisions that directly affect them*].
- Contribute to planning support for children who have suffered, or are likely to suffer, significant harm (see Part A, chapter 3, Child protection s47 enquiries, chapter 4, Child protection conferences and Part B,

chapter 8, Best practice for the implementation of child protection plans);

- Help ensure that children who have suffered, or are likely to suffer, significant harm through abuse or neglect, and parents under stress, have access to services to support them;
- Contribute actively, through the child protection plan, to safeguarding children who have suffered, or are likely to suffer, significant harm;
- As part of generally safeguarding children, provide ongoing promotional and preventative support through proactive work with children, families and expectant parents;
- Contribute to Serious Case Reviews and their implementation (see Part B, chapter 15, Serious case reviews).

Competence in using the early help assessment

2.3.3 All agencies whose staff/volunteer come into contact with children in their daily activities, and/or who provide services to adults who having caring responsibilities for children, must ensure their staff/volunteer are aware of the local Early Help services, the Threshold document and the relevant local early help assessment and how it is used, and that there are enough people in their agency with the necessary skills, training and support to undertake an early help assessment. Professionals' understanding should reflect that the early help assessment form is not a referral form, although it may be used to support a subsequent referral or specialist assessment. The absence of an early help assessment should not be a barrier to accessing services. See Essex, Southend, Thurrock

Being alert to children missing or not enrolled at a school

2.3.4 Professionals in all agencies providing services to children and families should be alert to:

- A parent being accompanied by their child/ren during school hours;
- A child who has not attended school for a while or is not on a school roll.

In these cases, professionals should ask for the child's address and date of birth, and refer the information to the local authority education service for the area indicated by the child's address see Children Missing from Care, Home and School Procedure.

Designated safeguarding children lead

2.3.5 All agencies working with children or with adults who are carers must appoint one or more senior members of staff, or clinician, nurse, governor and/or volunteer, to lead on all safeguarding children issues for the agency. Where there is only one designated safeguarding children lead, the agency should appoint a deputy to cover absences.

2.3.6 Appointment as a designated safeguarding children lead does not, in itself, signify responsibility personally for providing a full service for child protection. This will usually be done through the agency's safeguarding children arrangements.

2.3.7 The designated safeguarding children lead must be fully conversant with their agency's safeguarding and child protection accountability structures.

2.3.8 The designated safeguarding children leads and deputies should be provided with relevant child protection training. Designated safeguarding children leads and their deputies must undergo regular supervision and refresher training in child protection.

2.3.9 Examples of persons who may be designated safeguarding children lead/s include:

- Schools – a member of the senior leadership team and a governor;
- Health services – include
  - Designated Doctors and Nurses for Safeguarding Children and Looked After Children, and a Designated Paediatrician for Unexpected Deaths in Childhood for Clinical Commissioning Groups (CCGs)
  - Named Doctor and Nurse for Safeguarding Children for providers of health care including acute, community and mental health services
  - Named Midwife for Safeguarding Children for maternity services
  - Named professional for Safeguarding Children for NHS Direct/111, ambulance trusts and independent providers
  - Named GP for Primary Care

  Full details are in Safeguarding Vulnerable People in the Reformed NHS; Accountability and Assurance Framework, NHS Commissioning Board, 21 March 2013.
- Top Tier or Unitary Local authorities – a designated safeguarding children lead in each department/service (children's social care, education etc.);
- Third sector – in large agencies a specialist person, in small agencies, the manager or leader and in all agencies, a trustee/board member or equivalent;
- Police – a designated head of safeguarding children officer in Public Protection Command.
- Housing – either the responsibility of the Unitary Authority or local District/Borough/City Councils and registered providers

2.3.10 The term designated safeguarding children lead, as it is used in these SET Child Protection Procedures, describes persons appointed at an operational, strategic or commissioning level or with responsibilities encompassing elements of operations, strategy, commissioning or providing consultation and advice.

2.3.11 At an operational level, in general, a designated safeguarding children lead's responsibilities include:

- Ensuring these SET Child Protection Procedures and the agency specific procedures are easily accessible to all staff and volunteers;
- Keeping all staff updated with current procedure and practice, ensuring all new and temporary staff receive the necessary training to familiarise them with their child protection responsibilities;
- Referring any specific safeguarding concerns as soon as they arise to local authority children's social care in line with the Referral and Assessment Procedure;
- Monitoring the use of services/attendance and the development and wellbeing of children who are the subject of child protection plans;
- Alerting senior management to any deficiencies which come to light in the agency's arrangements to safeguard and promote the well-being of children;
- Maintaining accurate and secure child protection records;
- Being a source of advice and expertise on child protection matters to all staff at the point of need;
- Promoting good practice and effective communication internally between different sections, departments, disciplines and services and externally between agencies, on all matters relating to the protection of children;
- Ensuring arrangements are in place for child protection training for all staff involved in providing services to children and families and adult with care or support needs who are parents/carers and/or who may pose a risk to children;
- Ensuring arrangements are in place for child protection supervision of all staff involved in providing services to children and families and adult with care or support needs who are parents/carers and/or who may pose a risk to children;
- Ensuring child protection is an integral part of the agency's risk management strategy and that key staff are aware of the thresholds for triggering child protection enquiries and an assessment of risk of harm;
- When necessary, conducting the agency's internal case reviews (except when they have had personal involvement in the case, when it will be more appropriate for the deputy/designated lead to conduct the review). The named professional will also be able to ensure the resulting action plan is followed up;
- Developing, monitoring and reviewing internal agency procedures, specifications and standards, in line with these SET Child Protection Procedures and government guidance and regulations, for child protection practice;
- Ensuring there are effective systems of child protection audit to monitor the application of agreed child protection standards.

2.3.12 At a strategic level, in general, a designated safeguarding children lead's responsibilities are to:

- Provide the strategic lead on all aspects of the agency's contribution to safeguarding children within the area, e.g. the Clinical Commissioning Group (CCG) area, Local Safeguarding Children Board area, probation area, as appropriate;
- Support the designated professionals in meeting child protection specifications;
- Provide professional advice on child protection matters to the multi-agency network;
- Represent the agency on the Local Safeguarding Children Board and ensuring each department/service/trust has a specified link to the Local Safeguarding Children Board;
- Monitor, evaluate and review the agency's contribution to the protection of children;
- Collaborate with the Local Safeguarding Children Board/s in each local authority area and the operational designated safeguarding children lead in other departments/services/Trusts in reviewing the agency's involvement in serious incidents which meet the criteria for Serious Case Reviews;
- Ensure the training needs of the agency's staff/volunteers are addressed by promoting, influencing and developing relevant training, on both a single and inter-agency basis;
- These responsibilities are in line with what is expected of a designated professional in health services.

2.3.13 Other strategic responsibilities which a designated safeguarding children lead may have include:

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

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

Out-of-hours services

2.3.14 Each agency's out-of-hours (out of office hours) arrangements for the provision of services to children and families will vary according to the nature of the service provided. Nevertheless, all agencies providing an out-of-hours service must ensure the professionals working out-of-hours are competent and enabled to follow these SET Child Protection Procedures.

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

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

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

Working with the public/local communities

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

- What constitutes neglect and maltreatment in the context of promoting optimal development for children and also in terms children's rights and UK law; and
- What local services are available and how to access and engage in partnership with them; and
- How to participate in planning and reviewing the services.

2.3.18 All agencies, and Local Safeguarding Children Boards, have a responsibility to provide the public/local community with information and facilitate access and partnership in safeguarding local children.

2.3.19 All agencies, and Local Safeguarding Children Boards, should ensure that their staff are competent to assist any member of the public who is concerned a child may be at risk of abuse or neglect, or is/was themselves a neglected or abused child, to contact:

- Local authority children's social care; or
- The police; or
- The NSPCC's 24 hour Child Protection Helpline or the NSPCC's 24 hour national children's help line ChildLine; see sections 2.25.14 and 2.25.15.

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

2.4 Local authority children's service authorities

2.4.1 Local authorities must have a Health and Well Being Board, the purpose of which is to "bring together local commissioners across the NHS, public health and social care, elected representatives and representatives of HealthWatch to deliver integrated health and care services to improve the health and wellbeing of people in their area". Authorities may choose to have a Children's Partnership Board to focus specifically on children's services. It is important that, within the local area, the links between partnerships are clearly set out in order that the LSCB can ensure that it is exercising its responsibility to scrutinize arrangements for the provision of early help services, support for vulnerable children and for the protection of children who have suffered, or are likely to suffer, significant harm.

2.4.2 In order to ensure that children are protected from harm, local authorities commission, and may themselves provide a wide range of care and support for children, young people and their families as well as for children and young people in specific circumstances.

2.5 Local authority children's social care

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

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

This should be undertaken in accordance with Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities.

2.5.2 Local authorities have developed a range of different organisational structures within which social care services are located. However, all authorities must have a senior officer responsible for undertaking the statutory duties of a Director of Children's Services to organise and plan services to safeguard and promote the welfare of children (Section 18 of the Children Act 2004). That senior officer, or a senior manager reporting to them, must have relevant skills and experience in, and knowledge of, safeguarding and child protection, and provide high quality leadership in this area as part of the delivery of effective children's social care services as a whole.

2.5.3 The local authority is required to ensure that children in its area are protected from significant harm. Any child who has suffered, or is likely to suffer, significant harm is invariably a child in need in terms of s17,

Children Act 1989. The local authority has a general duty under the Children Act 1989 to safeguard and promote the welfare of children who are in need and, so far as it is consistent with that duty, to promote the upbringing of such children by their families by providing services appropriate to the child's needs. They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language, and where practicable, take account of the child's wishes and feelings.

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

2.5.5 Where a child has suffered, or is likely to suffer, significant harm, local authority children's social care professionals are responsible for co-ordinating an assessment of the child's needs, the parents' capacity to keep the child safe and promote their welfare, and of the wider family circumstances.

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

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

2.5.7 Local authority children's social care professionals and Local Safeguarding Children Boards should offer the same level of support and advice in relation to safeguarding and promoting the welfare of pupils to Independent schools, Academies, Free Schools and further education colleges and non-maintained special schools in their area. This includes support in respect of the investigation of allegations of abuse.

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

- To be the principal point of contact for children about whom there are welfare concerns;
- To be available to be contacted directly by children, parents or family members seeking help, concerned friends and neighbours, or by professionals and others;

- To assess, plan and provide support to children in need, including those suffering or likely to suffer significant harm;
- To make enquiries under s47 of the Children Act 1989 wherever there is reason to suspect that a child in the local authority area has suffered, or is likely to suffer, significant harm;
- To convene and chair child protection conferences;
- To maintain a list (accessible to relevant agencies) of children resident in the area, including those who have been placed by another local authority or agency, who are considered to be at continuing risk of significant harm and for whom there is a child protection plan;
- To provide a qualified lead social worker for every child who has a child protection plan;
- To ensure the agencies who are party to the protection plan coordinate their activities to protect the child;
- To undertake an assessment in relation to each child with a child protection plan, ensuring other agencies contribute as necessary to the assessment and that assessments take account of key issues (e.g. domestic abuse or neglect);
- To convene regular reviews of the child's progress through both core group and child protection conference review meetings;
- To instigate legal proceedings in accordance with these SET Child Protection Procedures and other relevant procedures.

Standards in local authority children's social care

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

2.5.9 Ofsted is the lead children's inspectorate, with responsibility for inspecting to ensure that children's social care providers meet minimum national standards in safeguarding and promoting children's welfare and well-being. Providers will also be expected to have knowledge of child protection, including signs and symptoms and what to do if abuse or neglect is suspected.

2.5.10 Ofsted's responsibilities include:

- The registration and inspection of childcare (childminders, childminding agencies, pre-schools, nurseries and children’s centres);
- The registration and inspection of arrangements for the care and support of children and young people;
- The inspection of all maintained schools, academies and free schools as well as some independent schools;
- Inspection of the arrangements for the provision of early help services, services for children in need, children at risk of significant harm, looked after children and care leavers;
- Inspection of further education;
- Inspection of all publicly funded adult learning and skills and privately funded training provision;
- Inspection of adoption and fostering agencies.

2.5.11 If during an inspection inspectors become concerned with respect to a child or children's safety and well-being, Ofsted must contact local authority children's social care and, in consultation with the local authority children's social care services, consider whether any action needs to be taken to protect children attending/receiving a service from that registered provision.

2.5.12 Ofsted must be informed when a child protection referral is made to the local authority children's social care regarding a person who works in any of the services regulated by Ofsted or the CQC who should be invited to any strategy meetings/discussions convened due to concerns or allegations about professionals in regulated settings.

2.5.13 Ofsted also undertake inspection of local authority children's services. Launched in 2013, the "inspection of services for children in need of help and protection, children looked after and care leavers (single inspection framework) and reviews of Local Safeguarding Children Boards" is the most recent such framework.

2.6 Local authority adult social care

2.6.1 Those who work with adults in social care services must consider the implications of service users' behaviour for the safety and well-being of any dependent children and/or children with whom those adults are in contact.

2.6.2 Local authority adult social care professionals who receive referrals about adults who are also parents or expectant parents must consider if there is a need to alert children's services to a child or unborn child who may be 'in need' or 'suffering, or likely to suffer, significant harm'.

2.6.3 Local authority adult social care must establish and maintain systems so that:

- Managers within adult services can monitor those cases which involve dependent children;
- There is regular, formal and recorded consideration of such cases between managers in both local authority adults' and children's social care;
- Where both local authority adults' and children's social care are providing services to a family, staff share information in a timely way, undertake joint assessments and agree interventions.

2.6.4 Once action is taken under child protection procedures (and regardless of whether the work is undertaken jointly or separately) local authority children's social care becomes responsible for co-ordinating this.

2.6.5 For all joint-work between local authority adult social care and local authority children's social care there should be clear joint working

procedures on information sharing and referring, as well as ongoing sharing of information and feedback.

2.7 Local authority housing authorities and social landlords

2.7.1 Housing and homelessness staff in local authorities and housing managers (whether working in a local authority or for a social landlord) can play an important role in safeguarding and promoting the welfare of children.

Sharing information

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

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

Identifying need

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

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

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

Health and safety

2.7.7 Housing staff, in their day-to-day contact with families and tenants, may become aware of needs or welfare issues to which they can either respond directly (e.g. by making repairs or adaptations to homes, or by assisting the family in accessing help through other agencies).

2.7.8 Environmental health staff, in particular those who inspect private rented housing, may become aware of conditions that impact adversely on

children. Under Part 1 of the Housing Act 2004, authorities must take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.

Children and families in temporary accommodation

2.7.9 Many families in temporary accommodation move frequently. There is evidence that moving between services has a negative impact on children and their families, when it is not based on positive life-choices.

2.7.10 Local authority housing and other Local authority services in partnership with health providers are responsible for maintaining effective systems to ensure children and families are appropriately housed in temporary accommodation and receive health and education services, as well as any specific services to meet individual children's assessed needs, in a timely way.

2.7.11 Local authorities should not place families out of their own area if there is a child in the family who is subject to a child protection plan, unless there are exceptional reasons for doing so.

Registered Providers

2.7.12 In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more registered providers. Housing authorities remain responsible for assessing the needs of families, under homelessness legislation, and for managing nominations to registered providers who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of the assessment of need, and because of the influence they have designing and managing prioritisation, assessment and allocation of housing.

2.7.13 Social landlords do not have the same legal requirements to safeguard and promote the welfare of children as local authorities.

2.7.14 Registered providers have been regulated by the Homes & Communities Agency since 1st April 2012. Regulation is managed by an Independent Regulation Committee. The new Regulatory Framework for social housing in England from 2012 implements amendments to the Housing & Regeneration Act 2008, introduced by the Localism Act 2011.

The new Framework incorporates the need for all Providers governance arrangements and approaches to management and service delivery to incorporate and demonstrate principles of equality and diversity and apply them in a way relevant to their organisations purpose and context. It is essential that Providers understand tenants' needs including those within equality strands (listed in the Equality Act 2010).

2.7.15 Housing authorities/registered providers and local authority children's services should refer to the joint Department for Children, Schools and Families and Communities and Local Government guidance about their duties under Part III of the Children Act 1989 and Part 7 of the Housing Act 1996 to secure or provide accommodation for homeless 16- and 17-year-old children: Joint working between housing and children's services: Preventing homelessness and tackling its effects on children and young people (DCSF/CLG, 2008)

2.7.16 Housing authorities/registered providers can help reduce the risk of harm to children by:

- Ensuring all homeless families with child/ren subject to s47 enquiries and/or subject of a child protection plan are offered temporary accommodation within their home authority, unless alternative arrangements are consistent with the protection plan;
- Assessing the homelessness needs of 16/17 year olds evicted from home. They may be a child in need, they may be leaving due to violence and abuse and other children may remain in the home;
- Landlords of social housing should ensure that repairs/major works and servicing contracts require operatives to report child welfare concerns and that their staff are given appropriate guidance. It should be noted that operatives are more likely to gain access to tenants' homes than housing officers, particularly as there is a statutory requirement to carry out an annual gas safety check;
- Providing alternative accommodation or other solutions to a parent and child(ren) if they have experienced domestic abuse;
- Ensuring dangerous offenders are not offered tenancies in locations offering high levels of access to children (see also Part B, chapter 13, Risk management of known offenders);
- Ensure that housing authorities are appropriately represented on forums where high risk victims and/or perpetrators are considered (i.e. MAPPA, MARAC, Child Protection Conferences, etc.);
- Ensuring wherever possible homeless families are provided with accommodation within their home authority;
- Sharing the address of a family which is transferred outside of the authority with relevant agencies
- Providing references to Ofsted for potential childminders.

2.8 Local authority environmental health and planning services

2.8.1 In order to fulfil their part of the local authority's obligations to safeguard children and promote their welfare, local authority environmental health, Trading Standards, Licensing, Noise, Anti-Social Behaviour and planning services must:

- Ensure their staff are competent to identify and refer concerns about children;

- Nominate a senior manager as a designated safeguarding children lead within the local authority.

2.8.2 Local authority Environmental Health, Trading Standards, Licensing, Noise, Anti Social Behaviour, Planning and building control services staff working directly for local authorities or contracted to provide a service on behalf of a local authority can play an important role in safeguarding and promoting the welfare of children.

Sharing information

2.8.3 Officers may hold, or uncover, significant information about situations that could present a risk of harm to children. When this is identified, or occurs, officers have an obligation to share information relevant to child protection with local authority children's social care staff.

2.8.4 Local authority children's social care staff and other agencies may from time to time require the assistance of these staff when assessing the welfare of children.

2.8.5 These officers should understand the requirement to share information with other agencies in appropriate cases, and to comply with the SET child protection procedures relevant to their role.

Identifying need

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

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

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

Health and safety

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

2.8.10 Officers inspecting conditions in commercial premises such as restaurants and clubs may become aware of situations that impact adversely on children. For example, they may become aware that children are being employed in contravention of the law (e.g. under age or for hours that exceed the statutory limit). Such situations may be the first indication of a more serious situation such as child labour exploitation or trafficking. See Safeguarding Children on licensed premises procedure.

2.9 Local authority sport, culture and leisure

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

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

2.9.3 Staff, volunteers and contractors who provide these services will have various degrees of contact with children who use them, and appropriate arrangements to safeguard children will need to be in place through the commissioning, contractual arrangements and safer recruitment processes. These should include appropriate codes of practice for staff, particularly sports coaches and dance tutors, such as those issued by national governing bodies of sport, the Health and Safety Executive (HSE) or the local authority. Working practices should be adopted which minimise unobserved one-to-one contact between coaches/tutors and children and young people. Sports agencies can also seek advice on child protection issues from the Child Protection in Sport Unit, which has been established as a partnership between the NSPCC and Sport England.

2.9.4 Leisure and Community Services must also ensure any agencies contracting to manage leisure facilities have adequate child protection policies and procedures in place.

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

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

2.9.7 Because libraries provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and chat rooms in which children may be drawn into risky relationships. See Information and Communication Technology (ICT) based Forms of Abuse Procedure.

2.10 Youth services

2.10.1 In order to fulfil their obligations to safeguard children and promote their welfare, youth service must ensure that their staff are competent to identify and refer concerns about children and nominate a designated safeguarding children lead.

2.10.2 Sharing information:

- Officers from youth service may hold, or uncover, significant information about situations that could present a risk of harm to children. When this is identified, or occurs, they have an obligation to share information relevant to child protection with local authority children's social care staff;
- Local authority children's social care staff and other agencies may from time to time require the assistance of these staff when assessing the welfare of children;
- These officers should understand the requirement to share information with other agencies in appropriate cases, and to comply with the SET child protection procedures relevant to their role.

2.10.3 Requirements within commissioning arrangements should ensure that youth workers appropriately prioritise safeguarding children and young people and that confidentiality between the youth worker and the young person is not inappropriately maintained. Volunteers within the youth service are subject to the same requirement.

2.10.4 Youth service must particularly ensure casual and temporary staff also receive child protection training as part of their induction and then ongoing training.

2.10.5 Youth facilities may provide opportunities for anonymous access to the internet, staff must be aware and take reasonable precautions to prevent access to pornography and social media in which children may be drawn into risky or inappropriate behaviours.

2.10.6 Where the local authority funds local third sector youth agencies or other providers through grant or contract arrangements including service level or partnership agreements, the local authority should ensure proper arrangements to safeguard children are in place (e.g. through commissioning arrangements). The agencies might get advice on how to do so from their national bodies or the Local Safeguarding Children Board.

2.11 Local authority education

2.11.1 In order to fulfil their obligations to safeguard children and promote their welfare, local authority education services must have systems and arrangements in place and ensure that their staff are competent to identify and refer concerns about children.

2.11.2 Local authority education must appoint a lead officer with responsibility for co-ordinating policy and action on child protection across schools and non-school services maintained by the local authority, and for providing advice to them.

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

2.11.4 Local authority education should keep up-to-date lists of the designated safeguarding children lead (governor and staff member) in each school, including independent sector schools. Academies and Free Schools and Local authority education should encourage schools to support and train these staff.

2.11.5 Wherever local authority education places a child in a school outside their area, they should ensure the school has adequate child protection policies and procedures. The local authority must also ensure that training, which should include child protection training, is available for persons who provide or assist in providing childminding or day care.

2.11.6 Each local authority has responsibility for the provision of information and advice about childminding and day care primarily through the Family Information Service (Childcare Act 2006)

Early years services

2.11.7 Early years providers include maintained schools, non-maintained schools, independent schools, all providers on the Early Years Register; and all providers registered with an early years childminding agency. Early years providers must be alert to any issues for concern in the child's life at home or elsewhere. Providers must: Take all necessary steps to keep children safe and well. They must:

- Take necessary steps to safeguard and promote the welfare of children;
- Promote the good health of children, take necessary steps to prevent the spread of infection, and take appropriate action when they are ill;
- Manage children's behaviour effectively and in a manner appropriately for their stage of development and particular individual needs;

- Ensure that adults looking after children, or having unsupervised access to them, are suitable to do so; and
- Maintain records, policies and procedures in line with the guidance and procedures of the Local Safeguarding Children Board.

The safeguarding and welfare requirements are set out in detail in the Statutory Framework for the Early Years Foundation Stage (EYFS).

2.11.8 Early years providers have a duty under section 40 of the Childcare Act 2006 to comply with the safeguarding and welfare requirements of the Early Years Foundation Stage, under which providers are required to take necessary steps to safeguard and promote the welfare of young children. Everyone working in early years services should know how to recognise and respond to signs of possible abuse or neglect.

2.11.9 Independent, third sector and local authority day care providers caring for children under the age of eight years must be registered by Ofsted under the Children Act 1989, and should have regard to the Government's statutory guidance 'Working Together to Safeguard Children 2015' and a written statement, based on What To Do If You're Worried A Child Is Being Abused (2015). This statement should clearly set out professionals' responsibilities for reporting suspected child abuse or neglect in accordance with these SET Child Protection Procedures. It should include contact names and telephone numbers for the local police and local authority children's social care. The statement should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer and cover the use of mobile phones and cameras in the setting.

2.11.10 A practitioner must be designated to take lead responsibility for safeguarding children in every setting. Childminders must take the lead responsibility themselves. The lead practitioner is responsible for liaison with local statutory children's services agencies, and with the Local Safeguarding Children Board. They must provide support, advice and guidance to any other staff on an ongoing basis, and on any specific safeguarding issue as required. The lead practitioner must attend a child protection training course that enables them to identify, understand and respond appropriately to signs of possible abuse and neglect.

2.11.11 Providers must train all staff to understand their safeguarding policy and procedures, and ensure that all staff have up to date knowledge of safeguarding issues. The children in the early years provision are made aware of their right to be safe from abuse and are listened to, taken seriously and responded appropriately.

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

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

2.11.13 Registered childminders, childminding agencies and group day care providers must satisfy explicit criteria in order to meet the national standard with respect to child protection. Ensuring they do so is the responsibility of the early years directorate of Ofsted.

2.11.14 Ofsted requires that:

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

2.11.15 Ofsted will seek to ensure that day care providers:

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

2.11.16 Ofsted must be informed when a child protection referral is made to the local authority children's social care about:

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

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

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

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

Schools and further education institutions

2.11.20 Schools (including independent schools and non-maintained special schools) and further education (FE) institutions should implement their duty to safeguard and promote the welfare of their pupils (students under 18 years of age in the case of FE institutions) under the Education Act

2002 by having a Safeguarding policy that demonstrates how the school will:

- Create and maintain a safe learning environment for children by having arrangements in place to address a range of issues, including safe recruitment, dealing with allegations against staff, site security, health and safety, the medical needs of pupils, pupil behaviour and discipline, the use of physical restraint and the measures the school will take to combat bullying in all its forms;
- Contribute to safeguarding and promoting the welfare of children through the curriculum, by developing children's understanding, awareness, and resilience;
- Identify where there are child welfare concerns and take action to address them, in partnership with other agencies where appropriate.

2.11.21 Governors and headteachers should have regard to any statutory guidance issued by the Secretary of State for Education.

2.11.22 Schools should ensure that they designate a member of the Senior Leadership team who has been appropriately trained to take overall responsibility for the Safeguarding arrangements within the school.

2.11.23 The designated lead should ensure that all staff in the school are aware of the indicators of abuse, changes in behaviour that give rise to concern or the failure of a child to develop, and that reporting arrangements in these circumstances are in place.

2.11.24 Special schools, including non-maintained special schools and independent schools, which provide medical and/or nursing care should ensure both their non-medical and medical/nursing staff are particularly competent and well supported to recognise and respond to child protection concerns.

2.11.25 The designated lead should ensure that appropriate staff are competent to work in partnership with the local authority children's social care by:

- Contributing to the assessment of a child's needs;
- Implementing agreed actions to meet those needs.

2.11.26 Where a child of school age is the subject of a child protection plan, school staff are well placed to engage with planning and implementing the plan and an appropriate member of staff should be an active member of the core group.

2.11.27 The designated lead should ensure that the school's system for recording concerns or files relating to Child Protection processes for individual children are kept safely and securely and appropriately transferred at time of transition from one school to another.

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

2.11.29 In addition to having child protection procedures in line with these SET Child Protection Procedures, schools and FE institutions must have a behaviour policy that the headteacher must publicise in writing, to staff, parents and pupils at least once a year. The policy should include information on:

- screening and searching pupils;
- the power to use reasonable force and other physical contact;
- the power to discipline beyond the school gate;
- when to work with other local agencies to assess the needs of pupils who display continuous disruptive behaviour.

Bullying

2.11.30 The majority of cases of bullying will be effectively dealt with within the context of a school or FE institution's policy. There may however be circumstances when a referral to local authority children's social care or to the police is required in line with Referral and Assessment Procedure, for example when the bullying causes significant harm to a child or serious harm to an adult, involves criminal behaviour and/or initial steps taken to combat it effectively have failed.

2.11.31 Staff can take advice from the school's designated safeguarding children lead and the Anti-Bullying coordinator or education welfare officer. See also Part B, chapter 33, Bullying, chapter 32, Children harming others and chapter 13, Risk management of known offenders.

Discrimination

2.11.32 Educational curricula and teaching materials and methods must reflect the diversity of the local population and seek to promote an anti-discriminatory environment.

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

2.11.34 There will be occasions when the impact of discriminatory incidents is so severe it constitutes significant harm for the victim. In such instances a referral to local authority children's social care or police must be made in line with the Referral and Assessment Procedure.

Non-maintained schools and further education (FE) institutions

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

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

This should be undertaken in accordance with Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities.

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

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

Local authority education welfare service

2.11.38 Whilst investigating reasons for school absence, local authority education welfare officers (known in some areas as education social workers or school attendance officers) are able to identify possible or actual child protection issues. If these are identified during school based meetings, the education welfare officer will advise the designated school lead to refer to local authority children's social care. Where concerns are identified during direct work with families outside of the school or in the home, then the education welfare officer will refer direct to local authority children's social care.

2.11.39 The education welfare service provide advice to schools, families and members of the public. If any child protection concerns arise during these discussions, the service will provide details to signpost to local authority children's social care or make the referral themselves as appropriate.

Local authority school transport services
Minimum statutory duty

2.11.40 Local authorities have a minimum statutory duty to provide or arrange free transport to and from the nearest suitable school for a pupil of statutory age who lives in the local authority area. see the Education Act 2002 and Guidance on home to school travel and transport s508D of the Education Act 1996 if:

- The pupil is under eight years of age and the shortest available route to school on foot is over two miles;
- The pupil has reached their eighth birthday and the shortest available route to school on foot is over three miles;

- The route, whatever its length, is unsafe if travelled on foot, even if the child is accompanied by an adult;
- There are exceptional circumstances (e.g. the child is looked after or has special educational needs).

Local authority responsibilities

2.11.41 Local authorities are responsible for:

- Deciding which students are eligible for transport and which students require passenger assistant;
- Managing day-to-day transport arrangements. Joint responsibility with transport providers allocating students to routes and ordering student bus passes;
- Joint responsibility with transport providers, notifying parents in advance of all transport arrangements, and any contractual and timetabling changes;
- Joint responsibility with transport providers, ensuring, as far as possible, that the travelling time for children with special educational needs does not normally exceed one hour, fifteen minutes;
- Where appropriate and possible, provide students with special needs with a regular driver and passenger assistant;
- Ensure that all vehicles comply with current legislation (Note: it is transport providers responsibility to ensure vehicles comply with current legislation);
- Ensuring that all drivers and escorts are recruited in accordance with local authority recruitment policy and with Safer Recruitment Procedure;
- Ensuring that no drivers or escorts smoke in the presence of children;
- Ensuring that all staff treat children and parents politely and respectfully;
- Ensuring that parents are supported to use the local authority complaints procedures where necessary;
- We provide guidance to transport providers for drivers and passenger assistants. Joint responsibility with transport providers for training:
    - Joint responsibility with transport provider, when a parent is not at home to receive a child at the end of the day, to meet them from the vehicle - student is taken back to school, an 'emergency' address, (where details have been provided by the parent), to the nearest local authority children's social care office, from where parents must collect them, or a police station who will accept a student;
    - Joint responsibility with transport provider when a child misbehaves on/in a school vehicle and in particular if they pose a threat to the safety of themselves or other children and/or adults.
- Make available to parents copies of relevant transport contract.

Drivers' responsibilities

2.11.42 Local authorities must ensure that drivers:

- Carry and display suitable identification at all times;
- Joint with operator and authority, as far as possible, are punctual;
- Joint responsibility with passenger assistant - ensure awareness of the legal requirements of seatbelt use and have received appropriate training for correct use of harness and restraint straps to ensure they are properly adjusted and fitted securely before the journey commences;
- Ensure that all wheelchairs are securely clamped;
- Ensure that their vehicles are roadworthy, adequately ventilated and kept clean;
- Report any bad behaviour of passengers to their supervisor, school and/or the local authority, and not take matters into their own hands;
- Take charge in the event of an accident;
- Treat parents, carers and children with respect and avoid confrontations.

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

Passenger Assistant responsibilities

2.11.43 Local authorities must ensure that passenger assistants:

- Joint responsibility with employer (transport provider) they are competent to take full responsibility for the care of the children whilst they are journeying to and from school;
- Shared responsibility with authority, employer (transport provider), parent and school they are aware of children's medical needs and know what to do in an emergency;
- Carry and display suitable identification at all times;
- Do not use any form of physical restraint except where a child is presenting a threat to themselves, other passengers or road users and appropriate support is required;
- Report any problems that arise during the journey to parents, supervisor, school and the local authority as soon as practically possible;
- Always sit in the rear of the vehicles, where they can see all the children in their charge, and never leave the children unattended in the vehicle except in an emergency;
- Treat parents and children with respect and avoid confrontations, referring difficulties to supervisor for appropriate action.

2.12 The National Health Service (NHS) and independent/third sector health services

General Responsibilities

2.12.1 All staff providing healthcare services have a duty to protect children. These SET Child Protection Procedures apply to both paid and voluntary staff in all NHS commissioning organisations and providers of NHS commissioned and funded health services, including all NHS Trusts, NHS Foundation Trusts, NHS England, Public Health England, Health Education England, Clinical Commissioning Groups, independent, public, private, third sector and social enterprise organisations. They also apply to providers of health services commissioned by local authority Health and Wellbeing Boards.

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

2.12.3 Involvement of health professionals in safeguarding and promoting children's welfare is important at all stages of work with them and their families:

- Recognising children in need of support and/or safeguarding, and parents/carers who may need extra help in bringing up their children, and referral where appropriate;
- Contributing to enquiries about a child and family;
- Assessing the needs of children and the capacity of parents/carers to meet their children's needs;
- Planning and providing support to children and families, particularly those who are vulnerable;
- Participating in child in need meetings, child protection conferences including pre-birth conferences, strategy meetings/discussions and core groups;
- Planning support for children suffering from or likely to suffer from significant harm;
- Providing therapeutic help to abused children and parents under stress e.g. mental health intervention;
- Playing a part, through the child protection plan, in safeguarding children from significant harm;
- Providing on-going preventative support and work with families;
- Contributing to serious and other case reviews and the child death process.

Standards and Healthcare

2.12.4 *The Health and Social Care (Community Health and Standards) Act 2003* includes a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' (s45) and gives the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty (s46).

2.12.5 The Care Quality Commission (CQC) is responsible for assessing and reporting on the performance of the NHS and independent health agencies, to ensure that they are providing a high standard of care. The CQC is required to pay particular attention to 'the rights and welfare' of the child and to safeguard the public by acting swiftly and appropriately on concerns about healthcare. In addition the CQC is also responsible for regulating the independent healthcare sector.

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

Clinical Commissioning Groups and NHS England

2.12.7 Both Clinical Commissioning Groups (CCGs) and NHS England (NHSE) are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes specific responsibilities for Looked After Children (LAC) and for supporting the Child Death Overview process, to include sudden unexpected death in childhood.

2.12.8 Both CCGs and NHSE have a statutory duty to be members of Local Safeguarding Children Boards, working in partnership with local authorities to fulfil their safeguarding responsibilities.

2.12.9 CCGs and NHSE should ensure that robust processes are in place to learn lessons from cases where children die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to serious or alternative case reviews and where appropriate, conducting individual management reviews.

2.12.10 In addition to the distinct responsibilities that NHSE has as a commissioner of primary care and other services, it is also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and their families, and thus promote their welfare. It provides oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities.

2.12.11 NHSE and CCGs work closely together, and, in turn, work closely with local authorities and LSCBs to ensure there are effective NHS safeguarding arrangements across each local health community, whilst at the same time ensuring absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership and oversight role for NHSE.

2.12.12 CCGs are the major commissioners of local health services and need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

2.12.13 CCGs should be able to demonstrate that their designated safeguarding children leads are embedded in the clinical decision making of the organisation, with the authority to work within local health economies to influence local thinking and practice.

2.12.14 The 7 CCGs across Southend, Essex and Thurrock have a collaborative agreement in place to enable the joint working across the localities of the designated professionals for safeguarding children and looked after children as members of the Safeguarding Children Clinical Network (SCCN).

Health Service Providers

2.12.15 All providers of health services are required to be registered with the CQC. In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare providers. NHS trusts without Foundation Trust status are also accountable to the NHS Trust Development Authority.

2.12.16 Health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCB's and their commissioners. Most importantly, they must ensure a culture exists where safeguarding is everybody's business and poor practice is identified and tackled.

2.12.17 All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children; in the case of out of hours services, ambulance trusts and independent providers, this should be a named professional. GP practices should have a lead for safeguarding, who should work closely with named GPs and designated professionals.

2.12.18 Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes', providing advice and expertise for fellow professionals and ensuring safeguarding training is in place. They should work closely with their organisation's executive safeguarding lead, designated professionals and the LSCB.

2.12.19 All providers of NHS-funded health services (NHS Foundation Trusts and public, third sector, independent sector and social enterprises,) will be licensed by Monitor (unless exempted through regulations). Where licensing is required, it will be conditional upon registration by CQC.

Public Health England

2.12.20 Public Health England (PHE) has a range of public health responsibilities to protect and improve the health and wellbeing of the population and to reduce health inequalities in health and wellbeing outcomes. PHE's specific safeguarding duties in relation to the front line delivery of services to individuals and families will relate to its delivery of health protection services. PHE should have a named doctor and nurse for safeguarding children. PHE will work with local arrangements for safeguarding, liaising with the NHSE to access local expertise and advice.

Health Education England

2.12.21 Health Education England (HEE), working in conjunction with its Local Education and Training Boards (LETBs), has responsibility for all professional education and training. HEE provides strategic leadership and workforce intelligence in support of NHSE.

2.13 Essex Police

Local Policing Areas

2.13.1 In order to fulfil their obligations to safeguard children and promote their welfare, the local policing area police must:

- Have systems and arrangements in place to identify and refer child protection concerns;
- Ensure that their staff are competent;
- Work with the public/local communities.

This should be undertaken in accordance with Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities.

2.13.2 The main roles of the police are to uphold the law, prevent crime and disorder and protect the citizen. Children, like all citizens, have the right to the full protection offered by the criminal law. The police have a duty and responsibility to investigate all criminal offences and, as Lord Laming

pointed out in his report into the circumstances leading to the death of Victoria Climbié (2003), 'the investigation of crimes against children is as important as the investigation of any other serious crime and any suggestions that child protection policing is of lower status than any other form of policing should be eradicated.'

2.13.3 The police recognise the fundamental importance of inter-agency working in combating child abuse, as illustrated by well-established arrangements for joint training involving police and social care colleagues. The police also have specialist training in investigating child abuse cases. The second edition of guidance on Investigating Child Abuse and Safeguarding Children was published by ACPO and the National Police Improvement Agency in 2009. This sets out the investigative doctrine, training courses and terms of reference for police forces' child abuse investigation teams (CAITs). The third edition is currently being drafted by the College of Policing.

2.13.4 Safeguarding children is not solely the role of CAIT officers, it is a fundamental part of the duties of all police officers. Patrol officers attending domestic abuse incidents, for example, should be aware of the effect of such abuse on any children normally resident within the household. The Children Act 2004 places a wider duty on the police to safeguard and promote the welfare of children. They also maintain relevant UK-wide databases, such as VISOR, the Violent and Sexual Offenders Register. This has been developed jointly between the police and probation service to assist management of offenders in the community. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The service regulates all those who work with children (and adult with care or support needs), and will rely on regularly updated police information. It is not the intention that the police will deploy resources into areas which are not in their normal range of duties, and separate guidance is available to help the police to carry out this responsibility, but officers engaged in, for example, crime and disorder reduction partnerships, Drug Action Teams, Multi Agency Risk Assessment Conference (MARAC) and Multi Agency Public Protection Arrangements (MAPPA). must keep in mind the needs of children in their area.

2.13.5 The police hold important information about children who may be at risk of harm in addition to those who may cause such harm. They are committed to sharing information and intelligence with other agencies where this is necessary to protect children. This includes a responsibility to ensure those officers representing the service at a child protection conference are fully informed about the case and experienced in risk assessment and the decision-making process. Similarly, they can expect other agencies to share with them information and intelligence they hold to enable the police to carry out their duties.

2.13.6 For further information see the Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases (2003), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly.

Criminal investigations

2.13.7 The police are responsible for the gathering of evidence in criminal investigations. This task can be carried out in conjunction with other agencies but the police are ultimately accountable for the product of criminal enquiries. Any evidence gathered may be of use to local authorities (e.g. local authority solicitors preparing civil proceedings to protect a child) and others (e.g. employer's human resources departments dealing with concerns about members of staff/volunteers). The Crown Prosecution Service (CPS) should be consulted, but evidence will normally be shared if it is in the best interests of the child.

2.13.8 The police should be notified as soon as possible by local authority children's social care wherever a case referred to them involves a criminal offence committed, or suspected of having been committed, against a child. Other agencies should also share such information wherever possible. This does not mean in all such cases a full investigation will be required, or there will necessarily be any further police involvement. It is important, however, to ensure the police are informed and consulted so all relevant information can be taken into account before a final decision is made by any agency about action in a given case.

2.13.9 Decisions about instigation of criminal proceedings are made by police and the CPS, whenever possible after consultation with other agencies and the decision is primarily based upon:

- Sufficiency of evidence;
- Interests of the child; and
- Public interest.

2.13.10 In addition to their duty to investigate criminal offences, the police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm. Such powers should be used only when necessary, the principle being that wherever possible a decision to compulsorily remove a child from a parent should be made by a court.

2.13.11 All police (including Local Policing Area officers and criminal investigations department (CID) officers) must ensure that when they deal with any incident or report where children are concerned, involved or present that results in an identified concern or risk of significant harm (e.g. an incident of domestic abuse) they take positive action together with ensuring an appropriate audit. The matter must be referred in line with internal procedures to either CAIT or the relevant local authority children's social care. Action taken may be recorded within the Command and

Control (STORM system). On notification to CAIT, the Detective Sergeant will ensure that a risk assessment is undertaken. At the conclusion of that assessment, a decision will be made on whether to refer the information to relevant agencies including local authority children's social care. Essex Police are currently considering whether to adopt a notification process in a similar vein to The Metropolitan Police Service. If such a process is introduced these SET procedures will be updated to reflect these changes in process.

Child Abuse Investigation Teams (CAITs)

2.13.12 In order to fulfil their obligations to safeguard children and promote their welfare, the Child Abuse Investigation Team (CAIT) must:

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

This should be undertaken in accordance with Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities.

2.13.13 Essex Police has a Crime & Public Protection Command comprising of the following departments. Each is overseen by a Chief Inspector:

Public Protection Strategic Centre
The purpose of the Strategic Centre is to support the strategic capacity and capability of the Public Protection Command

Public Protection Operations Centre
The purpose of the Operations Centre (OC) is to provide a consolidated and consistent approach towards research, risk assessment, triage and allocation of public protection incidents and referrals

Public Protection Investigation Units (PPIU) Hubs
The purpose of the PPIU Hubs is to improve the investigative and safeguarding capacity and capability within the Crime & Public Protection Command. This includes Child Abuse Investigation Teams (CAIT) and Adult Sexual Abuse Investigation Teams ASAIT – previously known as SOIT) - Each PPIU is overseen by a Detective Chief Inspector of which there are 3 within each Local Policing Area (LPA)

Public Protection Proactive Response
The intention is to build upon and improve the current Crime & Public Protection Command proactive capacity and capability. This will be achieved by extending the proactive response to cover all areas of harm

thereby ensuring that dangerous offenders are effectively tackled irrespective of the type of vulnerability they choose to exploit.

The proactive component of the new structure will be made up of the following elements:

- Management of Sexual Offenders and Violent Offenders Team (MOSOVO)
- Police On-Line Investigation Team (POLIT)
- Proactive Team
- Multi Agency Public Protection Arrangements (MAPPA)
- DBS Vetting

All teams work closely with a wide range of partners to ensure prompt and appropriate identification and response to all strands vulnerability pertaining to adults and young people.

2.13.14 Essex Police have access to a database titled Police National Database (PND) to check which forces (UK-wide) hold information on a particular individual. Each CAIT and POLIT has access to this system. However, this system will only be searched on receipt of a s47 referral, and the process can be slow. Therefore, on occasions there may be a delay.

2.13.15 The system has greatly enhanced the police's ability to contribute to inter-agency requests in addressing perceived risks. The PND capability draws on a number of police databases including child protection, domestic abuse, crime, custody and intelligence as an investigation tool enables access to information that may not be on the Police national computer.

2.13.16 The CAIT provides seven day coverage between the hours of 0800-2200hrs to:

- Protect life and prevent crime;
- Investigate (often serious) crimes against children;
- Instigate criminal proceedings (in conjunction with the CPS) provided there is sufficient evidence, it is in the public interest to do so and it is in the best interests of the child;
- Share information within, and where necessary outside the police service to protect children;
- Make decisions and undertake risk assessments;
- Undertake emergency protection of abused or neglected children and use powers of entry and removal where necessary;
- Share information about sex offenders for local Multi-Agency Public Protection Arrangements (MAPPA) in liaison with the DOMT, who also manage such liaison;
- Support civil proceedings;
- Set professional standards.

Outside of these hours the Essex Police Force Control Room manage requests for assistance and liaison with out of hours services as required. Essex Police also maintains a 24hr detective capacity to deal with serious crime and other priority incidents/concerns including child abuse issues.

2.13.17 The CAIT Terms of Reference are:

- All child abuse investigations that occur within the family and extended family; including suspicious deaths. All child abuse investigations where the offender is entrusted with the care of the child at the time of the offence. This would be people such as teachers, babysitters and youth workers.
- Cases as outlined at 1 and 2 above but where the victim is now an adult and the abuse occurred whilst they were a child.
- Organised child abuse, which could be a number of abusers and a single child or a number of victims and a single abuser.
- Providing the rapid response and management to all unexpected child deaths in partnership with other agencies (as outlined in Chapter 5 Working Together to Safeguard Children 2015).
- Child Abduction Offences as defined by Section 1 Child Abduction Act 1984, but not during the phase when the child is a missing person. If this part of the investigation raises significant concerns a referral should be made to Director of Specialist Investigations for advice and assistance.
- Child to Child abuse as below:
  - This will include all sexual offences where the children are known to each other and at least one of them is under 13 years of age.
  - All other cases, such as exceptionally complex bullying or physical assault where the specialist skills of CAIT will add value to the investigation, will be decided on a case by case basis following discussion between Territorial Policing and CAIT Detective Inspectors.

BUT WILL NOT INCLUDE:

a. Any offences where the offender is a stranger, regardless of the perceived age.
b. Cases where both children are over 13 years, of similar age and there is mutually agreed sexual activity.
c. Situations such as the allegation of rape made by children of similar age (e.g. 16/17 years old) where there is no suggestion of a duty of care or breach of trust and there is no likelihood of multi-agency work such as child protection conferences.

Advice and assistance with victim care and ABE interviews on a case by case basis.

Where clarification is required as to who has the investigative responsibility, consultation should be made with the relevant CAIT Detective Inspector.

2.13.18 Investigations falling within the above terms of reference will be conducted by the appropriate CAIT depending on the location of the incident and where the child lives.

2.13.19 Investigations, outside the CAIT terms of reference, will be dealt with (to the same standard) by the most appropriate Local Policing Area officers from the police station which covers the area in which the offence occurred or another Team within the Public Protection Command.

2.14 Children and Family Court Advisory and Support Service (CAFCASS)

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

2.14.2 CAFCASS's functions are to:

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

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

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

2.14.4 CAFCASS staff must refer any child protection concerns to local authority children's social care without delay, in line with the Referral and Assessment Procedure.

2.14.5 CAFCASS will notify local authority children's social care where allegations of, or information about, domestic violence and abuse are brought to its attention during private law proceedings.

2.14.6 CAFCASS carry out visit screening/assessments in respect of all private law applications. This screening will include checks with local authority social care services and police criminal records. Requests for these checks should be responded to promptly in order to ensure that children in private law proceedings are safeguarded.

2.14.7 The CAFCASS Officer has a statutory right in public law cases to access and take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records that relate to the child and the wider functions of the local authority, or records held by an authorised body (for example, the NSPCC) that relate to that child.

2.14.8 Where a CAFCASS Officer has been appointed by the court as Children's Guardian and the matter before the court relates to specified proceedings (specified proceedings include public law proceedings; applications for contact; residence, specific issue and prohibited steps orders that have become particularly difficult can also be specified proceedings) they should be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences, and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand the role of the CAFCASS Officer.

2.15 Probation Services

2.15.1 There are 2 providers of Probation Services in Southend, Essex and Thurrock: the Essex Community Rehabilitation Company (ECRC) and the National Probation Service (NPS). Both agencies have statutory duties in relation to children and supervise offenders with the aim of reducing re-offending and protecting the public. As part of their main responsibility to supervise offenders in custody and the community, offender managers are in contact with, or supervising, a number of offenders who have been identified as presenting a risk, or potential risk, of harm to children. They also supervise offenders who are parents or carers of children and these children may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes. By working with these offenders to change their lifestyles and to enable them to change their behaviour, offender managers safeguard and promote the welfare of offenders' children.

2.15.2 Whilst the providers of probation services will supervise some offenders who pose particular risks to children, in any case in which an offender is also a parent or in the role of a parent there is the potential for safeguarding issues to arise unrelated to their offence(s).

2.15.3 As a group, the offender population has a greater incidence of substance misuse, mental illness, insecure accommodation and worklessness than the general population and their children are potentially, therefore, at greater risk of suffering disadvantage or harm. It is likely, therefore, that a greater proportion of the children of offenders will fall into the category of children with additional needs and benefit from preventative work and the offer of Early Help.

2.16 Essex Community Rehabilitation Company

2.16.1 The Essex CRC is responsible for the delivery of a full range of interventions that address criminogenic need, and the supervision of offenders assessed as presenting a low or medium risk of harm. The Essex CRC is the largest provider of statutory probation services and is responsible, for supervising the majority of convicted offenders in the SET area.

2.16.2 In addition the CRC is responsible for ensuring support for victims, and indirectly, children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes.

2.16.3 ECRC staff may become involved with cases which are relevant to child protection:

- As a result of their responsibility for the supervision of offenders (including those convicted of offences against children);
- Whilst delivering interventions;
- When supporting victims of domestic abuse;
- When undertaking home and community visits.

2.16.4 ECRC staff must refer a child to local authority children's social care if they are concerned that they may be a child in need or have suffered, or are likely to suffer, significant harm.

2.16.5 All offenders supervised by the ECRC are assessed in terms of their risk level and needs by use of standard risk assessment tools. Offender managers should ensure there is clarity and communication between all risk management processes (e.g. in the case of safeguarding children, procedures covering registered sex offenders, MARAC, child protection procedures and procedures for the assessment of persons identified as presenting a risk of harm or potential risk to children). See Part B, chapter 13, Risk management of known offenders.

2.16.6 ECRC Safeguarding policy and procedures, and arrangements for the assessment and management of risk of harm are universal to the local authority areas of Southend, Essex and Thurrock.

2.16.7 When working with any member of a family where child abuse is known or thought to have occurred and where the child remains in the care of or has contact with the abuser, ECRC staff must liaise closely with local authority children's social care and any other relevant agencies (the exception is where child has been removed and has no planned contact).

2.17 National Probation Service

2.17.1 The National Probation Service (NPS) is a public sector provider of specified probation activities. The key functions of the NPS are to protect the public and to reduce re-offending.

These functions encompass:

- the proper punishment of adult offenders in the community;
- ensuring offenders' awareness of the effects of crime on the victims of crime and the public;
- rehabilitation of offenders;
- advice to Courts and the parole board; and
- the supervision of offenders assessed as presenting a high or very high risk of harm and those that have committed MAPPA (Multi-Agency Public Protection Arrangements) eligible offences.

2.17.2 The NPS Service understands its contribution to safeguarding and promoting the welfare of children to be, in practice:

- Management of adult offenders in ways that will reduce the risk of harm they may present to children through skilful assessment (well targeted interventions, risk management planning, etc.);
- recognition of factors which pose a risk to children's safety and welfare, and the implementation of agency procedures to protect children from harm (through appropriate information sharing and collaborative multi-agency risk management planning, for example, Multi Agency Public Protection Arrangements, contribution to Child Protection Procedures, and through Domestic Abuse forums, etc.);
- seconding staff to work in youth offending teams;
- advice to Courts and the parole board;
- working with the victims and perpetrators of domestic abuse in the community and in prison, which will mean having regard to the needs of any dependent children of the family;
- supervision of offenders assessed as presenting a high risk of harm and those that have committed MAPPA (Multi-Agency Public Protection Arrangements) eligible offences; and
- offering a direct service to children by providing a statutory victim contact scheme to the victims of specific violent and sexual offences,

including children and young people (where the victim is aged under 17, their parent or guardian is also entitled to services);

2.17.3 Senior Managers will ensure that local area staff who work with offenders:

- are familiar with guidance on the recognition of children in need, particularly those who have been abused or neglected;
- know what to do if they have concerns about the welfare of children, aware of the Assessment Framework and know how to refer a child about whom they have concerns to local authority children's social care and;
- Recognise the role they can play in working with offenders that can improve their skills as parents and carers as well as reduce the likelihood of re-offending.

2.17.4 While the NPS is primarily responsible for working with adult offenders it will need to give careful consideration to provision and services that may also involve children, such as the action of employees when making home visits, or the recommendations made in court and parole reports relating to the offender's attendance on a particular programme, which might demand specific attention to the safeguarding of children such as working with domestic abuse or sex offender perpetrators.

2.17.5 NPS employees will ensure that where an adult offender is assessed as presenting a Risk of Serious Harm to children through the Offender Assessment System (OASys) the risk management plan and sentence plan will contain a specific objective to outline the strategy and intervention planned to manage and reduce the risk of harm, and such cases will receive regular management oversight.

2.17.6 Probation employees when preparing a sentence plan will need to consider how planned interventions might impact on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender.

2.17.7 NPS employees will work within agency protocols to safely and appropriately share information across key agencies that will promote the safety and welfare of the child.

2.18 Crown Prosecution Service (CPS)

2.18.1 In order to fulfil their obligations to safeguard children and promote their welfare, the Crown Prosecution Service must have systems and arrangements in place to safeguard children and nominate designated safeguarding children leads. This should be undertaken in accordance with Statutory duties and Responsibilities shared by all agencies.

2.19 The Prison Service and high security hospitals

2.19.1 Governors of prisons (or, in the case of contracted prisons, their directors) have a duty to make arrangements to ensure their functions are discharged with regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts.

2.19.2 In particular Governors/Directors of women's establishments which have mother and baby units have to ensure staff working on the units are prioritised for child protection training, and that there is always a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation. Each baby must have a childcare plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.

2.19.3 Governors/Directors of all prison establishments must have arrangements in place that protect the public from prisoners in their care. This includes having effective processes in place to ensure prisoners are not able to cause harm to the public and particularly children. Restrictions will be placed on prisoner communications (visits, telephone and correspondence) that are proportionate to the risk they present. As a response to incidents where prisoners have attempted to 'condition and groom' future victims, all prisoners who have been identified as presenting a risk to children will not be allowed contact with children unless a favourable risk assessment has been undertaken, see Part B, chapter 36, Children living away from home and chapter 38, Children visiting custodial settings. This assessment will take into consideration information held by the police, probation, prison and local authority children's social care.

2.19.4 The views of the child or young person will be an important element of the assessment. When seeking the views of the parent (person with parental responsibility) regarding contact, it is important that the child's views are sought. In the letter to the child's parents it should be emphasised that the child's views should be taken into account. If a child is able to make an informed choice, these views must be considered. Local authority children's social care staff will ascertain the views of the child during the home visit.

2.19.5 When there are plans to release a prisoner convicted of an offence against children, prisons are required to notify the local authority children's social care and probation service in the area in which the offender intends to be resettled on release. This notification enables enquiries to be made regarding potential risk posed to children. Governors of prisons should ensure they have adequate representation on their Local Safeguarding Children Board.

2.19.6 The high security hospitals (Ashworth, Broadmoor and Rampton) have a duty to implement child protection policies, liaise with the LSCB in their area, provide safe venues for children's visits and provide designated

safeguarding children leads to oversee the assessment of whether visits by specific children would be in their best interests. Local authority children's social care services may assist by assessing if it is in a particular child's best interests to visit a named patient, see Part B, chapter 39, Children visiting mental health wards and facilities.

2.20 The secure estate for children

2.20.1 The Children Act 1989 applies to children and young people in the secure estate and the local authority continues to have responsibilities towards them in the same way as they do for other children in need. LSCBs will have oversight of the safeguarding arrangements within secure settings in their area. Children within the secure estate may or may not be looked after. Full guidance can be found in The Children Act 1989 Guidance and Regulations: Volume 2: Care Planning, Placement and Case Review [Supplement], Looked after children and youth justice. Application of the Care Planning, Placement and Case Review (England) Regulations 2010 to looked after children in contact with youth justice services, DfE, April 2014.

2.20.2 The Youth Justice Board (YJB) has a statutory responsibility under the Crime and Disorder Act 1998 for the commissioning and purchasing of all secure accommodation for children and young people who are sentenced or remanded by the courts. It does not deliver services directly to young people but is responsible for setting standards for the delivery of those services.

2.20.3 There are three types of secure accommodation in which a young person can be placed, which together make up the secure estate for children and young people:

- Young Offender Institutions (YOIs);
- Secure Training Centres (STCs);
- accommodation provided by or on behalf of a local authority for the purpose of restricting the liberty of children and young people;
- accommodation provided for that purpose under subsection (5) of section 82 of the Children Act 1989; and
- Such other accommodation or descriptions of accommodation as the Secretary of State may by order specify.

2.20.4 All these establishments have a duty to effectively safeguard and promote the welfare of children and young people, which should include:

- Protection of harm from self;
- Protection of harm from adults; and
- Protection of harm from peers.

2.20.5 Each centre holding those aged under 18 should have in place an annually reviewed safeguarding children policy. The policy is designed to

promote and safeguard the welfare of children and should cover issues such as child protection, risk of harm, restraint, recruitment and information sharing. A safeguarding children manager should be appointed and will be responsible for implementation of this policy. Detailed guidance on the safeguarding children policy, the roles of the safeguarding children manager and the safeguarding children committee, and the role of the establishment in relation to the LSCB can be found in Prison Service Instruction (PSI) 08/2012 'Care and Management of Young People'. See 2.20.10

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

- Child protection allegations;
- Incidents of self-harm and suicide; and
- Incidents of violence and bullying.

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

Young Offender Institutions

2.20.8 Young offender institutions (YOIs) are facilities run by both the Prison Service and the private sector and accommodate 15 to 17 year olds. Young people serving Detention and Training Orders can be accommodated beyond the age of 17 subject to child protection considerations.

2.20.9 The statutory responsibility for YOI's to safeguard and promote the welfare of the children in their care falls to the Governor of the establishment, who is required to have regard to the policies agreed by the Prison Service and the YJB for safeguarding and promoting the welfare of children held in custody. The arrangements are published in Prison Service Order 4950 Juvenile Regimes and should be discharged in consultation with the Local Safeguarding Children Board (LSCB) for the area. The Governor must represent the YOI on their Local Safeguarding Children Board.

2.20.10 For more detail on the requirements and expectations of YOI safeguarding practice, see Care Management of Young People.

2.20.11 Governors of YOIs must ensure that a multi-agency child protection committee, chaired by a senior member of staff, is in place within the establishment. Minimum core membership should include:

- The Governor;
- A representative from the Local Safeguarding Children Board;
- The establishment's safeguards manager;
- Representatives of healthcare, through care and the chaplaincy;
- A representative of the local Youth Offending Service;
- A representative personal officer/caseworker.

2.20.12 Key objectives of the committee will be to:

- Appoint a senior member of staff as safeguards manager, to be a member of the committee and to take the lead responsibility for child protection and safeguarding matters, although ultimate accountability for this work will remain with the Governor of the establishment;
- Develop, review and update internal policies and procedures to ensure the YOI fulfils its duty to safeguard and promote the welfare of children. The policies and procedures should be in line with these SET Child Protection Procedures and approved by the local LSCB and must include:
  - A child protection policy, making clear arrangements and procedures for managing abuse and disclosure of abuse, including referral to local authority children's social care, in line with Referral and Assessment Procedure, and the police;
  - Procedures for managing and supporting young people who self-harm or threaten suicide;
  - A strategy for reducing incidents and the level of violence within the establishment, including procedures for dealing with all forms of bullying. All YOI staff, particularly those with direct responsibility for safeguarding (i.e. the safeguards manager) should be aware of, and follow, Children Harming Others as this section has particular relevance to the work of the secure estate;
  - Procedures for managing children in their care who are known to pose a risk to the public, which feeds into Multi-Agency Public Protection Arrangements (MAPPA);
  - Procedures for managing (or cooperating with) child protection investigations under s47 of the Children Act 1989 where there are concerns about the welfare of a child or young person resident in the establishment.

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

Secure Training Centres

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

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

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

Local authority secure children's homes

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

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

Youth Offending Service

2.20.19 In order to fulfil their obligations to safeguard children and promote their welfare, the Youth Offending Service (YOS) must:

- Have systems and arrangements in place for all staff, volunteers and visitors;
- Nominate designated safeguarding children leads.

This should be undertaken in accordance with Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities.

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

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

2.20.22 The responsibilities set out below apply not only to the mainstream YOS, but also to initiatives under the prevention agenda (which in Essex is delivered through secondment arrangements to the Family Solutions Service), and professionals/agencies contracted to provide services on behalf of the YOS. YOS has a duty to make arrangements to ensure its functions are discharged, having regard to the need to safeguard and promote the welfare of children, and to this end must ensure the following arrangements are in place:

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

2.20.23 In addition:

- All YOS professionals should be appropriately trained to ensure they are able to carry out their safeguarding responsibilities, including training in the identification and management of child protection concerns. Staff should also receive regular refresher training;
- Clear arrangements should be in place for information sharing with partner agencies, including the transfer of information to the secure estate regarding young people's risk of harm and vulnerability;
- There should be HR procedures in place which adequately reflect the need to safeguard and promote the welfare of children, and all staff should receive enhanced DBS clearance;

- All assessments carried out by YOS professionals (i.e. ASSET and Onset) and related risk of harm or vulnerability assessments, should place adequate emphasis on the identification and management of safeguarding issues;
- When completing a Critical or Extended Learning Review as a result of a safeguarding incident (YJB Community Safeguarding and Public Protection Incident Procedure), due consideration should be given to the safeguarding needs of both the perpetrator and the victim (where the victim is a child). This indicates where there should be a referral for consideration of a Serious Case Review, and this should be evidenced as appropriate;
- All YOS professionals should be aware of and follow Children Visiting Psychiatric Wards and Facilities, as this section has particular relevance to the work of a YOS;
- YOS should ensure it has close links with its local Multi-Agency Public Protection Arrangements (MAPPA), the arrangements for which are set out under Risk Management of Known Offenders Procedure, Multi-agency public protection arrangements.

2.21 The Armed Services

2.21.1 Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the children of service families in the UK (when service families or civilians working with the armed forces are based overseas the responsibility for safeguarding and promoting the welfare of their children is vested in the Ministry of Defence). In discharging these responsibilities:

- local authorities should ensure that the Soldiers, Sailors, Airmen, and Families Association (SSAFA), the British Forces Social Work Service or the Naval Personal and Family Service is made aware of any service child who is the subject of a child protection plan and whose family is about to move overseas, and
- Each local authority with a United States base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that the local authority can fulfil its statutory duties.

2.21.2 Responsibility for the welfare of armed services families is vested in the employing service and specifically in the commanding officer. The frequency of moves makes it imperative that armed services authorities are fully aware of any child deemed to have suffered, or who is likely to suffer significant harm.

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

also hold information on ex-service families, which may help with current enquiries.

Within United Kingdom

2.21.4 Service authorities, through their internal instructions, are made aware that the primary responsibility for the protection of children is with the local authority and assistance should be given to enable it to fulfil its statutory obligations.

2.21.5 Incidents of child abuse and neglect, indicating serious harm or injury, should be referred to local authority children's social care for assessment and s47 enquiries as appropriate.

The Army

2.21.6 The provision of secondary welfare support to Army families in the UK is the responsibility of the Army Welfare Service (AWS).

2.21.7 Where a child from an Army family is subject of a child protection enquiry, contact should be made immediately with the local AWS personal support.

The Royal Air Force

2.21.8 The station's personnel department, usually the Officer Commanding Personnel Management Squadron (OCPMS), generally manages welfare support in the RAF.

2.21.9 The department liaises and works closely with the Soldiers, Sailors, Air Force Association (SSAFA) social work assistant, and a professionally qualified social work adviser.

2.21.10 In the event of a child protection enquiry, local authority children's social care service liaison should be with the OCPMS and the SSAFA social work adviser for the area.

The Royal Navy and the Royal Marines

2.21.11 All child protection matters are handled by the Naval Personal and Family Service (NPFS), the Royal Navy's own social work department.

2.21.12 In the event of a child protection enquiry, local authority children's social care service liaison should be with the NPFS, who are able to discuss and facilitate service action on behalf of families.

Overseas

2.21.13 Local authorities should ensure that SSAFA is made aware of any child subject of a Child Protection Plan whose family is about to move

overseas. SSAFA should confirm the existence of appropriate resources in the proposed overseas location to meet identified needs. Full documentation should be provided to SSAFA.

2.21.14 SSAFA provides, at the request of the Ministry of Defence (MOD), a qualified social work and health visiting service to families of all services overseas.

2.21.15 Procedures exist in all three services for the assessment and monitoring of the protection of children, and the usual rules of confidentiality are observed.

2.21.16 When it appears a child is in need of emergency protection, a designated person may make an application for a protection order [ss19-22 Armed Forces Act 1991] to a commanding officer. This order may last up to a maximum of 28 days, subject to review every 7 days by a senior officer. If a case conference decides, whilst the order is in force, that it is not in the child's best interests to return to their parents, the child will be removed to the care of an appropriate local authority in the UK.

2.21.17 Assistance will be given to parents to return to the UK so they can be involved with all proceedings and decisions affecting their child.

2.21.18 The protection order, made in the overseas command, remains in effect for 24 hours following the arrival of the child in the UK. During this period the local authority must decide whether to apply to the UK court for an emergency protection order (EPO).

2.21.19 When a service family with a child in need of protection is about to return to the UK, SSAFA or the NPFS is responsible for informing the relevant local authority and ensuring that full documentation is provided to assist in the management of the case.

United States Forces

2.21.20 All US forces in the UK are subject to English law and therefore all reports of significant harm to children involving American military personnel should be reported to the relevant local authority children's social care.

2.21.21 Each local authority with a US base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of the English child welfare legislation should be clearly explained so that local authorities can fulfil their statutory duties.

United States Navy

2.21.22 The Commander for U.S. Naval Activity in the U.K. has in place a child protection service which investigates all reported cases of child abuse,

provides safety responses and case manages all known reports through the Navy's Family Advocacy Program.

2.21.23 Good joint working between the U.S. Navy family advocacy representative and British child protection agencies will ensure that all mandatory reporting requirements for both systems are met.

2.21.24 Incidents of child abuse and neglect, indicating serious harm or injury, should be referred to the local authority children's social care service for assessment and s47 enquiries.

2.21.25 Information must be shared to ensure proper professional assessment, including video/audio recording, photographs and medical reports.

2.22 Border Force (formally UK Border Agency)

2.22.1 Border Force does not directly provide services to children but it does play a part in identifying and acting upon concerns about the welfare of children with whom it comes into contact under section 55 of the Borders, Citizenship and Immigration Act 2009. Border Force has a duty to ensure that its functions are discharged with regard to the need to safeguard and promote the welfare of children who are in the UK. See the Statutory guidance to Border Force on making arrangements to safeguard and promote the welfare of children (HO, 2009) at the Home Office website.

2.22.2 Border Force's main contributions to safeguarding and promoting the welfare of children include:

- Ensuring good treatment and good interactions with children throughout the immigration, detention (where appropriate) and customs process;
- Applying laws and policies that prevent the exploitation of children throughout and following facilitated illegal entry and trafficking, Forced Marriages and FGM; and
- Detecting at the border any material linked to child exploitation through pornography.

2.22.3 Other elements of the Border Force's contribution include:

- Exercising vigilance when dealing with children with whom staff come into contact and identifying children who may be likely to suffer harm; and
- Making timely and appropriate referrals to agencies that provide ongoing care and support to children.

2.22.4 All unaccompanied asylum seeking children should be referred to local authority children's social care. Border Force Officers who have contact with children on arrival in the country and staff at the asylum intake unit (AIU) in the country to whom 'post entry' applications for asylum are

made, must refer to the relevant local authority children's social care if they have concerns about the future safety of any child.

Border Force and trafficking of persons, including children

2.22.5 In accordance with the Council of Europe Convention on Action against Trafficking in Human Beings (the Convention) the UK operates a National Referral Mechanism (NRM) for victims of human trafficking. Under the NRM framework the details of children identified as vulnerable as a result of a suspicion of trafficking are referred simultaneously to the relevant local authority and to specially trained 'competent authority' including the UK Human Trafficking Centre.

The 'competent authority' considers all relevant information, including any provided by local authority children social care services, in determining whether a case meets the thresholds for trafficking set out in the Convention. A positive decision will lead to an extendable 45-day reflection period during which the victim will have access to support and will not be removed from the UK. Following this they may be eligible for a residence permit under current immigration policy. See Safeguarding Trafficked and Exploited Children Procedure.

2.23 The Refugee Council

2.23.1 The Refugee Council assists families through the provision of advice about available options and help with paperwork.

2.23.2 Unaccompanied asylum seeking children are provided with support and advice through the Refugee Council's children's panel.

2.23.3 The support provided may be through individual allocation to a casework adviser or via the drop in service, and will focus on:

- Asylum procedures and processes;
- The need for legal representation and processes;
- Facilitating access to other agencies to meet health and welfare needs;
- Provision of advocacy services.

2.23.4 Referrals may be self-referrals, from the UKBA legal representatives or from local authorities and community groups.

2.23.5 The Refugee Council has its own child protection policy and procedures and all staff receive basic induction training, with further input for those directly working with children.

2.23.6 If a child is identified as in need of support or in need of protection a referral will be made to the relevant local authority children's social care.

2.23.7 The Refugee Council's advice line is: 020 7346 6777.

2.24 The Fire and Rescue Service (F&R Service)

2.24.1 Whilst the Fire and Rescue Service has no express or direct statutory duties towards children beyond those it owes the public at large, its safeguarding children policy fully recognises that the protection of children is everybody's responsibility and it is committed to complying with these procedures.

2.24.2 The F&R Service has a responsibility to ensure that its staff are aware of its safeguarding children policy and also where relevant understand the SET Child Protection Procedures, in particular Statutory duties, Responsibilities shared by all agencies and Working with the public/local communities. Its staff must follow the policy and procedures if they suspect or believe that a child may have suffered, or is likely to suffer, significant harm through some form of abuse or maltreatment.

2.24.3 In order to fulfil its obligations to safeguard children and promote their welfare, the F&R Service will work with the relevant authorities and communities to:

- Ensure that relevant staff are competent; and
- Have systems in place to fulfil its commitments in respect of safeguarding children, including arrangements to refer concerns to the appropriate authority at any time of day.

2.25 The independent and third sectors

2.25.1 Third sector agencies and private sector providers play an important role in delivering services for children, including in early years and day care provision, family support services, supplementary schools, youth work and children's social care and health care. Many third sector agencies are skilled in early intervention and preventative work and may be well placed to reach the most vulnerable children and their families. Safe Network provides an easy-to-use standards framework that enables voluntary and community organisations to fulfil their responsibilities, plus back up resources.

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

2.25.3 Some third sector agencies operate national help lines. Parentline Plus (0808 800 2222) offers support to anyone parenting a child. Helplines

provide important routes into statutory and third sector services. See also the NSPCC helplines in sections 2.23.15 and 2.23.16.

2.25.4 Third sector agencies also play a key role in providing information and resources to the wider public about the needs of children, and resources to help families. Many campaign on behalf of groups on specific issues.

2.25.5 Voluntary and community sector organisations working with children and young people can seek help, advice and support from Safe Network with putting safeguards in place and developing safe practice. Safe Network is run by the NSPCC and Children England. It has an accessible website with a wide range of resources and information, as well as an enquiry service, e-newsletters, and regular learning opportunities via its webinar programme. Safe Network also has a local and regional presence, managed and co-ordinated by a team of Regional Development Managers. The NSPCC is the only third sector agency authorised to initiate proceedings to protect children under the terms of the Children Act 1989, but this is rare. Third sector agencies often play a key role in implementing child protection plans.

2.25.6 The third sector is active in working to safeguard the children for whom it provides services. There is a range of umbrella and specialist agencies, including the national governing bodies for sports, which offer service standards, guidance, training and advice for third sector agencies on keeping children safe from harm. For example, the Child Protection in Sport Unit (CPSU), established in partnership with the NSPCC and Sport England, provides advice and assistance on developing codes of practice and child protection procedures to sporting agencies.

2.25.7 Where independent agencies have a formal relationship with statutory ones (e.g. subject to registration and inspection or contracted to provide services), the statutory agencies may reasonably be expected to provide clear advice and assistance.

2.25.8 Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children and how they should respond to child protection concerns. Private and third sector agencies and community groups need to work effectively with the Local Safeguarding Children Board in their area. Similar to statutory sector agencies, they should have appropriate arrangements in place, including:

- Child protection policies and procedures;
- A code of conduct;
- Recruitment selection and DBS checking procedures;
- Staff/volunteer training strategy and implementation;
- designated safeguarding children leads;
- An equal opportunities policy;
- Complaints and grievance policies;
- A confidentiality policy;

- A whistle-blowing policy;
- Information for parents;
- Monitoring and review strategy.

See also Part B, Appendix 2: Third sector agencies or community groups keeping children safe.

2.25.9 Private and third sector agencies and community groups should develop their arrangements in line with these SET Child Protection Procedures, with appropriate support of the LSCB in their area (see also the requirements in Faith communities).

2.25.10 Whenever there is concern that a child has been abused or neglected, or has perpetrated significant physical or sexual harm on another child, the paid or volunteer staff member who first becomes aware of the concern must make a referral without delay to the local authority children's social care for the area in which the child lives, in line with the Referral and Assessment Procedure. The staff member may want to discuss the concern with their agency's designated safeguarding children lead – however, this should not delay the referral.

NSPCC

2.25.11 The National Society for the Prevention of Cruelty to Children (NSPCC) is the major national charity with a duty to protect children from abuse and neglect. The NSPCC has the statutory power to bring care proceedings in its own right, although this is now very unusual.

2.25.12 Local authority children's social care services may commission the NSPCC to undertake specific child protection related work, including s47 enquiries and 'special investigations'.

2.25.13 The NSPCC also provides services for children and families and has the same responsibilities in this respect as other third sector agencies.

2.25.14 The NSPCC operates a national 24 hour Child Protection Helpline (0808 800 5000), offering advice to adults and children worried about a child's safety or welfare. The Helpline accepts referrals and passes the information to the relevant local authority children's social care services. The service can usually provide an interpreter, if one is requested at the beginning of a call. There is a free textphone service (0800 056 0566) for adults or children who are deaf or hard of hearing. The NSPCC's Asian child protection helpline provides advice in Bengali (0800 096 7714), Gujurati (0800 096 7715), Hindi (0800 096 7716), Punjabi (0800 096 7717), Urdu (0800 096 7718) and Asian/English (0800 096 7719).

2.25.15 The NSPCC also operates a free 24 hour national helpline, ChildLine (0800 1111), for all children who need advice about abuse, bullying, and other concerns.

Sports clubs

2.25.16 Many children regularly attend sports clubs and all such agencies should have their own child protection procedures and training for relevant staff and volunteers.

2.25.17 The NSPCC Child Protection in Sport Unit (CPSU) works in partnership with Sport England and other major sports agencies to develop safeguards for children in sport.

2.25.18 The NSPCC has issued a free leaflet and checklist of questions (Have Fun Be Safe) that parents should ask for from agencies offering sports activities for children.

2.25.19 The child protection procedures instruct individuals to seek advice or make referrals to the NSPCC helpline, local authority children's social care or the police.

2.25.20 Where suspected abuse occurs within a football setting, the FA head of education and child protection should be informed of the concerns and will provide information for any relevant child protection enquiries and strategy meetings/discussions.

Churches, other places of worship and faith communities

2.25.21 Churches, other places of worship and faith-based agencies provide a wide range of activities for children and young people. They are some of the largest providers of children's and youth work, and have an important role in safeguarding children and supporting families. Religious leaders, staff and volunteers who provide services in places of worship and in faith-based agencies will have various degrees of contact with children.

2.25.22 Like other agencies that work with children, churches, other places of worship and faith based agencies need to have appropriate arrangements in place for safeguarding and promoting the welfare of children. All faith communities, with support from nominated individuals in the local LSCB, should be encouraged to develop and maintain their own child protection procedures, consistent with these SET Child Protection Procedures. In particular, these should include:

- Procedures for staff and others to report concerns they may have about the children they meet (in line with these SET Child Protection Procedures), as well as arrangements such as those described above;
- Appropriate codes of practice for staff, particularly those working directly with children, such as those issued by the Churches' Child Protection Advisory Service (see also section 2.25.26 below) or their denomination or faith group;
- Recruitment procedures in accordance with these SET Child Protection Procedures, alongside training and supervision of staff (paid or voluntary) - see Part B, chapter 12, Safer recruitment;

- Procedures for dealing with allegations against staff and volunteers (see Part A, chapter 7, Allegations against staff or volunteers, who work with children).

2.25.23 Faith communities should ensure that all clergy, staff and volunteers who have regular contact with children:

- Have been checked for suitability in working with children and understand the extent and limits of the volunteer role;
- Are aware of the possibility of child abuse and neglect;
- Have access to training opportunities to promote their knowledge;
- Know how to report any concerns about possible abuse or neglect;
- Are vigilant about their own actions so they cannot be misinterpreted.

2.25.24 All allegations against people who work with children must be reported to the Local Authority Designated Officer (LADO), via their organisation's 'Senior Manager' (SM) and there is a duty to refer to the Disclosure and Barring Service any relevant information so that those who pose a risk to vulnerable groups can be identified and barred. In addition where they are a charity all serious incidents need reporting to the Charity Commission.

2.25.25 Churches and faith communities must have in place effective arrangements for safely allowing sexual and violent offenders to worship and be part of their religious community. This should include a contract of behaviour stipulating the boundaries an offender would be expected to keep. Faith communities should consult the MAPPA Guidance (2009) issued by the National Offender Management Service Public Protection Unit which specifically addresses 'Offenders and Worship'.

2.25.26 Churches and faith agencies can seek advice on child protection issues from their own child protection procedures such as the Catholic Safeguarding Advisory Service (CSAS) or from the Churches' Child Protection Advisory Service (CCPAS). CCPAS can help with policies and procedures; its guidance to churches manual can assist churches and its safeguarding children and young people can assist other places of worship and faith-based groups or faith groups should have named safeguarding advisors/National Safeguarding Teams.

2.25.27 CCPAS provides a national (24 hour) telephone helpline for churches, other places of worship and faith-based groups and individuals, providing advice and support on safeguarding issues (0845 120 45 50).

2.25.28 In developing procedures for child protection, faith communities should be encouraged to:

- Nominate an individual, or team, to take responsibility for drawing up and maintaining the child protection policy;

- Have a designated safeguarding children person for reporting child protection concerns to, along with a deputy;
- Have guidelines about the care of children in the absence of parents, which respect the rights of the child and the responsibilities of the adults towards them;
- Have guidelines about safe caring practices e.g. not being alone with children without alerting others to the reason, guidelines on touch, and discipline, and have in place abuse of trust guidelines, and ensuring sufficient supervision of groups/activities. Ensure that all allegations, however minor, are reported to the agency/group manager/leader;
- Have rigorous recruitment procedures for workers (whether paid or voluntary) including completing application forms, taking up references, interviewing candidates, and undertaking DBS disclosures where appropriate;
- Ensure that workers undertake child protection training;
- Recognise that members of faith communities may be victims of abuse, and to provide assistance to support those affected by abuse;
- Recognise that faith communities can include those who have harmed children; therefore, to safeguard children, faith communities should work with local authority children's social care, Essex Police Dangerous Offender Management Hubs and where appropriate Multi-agency Public Protection Arrangements (MAPPA) to provide supervision and pastoral care of offenders, including contracts;
- Ensure that any agencies who hire premises (e.g. playgroups) have child protection procedures in place, or that they adopt the church's own safeguarding policies;
- Promote and maintain links with the statutory agencies in relation to both general and specific child protection matters.

2.25.29 Whenever there is concern that a child has been abused or neglected the concern should be referred, without delay, to the duty social worker for the area in which the child lives. See also Part B, section 40.5, Spirit possession or witchcraft.

3. Sharing information

3.1 Introduction

3.1.1 A key factor in many Serious Case Reviews is that a good standard of practice has not been in evidence when professionals have been recording, sharing, discussing and analysing information in order to make an assessment of the needs of a child or the risks to the child. It is crucial to understand the significance of the information shared and to take appropriate action in relation to known or suspected abuse or neglect. Often it is only when information from a number of sources has been shared that it becomes clear that a child has suffered, or is likely to suffer, significant harm.

3.1.2 Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services. Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children. (Working Together to Safeguard Children 2015)

3.1.3 Through a common approach to assessing children's needs and improved information sharing, local authorities and their partner agencies are expected to achieve:

- Effective communication between professionals;
- Understanding what information should be shared, with whom and under what circumstances, and the dangers of not doing so - building confidence and trust with partners and families;
- Better knowledge of other agencies' services;
- Working in multi-agency/disciplinary teams, when appropriate, to deliver services;
- Less repetition for children and their families, and an active part in the decision making process;
- Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:
    - all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
    - No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care.

Legal principles and obligations

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

- The Data Protection Act 1998;
- The Human Rights Act 1998;
- The common law duty of confidence.

These are summarised in Appendix 1: Links to relevant legislation.

Information Sharing: Guidance for practitioners and managers (2008) supports frontline practitioners, working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. See the Department for Education guidance on information sharing.

3.2 Agency responsibilities under Children Act 2004

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

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

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

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

- Are supported in working through these issues;
- Understand what information is and is not confidential, and the need in some circumstances to make a judgement about whether confidential information can be shared, in the public interest, without consent;
- Understand and apply good practice in sharing information at an early stage as part of preventative work;
- Are clear that information can normally be shared where a child is judged to have suffered, or is likely to suffer, significant harm, or that an adult is at risk of serious harm.

3.2.4 Agencies should:

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

3.3 Individual/professional responsibility

Confidentiality

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

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

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

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

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

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

Public interest and proportionality

3.3.6 A public interest can arise in a wide range of circumstances e.g. to protect children or other people from harm, to promote the welfare of children or to prevent crime and disorder. There are also public interests, which in some circumstances may weigh against sharing, including the public interest in maintaining public confidence in the confidentiality of certain services. The key factor in deciding whether or not to share confidential information is proportionality (i.e. whether the proposed sharing is a proportionate response to the need to protect the public interest in question). In making the decision professionals must weigh up what might happen if the information is shared against what might happen if it is not, and make a decision based on a reasonable judgement.

3.3.7 Where there is a clear risk of significant harm to a child, or serious harm to adults, the public interest test will almost certainly be satisfied. However there will be other cases where professionals will be justified in sharing some confidential information in order to make decisions on sharing further information or taking action - the information shared should be proportionate.

3.3.8 Circumstances in which sharing confidential information without consent will normally be justified in the public interest are:

- When there is evidence that the child has suffered, or is likely to suffer, significant harm;
- Where there is reasonable cause to believe that a child has suffered, or is likely to suffer, significant harm;
- To prevent significant harm arising to children or serious harm to adults, including through the prevention, detection and prosecution of

serious crime (serious crime means any crime which causes or is likely to cause significant harm to a child or serious harm to an adult).

3.3.9 Professionals must record the context in which the information was shared, the perceived level of risk of harm at the time, the data requested, the data shared and with whom. Agencies may have a standard form for this or ensure that there is a signed and dated entry in the case notes.

Consent to share information

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

3.3.10 Consent issues can be complex, and lack of clarity about them can sometimes lead professionals to incorrect assumptions that no information can be shared. Professionals in all agencies should be clear about:

- What constitutes consent;
- Whose consent should be sought;
- When should consent be obtained and how;
- When not to seek consent.

What constitutes consent?

3.3.11 Consent must be freely given and informed (i.e. the person giving consent needs to understand why information needs to be shared, who will see their information, the purpose to which it will be put and the implications of sharing that information).

3.3.12 Consent can be explicit or implicit. Obtaining explicit consent is good practice and it can be expressed either orally or in writing, although written consent is preferable since that reduces the possibility of subsequent dispute. If verbal consent has been obtained details must be recorded in case notes.

3.3.13 Implicit consent can also be valid in many circumstances. Consent can legitimately be implied if the context is such that information sharing is intrinsic to the activity, and especially if that has been explained at the outset, for example when conducting a common assessment. A further example is where a GP refers a patient to a hospital specialist and the patient agrees to the referral; in this situation the GP can assume the patient has given implied consent to share information with the hospital specialist.

3.3.14 Consent does not entitle a professional or agency to collect an unlimited range of information. The information must relate to the performance of one of the agency's functions (i.e. the agency must be acting intra-vires in seeking the information).

Whose consent should be sought?

3.3.15 Professionals may also need to consider whose consent should be sought. Where there is a duty of confidence it is owed to a person who has provided the information on the understanding it is to be kept confidential and, in the case of medical or other records, the person to whom the information relates. A young person aged 16 or 17, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to sharing (refer to the Mental Capacity Act 2005, if required).

3.3.16 Children aged 12 or over may generally be expected to have sufficient understanding. Younger children may also have sufficient understanding. However it is important to assess every child using Gillick Competence (see below for principles). When assessing a child's understanding you should explain the issues to the child in a way that is suitable for their age, language and likely understanding. Where applicable, you should use their preferred mode of communication.

3.3.17 The following principles should be considered in assessing whether a particular child on a particular occasion has sufficient understanding to consent, or refuse consent, to sharing of information about them:

- Can the child understand the question being asked of them?
- Does the child have a reasonable understanding of:
  - What information might be shared?
  - The main reason or reasons for sharing the information?
  - The implications of sharing that information, and of not sharing it?
- Can the child:
  - Appreciate and consider the alternative courses of action open to them?
  - Weigh up one aspect of the situation against another?
  - Express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
  - Be reasonably consistent in their view on the matter, or are they constantly changing their mind?

3.3.18 In most cases, where a child cannot consent or where a professional judges that they are not competent to consent, a person with parental responsibility should be asked to consent on behalf of the child. Each agency should have procedures to determine who has parental responsibility for a child.

3.3.19 Where parental consent is required, the consent of one parent is sufficient. In situations where family members are in conflict professionals should talk to their agency's information lead and child protection adviser to decide whose consent should be sought. If the parents are separated, the consent of the resident parent would usually be sought. If a child is

judged to be competent to give consent, then their consent or refusal to consent is the one to consider even if a parent disagrees.

3.3.20 In cases where there is conflict between the wishes of the parent and the child, particularly if the child is older or a teenager, professionals should make a decision aimed at securing the best outcome for the child. Acting in the best interests of the child, may require overriding refusal to consent by either or both the child and the parent/s.

3.3.21 The need to renew consent should be reviewed and the person who gave consent should be kept informed of circumstances in which the data is shared, wherever this is appropriate.

3.3.22 If there is a significant change in the use to which the information will be put to that which has previously been explained, or in the relationship between the agency and the individual, consent should be sought again. Individuals have the right to withdraw consent after they have given it, although in practice this is rarely exercised.

When should consent be obtained and how?

3.3.23 There are many situations in which a professional can share information legally without obtaining consent from a child or their carer. These are not limited to situations where there is an imminent danger or risk of harm to a child. Frequently, when an assessment of the risk factors affecting a child or family is being undertaken, information will be shared without consent (relying upon statutory powers and duties) when consultation has taken place with a line manager or designated safeguarding lead.

3.3.24 A number of examples of statutory powers and duties to share information are set out in Information Sharing: Further Guidance on Legal Issues (National Archives 2008). The guidance also describes the broad powers and duties which clearly can only be fulfilled if information is obtained about children and their families or about the entire population in an area.

3.3.25 It is good practice for all professionals to obtain consent before sharing information, even when there is no legal requirement.

3.3.26 Consent will almost always be needed at the stage where services are offered unless there are very serious child protection concerns where there is a statutory duty to intervene. In most cases telling a child and/or their family when information about them has been shared or seeking their consent to do so, develops their trust in the professional/agency. This may be particularly important with older children (e.g. for Connexions personal advisers).

3.3.27 Agencies should provide an information leaflet and obtain written consent in the form of a standard consent letter.

3.3.28 When a professional seeks consent for information to be shared, the following information should be provided as a minimum:

- What information has been or will be collected;
- The purposes for which it will be used;
- Who the information might be shared with;
- The purposes for which the agencies which receive the information might use it (including detection of crime).

When not to seek consent

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

3.4 Sharing information where there are concerns about significant harm

3.4.1 Professionals who work with, or have contact with children, parents or adults in contact with children should always share information with local authority children's social care where they have reasonable cause to suspect that a child may have suffered, or is likely to suffer, significant harm.

3.4.2 While, in general, professionals should seek to discuss any concerns with the family and, where possible, seek their agreement to making referrals to children's social care, there will be some circumstances where professionals should not seek consent e.g. where to do so would:

- Place a child at increased risk of significant harm;
- Place an adult at risk of serious harm;
- Prejudice the prevention or detection of a serious crime;
- Lead to unjustified delay in making enquiries about allegations of significant harm.

3.4.3 In some situations there may be a concern that a child may have suffered, or is likely to suffer, significant harm or of causing serious harm to others, but professionals may be unsure whether what has given rise to concern constitutes 'a reasonable cause to believe'. In these situations, the concern must not be ignored.

3.4.4 Professionals should always talk to their agency's designated safeguarding children lead and, if necessary and where they have one, a Caldicott Guardian - who will have expertise in information sharing issues, though not related to child protection. The child's interests must be the overriding consideration in making any decisions whether or not to seek consent.

3.4.5 Significant harm to children can arise from a number of circumstances, it is not restricted to cases of deliberate abuse or gross neglect. A baby who is severely failing to thrive for no known reason could be suffering significant harm but equally could have an undiagnosed medical condition. If the parents refuse consent to further medical investigation or an assessment, professionals are still justified in sharing information for the purposes of helping ensure that the causes of the failure to thrive are correctly identified.

3.4.6 Similarly, serious harm to adults is not restricted to cases of extreme physical violence. The cumulative effect of repeated abuse or threatening behaviour or the theft of a car for joyriding may well constitute a risk of serious harm. A professional is likely to be justified to share information without consent for the purposes of identifying a child for whom preventative interventions in relation to such behaviour are appropriate.

3.5 Key questions to inform decision-making

3.5.1 In deciding whether or not to share information professionals should use eight key questions: (see DfE Information Sharing website (updated 2011) for all tools.)

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

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

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

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

Establishing the legality of information sharing

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

- Is there a legal basis for sharing/obtaining the information? (Such as a duty or a power e.g. s47 of the Children Act 1989);
- Was the information obtained under a specific statutory power or duty which limits what can be done with it and who the information can be shared with?
- Is it personal or sensitive person information to which the Data Protection Act applies? (Information about individual identifiable children almost invariably will be one or the other);
- Why is the information being shared or requested?
- Can either party, requesting or sharing the information, show a sufficient 'need to know'?
- Is the request proportionate to the purpose for which disclosure is sought?
- Will the request involve secondary disclosure? (Disclosure by the person to whom data has been disclosed to another agency or person e.g. if a GP provides data to a school and the school passes it to local authority children's social care);
- Is consent needed from the child or someone who can give consent on their behalf before the information can be shared?
- If consent is needed, has the necessary consent been obtained?
- If consent cannot realistically be obtained or sought is there another justification for disclosure without consent e.g. to protect the interests of the child?
- Is the justification of sufficient weight to override the duty of confidence? (See Information sharing glossary);
- Is there another way to achieve the objective with less impact on confidentiality (e.g. would anonymous data suffice)?

Q2) Does the information enable a person to be identified?

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

Q3) Is the information confidential?

3.5.6 There are three different types of confidential relationship:

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

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

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

3.5.8 See section 3.3.10 - 3.3.29 (above).

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

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

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

Disclosure for the purposes of court proceedings

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

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

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

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

3.5.15 See also the Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases (2003), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly, and Protocol and good practice model ("2013 Protocol"): Disclosure of information in cases of alleged child abuse and linked criminal and care directions hearings at: the CPS website.

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

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

3.5.17 In deciding whether the public interest justifies disclosing confidential information without consent, professionals should be able to seek advice from a line manager or a designated safeguarding children lead whose role is to support professionals in these circumstances. If professionals

are working in the NHS or a local authority the Caldicott Guardian may be helpful. Advice can also be sought from professional bodies, for example the General Medical Council or the Nursing and Midwifery Council.

3.5.18 If the concern is about possible abuse or neglect, all organisations working with children will have a named person who undertakes a lead role for child protection, so consulting this person may also be helpful.

3.5.19 If professionals decide to share confidential information without consent, this should be explained to the child or their parent, unless to do so would put the child at risk of harm.

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

3.5.20 If the decision is to share, professionals should share information in a proper way. This means:

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

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

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

3.6 Professional guidance

Doctors

3.6.1 Protecting children and young people: The responsibilities of all doctors (September 2012) sets out the good practice and standards for doctors.

3.6.2 The General Medical Council guidance entitled Confidentiality: Protecting and Providing Information (2009) emphasises the importance in most circumstances of obtaining a patient's consent to the disclosure of personal information but makes clear that information may be released without consent to third parties (e.g. statutory agencies such as local

authority children's social care and police) in exceptional circumstances if a failure to disclose information may expose the patient, or others, to risk of death or serious harm.

3.6.3 The General Medical Council has confirmed that its guidance refers to information about third parties who are of direct relevance to child protection (e.g. adults who may pose a risk to a child, or children who may be the subject of abuse).

3.6.4 It states: 'If a professional believes a patient to be a victim of neglect or physical, sexual or emotional abuse and that the patient cannot give or withhold consent to disclosure, the professional must give information promptly to an appropriate responsible person or statutory agency, where the professional believes that the disclosure is in the patient's best interests. If, for any reason, a professional believes that disclosure of information is not in the best interests of an abused or neglected patient, the professional should discuss the issues with an experienced colleague. If the professional decides not to disclose information, the professional must be prepared to justify their decision.'

Nurses and other health professionals

3.6.5 The Nursing and Midwifery Council has produced a code of professional conduct which contains the advice that disclosure of information may occur:

- With the consent of the patient or client;
- Without the consent of the patient or client when the disclosure is required by law or by order of a court;
- Without the consent of the patient or client when the disclosure is considered to be necessary in the public interest (public interest is defined to include child protection).

3.6.6 The Health Professionals Council, which governs therapies and professions allied to medicine, has produced a statement on confidentiality and individual professional bodies produce their own, essentially similar guidance.

3.6.7 When in doubt, health professionals should consult their agency's designated safeguarding children professional/s (i.e. the named professional for safeguarding children who may in turn seek advice from the designated doctor or nurse and/or the Caldicott Guardian or solicitor of the Trust).

Police

3.6.8 The police are lawfully able to supply information to relevant third parties for defined categories of request, as follows:

- A child protection referral is made in relation to an enquiry under s47 Children Act 1989 (e.g. during a strategy meeting/discussion);
- Information is requested as part of an inter-agency risk management meeting set up under the Criminal Justice Act 2000 or the Sex Offenders Act 1997;
- Local authority children's social care is carrying out an assessment in order to inform a decision as to the justification for a s47 enquiry or otherwise;
- Local authority children's social care is carrying out a 'child in need' assessment under s17 Children Act 1989 and written consent from the subject/s has been obtained or the need to safeguard a child overrides the duty of confidence;
- The request relates to a child subject of a child protection plan;
- Local authority children's social care is faced with the immediate need to place a child with a family member or friend in an emergency and has obtained the necessary consents.

See also the Protocol on the Exchange of Information in the Investigation and Prosecution of Child Abuse Cases (2003), developed by CPS, ACPO, LGA, ADSS; endorsed by HO, DfES and Welsh Assembly, and Protocol and good practice model ("2013 Protocol"): Disclosure of information in cases of alleged child abuse and linked criminal and care directions hearings at: the CPS website.

3.6.9 Any request for information that does not fall within these categories will be declined.

3.6.10 Where there is doubt, the police officer will consult the police legal services or the data protection unit.

3.6.11 Information will be provided by the police on the strict understanding that it is confidential in nature, will only be used for the purposes of a child protection or child in need assessment and that it may not be passed on to any third party without the express permission of the police.

3.6.12 Outside of the context of a s47 enquiry or criminal investigation, completion of 'information request forms', processed in accordance with police standards, will usually be required.

3.6.13 In urgent cases, information shared as part of a s47 enquiry may be provided verbally prior to being confirmed in writing.

Education professionals

3.6.14 Education professionals have a responsibility to share information with other professionals in order to protect children, particularly with investigative agencies such as, the police and local authority children's social care. This responsibility applies to teaching staff and other school-

based staff, including school nurses, as well as those working for local authority education.

3.6.15 Section 27 Children Act 1989 also imposes a duty on local education authorities to assist local authority children's social care in the exercise of its functions (e.g. child protection), if requested to do so and if it is not prejudicial to the discharge of their own function.

3.6.16 The Education Act 2002 introduced additional duties on local education authorities, governing bodies and teaching staff to share information that may be relevant to child protection with local authority children's social care.

3.7 Sharing information safely

Confidential information exchange

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

3.7.2 The recording must indicate if the consent of the subject child or their parent/s was sought and obtained, sought and refused or not sought.

3.7.3 If information was provided without consent, the reason/s for doing so must be made clear and the record must also indicate whether the subject child or their parent/s was subsequently informed of the information transfer.

3.7.4 Unless they are already known, a telephone call received from a professional seeking information must be verified before information is divulged, by calling their agency back.

3.7.5 A record of any information given or received by 'phone or in person must be made, as well as reasons for not informing at time or subsequently, alongside details of the risk of harm as in sharing information safely above.

3.7.6 Transmission of personal and sensitive information by fax should only happen when unavoidable. The number/address to which it is being sent should be checked very carefully (preferably by a colleague) and reassurance provided and recorded about the security of its handling by the other agency.

3.7.7 All faxes containing confidential information should have a cover sheet which contains a confidentiality statement (e.g. 'This fax is confidential and is intended only for the person to whom it is addressed'). Faxes should be sent to 'Safe Haven' fax machines. If there is any doubt about

being able to ensure confidentiality agreement should be reached by both parties that the recipient will stand by the fax machine and provide confirmation to the sender that the fax has been received.

3.7.8 Confidential information should only be sent by secure electronic systems. E-mails containing confidential information should have a confidentiality warning (e.g. 'This e-mail is confidential and is intended for the person to whom it is addressed').

Record keeping

3.7.9 Professionals in all agencies must ensure that in the child (or adult who is a parent)'s file, they:

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

3.8 Information sharing glossary

Term Definition

Term	Definition
Anonymised information	Information from which a person cannot be identified by the recipient.
Confidential information	Information not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence.
Consent	Agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences. All consent must be informed. The person to whom the information relates should understand why particular information

	needs to be shared, who will use it and how, and what might happen as a result of sharing or not sharing the information.
Explicit consent	Consent given orally or in writing.
Implied consent	Where the person has been informed about the information to be shared, the purpose for sharing and that they have the right to object and their agreement to sharing has been signalled by their behaviour rather than orally or in writing.
Lead information officer	A senior manager in each agency, responsible for decisions relating to information sharing within the agency, who can determine controversial issues.
Personal data	Information about any identified or identifiable living individual and includes their name, address and telephone number as well as any reports or records.
Proportionality	The key factor in deciding whether or not to share confidential information without consent is proportionality: i.e. is the information professionals wish to, or are asked to share, a balanced response to the need to safeguard a child or another person, or to prevent or detect a serious crime.
Public interest	The interests of the community as a whole, or a group within the community or individuals.
Public interest test	The process a professional should use to decide whether to share confidential information without consent. It requires consideration of the competing public interests e.g. the public interest in protecting children, promoting their welfare or preventing crime and disorder and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing.
Secondary disclosure	Disclosure by the person to whom data has been disclosed to another agency or person e.g. if a GP provides data to a school and the school passes it to local authority children's social care.

4. Accessing information from abroad

4.1.1 A child for whom significant relevant information may be held abroad includes a child who may:

- Be recently immigrant into the UK, with or without their parents, and for whom there are concerns of harm, including through accusations of spirit possession or witchcraft (see Part B, section 40.5, Spirit possession or witchcraft);
- Have been, or is suspected to have been, trafficked into or out of the UK for sexual exploitation, domestic servitude, benefit fraud etc. (see Part B, chapter 26, Safeguarding trafficked and exploited children);
- Be at risk of abuse or has already been abused through female genital mutilation (see Part B, section 40.3, Safeguarding children at risk of abuse through female genital mutilation (FGM));
- Threatened with forced marriage or at risk of honour based violence (see Part B, section 40.2, Forced marriage of a child Procedure and section 40.1, Honour based abuse).

4.1.2 Professionals contributing to a multi-agency assessment (in line with Referral and Assessment Procedure) of a child for whom relevant information is likely to be held abroad, should seek information from their respective counterpart agencies abroad (i.e. health professionals in the UK are responsible for retrieving health information from health professionals abroad, etc.).

4.1.3 Where an assessment is required of family or relatives' circumstances abroad, local authority children's social care should contact an organisation such as International Social Services (UK), whose details are available at: www.cfab.uk.net.

4.1.4 Professionals should contact national embassies and consulates in London for the countries concerned. Embassy and consulate details are available on the Foreign and Commonwealth Office website, at: www.fco.gov.uk.

4.1.5 Where local agencies abroad cannot assist in divulging information about a child and their family, UK professionals should seek assistance from International Social Services (UK).

4.1.6 Where the child has links to a foreign country, a social worker may also need to work with colleagues abroad. Further guidance can be found in Working with foreign authorities on child protection cases and care orders (2014)

5. Working with interpreters/communication facilitators

5.1 Introduction

5.1.1 All agencies need to ensure that they are able to communicate fully with parents and children when they have concerns about child abuse and neglect, and ensure that family members and professionals fully understand the exchanges that take place. Agencies should make arrangements to ensure that children are seen with an interpreter within the same timescales for assessment or investigation as for any other intervention.

5.2 Recognition of Communication Difficulties

5.2.1 The use of accredited interpreters, signers or others with special communication skills must be considered whenever undertaking enquiries involving children and families:

- For whom English is not the first language (even if reasonably fluent in English, the option of an interpreter must be available when dealing with sensitive issues);
- With a hearing or visual impairment;
- Whose disability impairs speech;
- With learning difficulties;
- With a specific language or communication disorder;
- With severe emotional and behavioural difficulties;
- Whose primary form of communication is not speech.

5.2.2 When taking a referral, local authority children's social workers should establish the communication needs of the child, parents and other significant family members.

5.2.3 Family members and children themselves should not act as interpreters within the interviews.

5.3 Interviewing Children

5.3.1 If a child has communication difficulties, these should be considered and planned for in the strategy meeting/discussion. See Part A, chapter 3, Child protection s47 enquiries.

5.3.2 If a child communicates by means other than speech, professionals should seek specialist expertise to enable the child to properly express themselves and to ensure that the interview with the child meets criminal proceedings standards.

5.3.3 A written explanation should be included in the child's plan about any departure from usual interviewing processes and standards.

5.3.4 Every effort should be made to enable such a child to tell their story directly to those undertaking enquiries.

5.3.5 It may be necessary to seek further advice from professionals who know the child well or are familiar with the type of impairment the child has (e.g. paediatrician at the child development centre or from the child's school).

5.3.6 When the child is interviewed, it may be necessary for the interviewer and the child to be assisted by specialised communication equipment and/or an appropriate professional, such as a:

- Speech and language therapist;
- Teacher of the hearing impaired;
- Specialist teacher for children with learning difficulties or a suitable professional who is skilled in using facilitated communication methods (e.g. Makaton);
- Professional translator (including people conversant with British Sign Language for hearing impaired individuals);
- Child and adolescent mental health professional;
- Professional from a specific advocacy/third sector group;
- Social worker specialising in working with disabled children.

5.4 Video Interviews

5.4.1 Achieving Best Evidence (Home Office, 2011), provides guidance on interviewing vulnerable witnesses, including those who are learning disabled and of the use of interpreters and intermediaries.

5.4.2 Interviews with witnesses with special communication needs may require the use of an interpreter or an intermediary and are usually much slower. The interview may be long and tiring for the witness and might need to be undertaken in two or three parts, preferably, but not necessarily, held on the same day.

5.4.3 A witness should be interviewed in the language of their choice, and vulnerable or intimidated witnesses, including children, may have a supporter present when being interviewed.

Interpreters and Communication Facilitators

5.4.4 If the family's first language is not English, the offer of an interpreter should be made even if they appear reasonably fluent, to ensure that all issues are understood and fully explained.

5.4.5 Interpreters/communication facilitators used for child protection work should be subject to references, Disclosure and Barring Services (DBS) checks and a written agreement regarding confidentiality. Wherever possible, interpreters should be used to interpret in their own first

language. Local Safeguarding Children Boards should ensure that interpreters/communication facilitators for this work are specifically trained so as to ensure that they are able to work effectively alongside professionals in the role of interpreter in discussing highly sensitive matters.

5.4.6 Social workers need to first meet with the interpreter/communication facilitator to explain the nature of the investigation and clarifying:

- The interpreter/communication facilitator's role in translating direct communications between professionals and family members;
- The need to avoid acting as a representative of the family;
- When the interpreter/communication facilitator is required to translate everything that is said and when to summarise;
- That the interpreter/communication facilitator is prepared to translate the exact words that are likely to be used - especially critical for child abuse;
- When the interpreter/communication facilitator will explain any cultural or other issues that might be overlooked (usually at the end of the interview, unless any issue is impeding the interview);
- The interpreter/communication facilitator's availability to interpret at other interviews and meetings and provide written translations of reports (taped versions if literacy is an issue);

5.4.7 Family members may choose to bring along their own interpreter/ communication facilitator as a supporter but not another family member. This person will be additional to the agency's own interpreter/ communication facilitator.

5.4.8 Invitations to child protection conferences, reports and conference minutes must be translated into a language/medium that is understood by the child, where appropriate, and the family.

6. Managing work with Families where there are obstacles and resistance

6.1 Definition

6.1.1 There can be a wide range of unco-operative behaviour by families towards professionals. From time to time all agencies will come into contact with families whose compliance is apparent rather than genuine, or who are more obviously reluctant, resistant or sometimes angry or hostile to their approaches.

6.1.2 In extreme cases, professionals can experience intimidation, abuse, threats of violence and actual violence. The child's welfare should remain paramount at all times and where professionals are too scared to confront the family, they must consider what life is like for a child in the family.

6.1.3 All agencies should support their staff by:

- Ensuring professionals are trained for the level of work they are undertaking;
- Publishing a clear statement about unacceptable behaviour by those accessing their services (such as seen in hospitals and on public transport);
- Providing training to enable staff to respond as safely as possible to risky or hostile behaviour in their target client group;
- Supporting staff to work to their own professional code of conduct or their agency's code of conduct when responding to risky or hostile behaviour in their client group.

6.2 Recognition and understanding

6.2.1 There are four types of uncooperativeness:

- Ambivalence: can be seen when people are always late for appointments, or repeatedly make excuses for missing them; when they change the conversation away from uncomfortable topics and when they use dismissive body language. Ambivalence is the most common reaction and may not amount to uncooperativeness. All service users are ambivalent at some stage in the helping process which is related to the dependence involved in being helped by others. It may reflect cultural differences, being unclear what is expected, or poor experiences of previous involvement with professionals. Ambivalence may need to be acknowledged, but it can be worked through;
- Avoidance: a very common method of uncooperativeness, including avoiding appointments, missing meetings, and cutting visits short due to other apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it).

They may have a difficulty, have something to hide, resent outside interference or find staff changes another painful loss. They may face up to the contact as they realise the professional is resolute in their intention, and may become more able to engage as they perceive the professional's concern for them and their wish to help;

- Confrontation: includes challenging professionals, provoking arguments, extreme avoidance (e.g. not answering the door as opposed to not being in) and often indicates a deep-seated lack of trust leading to a 'fight' rather than 'flight' response to difficult situations. Parents may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having been taken away. They may have difficulty in consistently seeing the professional's good intent and be suspicious of their motives. It is important for the professional to be clear about their role and purpose, demonstrate a concern to help, but not to expect an open relationship to begin with. However, the parent's uncooperativeness must be challenged, so they become aware the professional/agency will not give up. This may require the professional to cope with numerous displays of confrontation and aggression until eventual co-operation may be achieved;
- Violence: threatened or actual violence by a small minority of people is the most difficult of uncooperative behaviours for the professional/agency to engage with. It may reflect a deep and longstanding fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. The professional/agency should be realistic about the child or parent's capacity for change in the context of an offer of help with the areas that need to be addressed.

Reasons for unco-operativeness

6.2.2 There are a variety of reasons why some families may be unco-operative with professionals, including the fact that they:

- Do not want their privacy invaded;
- Have something to hide;
- Refuse to believe they have a problem;
- Resent outside interference;
- Have cultural differences;
- Lack understanding about what is being expected of them;
- Have poor previous experience of professional involvement;
- Resent staff changes;
- Dislike or fear of authority figures;
- Fear their children will be taken away;
- Fear being judged to be poor parents because of substance misuse, mental health problems;
- Feel they have nothing to lose (e.g. where the children have already been removed);

- A parent may be coerced where there is domestic abuse to avoid professionals or be evasive.

6.2.3 A range of social, cultural, psychological and historical factors influence the behaviour of parents. A full early family assessment should address previous involvement with agencies and professionals to understand the context for the family.

6.2.4 In general a parent will try to regain control over their lives, but they may be overwhelmed by pain, depression, anxiety and guilt resulting from the earlier losses in their lives. Paradoxically, the unco-operativeness may be the moment at which the person opens up their feelings, albeit negative ones, at the prospect of help. They are unlikely to be aware of this process going on.

6.3 Impact on assessment

6.3.1 Accurate information and a clear understanding of what is happening to a child within their family and community are vital to any assessment. The usual and most effective way to achieve this is by engaging parents and children in the process of assessment, reaching a shared view of what needs to change and what support is needed, and jointly planning the next steps.

6.3.2 Engaging with a parent who is resistant or even violent and/or intimidating is obviously more difficult. The behaviour may be deliberately used to keep professionals from engaging with the parent or child, or can have the effect of keeping professionals at bay. There may be practical restrictions to the ordinary tools of assessment (e.g. seeing the child on their own, observing the child in their own home etc.). The usual sources of information/alternative perceptions from other professionals and other family members may not be available because no-one can get close enough to the family.

6.3.3 Professionals from all agencies should explicitly identify and record what areas of assessment are difficult to achieve and why.

6.3.4 The presence of violence or intimidation needs to be included in any assessment of risk to the child living in such an environment.

Impact on assessment of the child

6.3.5 The professional needs to be mindful of the impact the hostility to outsiders may be having on the day-to-day life of the child and when considering what the child is experiencing, many of the above may be equally relevant. The child may:

- Be coping with their situation with 'hostage-like' behaviour (see section 6.6.7 below);

- Have become de-sensitised to violence;
- Have learnt to appease and minimise (including always smiling in the presence of professionals);
- Be simply too frightened to tell;
- Identify with the aggressor.

Impact on assessment of the adults

6.3.6 In order to assess to what extent the hostility of the parent/s is impacting on the assessment of the child, professionals in all agencies should consider whether they are:

- Colluding with the parent/s by avoiding conflict, e.g.:
  - Avoiding contact in person (home visits);
  - Using remote contact methods (e.g. telephone and letter contact instead of visits to see the child);
  - Accepting the parent's version of events unquestioningly in the absence of objective evidence;
  - Focusing on less contentious issues such as benefits/housing;
  - Avoiding asking to look round the house, not looking to see how much food is available, not inspecting the conditions in which the child sleeps, etc.;
  - Focusing on the parent's needs, not the child's;
  - Not asking to see the child alone;
- Changing their behaviour to avoid conflict;
- Filtering out or minimising negative information;
- Conversely, placing undue weight on positive information (the 'rule of optimism') and only looking for positive information;
- Fear of confronting family members about concerns;
- Keeping quiet about worries and not sharing information about risks and assessment with others in the inter-agency network or with managers.

6.3.7 Professionals in all agencies should consider:

- Whether the child is keeping 'safe' by not telling professionals things;
- Whether the child has learned to appease and minimise;
- The child is blaming themselves;
- What message the family is getting if the professional/agency does not challenge the parent/s.

6.3.8 Professionals in all agencies should ask themselves whether:

- They are relieved when there is no answer at the door;
- They are relieved when they get back out of the door;
- They say, ask and do what they would usually say, ask and do when making a visit or assessment;
- They have identified and seen the key people;

- They have observed evidence of others who could be living in the house;
- In cases of high need adults (e.g. domestic abuse, mental health, etc.) they only work with that adult (rather than both parents even when the other parent is a perpetrator of domestic abuse).

6.3.9 Professionals and their supervisors should keep asking themselves the question: what might the children have been feeling as the door closes behind a professional leaving the family home?

Drawing up a written behavioural contract

6.3.10 Professionals should consider drawing up a written contract with the family:

- Specifying exactly what behaviour is not acceptable (e.g. raising of voice, swearing, threatening etc.);
- Spelling out that this will be taken into account in any risk assessment of the child;
- Clearly explaining the consequences of continued poor behaviour on their part.

6.4 Impact on multi-agency work

6.4.1 Agencies and families need to work in partnership to achieve the agreed outcome and all parties need to understand this partnership may not be equal.

6.4.2 Sometimes parents may be hostile to specific agencies or individuals. If the hostility is not universal, then agencies should seek to understand why this might be and learn from each other.

6.4.3 Where hostility towards most agencies is experienced, this needs to be managed on an inter-agency basis otherwise the results can be as follows:

- Everyone 'backs off', leaving the child unprotected;
- The family is 'punished' by withholding of services as everyone 'sees it as a fight', at the expense of assessing and resolving the situation for the child;
- There is a divide between those who want to appease and those who want to oppose - or everyone colludes.

6.4.4 When parents are only hostile to some professionals/agencies or where professionals become targets of intimidation intermittently, the risk of a breakdown in inter-agency collaboration is probably at its greatest. Any pre-existing tensions between professionals and agencies or misunderstandings about different roles are likely to surface.

6.4.5 The risks are of splitting between the professionals/agencies, with tensions and disagreement taking the focus from the child, e.g.:

- Professionals or agencies blame each other and collude with the family;
- Those not feeling under threat can find themselves taking sole responsibility which can ultimately increase the risk to themselves;
- Those feeling 'approved of' may feel personally gratified as the family 'ally' but then be unable to recognise/accept risks or problems;
- Those feeling under threat may feel it is 'personal';
- There is no unified and consistent plan.

Ensuring effective multi-agency working

6.4.6 Any professional or agency faced with incidents of threats, hostility or violence should routinely consider the potential implications for any other professional or agency involved with the family in addition to the implications for themselves and should alert them to the nature of the risks.

6.4.7 Regular inter-agency communication, clear mutual expectations and attitudes of mutual respect and trust are the core of inter-agency working. When working with hostile or violent parents, the need for very good inter-agency collaboration and trust is paramount and is also likely to be put under greatest pressure. It becomes particularly important that everyone is:

- Aware of the impact of hostility on their own response and that of others;
- Respectful of the concerns of others;
- Alert to the need to share relevant information about safety concerns;
- Actively supportive of each other and aware of the differing problems which different agencies have in working within these sorts of circumstances;
- Open and honest when disagreeing;
- Aware of the risks of collusion and of any targeting of specific professions/agencies;
- Prepared to discuss strategies if one agency (e.g. a health visitor) is unable to work with a family. In circumstances such as these, professionals in the multi-agency network must agree whether or not it is possible to gather information or monitor the child's well-being, and ultimately whether it is possible to have a truly multi-agency plan?

Sharing information

6.4.8 There are reasonable uncertainties and need for care when considering disclosing personal information about an adult.

6.4.9 Concerns about the repercussions from someone who can be hostile and intimidating can become an added deterrent to sharing information. However, information sharing is pivotal, and also being explicit about experiences of confronting hostility/intimidation or violence should be standard practice.

Supervision

6.4.10 Professionals and their first line managers should consider the following questions. If the answer is yes to any of them, the information should be shared with any other professionals involved with the family:

- Do you have experience of the adult linked to the child being hostile, intimidating, threatening or actually violent?
- Is it general or in specific circumstances? For example, is it drink related/ linked to intermittent mental health problems?
- Are you intimidated/fearful of the adult?
- Do you feel you may have been less than honest with the family to avoid conflict?
- Are you now in a position where you will have to acknowledge concerns for the first time? And are you fearful how they will respond to you?
- In their position, would you want to be made aware of these concerns?

6.4.11 Professionals in different settings and tiers of responsibility may have different thresholds for concern and different experience of having to confront difficult behaviour. It is vital the differing risks and pressures are acknowledged and supported.

Multi-agency meetings

6.4.12 Avoiding people who are hostile is a normal human response. However, it can be very damaging to the effective inter-agency work needed to protect children, which depends on proactive engagement by all professionals with the family. Collusion and splitting between professionals and agencies will be reduced by:

- Clear agreements, known to all agencies and to the family, detailing each professional's role and the tasks to be undertaken by them;
- Full participation at regular multi-agency meetings, core group meetings and at child protection conferences with all agencies owning the concerns for the child rather than leaving it to a few to face the uncooperativeness and hostility of the family.

6.4.13 Although it is important to remain in a positive relationship with the family as far as possible, this must not be at the expense of being able to share real concerns about intimidation and threat of violence.

6.4.14 Options which professionals in the multi-agency network should consider are:

- Discussing with the Chair the option of excluding the parents if the quality of information shared is likely to be impaired by the presence of threatening adults;
- Convening a meeting of the agencies involved to share concerns, information and strategies and draw up an effective work plan that clearly shares decision-making and responsibilities. If such meetings are held, there must always be an explicit plan made of what, how and when to share what has gone on with the family. Confidential discussions are unlikely to remain secret and there are legal obligations to consider in any event (e.g. Data Protection Act 1998), and the aim should always be to empower professionals to become more able to be direct and assertive with the family without compromising their own safety;
- Convening a meeting to draw up an explicit risk reduction plan for professionals and in extreme situations, instituting repeat meetings explicitly to review the risks to professionals and to put strategies in place to reduce these risks;
- Joint visits with police, colleagues or professionals from other agencies;
- Debriefing with other agencies when professionals have experienced a frightening event.

6.4.15 Although working with hostile families can be particularly challenging, the safety of the child is the first concern. If professionals are too scared to confront the family, consider what life is like for the child.

6.5 Response to unco-operative families

6.5.1 When a professional begins to work with a family who is known, or discovered, to be unco-operative, the professional should make every effort to understand why a family may be unco-operative or hostile. This entails considering all available information, including whether an assessment has been completed and whether a lead professional has been appointed.

6.5.2 When working with unco-operative parents, professionals in all agencies can improve the chances of a favourable outcome for the child/ren by:

- Keeping the relationship formal though warm, giving clear indications that the aim of the work is to achieve the best for their child/ren;
- Clearly stating their professional and/or legal authority;
- Continuously assessing the motivations and capacities of the parent/s to respond co-operatively in the interests of their child/ren;

- Confronting uncooperativeness when it arises, in the context of improving the chances of a favourable outcome for the child/ren;
- Engaging with regular supervision from their manager to ensure that progress with the family is being made and is appropriate;
- Seeking advice from experts (e.g. police, mental health specialists) to ensure progress with the family is appropriate;
- Helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible child care;
- Being alert to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage the parent/s;
- Being willing, in such cases, to take appropriate action to protect the child/ren (despite this action giving rise to a feeling of personal failure by the professional in their task of engaging the parent/s).

6.5.3 With the help of their manager, professionals should be alert to, understand and avoid the following responses:

- Seeing each situation as a potential threat and developing a 'fight' response or becoming over-challenging and increasing the tension between the professional and the family. This may protect the professional physically and emotionally or may put them at further risk. It can lead to that professional becoming desensitised to the child's pain and to the levels of violence within the home;
- Colluding with parents by accommodating and appeasing them in order to avoid provoking a reaction;
- Becoming hyper alert to the personal threat so the professional becomes less able to listen accurately to what the adult is saying, distracted from observing important responses of the child or interactions between the child and adults;
- 'Filtering out' negative information or minimising the extent and impact of the child's experiences in order to avoid having to challenge. At its most extreme, this can result in professionals avoiding making difficult visits or avoiding meeting with those adults in their home, losing important information about the home environment - managers should monitor the actions of their staff to ensure they pick up this type of behaviour at an early stage - audits of case files on a regular basis will assist in spotting those (very rare) cases where a professional is so disempowered that they falsify records (e.g. records of visits which actually did not take place);
- Feeling helpless/paralysed by the dilemma of deciding whether to 'go in heavy' or 'back off'. This may be either when faced with escalating concerns about a child or when the hostile barrier between the family and outside means that there is only minimal evidence about the child's situation.

Respecting families

6.5.4 Families may develop or increase resistance or hostility to involvement if they perceive the professional as disrespectful and unreliable or if they believe confidentiality has been breached outside the agreed parameters.

6.5.5 Professionals should minimise resistance or hostility by complying with their agency's code of conduct, policies and procedures in respect of the appropriate treatment of service users.

6.5.6 Professionals should be aware that some families, including those recently arrived from abroad, may be unclear about why they have been asked to attend a meeting, why the professional wants to see them in the office or to visit them at home. They may not be aware of roles that different professionals and agencies play and may not be aware that the local authority and partner agencies have a statutory role in safeguarding children, which in some circumstances override the role and rights of parents (e.g. child protection).

6.5.7 Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be:

- Aware of dates of the key religious events and customs;
- Aware of the cultural implications of gender;
- Acknowledge cultural sensitivities and taboos e.g. dress codes.

Professionals may consider asking for advice from local experts, who have links with the culture. In such discussions the confidentiality of the family concerned must be respected.

6.5.8 Professionals who anticipate difficulties in engaging with a family may want to consider the possibility of having contact with the family jointly with another person in whom the family has confidence. Any negotiations about such an arrangement must similarly be underpinned by the need for confidentiality in consultation with the family.

6.5.9 Professionals need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements, throughout. Professionals must consider whether:

- A parent has a low level of literacy, and needs verbal rather than written communication;
- A parent needs translation and interpretation of all or some communications into their own language;

- It would be helpful to a parent to end each contact with a brief summary of what the purpose has been, what has been done, what is required by whom and by when;
- The parent is aware that relevant information/verbal exchange is recorded and that they can access written records about them.

6.6 Dealing with hostility and violence

6.6.1 Despite sensitive approaches by professionals, some families may respond with hostility and sometimes this can lead to threats of violence and actual violence. It is therefore important to try and understand the reasons for the hostility and the actual level of risk involved.

6.6.2 It is critical both for the professional's personal safety and that of the child that risks are accurately assessed and managed. Threatening behaviour can consist of:

- The deliberate use of silence;
- Using written threats;
- Bombarding professionals with e-mails and phone calls;
- Using intimidating or derogatory language;
- Racist attitudes and remarks;
- Homophobic attitudes and comments;
- Using domineering body language;
- Using dogs or other animals as a threat - sometimes veiled;
- Swearing;
- Shouting;
- Throwing things;
- Physical violence.

6.6.3 Threats can be covert or implied (e.g. discussion of harming someone else), as well as obvious. In order to make sense of what is going on in any uncomfortable exchange with a parent, it is important that professionals are aware of the skills and strategies that may help in difficult and potentially violent situations.

Making sense of hostile responses

6.6.4 Professionals should consider whether:

- They are prepared that the response from the family may be angry or hostile. They should ensure they have discussed this with their manager and planned strategies to use if there is a predictable threat (e.g. an initial visit with police to establish authority);
- They might have aggravated the situation by becoming angry or acting in a way that could be construed as being patronising or dismissive.
- The hostility is a response to frustration, either related or unrelated to the professional visit;

- The parent needs to complain, possibly with reason;
- The parent's behaviour is deliberately threatening/obstructive/abusive or violent;
- The parent is aware of the impact they are having on the professional;
- They are so used to aggression, they do not appreciate the impact of their behaviour;
- This behaviour is normal for this person (which nevertheless does not make it acceptable);
- The professional's discomfort is disproportionate to what has been said or done;
- The professional is taking this personally in a situation where hostility is aimed at the agency.

Impact on professionals of hostility and violence

6.6.5 Working with potentially hostile and violent families can place professionals under a great deal of stress and can have physical, emotional and psychological consequences. It can also limit what the professional/s can allow themselves to believe, make them feel responsible for allowing the violence to take place, lead to adaptive behaviour, which is unconsciously 'hostage-like' (see section 6.6.7 below) and also result in a range of distressing physical, emotional and psychological symptoms.

6.6.6 The impact on professionals may be felt and expressed in different ways e.g.:

- Surprise;
- Embarrassment;
- Denial;
- Distress;
- Shock;
- Fear;
- Self-doubt;
- Anger;
- Guilt;
- Numbness;
- Loss of self-esteem and of personal and/or professional confidence;
- A sense of helplessness;
- Sleep and dream disturbance;
- Hyper vigilance;
- Preoccupation with the event or related events;
- Repetitive stressful thoughts, images and emotions;
- Illness; and
- Post-traumatic stress.

6.6.7 Factors that increase the impact on professionals include:

- Previous traumatic experiences both in professional and personal life can be revived and heighten the fears;
- Regularly working in situations where violence/threat is pervasive - professionals in these situations can develop an adrenalin-led response, which may over or under-play the threat. Professionals putting up with threats may ignore the needs/feelings of other staff and members of the public. Professionals can become desensitised to the risks presented by the carer to the child or even to the risks presented by the adults to themselves (i.e. the professional);
- 'Hostage-like' responses - when faced with significant fears for their own safety, professionals may develop a 'hostage-like' response. This is characterised by accommodating, appeasing or identifying with the 'hostage-taker' to keep safe.

6.6.8 Threats that extend to the professional's life outside of work:

- It is often assumed there is a higher level of risk from men than from women and that male professionals are less likely to be intimidated. These false assumptions decrease the chances of recognition and support. Male professionals may find it more difficult to admit to being afraid; colleagues and managers may not recognise their need for emotional support. This may be particularly so if the perpetrator of the violence is a woman or young person. In addition, male professionals may be expected to carry a disproportionate number of cases with threatening service users;
- Lack of appropriate support and a culture of denial or minimising of violent episodes as 'part of the job' can lead to the under-reporting of violent or threatening incidents and to more intense symptoms, as the professional feels obliged to deal with it alone. There is also a risk that professionals fail to respond to concerns, whether for the child or for their own protection.

6.6.9 Violence and abuse towards professionals based on their race, gender, disability, perceived sexual orientation etc. can strike at the very core of a person's identity and self-image. If the professional already feels isolated in their workplace in terms of these factors, the impact may be particularly acute and it may be more difficult to access appropriate support.

6.6.10 Some professionals are able to respond to unco-operative parents in a way which indicates that they are untroubled by such conflict. Some may even give the impression to colleagues that they 'relish' the opportunity for confrontation. Consequently, not all professionals will view confrontation as a negative experience and may generally appear unaffected.

6.7 Keeping professionals safe

Professional's responsibility

6.7.1 Professionals have a responsibility to plan for their own safety, just as the agency has the responsibility for trying to ensure their safety. Professionals should consult with their line manager to draw up plans and strategies to protect their own safety and that of other colleagues. There should be clear protocols for information sharing (both internal and external). Agencies should ensure that staff and managers are aware of where further advice can be found.

6.7.2 Prior to contact with a family, professionals should consider the following questions:

- Why am I doing this visit at the end of the day when it's dark and everyone else has gone home? (Risky visits should be undertaken in daylight whenever possible);
- Should this visit be made jointly with a colleague or manager?
- Is my car likely to be targeted/followed? If yes, it may be better to go by taxi and have that taxi wait outside the house;
- Do I have a mobile phone with me or some other means of summoning help (e.g. personal alarm)?
- Could this visit be arranged at a neutral venue?
- Are my colleagues/line managers aware of where I am going and when I should be back? Do they know I may be particularly vulnerable/at risk during this visit?
- Are there clear procedures for what should be done if a professional does not return or report back within the agreed time from a home visit?
- Does my manager know my mobile phone number and network, my car registration number and my home address and phone number?
- Do my family members know how to contact someone from work if I don't come home when expected?
- Have I taken basic precautions such as being ex-directory at home and having my name removed from the public section of the electoral register?
- Have I accessed personal safety training?
- Is it possible for me to continue to work effectively with this family?

6.7.3 If threats and violence have become a significant issue for a professional, the line manager should consider how the work could safely be progressed, document their decision and the reasons for it.

6.7.4 Professionals should:

- Acquaint themselves with the agreed agency procedures (e.g. there may be a requirement to ensure the police are informed of certain situations);
- Not go unprepared, be aware of the situation and the likely response;
- Not make assumptions that previously non-hostile situations will always be so;
- Not put themselves in a potentially violent situation - they should monitor and anticipate situations to feel safe and in control at all times;
- Get out if a situation is getting too threatening.

6.7.5 If an incident occurs, professionals should:

- Try to stay calm and in control of their feelings;
- Make a judgement of whether to stay or leave without delay;
- Contact the manager immediately;
- Follow agreed post-incident procedures, including any recording required.

6.7.6 Professionals should not:

- Take the occurrence of an incident personally;
- Get angry themselves;
- Be too accommodating and understanding;
- Assume they have to deal with the situation and then fail to get out;
- Think they don't need strategies or support;
- Automatically assume the situation is their fault and that if they had said or done something differently the incident would not have happened.

6.8 Management responsibility

6.8.1 Managers have a statutory duty to provide a safe working environment for their employees under the Health and Safety at Work legislation. This includes:

- Undertaking assessments to identify and manage the risks inherent in all aspects of the work;
- Providing a safe working environment;
- Providing adequate equipment and resources to enable staff to work safely;
- Providing specific training to equip professionals with the necessary information and skills to undertake the job;
- Ensuring a culture that allows professionals to express fears and concerns and in which support is forthcoming without implications of weakness;

- In practice managers need therefore to ensure officers are not exposed to unnecessary risks by ensuring:
  - Professionals are aware of any home visiting policies employed in their service area and that these policies are implemented;
  - Time is allowed for professionals to work safely (e.g. obtain sufficient background information and plan contact; discuss and agree safety strategies with manager).
- Adequate strategies and support are in place to deal with any situations that may arise;
- In allocating work, managers need to be mindful of the skills and expertise of their team and any factors that may impact on this. They need to seek effective and supportive ways to enable new professionals, who may be inexperienced, to identify and develop the necessary skills and expertise to respond to uncooperative families;
- Similarly, more experienced staff may become desensitised and may make assumptions about families and situations;
- Awareness of the impact of incidents on other members of the team;
- Where an incident has occurred, managers need to try to investigate the cause (e.g. whether this was racially or culturally motivated);
- Awareness that threats of violence constitute a criminal offence and the agency must take action on behalf of staff (i.e. make a complaint to the police);
- Pro-actively ask about feelings of intimidation or anxiety so professionals feel this is an acceptable feeling.

6.8.2 Managers should:

- Keep health and safety regularly on the agenda of team meetings;
- Ensure health and safety is on all new employee inductions;
- Ensure that staff have confidence to speak about any concerns relating to families;
- Prioritise case supervisions regularly and do not cancel;
- Ensure they have a monitoring system for home visits and for informing the office when a visit is completed;
- Analyse team training needs and ensure everyone knows how to respond in an emergency;
- Ensure training is regularly updated;
- Empower staff to take charge of situations and have confidence in their actions;
- Recognise individual dynamics;
- Pay attention to safe working when allocating workloads and strategic planning;
- Keep an 'ear to the ground' - be aware of what is happening in communities and within their own staff teams;
- Deal with situations sensitively. Acknowledge the impact on individuals.

6.9 Supervision and support

6.9.1 Each agency should have a supervisory system in place that is accessible to the professional and reflects practice needs. Supervision discussions should focus on any hostility being experienced by professionals or anticipated by them in working with families and should address the impact on the professional and the impact on the work with the family.

6.9.2 Managers should encourage a culture of openness, where their professionals are aware of the support available within the team and aware of the welfare services available to them within their agency. Managers must ensure that staff members feel comfortable in asking for this support when they need it. This includes ensuring a culture that accepts no intimidation or bullying from service users or colleagues. A 'buddy' system within teams may be considered as a way of supporting professionals.

6.9.3 Professionals must feel safe to admit their concerns knowing that these will be taken seriously and acted upon without reflecting negatively on their ability or professionalism.

6.9.4 Discussion in supervision should examine whether the behaviour of the service user is preventing work being effectively carried out. It should focus on the risk factors for the child within a hostile or violent family and on the effects on the child of living in that hostile or aggressive environment.

6.9.5 An agreed action plan should be drawn up detailing how any identified risk can be managed or reduced. This should be clearly recorded in the supervision notes. The action plan should be agreed prior to a visit taking place.

6.9.6 The professional should prepare for supervision and bring case records relating to any violence/threats made. They should also be prepared to explore 'uneasy' feelings, even where no overt threats have been made. Managers will not know about the concerns unless the professional reports them. By the same token, managers should be aware of the high incidence of under reporting of threats of violence and should encourage discussion of this as a potential problem.

6.9.7 Health and safety should be a regular item on the agenda of team meetings and supervisions. In addition, group supervision or team discussions can be particularly useful to share the problem and debate options and responsibilities.

6.9.8 Files and computer records should clearly indicate the risks to professionals, and mechanisms to alert other colleagues to potential risks should be clearly visible on case files.

7. Best Practice Guidance for Child Protection Conferences

7.1 Who Should Attend a Child Protection Conference?

7.1.1 Any conference should consist of the smallest number of people consistent with effective case management

7.1.2 A child protection conference will involve statutory agencies that work with children and families, as and when there is actual involvement in a child's situation:

- Children's services (registered local authority children's social work professionals who have led and been involved in an assessment of the child and family, and their first line manager);
- Schools, colleges, nurseries etc.;
- Police;
- Health (e.g. health visitor, school nurse, paediatrician, GP, Emotional Well-Being and Mental Health Service)

7.1.3 All initial conferences must have representatives of local authority children's services and the police in attendance.

The following should normally be invited:

- The child as appropriate or their representative (see Part A, section 4.4, Involving children and family members)
- Parents and those with parental responsibility;
- Family members (including the wider family);
- Foster carers (current or former);
- Residential care staff;
- Offender Management Services;
- Professionals involved with the child (e.g. early years staff);
- Professionals with expertise in the particular type of harm suffered by the child or in the child's particular condition (e.g. a disability or long term illness);
- Those involved in investigations;
- Involved third sector organisations;
- A professional who is independent of operational or line management responsibilities for the case as Chair. The status of the Chair should be sufficient to ensure multi-agency commitment to the conference and the child protection plan.

7.1.4 In addition, invitees may include those whose contribution relates to their professional expertise and/or knowledge of the family and/or responsibility for relevant services, and should be limited to those with a need to know or who have a contribution to make to the assessment of the child and family.

7.1.5 The following should always be considered to be invited:

- Local authority legal services (child protection), if it is anticipated that legal advice will be required;
-
- The child/ren's guardian where there are current court proceedings;
- Professionals involved with the parents or other family members (e.g. family support services, adult mental health services, probation, the GP, education welfare service professionals);
- Midwifery services where the conference concerns an unborn or new-born child;
- Probation or the Youth Offending Service;
- Local authority housing services;
- Domestic violence adviser;
- Alcohol and substance abuse services;
- A representative of the armed services, in cases where there is a service connection;
- Any other relevant professional or service provider;
- A supporter/advocate for the child and/or parents (e.g. a friend or solicitor); solicitors must comply with the Law Society guidance: Attendance of solicitors at local authority Children Act meetings 2013. The solicitor for a parent or child may attend in the role of representative of child or supporter of parent to assist her/his clients to participate and, with the independent chair's permission to speak on their behalf.

7.1.6 A professional observer can only attend with the prior consent of the Conference Chair and the family, and must not take part in discussions or decision-making. It is the responsibility of the professional requesting the attendance of the observer to seek the permission of the Conference Chair and of the family at least one day before the conference.

7.1.7 Professionals who are invited but unable to attend for unavoidable reasons should:

- Arrange for another agency representative to attend;
- Inform the Conference Administrator and Conference Chair;
- Submit a written report in the agreed format with copies.

7.1.8 The time of day at which a conference is convened should be determined to facilitate attendance of the family and key contributors.

7.2 Enabling Parental Participation

7.2.1 All parents and persons with Parental Responsibility must be invited to conferences (unless exclusion is justified as described below). Parents will be encouraged to contribute to conferences; usually by attending, unless it is likely to prejudice the welfare of the child, or the safety of any other conference participant, including family members.

7.2.2 The social worker must facilitate the constructive involvement of the parents by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution, including providing them with a copy of the conference report prior to the meeting (see Part A, section 4.7.2, local authority children's social care report).

7.2.3 Invitations for the parent(s) to attend the conference should be conveyed verbally by the social worker and will be confirmed in writing by the conference administrator.

7.2.4 The social worker must explain to parents/carers the purpose of the meeting, who will attend, the way in which it will operate, the purpose and meaning if their child is deemed to require a Child Protection Plan and the complaints process.

7.2.5 Provision should be made to ensure that visually or hearing impaired or otherwise disabled parents/carers are enabled to participate, including whether they need assistance with transport to enable their attendance.

7.2.6 Preparation should also include consideration of childcare and travel arrangements to enable the attendance of parents.

7.2.7 Those for whom English is not a first language must be offered and provided with an interpreter, if required. Children and family members must not act, or be expected to act, as an interpreter of spoken or signed language.

7.2.8 The parents should be provided with a copy of the relevant leaflet which includes information regarding the right to bring a friend, supporter (including an advocate) or solicitor (in the role of supporter), details of any local advice and advocacy services and Part A, section 4.12, Complaints by children and/or parents.

7.2.9 If parents do not wish to attend the conference they must be provided with full opportunities to contribute their views. The social worker must facilitate this by:

- The use of an advocate or supporter to attend on behalf of the parent (subject to the Conference Chairs agreement);
- Enabling the parent to write, or tape, or use drawings to represent their views;
- Meeting the Conference Chair prior to conference;
- Agreeing that the social worker, or any other professional, expresses their views.

7.3 Criteria for Excluding Parents or Restricting their Participation

7.3.1 In circumstances where it may be necessary to exclude one or more family members from part or all of a conference the request to exclude or restrict a parents participation should be discussed with the Conference Chair and confirmed in writing if possible at least 3 days in advance.

7.3.2 The agency concerned must indicate which of the grounds it believes is met and the information or evidence the request is based on. The Conference Chair must consider the representation carefully and may need legal advice before coming to a decision.

7.3.3 The decision should be made according to the following criteria:

- Indications that the presence of the parent may seriously prejudice the welfare of the child, for example where information shared could further victimise the child or increase the child's vulnerability to further abuse;
- Sufficient evidence that a parent/carer may behave in such a way as to disrupt the conference such as violence, threats of violence, racist, or other forms of discriminatory or oppressive behaviour or being in an unfit state e.g. through drug, alcohol consumption or acute mental health difficulty (but in their absence a friend or advocate may represent them at the conference);
- A child requests that the parent/person with parental responsibility or carer is not present while s/he is present;
- The need (agreed in advance with the Conference Chair) for members to receive confidential information that would otherwise be unavailable, such as legal advice or information about a third party or criminal investigation;
- Conflicts between different family members who may not be able to attend at the same time e.g. in situations of domestic abuse;
- It is necessary to present information to the conference which, if shared with certain family members, might increase the risk to the child;
- Attendance by a known, alleged or suspected perpetrator may threaten or otherwise place the child at risk;
- Their presence may prejudice any legal proceedings or police investigation, for example because they have yet to be interviewed or because bail conditions restrict their attendance;
- There is a serious threat of violence toward any person at the conference.

7.3.4 Exclusion at one conference is not reason enough in itself for exclusion at further conferences.

7.3.5 The possibility that the parent may be prosecuted for an offence against a child is not in itself a reason for exclusion although in these circumstances

the Conference Chair may take advice from the police and, if criminal proceedings have been initiated, the Crown Prosecution Service, about the implications arising from an alleged perpetrators attendance.

7.3.6 If the Conference Chair makes a decision to exclude or restrict the participation of a parent, the decision should be communicated to the following people:

1. The person making the request;
2. All other professionals invited to the meeting;
3. The parent concerned (in writing) – unless a decision is made that they should not be informed at all of the conference (see below).

7.3.7 The letter to the parent must be signed by the Conference Chair and set out

- The reason for exclusion or restriction;
- An explanation of any other methods the parents have open to them to ensure their views and wishes are considered;
- How the parents will be told the outcome of the conference;
- The complaints procedure.

7.3.8 Any exclusion period should be for the minimum duration necessary and the decision to exclude must be clearly recorded in the conference minutes.

7.3.9 Those excluded should usually be provided with a copy of the social workers report to the conference and be provided with the opportunity to have their views recorded and presented to the conference.

7.3.10 If, in planning a conference, it becomes clear to the Conference Chair that there may be conflict of interests between the children and parents, the conference should be planned so that the welfare of the child can remain paramount.

7.3.11 This may mean arranging for the child and parents to participate in separate parts of the conference and make separate waiting arrangements.

7.3.12 It may also become clear in the course of a conference, that its effectiveness will be seriously impaired by the presence of the parent/s. In these circumstances, the Conference Chair may ask them to leave. If this is necessary, the Chair will ensure that the reasons for this are recorded in the minutes of the meeting, and that the reasons are communicated to conference service management after the meeting. The Chair will also agree with the allocated social worker arrangements to communicate the outcome of the meeting to the excluded participant, and ensuring they are aware of the child protection plan.

7.3.13 Where a parent is on bail, or subject to an active police investigation, it is the responsibility of the Conference Chair to ensure that the police can fully present their information and views and also that the parents participate as fully as circumstances allow.

7.3.14 The decision of the Conference Chair over matters of exclusion is final.

7.3.15 Where a parent/carer attends only part of a conference as a result of exclusion, s/he will receive the record of the conference. The Conference Chair should decide if the entire record is provided or only that part attended by the excluded parent/carer.

7.4 Enabling Children's Participation

Involving the child

7.4.1 The child must be kept informed and involved throughout the Section 47 Enquiry and, if their age and level of understanding is sufficient, should be invited to contribute to the conference. The child's attendance at the conference must be actively considered and the reasons for and against recorded. It is helpful to think of participation as a process rather than an event; the aim is to enable the child to understand and contribute to the decision making.

Criteria for attendance of child at conference

7.4.2 A decision about whether to invite the child should be made in advance of the conference by the Conference Chair, in consultation with the social worker, their manager and any other relevant professional, including the child's independent advocate where relevant.

7.4.3 The key considerations are:

- Has the process been properly explained to the child in an age appropriate way?
- Has s/he expressed an explicit or implicit wish to be involved?
- What are the parents' views about the child's proposed presence?
- Is inclusion assessed to be of benefit to the child?
- Will the conference be able to fulfil its aims of protecting the child if the child is present?

7.4.4 The test of 'sufficient understanding', is partly a function of age and partly the child's capacity to understand. A guiding principle is that usually a child under 12 should not be invited to attend the conference in person, but their views ascertained and included in the social workers report.

7.4.5 In order to establish her/his wish with respect to attendance, the child must be first provided with a full and clear explanation of the purpose, conduct, membership of the conference and potential provision of an

independent advocate - see 7.4.16 below, The child's independent advocate.

7.4.6 Written information translated into the appropriate language should be provided to children able to read and an alternative medium e.g. tape, offered to those who cannot read.

7.4.7 A declared wish not to attend a conference (having been given such an explanation) must be respected.

7.4.8 Where there is a conflict between the wishes of the child and the views of the parents, the child's interests should be the priority.

7.4.9 Consideration must always be given to the impact of the conference on the child. Where it will be impossible to ensure they are kept apart from a parent who may be hostile and/or attribute responsibility onto them, separate attendance should be considered.

7.4.10 The decision of the Conference Chair should be recorded, with reasons.

Indirect participation

7.4.11 If it is decided that the child should not attend or to restrict participation, every effort should be made by the social worker to obtain and present the views and wishes of the child, which can include:

- A submission by letter, email, text message, a picture, an audio or video tape - prepared alone or with support;
- The child's independent advocate, or other professional speaking on the child's behalf (for example, a person with specialist skills or knowledge);
- The child meeting the Conference Chair before the conference to share their views;
- The child attending to observe rather than to contribute him or herself.

Direct participation

7.4.12 If the decision is that the child is to attend the conference, then the social worker should:

- Identify and agree a supporter/independent advocate with the child (see Support to the Child After the Conference below);
- Ensure that the child has an opportunity to discuss any concerns that he/she may have about attendance;
- Explain to the child who will be at the conference, their roles and responsibilities in the meeting, the information likely to be discussed and the possible outcomes;
- Decide with the child the extent to which he/she wishes to participate and how his/her wishes and views will be presented;

- Share and discuss the content of the social work report for the conference.

7.4.13 If the child is attending the conference it is the responsibility of the Conference Chair (see also 7.7 below, Responsibilities of the conference chair) to:

- Clarify with the social worker what information will be available to the child both before and during the conference;
- Meet with the child and independent advocate/supporter prior to the conference and meet separately from the parents if required;
- Ensure that the child has sufficient support to present their wishes and views during the conference;
- Monitor the child's welfare throughout the conference, and arrange for them to have a break if necessary;
- Ensure that the child is informed of the decisions and recommendations of the conference;
- Ensure that the conference record adequately reflects the child's contribution.

7.4.14 If the child is attending the conference, it is the responsibility of all professionals to:

- Make it clear which parts of the report can be shared with the child;
- Use language that is understandable to both the child and their family;
- Discuss with the social worker any potential difficulties arising from the child's participation.

7.4.15 It is essential that planning takes place prior to the conference to ensure that the practical arrangements are suitable. The social worker should in discussion with the Conference Chair:

- Identify a venue where the child will feel comfortable;
- Identify and meet any special needs;
- Arrange the timing of the conference to minimise disruption to the child's normal routine;
- Ensure that adequate time is available before the start for the child and his/her independent advocate to meet with the Conference Chair.

The child's independent advocate

7.4.16 The social worker should inform the child about any advocacy service and help them to make contact if they wish to contact the service themselves. When a conference is being convened, a referral for an independent advocacy service may be made by the social worker in relation to any eligible child, subject to the child's consent.

7.4.17 Where access to the advocacy service is denied, this should be discussed with the Conference Chair in advance of the conference. Where this is

because of the lack of parental consent, this should be included in the social workers assessment report to the conference.

7.4.18 The advocate will attend the conference with the child, subject to the child's consent. The advocate will not be present for any part of the conference where information is presented which will not be made available to the child.

Support to the child after the conference

7.4.19 The advocate should ensure that immediately after the conference the child has an opportunity to discuss what happened during the conference, the decisions made and, where appropriate the outline child protection plan. If the advocate has concerns about the child these should be discussed immediately with the social worker.

7.4.20 The social worker should meet with the child immediately after the conference to:

- Feedback and discuss the outcomes of the conference and to allow the child to ask any questions about the decisions made;
- Identify what support they want informally through family, friends and the professional network.

7.4.21 Identify what actions and outcomes the child believes should be included in any plan of intervention. This would include the Child Protection Plan or the Child in Need Plan.

7.5 Responsibilities of the social worker before the conference

General responsibilities

7.5.1 The social worker is responsible for the following:

a. the participation of parents and children in the conference;
b. Arranging for the child to attend if appropriate;
c. Arranging the parent(s)' attendance unless a decision is reached to exclude them;
d. Preparing the child and parent(s) and informing them about the role, purpose and process of the conference (unless a decision is reached not to inform them). This information should include an explanation of who will be there and why. Parents should be helped to understand their own responsibilities and rights, including the fact that they may wish to invite a supporter who may be their solicitor.

They should be provided with support and advice to help them prepare for and contribute to the conference.

If the child or parents are not invited or do not wish to attend, they should be encouraged to present their contributions in writing or in another form and assisted to do so;

e. Establishing whether an interpreter is required and briefing the interpreter as necessary;
f. Establishing whether parent(s) or children need assistance, for example, with transport or child care arrangements;
g. Completing the Section 47 Enquiry and preparing and presenting a written report to the conference using the relevant pro forma;
h. Consider if legal advice is required.

Social worker's report to conference

7.5.2 The social worker should provide to the conference a written and dated report, which must be endorsed and counter signed by their manager. The report should include the dates when the child was seen by the lead social worker during the Section 47 Enquiry, if the child was seen alone and if not, who was present and for what reason.

7.5.3 Information about **all** children in the household must be provided; the report should be clear about which children are the subjects of the conference, and reasons given if any children are not to be subjects. It is the expectation that all children within a family will be the subjects of the conference, unless there are exceptional reasons to the contrary.

7.5.4 For a Child Protection Conference, the report should include:

- The concerns leading to the decision to initiate the Section 47 Enquiry, the dates of strategy discussions, agency consultations and the outcome of the enquiry;
- A chronology of significant events and agency and professional contacts with the family;
- Information on the child's current and past health and developmental needs;
- Information on the capacity of the parents and other family members to ensure that the child is safe from harm, and to respond to the child's developmental needs, within the wider family and environmental context;
- Information on the family history and both the current and past family functioning;
    - The expressed views, wishes and feelings of the child, parents and other family members; and: an analysis of the implications of the information gathered and recorded using the Assessment Framework dimensions to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. This analysis should address:
        - How the child's needs are responded to by parents/carers

- How the parenting strengths and difficulties are affecting each other;
- How the family and environmental factors are affecting each other;
- How the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors; and
- How the family and environmental factors are impacting on parenting and/or the child directly; and
- The local authority's recommendation to the conference.

7.5.5 The report should be provided to parents and older children (to the extent that it is believed to be in their interests) at least two working days in advance of the initial conferences and a minimum of five working days before review conferences to enable any factual inaccuracies to be identified, amended and areas of disagreement noted. Comments or suggestions made by the child/parents as a result of seeing the report must be included or conveyed verbally to the conference.

7.5.6 In exceptional circumstances where confidential information cannot be shared with the child or parent(s) beforehand, the social worker should seek guidance from their manager, who may wish to consult the Conference Chair.

7.5.7 Where necessary, the reports should be translated into the relevant language, taking account of the language and any sensory or learning difficulties of the child/parents.

7.5.8 Specific to Essex County Council: the social work report will be contained within the Single Assessment for the child. The Single Assessment report should address the areas described above, and should be appropriately updated for each review conference, to include progress with the child protection plan, changes or lack of changes for the child, an updated analysis of risk of significant harm, and the updated views of the child and their parents/carers.

7.6 Responsibilities of other professionals/agencies

General responsibilities

7.6.1 All participants are responsible for the following:

- To prioritise attendance at conferences;
- To make available relevant information in a written report to the conference on the agreed multi-agency format (see Other Agency Reports to Conference below) and contribute to the discussion, assessment of risk and decision;
- To confirm in advance with the conference administrator their attendance at the conference or informing the Conference Chair if they are unable to attend;

- To ensure that information to be presented by them at conference is shared with the child and parents beforehand;
- To ensure that their contribution is non-discriminatory;
- In exceptional circumstances where confidential information cannot be shared with the child or parent(s) beforehand, to seek guidance from their manager, who may wish to consult the Conference Chair;
- To ensure that information is communicated/translated in the most appropriate way taking account of the language and any sensory or learning difficulties of the child or parents;
- To ensure that they are clear about their role within the conference and the extent to which they have authority to make decisions on behalf of their agency.
- To be familiar with multi-agency assessment tools (e.g. Signs of Safety or Strengths Based Approach) that are used in Child Protection Conferences.

Other agency reports to conference

7.6.2 All agencies which have participated in a Section 47 Enquiry or have relevant information about the child and/or family members should make this information available to the conference in a written report on the agreed format.

7.6.3 The report should include details of the agencies involvement with the child and family, and information concerning the agencies knowledge of the child's developmental needs, the capacity of the parents to meet the needs of their child within their family and environmental context.

7.6.4 Agency representatives attending conferences should confer with their colleagues before preparing their contribution to a conference, to make sure it contains all relevant and available information and, where a written report is prepared, bring sufficient copies of the report (legible and signed) to the conference.

7.6.5 The reports must make it clear which child/ren are the subject of the conference, but address any known circumstances of all children in the household.

7.6.6 The reports should be shared with the parents and the child (if old enough) two working days in advance of the conference and five working days for a review conference.

7.6.7 Such reports should also be made available to the Conference Chair at least one working day in advance of the conference with copies for all those invited.

7.6.8 Where agency representatives are unable to attend the conference, they must ensure that their report is made available to the conference, in writing, except in exceptional circumstances, through the conference

administrator, and that a colleague attends in their place and is able to contribute to the conference and the decision making.

7.6.9 The reports will be attached to, or summarised within the minutes, for circulation.

7.7 Responsibilities of the conference chair

7.7.1 The Conference Chair must not have any operational or line management responsibility for the case.

7.7.2 The Conference Chair must ensure that, in addition to the social worker, at least two professional disciplines are represented at the conference unless agreed otherwise - The Conference Chair is responsible for ensuring that conferences are conducted in line with these procedures and in an anti-discriminatory manner, ensuring that everyone uses unambiguous respectful language.

Before the conference

7.7.3 Prior to the conference, the Conference Chair should meet with the child, parents and any advocate(s) to ensure that they understand the purpose of the conference and how it will be conducted. This may, where the potential for conflict exists, involve separate meetings with the different parties. Generally, meetings between the Conference Chair and family members and children, where appropriate, should take place 30 minutes or more before the conference formal starting time.

7.7.4 Explicit consideration should be given to the potential for conflict between family members and the possible need for children or adults to speak without other family members present.

7.7.5 The level and manner of any supporters involvement in the conference will be negotiated beforehand with the Conference Chair.

At the start of the conference

7.7.6 At the start of the conference the Conference Chair will:

- Set out the purpose of the conference;
- Confirm the agenda;
- Emphasise the confidential nature of the meeting;
- Address equal opportunities issues e.g. specifying that racist, homophobic and threatening behaviour will not be tolerated;
- Facilitate introductions;
- Clarify the contributions of those present, including supporters of the family.

7.7.7 If the parent(s) or the child brings an advocate/supporter, the Conference Chair will need to clarify the advocate/supporter's role, ensuring that any solicitor who attends in this role is clear that he/she may support parent(s), clarify information but may not cross-examine any contributor.

During the conference

7.7.8 The Conference Chair will ensure that:

1. Parents are given a reasonable opportunity to:
   a. Understand the purpose of the meeting and the role of all agencies involved in the protection of their children;
   b. Consider and respond to any information or opinions expressed by other participants;
   c. Contribute as fully as possible to the assessment and planning process;
   d. Play a part in helping to safeguard and promote their children's welfare;
2. The conference maintains a focus on the welfare of the child/ren;
3. Consideration is given to the welfare and safety of all children in the household and within the family network;
4. All relevant people, including the subject child/ren and parents, have been given appropriate opportunities to make a full contribution and that full consideration is given to the information they present;
5. Reports of those not present are made known to parties;
6. The wishes and feelings of the child/ren are clearly outlined;
7. Needs arising from the child's gender and any disabilities, as well as those arising from the child's racial, cultural, linguistic or religious background are fully considered and accounted for when making decisions or developing plans;
8. Appropriate arrangements are made to receive third party confidential information;
9. A debate takes place which examines the findings of reports, and risk assessments and analysis is encouraged, all options are considered and that the conference reaches decisions in an informed and non-discriminatory way;
10. All concerned are advised/reminded of the complaints procedure;
11. Where a decision has been taken to exclude or restrict the level of parental or child participation, arrangements are made with the social worker for absent parents or carers to be informed of the decisions of conferences.

8. Best Practice for the Implementation of Child Protection Plans

8.1 The Core Group

8.1.1 At the end of all Child Protection Conferences, if a decision is made that a Child Protection Plan is required, the membership of the Core Group of family members and professionals, who are going to undertake the work set out in the agreed Child Protection Plan, should be confirmed.

8.1.2 The purpose of the Core Group is to ensure that the Child Protection Plan/s for the child/ren is implemented, progressed and reviewed regularly and amended accordingly to meet its aim of protecting and promoting the welfare of the child/ren. Whilst the conference will identify the key requirements of the Child Protection Plan, the detail relating to day-to-day delivery of the plan (e.g. timing and frequency of appointments) is the responsibility of the Core Group.

8.1.3 The impact of the work undertaken by the Core Group members to achieve the expected outcomes for the child/ren should be evaluated by the Core Group led by the lead social worker and their manager.

8.1.4 The membership of the Core Group should include:

- The parents/carers and their supporter or advocate, if appropriate;
- The child, if appropriate, and their supporter or advocate;
- An interpreter if required;
- The key professionals involved with providing services to the child and family;
- Any specific experts, who have been invited to work with the child and family in relation to for example substance misuse; domestic abuse or mental health issues.

8.1.5 The Core Group should share information proactively and work collaboratively to progress the agreed Child Protection Plan/s towards the stated expected outcomes, which would provide safe care for the child.

8.2 The Child Protection Plan

8.2.1 Each child considered to have suffered, or to be likely to suffer significant harm must have a Child Protection Plan (CPP), which is recorded in the agreed local format. The details of the CPP will be developed by the appointed Core Group. The overall aims of the Child Protection Plan are:

- To ensure the child is safe and prevent any further significant harm by supporting the strengths of the family, by addressing the risk factors and vulnerabilities and by providing services to meet the child's assessed needs;
- To promote the child's welfare, health and development; and

- Provided it is in the best interests of the child, to support the family and wider family members to safeguard and promote the welfare of their child.

8.2.2 The Child Protection Plan must make it clear to the child, family, and all the practitioners involved what the concerns, which resulted in the child requiring the plan, were and what the expected outcomes for the child are.

8.2.3 The Child Protection Plan should set out what work needs to be done by whom and how and include clear realistic timescales. The Plan should include:

- The timescales for social work visits and when and in what situations the child will be seen by the child's lead social worker, both alone and with other family members or carers present;
- Describe the identified developmental needs of the child, and what therapeutic services, if any, are required;
- Include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- Include realistic strategies and specific actions to achieve the planned outcomes;
- Include a contingency plan to be followed if circumstances change significantly or the plan is failing to protect the child and requires prompt action;
- Clearly identify roles and responsibilities of practitioners and family members, including the nature and frequency of contact by practitioners with children and family members;
- Lay down points at which progress will be reviewed, and the means by which progress will be judged; and
- Set out clearly the roles and responsibilities of those practitioners with routine contact with the child - e.g. health visitors, GP's and teachers - as well as those practitioners providing specialist or targeted support to the child and family.
- Date of first Core Group and date of next child protection conference

8.2.4 A child who is Looked After and who has a Child Protection Plan will be subject to statutory Looked After child care review procedures. The review processes should be combined, and consideration given to whether an ongoing Child Protection plan is required.

8.2.5 The Core Group should not alter any of the specified outcomes agreed at the Child Protection Conference although they can agree additional outcomes if required. Any changes to the Child Protection Plan itself should be discussed and agreed with the Core Group. Where a significant change is required urgently in order to safeguard the child, action should be taken without delay e.g. urgent recall of the Core Group, recalling a Review Conference or emergency action following legal consultation.

8.2.6 The child (depending on age and understanding) and the parents should receive a written copy of the CP plan in their preferred language so that they are clear about their own role and responsibilities as well as the roles and responsibilities of others, and the planned outcomes for the child. The child's copy should be written in a way appropriate to the child's age and understanding.

8.3 The child

8.3.1 Children's participation is an important issue. Depending on the age/level of understanding of the child it may be appropriate for them to be given the opportunity to attend the Core Group. This should be discussed with the child and their parents, and those who know them well, who are able to make an assessment of the appropriateness of this decision. The potential impact on family relationships should also be considered and the views of parents should always be taken into consideration.

8.3.2 A child's attendance may be facilitated by adjusting the time to fit around school commitments and the use of an advocate. Their views can be fed into the Core Group in a variety of ways, which may be more constructive than actual attendance at the meeting. The role and purpose of the Core Group should be explained to any child of sufficient understanding, along with the reasons why their opinion is so important.

8.3.3 Where a child does not attend the Core Group it is the lead social worker's responsibility to ascertain the child's views about the situation at home and whether there has been an improvement in the level of safeguarding.

8.4 The parents and/or carers

8.4.1 The full engagement of parents and/or carers is the aim of the work by Core Groups. In cases where this is not appropriate, or one parent needs to be deliberately excluded the issue should be debated at the Child Protection Conference, for example where there is domestic abuse or sexual abuse. Alternative plans can then be made for keeping the parent informed and still enable them to contribute to the CPP where appropriate.

8.4.2 In cases where the decision has been made to exclude a parent from a Core Group, this decision must be included as part of the minutes for future reference.

8.4.3 Where parents are engaged in the Core Group, specific circumstances with regard to travel, child care arrangements and any other factors should be taken into account when arranging the time and venue of meetings to facilitate their participation. If any member of the Core Group is aware that there will be information shared at the meeting, which the parent will find difficult or distressing, they should discuss this with the

chair and consider possible ways of giving the parent prior notice of the issue to be raised in the meeting.

8.4.4 Professional forums can be daunting for parents and it may be necessary for the Core Group to identify the individual with the most positive working relationship with the family to motivate and encourage them to attend.

8.5 The role of the lead social worker

8.5.1 One of the tasks of a Child Protection Conference is to identify a lead social worker. Each child with a Child Protection Plan must have a lead social worker.

8.5.2 The lead social worker will always be a suitably qualified and experienced social worker from within local authority children's social care.

8.5.3 The lead social worker is the lead professional co-ordinating the multi-agency, collaborative work to progress the Child Protection Plan. Some of the responsibilities include for example:

- co-ordinating the contribution of family members and professionals in putting the child protection plan into effect;
- developing the outline child protection plan into a more detailed inter-agency plan and circulating it to relevant professionals (and family/child where appropriate);
- undertaking direct work with the child and family in accordance with the child protection plan, taking into account the child's wishes and feelings and the views of the parents in so far as they are consistent with the child's welfare;
- completing the child's and family's in-depth assessment, securing contributions from core group members and others as necessary;
- explaining the plan to the child in a manner which is in accordance with their age and understanding and agree the plan with the child;
- Co-ordinating reviews of progress against the planned outcomes set out in the plan, updating as required. The first review should be held within 3 months of the initial conference and further reviews at intervals of no more than 6 months for as long as the child remains subject of a child protection plan;
- Recording decisions and actions agreed at Core Group meetings as well as the written views of those who were not able to attend, and follow up those actions to ensure they take place. The child protection plan should be updated as necessary; and
- Leading Core Group activity.

8.6 The role of Core Group members

8.6.1 All members of the Core Group are jointly responsible for the formulation and implementation of the Child Protection Plan, refining the plan as

needed, and monitoring progress against the planned outcomes set out in the plan.

8.6.2 The specific responsibilities of individual core group members are to:

- Maintain a child-centred focus;
- Contribute to the multi-agency assessments;
- Share responsibility for minute taking and chairing as appropriate
- Make proposals or commission the involvement of other specialists or agencies relevant to the completion of the CPP;
- Attend and participate in Core Group meetings or other relevant meetings. Core group members must give adequate notice if unable to attend Core Group meetings or arrange a substitute colleague to attend if possible. If not, then along with their apologies, they must provide a summary of their involvement with the family since the last Core Group meeting. In the event that the lead social worker is unable to attend a scheduled core group at short notice, the core group members should ensure that the meeting still goes ahead, that other core group members from among those attending chair the meeting and ensure minutes are produced, and that the outcome is communicated to the social worker as soon as possible after the meeting.
- Carry out agreed tasks in accordance with their own agency functions: if this is not possible the lead social worker must be consulted before any plans regarding the child or family are altered;
- Provide specialist advice which will inform the Child Protection Plan;
- Provide the lead social worker with written reports as requested;
- Communicate regularly with the lead social worker about the progress of their part of the agreed Child Protection Plan;
- Inform the lead social worker of any change in circumstances relevant to the Child Protection Plan;
- Alert the lead social worker to the need to convene either a Core Group meeting or to reconvene the Review Conference early if there are concerns about the child's safety.

8.7 Evaluation of progress and review

8.7.1 Each Core Group meeting should carefully analyse and evaluate progress against the Child Protection Plan to ensure that the agreed outcomes that are expected are still likely to be met. The meetings should review whether the original concerns are still in place and whether any new concerns have arisen in the course of time and the current involvement.

8.7.2 It is particularly important to analyse patterns of concerns for example in relation to neglect or domestic abuse, where a separate incident may not seem serious in itself but where several incidents may build up to having a significant impact on the child. The collaboration and communications between professionals are crucial to providing a clear picture of the child's circumstances.

8.7.3 When assessing progress the Core Group needs to review whether the progress being made is timely in relation to the child's development, age and circumstances and whether the progress is likely to continue.

8.7.4 Any delays in implementing the Child Protection Plan should be monitored and appropriate action taken by the lead social worker, their manager, and the core group members. These should be recorded and available for the Conference Chair to see.

8.7.5 The Child Protection Conference Chair should be informed of any significant changes in the circumstances of any child subject to a Child Protection Plan.

8.7.6 Any professional who becomes aware of a change in circumstance must inform the lead social worker who then has responsibility to inform the Conference Chair. This information must be kept up to date. Change of circumstances may include:

- Change of family address;
- Birth of a baby;
- New household member;
- Change of lead social worker;
- Change in legal status;
- Change in local authority area.

8.7.7 There always has to be the possibility that intervention, or further assessment will reach the conclusion that the situation is not safe and the child will need to be removed in order to protect them from significant harm.

8.7.8 In these circumstances, and/or where there is a failure to obtain or retain the co-operation of the parents or child in working on the plan or changed or unforeseen circumstances, this must be brought immediately to the attention of the lead social worker. Consideration must be given to convene an early review conference to address the changed circumstances or in some circumstances a strategy discussion/meeting may be required.

8.7.9 If there are concerns that there are difficulties implementing the Child Protection Plan as a result of disagreement among practitioners or if a Core Group member is not carrying out their responsibilities, this must be addressed by discussion between core group members and, if required, the involvement of relevant managers and/or designated safeguarding leads. Where necessary, see Part B, chapter 11, Professional conflict resolution.

9. Local Safeguarding Children Boards

9.1 Local Safeguarding Children Boards (LSCBs)

9.1.1 The Local Safeguarding Board (LSCB) is the key statutory mechanism for agreeing how the relevant agencies in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do. The Children Act 2004 requires each local authority to establish a Safeguarding Children Board. Working Together to Safeguard Children: March 2015, Local Safeguarding Children Boards, Statutory objectives and functions of LSCBs sets out in detail the arrangements for the work of each Local Safeguarding Children Board.

9.1.2 Local authorities and statutory LSCB partners have a statutory obligation to establish and support the operation of the LSCB.

9.1.3 LSCBs will not usually be operational bodies or ones that deliver services to children and their families. However, an LSCB may take on an operational and delivery role within its functions as set out below.

Objectives

9.1.4 Section 14 of the Children Act 2004 sets out the objectives of LSCBs, which are:

i. To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area; and
j. To ensure the effectiveness of what is done by each such person or body for those purposes.

9.1.5 Regulation 5 of the Local Safeguarding Children Boards Regulations 2006 sets out that the functions of the LSCB, in relation to the above objectives under section 14 of the Children Act 2004, are as follows:

(a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
  (i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;
  (ii) Training of persons who work with children or in services affecting the safety and welfare of children;
  (iii) Recruitment and supervision of persons who work with children;
  (iv) Investigation of allegations concerning persons who work with children;
  (v) Safety and welfare of children who are privately fostered;

(vi) Co-operation with neighbouring children's services authorities and their Board partners;

(b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;

(c) Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;

(d) Participating in the planning of services for children in the area of the authority; and

(e) Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

9.1.6 Regulation 5 (2) relates to the Serious Case Reviews function. Regulation 5 (3) provides that an LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objectives. Regulation 6 relates to the LSCB Child Death functions. Refer to Part A, chapter 9, Death of a child.

9.1.7 Safeguarding and promoting the welfare of children includes protecting children from harm. Ensuring that work to protect children is properly co-ordinated and effective is a key goal of LSCBs and they should not focus on their wider role if the standard of this core business is inadequate. However, when the core business is secure, LSCBs should go beyond it to work to the wider remit, which includes preventative work to avoid harm being suffered in the first place.

LSCB role

9.1.8 The work of LSCBs is part of the wider context of Children's Partnerships or equivalent arrangements that aim to improve the overall wellbeing of all children in the local area.

9.1.9 Whilst the work of LSCBs contributes to the wider goals of improving the wellbeing of all children, it has a particular focus on aspects of the 'staying safe' outcome.

9.1.10 Whereas the Children's Partnerships or equivalent has a wider role in planning and delivery of services, LSCB objectives are about co-ordinating and ensuring the effectiveness of what their member agencies do individually and together. They will contribute to delivery and commissioning through a strategy for children's services, such as a Children and Young People's Plan, and local children's services partnership arrangements.

9.1.11 There is flexibility for a local area to decide that an LSCB should have an extended role or further functions related to its objectives, in addition to those set here. The decision should be taken as part of the scope of the

wider Children's Partnership or equivalent. However, the local authority and its partners should make sure that any extended role does not lessen the LSCB's ability to perform its core role effectively.

Scope of the role

9.1.12 The LSCB should focus on safeguarding and promoting the welfare of children in three broad areas of activity.

9.1.13 First, activity that affects all children and aims to identify and prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care, e.g.:

- Mechanisms to identify abuse and neglect wherever they may occur;
- Work to increase understanding of safeguarding children issues in the professional and wider community, promoting the message that safeguarding is everybody's responsibility;
- Work to ensure that agencies working or in contact with children, operate recruitment and human resources practices that take account of the need to safeguard and promote the welfare of children;
- Monitoring the effectiveness of agencies' implementation of their duties under s11 of the Children Act 2004;
- Ensuring children know who they can contact when they have concerns about their own or others' safety and welfare;
- Ensuring that adults (including those who are harming children) know who they can contact if they have a concern about a child or young person.
- Work to prevent accidents and other injures and, where possible, deaths; and
- Work to prevent and respond effectively to bullying.

9.1.14 Second, proactive work that aims to target particular groups, e.g.:

- Developing/evaluating thresholds and procedures for work with children and families where a child has been identified as 'in need' under the Children Act 1989, but where the child is not suffering, or likely to suffer, significant harm;
- Work to safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population, for example children living away from home, children who have run away from home, children missing from school or childcare, children in the youth justice system, including custody, disabled children and children and young people affected by gangs.

9.1.15 Thirdly, responsive work to protect children who have suffered, or are likely to suffer, significant harm, including:

- Children abused and neglected within families, including those harmed in the context of domestic abuse (see Part B, chapter 29, Safeguarding children affected by domestic abuse) and as a consequence of the impact of substance misuse or parental mental ill health (see Part B, section 40.3, Parents who misuse substances and 41.3, Parenting capacity and mental illness);
- Children abused outside families by adults known to them;
- Children abused and neglected by professional carers, within institutional settings, or anywhere else where children are cared for away from home;
- Children abused by strangers;
- Children abused by other young people (see Part B, chapter 29, Safeguarding children affected by gang activity/serious youth violence and chapter 32, Children harming others);
- Young perpetrators of abuse (see Part B, chapter 32, Children harming others);
- Children abused through sexual exploitation (see Part B, chapter 24, Safeguarding children from sexual exploitation);
- Children abused through harmful traditional practices and trafficking (see Part B, section 40.3, Safeguarding children at risk of abuse through female genital mutilation (FGM), 40.2, Forced marriage of a child, 40.1, Honour based abuse and chapter 26, Safeguarding trafficked and exploited children); and
- Young victims of crime.

9.1.16 Where particular children are the subject of interventions, that safeguarding work should aim to help them to achieve good outcomes to have optimum life chances. The LSCB should check the extent to which this has been achieved as part of its monitoring and evaluation work.

9.2 LSCB functions

9.2.1 The core functions of a LSCB are set out in the Local Safeguarding Board Regulations 2006, statutory instrument no. 2006/90. In all their activities, LSCBs should take account of the need to promote equality of opportunity and to meet the diverse needs of children. In order to fulfil its statutory function under Regulation 5 (of the above) a LSCB should use data and, as a minimum, should:

- Assess the effectiveness of the help being provided to children and families, including early help;
- Assess whether LSCB partners are fulfilling their statutory obligations (set out in Chapter 2: Organisational Responsibilities of Working Together 2013);
- Quality assure practice, including through joint audits of case files involving practitioners and identifying lessons to be learned; and
- Monitor and evaluate the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children. The Children's Safeguarding Performance Information Framework

provides a mechanism to help do this by setting out some of the questions a LSCB should consider. (The framework can be downloaded from the DFE).

Thresholds, policies and procedures function

9.2.2 LSCBs should develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention

9.2.3 This includes concerns under both s17 and s47 of the Children Act 1989, and includes:

- Setting out thresholds for referrals to children's social care of children who may be in need, and processes for robust multi-agency assessment of children in need;
- Agreeing inter-agency procedures for s47 enquiries and developing local protocols on key issues of concern such as children abused through prostitution; children living with domestic abuse, substance abuse, or parental mental illness; female genital mutilation; forced marriage; children missing from school; children who may have been trafficked and safeguarding looked after children who are away from home;
- Setting out how s47 enquiries and associated police investigations should be conducted, and in particular, in what circumstances joint enquiries are necessary and/or appropriate.

9.2.4 LSCBs should clarify thresholds and processes and promote a common understanding of them across local agencies to help ensure that appropriate referrals are made and improve the effectiveness of joint work, leading to a more efficient use of resources. In developing these thresholds and processes the LSCB should work with the Children's Partnership or equivalent.

9.2.5 LSCBs should assist the Children's Partnership or equivalent, to ensure that the local arrangements for undertaking an early help assessment or a common assessment are clear about when it is appropriate to use the Common Assessment Framework (CAF) or equivalent and when it is appropriate to refer a possible child in need to children's social care services.

(ii) Training of persons who work with children or in services affecting the safety and welfare of children

9.2.6 LSCBs should ensure that single agency and inter-agency training on safeguarding and promoting welfare is provided in order to meet local needs. This covers both the training provided by single agencies to their

own staff, and multi-agency training where staff from more than one agency train together.

9.2.7 LSCBs may wish to carry out their function by taking a view as to the priorities for inter-agency and single-agency child protection training in the local area and feeding those priorities into the local workforce strategy. LSCBs should evaluate the quality of this training, ensuring that relevant training is provided by individual agencies, and checking that the training is reaching the relevant staff within agencies.

9.2.8 LSCBs can organise or deliver inter-agency training, however, this is not part of the core requirement for LSCBs.

(iii) Recruitment and supervision of persons who work with children

9.2.9 LSCBs should establish effective policies and procedures, in line with national guidance, for checking the suitability of people applying for work with children and ensuring that the children's workforce is properly supervised, with any concerns acted on appropriately.

9.2.10 LSCBs should ensure that robust quality assurance processes are in place to monitor compliance by relevant agencies within their area with requirements to support safe practices. These processes should include audits of vetting practice and sampling of compliance with checks with Disclosure and Barring Service.

(iv) Investigation of allegations concerning persons working with children

9.2.11 LSCBs should establish effective policies and procedures, in line with national guidance, to ensure that allegations are dealt with properly and quickly. See Allegations against staff or volunteers, who work with children Procedure.

(v) Safety and welfare of children who are privately fostered

9.2.12 LSCBs should ensure the co-ordination and effective implementation of measures designed to strengthen local private fostering notification arrangements including:

- Raising awareness of private fostering across partner agencies, third sector organisations and commissioned services;
- Ensuring that relevant training practices are developed and followed up at multi-agency level;
- Reviewing and responding to the findings of the annual private fostering report submitted by the local authority to the chair of the LSCB;

- Acting upon the findings of Ofsted inspections and research evidence on effective practice;
- Providing effective leadership and challenge in this area; and
- Reporting on private fostering in their own annual report as appropriate.

LSCBs may also want to consider how they raise awareness in the community of the requirements and issues around private fostering. See Children Living Away from Home Procedure, Private fostering.

(vi) Co-operation with neighbouring local authorities and their board partners

9.2.13 LSCBs should establish procedures to safeguard and promote the welfare of children who move between local authority areas, including harmonising procedures, where appropriate, to bring coherence to liaison with an agency (such as a police force) which spans more than one LSCB area. This could be relevant to geographically mobile families, such as asylum seeking children, traveller children, children in immigrant families and children of families in temporary accommodation.

(vii) Other policies and procedures

9.2.14 LSCBs should ensure that single agency and inter-agency safeguarding children protocols and procedures additional to these SET Child Protection Procedures are developed only where it is necessary to go beyond these procedures. Also that any such protocols and procedures comply with these procedures. LSCBs should consider the need for a procedure for handling complaints regarding requests to share information.

Communicating and raising awareness function

9.2.15 LSCBs should communicate to persons, agencies and groups in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so, e.g. by:

- Contributing to a public awareness raising campaign about how everybody can contribute to safeguarding and promoting the welfare of children;
- Listening to and consulting children and young people and ensuring that their views are taken into account in planning and delivering safeguarding and promoting welfare services.

Monitoring and evaluation function

(i) Monitoring, evaluation and improvement

9.2.16 LSCBs should have a Learning and Improvement Framework in place to monitor and evaluate the effectiveness of what is done by the local authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve, e.g. by:

- Requiring agencies to self-evaluate under an agreed framework of benchmarks or indicators and share the results with the board. It might also involve leading multi-agency arrangements to contribute to self-evaluation reports;
- Undertaking joint audits of case files to evaluate multi-agency working, looking at the involvement of the different agencies, and identifying the quality of practice and lessons to be learned in terms of both multi-agency and multi-disciplinary practice.

9.2.17 The LSCB should ensure that key people and agencies with a duty under s11 of the Children Act 2004 or s175 or s157 of the Education Act 2002 are fulfilling their statutory obligations to safeguard and promote the welfare of children.

9.2.18 LSCBs should ensure appropriate links with any secure setting in its area and be able to scrutinise restraint techniques, the policies and protocols which surround the use of restraint, and incidences and injuries. LSCBs with a secure establishment in its area should report annually to the Youth Justice Board on how effectively the establishment is managing use of restraint. LSCBs should report more frequently if there are concerns on the use of restraint. Consideration should be given to sharing the information with relevant inspectorates (HMIP and Ofsted). Where appropriate, members of LSCBs (with secure establishments in its area) should be given demonstrations in the techniques accredited for use to assist their consideration of any child protection or safeguarding issue that might arise in relation to restraint.

9.2.19 All incidents when restraint is used in custodial settings and which results in an injury to a young person should be notified to, and subsequent action monitored by, the LSCB.

9.2.20 LSCBs should advise the local authority and board partners on ways to improve, e.g. by:

- Making recommendations (such as the need for further resources);
- Helping agencies to develop new procedures;
- Disseminating best practice;
- Bringing together expertise in different agencies and groups;

- Supporting capacity building and training.

(ii) Annual report on the effectiveness of safeguarding in the local area

9.2.21 LSCBs should publish an annual report on the effectiveness of safeguarding in the local area. The report should challenge the work of the Health and Wellbeing Board, Police and Crime Commissioner, Children's Partnership or equivalent, and its partners to ensure that necessary overarching structures, processes, practices and culture are put in place to ensure that children are fully safeguarded.

9.2.22 The report should:

- Provide an assessment of the effectiveness of local arrangements to safeguard and promote the welfare of children;
- Set the assessment against a comprehensive analysis of the local area safeguarding context;
- Recognise achievements and the progress that has been made in the local authority area;
- Provide a realistic assessment of the challenges that still remain;
- Demonstrate the extent to which the functions of the LSCB are being effectively discharged; including assessments of procedures and practice to keep children safe, including:
  - the policies and procedures for the safe recruitment of frontline staff;
  - an assessment of single and inter-agency training on safeguarding and promoting the welfare of children to meet the local needs;
  - lessons learnt about the prevention of future child deaths which have been identified by the child death overview panel; and
  - progress on priority issues e.g. child trafficking, sexual exploitation and domestic abuse.
- Provide a clear account of progress that has been made in relation to individual Serious Case Reviews (SCRs):
  - implementing action plans from SCRs completed during the year in question, plans to evaluate the impact of these actions and to monitor how these improvements are being sustained over time;
  - implementing action plans from SCRs commissioned in previous years where any actions remained outstanding at the start of the reporting year;
  - learning lessons arising from SCRs which have been commissioned but not completed.
- Common themes and recurring recommendations may be addressed together but the report must be clear on action taken in response to individual SCRs.
  - The LSCB must send a copy of the annual report to the Children's Partnership, Health & Wellbeing Board, Police & Crime Commissioner and Chief Executive and Lead Member of the local authority. In preparing a strategy for children's services, such as a

Children and Young People's Plan, Children's Partnership or equivalents, will be expected to draw upon the advice from and the findings in the LSCB annual report, and show how they intend to respond to the issues raised.

9.2.23 The LSCB and the Children's Partnership or equivalent, within the parameters set by legislation, should work together to ensure that the LSCB annual report is developed in time so that it can be properly considered and effectively utilised by the Children's Partnership or equivalent, in preparing a strategy for children's services, such as a Children and Young People's Plan.

Planning and commissioning function

9.2.24 LSCBs should monitor the local planning and commissioning of children's services to ensure that the Children's Partnership or equivalent partnership and other local children's services planners and commissioners take safeguarding and promoting the welfare of children into account. As part of this LSCBs Annual Report should contribute to the local Children and Young People's Plan.

9.2.25 Where it is agreed locally that the LSCB is the 'responsible authority' for 'matters relating to the protection of children from harm' under the Licensing Act 2003, the LSCB must be notified of all licence variations and new applications for the sale and supply of alcohol and public entertainment.

9.2.26 LSCB's may have local arrangements and duties under the Gambling Act 2005 regarding vulnerable children and adults.

Function relating to child deaths

9.2.27 In relation to child deaths, LSCBs should:

- Have in place arrangements for a rapid response to each unexpected death of a child, by a group of key professionals who come together for the purpose of enquiring into and evaluating the death (see Part A, chapter 9, Death of a child);
- Put in place a multi-agency child death overview panel (see Part A, chapter 9, Death of a child, section 9.4 Child death overview panel).

9.2.28 Under these functions LSCBS have responsibility for reviewing the deaths of all children. In order to fulfil this responsibility the LSCB must be informed of all deaths of children, normally resident in the LSCB's geographical area.

Serious case review function

9.2.29 LSCBs should undertake reviews of cases where abuse or neglect of a child is known or suspected and either a child has died, or a child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

9.2.30 LSCBs should develop procedures and agency and professional roles to ensure that serious case reviews are undertaken when required and that the process and outcome are efficient and effective. See Serious Case Reviews Procedure.

Other activities

9.2.31 The regulations make clear that in addition to the functions set out above LSCBs may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective.

9.2.32 These further activities should be discussed and agreed as part of wider Children's Partnership or equivalent planning e.g. the LSCB could agree to take the lead on work to tackle bullying, domestic abuse, joint work with adult's services or community engagement to improve children's safety.

Accountability for operational work

9.2.33 Whilst the LSCB has a role in co-ordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains their own existing lines of accountability for safeguarding and promoting the welfare of children by their services. The LSCB does not have a power to direct other organisations.

9.2.34 Where there are concerns about the work of partners and these cannot be addressed locally, the LSCB should raise these concerns with others in line with Quality Assurance Procedure.

9.3 LSCB governance and operational arrangements

Independence

9.3.1 LSCBs should use their strong working relationship with the Health and Wellbeing Board and Children's Partnership or equivalent and wider strategic partnerships within a local authority area to:

- Form a view of the quality and effectiveness of local children activity in relation to safeguarding and promoting the welfare of children;
- Challenge agencies as necessary; and to

- Speak with an independent voice.

9.3.2 To ensure that this is possible LSCBs must have a clear and distinct identity within local governance arrangements. They should not be an operational sub-committee of the Children's Partnership or equivalent.

Chair

9.3.3 The LSCB Chair should be appointed by the local authority. It is important that the chair is selected with the agreement of the LSCB partners and other agencies representing the key services involved in safeguarding children locally. The chair will be someone independent of the local agencies so that the LSCB can exercise its local challenge function effectively.

9.3.4 The chair will have a crucial role in making certain that the Board operates effectively and secures an independent voice for the LSCB. He or she should be of sufficient stature, authority and expertise to command the respect and support of all partners. The chair should act objectively and distinguish their role as LSCB chair from any day-to-day role. The chair should have access to training to support him/her in the role.

Relationship between the LSCB, the Health and Wellbeing Board, and the Children's Partnership or equivalent

9.3.5 The functions of the LSCB, the Health and Wellbeing Board, and the Children's Partnership or equivalent, are complimentary. The LSCB's role is to ensure the effectiveness of the arrangements made by wider partnerships and individual agencies to safeguard and promote the welfare of children, and Children's Partnership or equivalent responsibilities are to promote co-operation to improve the wellbeing of children in the local area across all five Every Child Matters outcomes.

9.3.6 A LSCB is not an operational sub-committee of the Health and Wellbeing Board, Children's Partnership or other local partnership and it should not be subordinate to nor subsumed within the Health and Wellbeing Board, Children's Partnership or equivalent's structures in a way that might compromise its separate identity and independent voice.

9.3.7 There must be a clear distinction between the roles and responsibilities of the LSCB, the Health and Wellbeing Board, and the Children's Partnership or equivalent, with local protocols between them in place to ensure that the LSCB is able to challenge and scrutinise effectively the work of the Health and Wellbeing Board, Children's Partnership or equivalent and partners.

9.3.8 The LSCB, Health and Wellbeing Board, and Children's Partnership or equivalent should be chaired by different people in order for the LSCB to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice.

9.3.9 The Health and Wellbeing Board, and Children's Partnership or equivalent should work with the LSCB to agree:

- A strategic approach to understanding needs, including a sophisticated analysis of data and effective engagement with children, young people and families;
- A clear approach to understanding the effectiveness of current services, and identifying priorities for change - including where services need to be improved, reshaped or developed;
- Integrated and effective arrangements for ensuring that priorities for change are delivered in practice through a strategy for children's services, such as a Children and Young People's Plan; and
- Effective approaches to understand the impact of specialist services on outcomes for children, young people and families, and using this understanding constructively to challenge lack of progress and drive further improvement.

9.3.10 The Health and Wellbeing Board, and Children's Partnership or equivalent must ensure that a strategy for children's services, such as a Children and Young People's Plan, reflects the strengths and weaknesses of safeguarding arrangements and practices in the area and what more needs to be done by each partner to improve safeguarding and promotion of welfare.

9.3.11 The LSCB annual report should inform the children's services strategy and the LSCB must be formally consulted during the development of the strategy.

9.3.12 In general the LSCB is not a body that commissions or delivers services to children and their families. Where the LSCB has an extended role beyond its core functions, these additional activities should be agreed as part of the wider Children's Partnership or equivalent planning arrangements and in the preparation of a strategy for children's services, such as a Children and Young People's Plan. In such cases, the LSCB as a body should be represented on the Children's Partnership or equivalent, so that the LSCB can be called to account for the extent to which it has acted in accordance with a strategy for children's services, such as a Children and Young People's Plan.

9.3.13 The local authority Chief Executives and Council Leaders should satisfy themselves that the Directors of Children's Services are fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children, including in particular by ensuring that the relationship between the Children's Partnership or equivalent and the LSCB is working effectively.

Membership of a LSCB

9.3.14 As far as possible, agencies should designate particular, named people as their LSCB member, so that there is consistency and continuity in the membership of the LSCB.

9.3.15 Members should be people with a strategic role in relation to safeguarding and promoting the welfare of children within their agency. They should be able to:

- Speak for their agency with authority;
- Commit their agency on policy and practice matters; and
- Hold their agency to account.

9.3.16 Local authority Elected Members and non-executive directors of other board partners should through their membership of governance agencies and groups such as the cabinet of the local authority or a scrutiny committee or a governance board, hold their agency and its officers to account for their contribution to the effective functioning of the LSCB.

9.3.17 Directors of Children's Services and Lead Members for Children's Services have central and complementary roles. Directors of Children's Services have responsibility for improving outcomes for all children and young people in their area. Lead Members for Children's Services have delegated responsibility from the Council for children, local young people and families and are politically accountable for ensuring that the local authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. The Lead Member should provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities (such as the police and the health service). Lead Members should also take steps to assure themselves that effective quality assurance systems for safeguarding are in place and functioning effectively.

9.3.18 The Lead Member should be a 'participating observer' of the LSCB. In practice this means routinely attending meetings as an observer and receiving all its written reports. Lead Members should engage in discussions, ask questions and seek clarity, but not be part of the decision making process. This will enable the Lead Member to challenge, when necessary, from a well informed position.

9.3.19 Directors of Children's Services should ensure that all appropriate local authority services engage effectively with the LSCB. The Directors of Children's Services will be held to account for the effective working of the LSCB by their Chief Executive and challenged where appropriate by their Lead Member.

Role of local authority Chief Executives and Council Leaders

9.3.20 Local authority Chief Executives and Council Leaders also have critical roles to play. Chief Executives are responsible for satisfying themselves that the Directors of Children's Services are fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children and young people, including in particular by ensuring that the relationship between the Children's Partnership or equivalent and the LSCB is working effectively; that clear responsibility has been assigned within the local authority and among Children's Partnership or equivalent partners for improving services and outcomes; and that targets for improving safeguarding and progress against them are reported to the Local Strategic Partnership.

Statutory members

9.3.21 The LSCB should include representatives of the local authority and its board partners, the statutory agencies which are required to co-operate with the local authority in the establishment and operation of the board and have shared responsibility for the effective discharge of its functions. - [Section 13(3) Children Act 2004] - These are:

- The chief officer of Police for a Police area any part of which falls within the area of the authority;
- The Local Probation Board for an area any part of which falls within the local authority area;
- The Youth Offending Service within the local authority area;
- Clinical Commissioning Groups (CCGs) for an area any part of which falls within the local authority area;
- NHS England Area Team for an area any part of which falls within the local authority area;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals or establishments and facilities are situated in the local authority area;
- CAFCASS (Children and Family Courts Advisory and Support Service);
- The Governor or Director of any Secure training centre within the local authority area;
- The Governor or Director of any prison within the local authority area which ordinarily detains children.

9.3.22 The local authority should ensure that those responsible for adult social services functions are represented on the LSCB, because of the importance of adult social care in safeguarding and promoting the welfare of children. Similarly health agencies should ensure that adult health services and in particular adult mental health, adult drug and alcohol services and adult disability services are represented on the LSCB.

9.3.23 The LSCB must have access to appropriate expertise and advice from all the relevant sectors, including a designated doctor and nurse.

9.3.24 The local authority and its partners are under obligation (Children Act 2004) to co-operate in the establishment and operation of an LSCB.

Representation from schools

9.3.25 Local authorities must take all reasonable steps to ensure schools are represented on the LSCB. This means taking steps to ensure that the following are represented:

- The governing body of a maintained school;
- The proprietor of a non-maintained special school;
- Academies and free schools;
- The governing body of a further education institution the main site of which is situated in the authority's area - [The Local Safeguarding Children Boards (Amendment) Regulations 2010, S.I. 2010/622, made under section 13(4) of the Children Act 2004 (c. 31)] - and;
- Independent schools.

9.3.26 Local authorities should put in place a robust and fair system to enable all schools to be represented and for each school representative to speak for, and on behalf of, the body of schools they represent. This will require an efficient and effective means to communicate with all schools both to seek their views on issues and to feed information back. It would also need to consider the relationship with the school representatives who sit on the Children's Partnership or equivalent.

Lay members

9.3.27 The local authority must take reasonable steps to ensure that the LSCB includes two lay members from the local community - [Apprenticeships, Skills, Children and Learning Act 2009 amends sections 13 and 14 of the Children Act 2004 (c.31)]. The role for lay members should in particular relate to:

- Supporting stronger public engagement in local child safety issues and contributing to an improved understanding of the LSCB's child protection work in the wider community;
- Challenging the LSCB on the accessibility by the public and children and young people of its plans and procedures; and
- Helping to make links between the LSCB and community groups.

9.3.28 Lay members should operate as full members of the LSCB, participating on the Board itself and on relevant committees. LSCBs must provide appropriate training for lay members to ensure they are able to bring the most value to its work.

9.3.29 The local authority should set out its expectations of the role of the lay member within the LSCB, the length of appointment, the expected code of conduct of any lay member and the amount they will recompense them as appropriate for their time and contribution.

Other members

9.3.30 The local authority should also secure the involvement of other relevant local agencies where a representative is made available:

- NSPCC;
- Faith groups;
- Early Years and Childcare Providers;
- Children's Centres;
- GPs;
- Independent healthcare agencies; and
- Third sector agencies (including bodies providing specialist care for children with disabilities and complex health needs).

9.3.31 Other representation should include:

- The armed forces (in relation both to the families of service men and women and those personnel that are under the age of 18) - in areas where they have significant local activity; and
- The Border Force Agency - in areas where there is an airport or seaport, an asylum screening unit or a number of asylum seeking families or unaccompanied asylum seeking children or a number of migrants with children. The issues should be dealt with in a strategic way as well as at the level of individual cases.

9.3.32 Where the number or size of similar agencies precludes individual representation on the LSCB e.g. third sector youth bodies, the local authority should seek to involve them via existing networks or forums, or by encouraging and developing suitable networks or forums to facilitate communication between agencies and with the LSCB.

Involvement of other agencies and groups

9.3.33 There will be other agencies and partnerships which the LSCB needs to link to, either through inviting them to join the LSCB, or through some other mechanism, e.g.:

- The Coronial service;
- Dental health services;
- Domestic violence forums;
- Drug and alcohol misuse services;
- Drug action teams;
- Housing, culture and leisure services;
- Housing providers;

- Local authority legal services;
- Local Multi-Agency Public Protection Arrangements;
- Local sports agencies and groups and services;
- Local Family Justice Council;
- Local Criminal Justice Board;
- Other health providers such as pharmacists;
- Representatives of service users;
- Sexual health services;
- The Crown Prosecution Service;
- Witness support services;
- Family Intervention Projects;
- Multi-Agency Risk Assessment Conferences;

9.3.34 LSCBs should establish and maintain direct communication and co-operation at a strategic level with the Eastern Region LSCBs.

9.3.35 This should include nominating regional representatives to membership of the regional LSCB Chairs and Business Managers Groups and engaging in the planning and implementation of strategic and operational initiatives led by the Eastern Region, aimed at improving local LSCBs ability to support the safeguarding of children and the promotion of their welfare locally.

The role of individual members

9.3.36 The individual members of LSCBs have a duty as members to contribute to the effective work of the LSCB, e.g. in making the LSCBs' assessment of performance as objective as possible, and in recommending or deciding upon the necessary steps to put right any problems. This should take precedence, if necessary, over their role as a representative of their agency.

9.3.37 Members of each LSCB should have a clear written statement of their roles and responsibilities.

Ways of working

9.3.38 LSCBs must negotiate local arrangements for agency membership, professional representation and attendance, to secure effective operation of LSCB functions member agency engaged.

9.3.39 Agencies of a particular kind in the local authority area, e.g. NHS Trusts, may share attendance at meetings. Agencies pooling representation in this way should provide the board with a written protocol setting out how they will be consulted and their views fed in to Board discussions.

9.3.40 LSCBs should set up working groups, sub-groups or panels, on a short-term or a standing basis to:

- Carry out specific tasks (e.g. maintaining and updating procedures and protocols, reviewing serious cases and identifying inter-agency training needs);
- Provide specialist advice (e.g. in respect of working with specific ethnic and cultural groups or with disabled children and/or parents);
- Bring together representatives of a sector (e.g. schools, the third sector, faith groups or from a geographical area within the LSCB's boundaries) to discuss relevant issues and to provide a contribution to LSCB work.

9.3.41 A LSCB may form an 'executive group' of members to carry out some of the day-to-day business by local agreement.

9.3.42 LSCBs will need to set up a CDRP which has a standing membership and whose Chair is a member of the LSCB. This panel can be set up by two or more LSCBs to cover their combined area. See Part A, chapter 9, Death of a child Procedure and Part B, chapter 15, Serious case reviews.

9.3.43 All groups working under the LSCB should be established by the LSCB, and should work to agreed terms of reference, with explicit lines of reporting, communication and accountability to the LSCB. This may take the form of a written constitution detailing a job description for all members and service level agreements between the LSCB, agencies and other partnerships. Chairs of working groups, panels and sub-groups should be LSCB members.

9.3.44 Where boundaries between LSCBs and their partner agencies such as the health service and the police are not co-terminous, adjoining LSCBs should collaborate as far as possible on establishing common policies and procedures, and joint ways of working, under the function set out in Co-operation with neighbouring local authorities and their Board partners.

Participation of children and their families

9.3.45 LSCBs should put in place arrangements to ascertain views of children and their families (including children and their families who might not ordinarily be heard) about the priorities and the effectiveness of local safeguarding work, including issues of access to services to safeguard children and promote their welfare and contact points for children. The views of children and their families should be represented in the LSCB's annual report (see Annual report on the effectiveness of safeguarding in the local area). LSCBs should also ensure that children and their families can participate in the development of services (see Planning and commissioning).

Information sharing for the purpose of LSCB functions

9.3.46 The Children, Schools and Families Bill currently before Parliament includes provision requiring compliance with a request from a LSCB for appropriate information to be disclosed to it in order to assist it in the

exercise of its functions. Subject to the passage of the Bill this provision will help remove uncertainty and give greater confidence to practitioners to share appropriate information with a LSCB. This could include confidential personal information about children who are the subject of reviews and about third parties who have a relationship with those children (for example, parents and siblings).

9.3.47 Where the LSCB requests personal information, the request should be for appropriate information that is relevant and proportionate to the purpose for which the information is sought. The LSCB should be able to explain that purpose to record holders, and why the information sought is appropriate, relevant and proportionate should the record holder require any justification of the need for the information or of the overriding public interest served by the disclosure of personal information in each case. No request should require a record holder to breach data protection principles, or other protections of confidential or personal information (for example, under the Human Rights Act) in a manner which cannot be justified; the 'golden rules' set out in Information Sharing: Guidance for practitioners 2015 will help record holders observe these protections and principles.

Financing and staffing

9.3.48 The budget for each LSCB and the contribution made by each member agency should be agreed locally. The member agencies' shared responsibility for the discharge of the LSCB's functions includes shared responsibility for determining how the necessary resources are to be provided to support it.

9.3.49 The core contributions should be provided by:

- The responsible local authority;
- The Clinical Commissioning Groups - CCGs;
- The police
- Probation
- CAFCASS

9.3.50 Other agencies' contributions should reflect their resources and local circumstances. For some, participating in LSCB work may be the appropriate extent of their contribution. Other agencies may contribute by committing resources in kind, rather than funds, as provided for in the legislation.

9.3.51 Where an LSCB member agency provides funding, this should be committed in advance, usually into a pooled budget.

9.3.52 The board may choose to use some of its funding to support the participation of some agencies, such as local third sector groups, for example, if they cannot otherwise afford to take part.

9.3.53 The funding requirement of the LSCB will depend on its circumstances and the work which it plans to undertake (which will in turn depend on the division of responsibilities between the LSCB and other parts of the wider Children's Partnership or equivalent). However, each LSCB will have a core minimum of work.

9.3.54 Staffing for each LSCB should be agreed locally by the board partners. An effective LSCB needs to be staffed so that it has the capacity to:

- Drive forward the LSCB's day-to-day business in achieving its objectives, including its co-ordination and monitoring/evaluating work;
- Take forward any training and staff development work carried out by the LSCB, in the context of the local workforce strategy;
- Provide administrative and organisational support for the Board and its sub-committees, and those involved in policy and training.

Planning

9.3.55 Children's Partnership or equivalents are responsible for a joint strategy which sets out how children's services partners will co-operate to improve children's wellbeing in the local area.

9.3.56 In preparing a strategy for children's services, such as a Children and Young People's Plan, the Children's Partnership or equivalent will need to conduct a comprehensive needs assessment following an extensive consultation to agree their priorities and set out how the partners will work together and align or pool their budgets to address those priorities. The Board should also identify the resources available across the partner agencies and the contribution each will make. LSCBs should contribute to, and work within, the framework established by the local strategy for children's services, such as a Children and Young People's Plan.

9.3.57 It is expected that all local areas should investigate the possibilities of integrating frontline delivery of services such that staff from children's social care services work in active partnership with the police, paediatric and relevant health services to maximise effectiveness. This, however, is a matter for local determination.

9.3.58 The LSCB's own activities should fit clearly within the framework of a strategy for children's services, such as a Children and Young People's Plan. The voices and experiences of children and young people should strongly inform the LSCB's work programme - which should have clear objectives, timescales, measurable objectives and a budget.

10. Quality Assurance

10.1 The LSCB's Monitoring and Evaluation Function

10.1.1 In order to provide effective scrutiny, the LSCB should be independent. It should not be subordinate to, nor subsumed within, other local structures. Every LSCB should have an independent chair who can hold all agencies to account. It is the responsibility of the Chief Executive of the Local Authority to appoint or remove the LSCB chair with the agreement of a panel including LSCB partners and lay members. The Chief Executive, drawing on other LSCB partners and, where appropriate, the Lead Member will hold the Chair to account for the effective working of the LSCB. The LSCB Chair should work closely with all LSCB partners and particularly with the Director of Children's Services. The Director of Children's Services has the responsibility within the local authority, under section 18 of the Children Act 2004, for improving outcomes for children, local authority children's social care functions and local cooperation arrangements for children's services.

Section 11

10.1.2 Section 11 (s.11) of the Children Act (2004) places duties on a range of organisations to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The LSCB has the responsibility for monitoring that organisations/agencies are s.11 compliant. In order to ensure the effectiveness of local agencies' actions to safeguard and promote the welfare of children the LSCB should initiate and oversee a peer review process based on self-evaluation, performance indicators and joint audit. Its aim is to:

- Promote high standards of safeguarding work;
- Foster a culture of continuous improvement;
- Identify and act on weaknesses in services;
- To avoid unnecessary duplication of work the LSCB should ensure that its monitoring role complements and contributes to the work of both the Children's Partnership, partner agencies and the inspectorates.

10.1.3 There will be instances where a local agency is not performing effectively in safeguarding and promoting the welfare of children, and the LSCB is not convinced that any planned action to improve performance will be adequate. Where this occurs, the LSCB Chair or a member or employee designated by the chair, should explain these concerns to the individuals and agencies that need to be aware of the failing and may be able to take action, e.g. to:

- The most senior individual/s in the agency;

- The relevant inspectorate, and, if necessary;
- The relevant government department.

10.1.4 The local inspection framework will play an important role in reinforcing the ongoing monitoring work of the LSCB. Individual services will be assessed through their own quality regimes. LSCBs should contribute their views about the quality of local activity to safeguard and promote the welfare of children, and draw on information, from the established inspection arrangements - led by Ofsted but involving other inspectorates - which include:

- Annual unannounced inspections on safeguarding and services for looked after children under section 138 of the Education and Inspections Act 2006, and
- A full inspection under section 20 of the Children Act 2004 of safeguarding and services for looked after children in each local authority area at least once every three years.

The LSCB should draw on these.

10.1.5 The local authority is responsible for taking action, if intervention to improve the LSCB's effectiveness and efficiency is necessary.

10.1.6 'Reviews are not ends in themselves. The purpose of these reviews is to identify improvements which are needed and to consolidate good practice. LSCBs and their partner organisations should translate the findings from reviews into programmes of action which lead to sustainable improvements and the prevention of death, serious injury or harm to children.' (Working Together to Safeguard Children 2015.)

10.2 Individual Agencies' Quality Assurance

10.2.1 All LSCB member agencies should take actions to ensure that the key single and multi-agency duty of the LSCB to safeguard and promote the welfare of children is met.

10.2.2 Effective workload management and information systems should be implemented to:

- Clearly track responses to referrals;
- Collect quantitative data on the work of the teams;
- Plan and resource services to meet local needs.

10.2.3 Management systems should be implemented to ensure:

- Clear definitions of work that is 'allocated' to include a named worker regularly working with a child in a planned and purposeful way, endorsed by the line manager;

- Services and support provided is commensurate with need, including allocation of staff;
- Systems are in place to cover staff sickness, leave and training;
- Cases are only closed following adequate assessment and review and that the views and wishes of the child and parents have been taken into account;
- Section 47 enquiries and child protection cases are allocated in local authority children's social care to qualified social workers with the skills for the task;
- Systems are designed to ensure that all relevant professionals are invited to participate in planning and review meetings, including hospital based staff;
- All practitioners working with children receive regular supervision from managers with experience and expertise in child care work;
- Managers scrutinise the work of staff, including reviewing case files and recording decisions.

10.2.4 Routine monitoring and audit systems should be implemented to ensure that these procedures are being followed such as feedback questionnaires, themed audit events, evaluations of core processes like referrals, thresholds, assessments and child protection plans for example.

10.2.5 Senior staff and practitioners should be involved in audits of professional practice and supervision.

10.2.6 Senior managers should regularly review the impact on service delivery of staff vacancies and the employment of temporary staff.

10.3 Unallocated Child Protection Cases

Priority status

10.3.1 All child protection cases must be allocated to a named social worker as a matter of highest priority in all agencies working with children and their families. In local authorities, Directors of Children's Services are responsible for alerting the LSCB to any systemic inability to allocate child protection cases; and for ensuring that there are sufficient human resources to provide the required services for children in need of protection.

Safeguards pending allocation

10.3.2 A children's services first line manager must inform in writing all professionals relevant to the 'outline' or 'agreed' protection plan as well as family members, when a social worker will be allocated to a case and any routine and emergency professional contact arrangements, pending allocation.

10.3.3 Unallocated cases must be:

- Discussed at allocation meetings;
- Reported to the child protection manager;
- Monitored at management meetings to ensure quick allocation and appropriate case management until then.

10.3.4 The first line manager remains accountable for ensuring that:

- Any statutory or explicit duties (e.g. looked after children reviews or child protection review conferences) are met, deploying duty staff as required;
- Any immediate issues which arise in the case are resolved;
- Their manager remains aware that a child protection case is unallocated;
- The family are kept updated;
- Regular 'duty' visits are undertaken on unallocated child protection cases.

11. Professional Conflict Resolution

11.1 Dissent at Referral and Enquiry Stage

11.1.1 Professionals providing services to children and their families should work co-operatively across all agencies, using their skills and experience to make a robust contribution to safeguarding children and promoting their welfare within the framework of discussions, meetings, conferences and case management.

11.1.2 All agencies are responsible for ensuring that their staff are competent and supported to escalate appropriately intra-agency (in-house procedures should be followed for intra-agency disputes) and inter-agency concerns and disagreements about a child's wellbeing.

11.1.3 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in relation to a referral, an assessment or an enquiry or when a child in need or child protection plan is not progressing.

11.1.4 Professionals should attempt to resolve differences through discussion and/or meeting within a working week or a timescale that protects the child from harm (whichever is less).

11.1.5 If the professionals are unable to resolve differences within the timescale, their disagreement must be addressed by more experienced/more senior staff.

11.1.6 Most day-to-day inter-agency differences of opinion will require a local authority children's social care manager to liaise with their (first line manager) equivalent in the relevant agencies, e.g.:

- A police detective sergeant;
- A designated safeguarding children health professional;
- Designated safeguarding education lead.

These first line managers should seek advice from their agency's designated safeguarding children professional.

11.1.7 If agreement cannot be reached following discussions between the above first line managers within a further working week or a timescale that protects the child from harm (whichever is less), the issue must be referred without delay through the line management to the equivalent of service manager/ detective inspector/head teacher or other designated safeguarding children senior professional.

11.1.8 Alternatively (e.g. in health services), input may be sought directly from the designated safeguarding children doctor or nurse in preference to the use of line management.

11.1.9 The professionals involved in this conflict resolution process must contemporaneously record each intra- and inter-agency discussion they have, approve and date the record and place a copy on the child's file together with any other written communications and information.

11.2 Dissent at/arising from Conference

11.2.1 The chair of a conference has responsibility for the decision about whether a child is subject of a child protection plan or not. Any dissenting views will be taken into account and noted in the minutes.

11.2.2 In the event that the dissenting professional believes the decision reached by the chair places a child at (further) risk of significant harm, s/he should formally raise the matter with her/his agency's designated lead.

11.2.3 If that designated lead concurs with the concerns of the professional, s/he should immediately alert the local authority designated safeguarding child protection lead (in the context of a small local authority, it is acknowledged that this may on occasions, be the person who actually chaired the conference in dispute).

11.2.4 In the light of the representations made, the local authority designated safeguarding child protection lead must determine whether to:

- Uphold the decision reached by the conference chair, or
- Require that a review conference be brought forward

11.2.5 In the event that the outcome of these alternative steps fail to satisfy the concerned professional, the issue should be put as a matter of urgency to the chair of the LSCB who can determine what further responses (if any) are a justifiable and proportionate response.

11.3 Dissent Regarding the Implementation of a Protection Plan

11.3.1 Concern or disagreement may arise over another professional's decisions, actions or lack of actions in the implementation of the child protection plan, including the timing, quoracy or decision-making of core group meetings, progress of the plan or professional practice.

11.3.2 Professionals should attempt to resolve differences in line with the actions outlined above.

11.4 Where Professional Differences Remain

11.4.1 If professional differences remain unresolved, the matter must be referred to the relevant senior manager for each agency involved, with a copy

being sent to the Chair of the LSCB. This should include forwarding a written account of the dispute and what attempts have been made to resolve this.

11.4.2 In the unlikely event that the issue is not resolved by the steps described above and/or the discussions raise significant policy issues, the matter should be referred urgently to the LSCB for resolution. A clear record should be kept at all stages, by all parties. In particular this must include written confirmation between the parties about an agreed outcome of the disagreement and how any outstanding issues will be pursued. See also Part B, section 10.1, The LSCBs monitoring and evaluation function.

11.4.3 Professionals in all agencies have a responsibility to act without delay to safeguard the child (e.g. by calling for a case to be allocated or for a strategy meeting/discussion, for a core group meeting or for a child protection conference or review conference).

11.4.4 When the issue is resolved, any general issues should be identified and referred to the agency's representative on the LSCB for consideration by the relevant LSCB sub-group to inform future learning.

11.4.5 At any stage in the process, it may be appropriate to seek expert advice to ensure resolution is informed by evidence based practice.

11.4.6 It may also be useful for individuals to debrief following some disputes in order to promote continuing good working relationships.

11.4.7 Specialist regional facilities such as a specialist children's or cancer hospital or a psychiatric or other mother and baby unit, must have in place a conflict resolution protocol which sets out how conflict resolution will be managed, through the line managements of the specialist facility and the local authority children's social care or other service with responsibility for the child. This protocol should take into account the role of the local authority children's social care in the locality of the specialist service.

12. Safer Recruitment

12.1 Safer Recruitment

12.1.1 Safer recruitment and selection, and the management of adults who work with children.

Scope

12.1.2 All statutory and public organisations which employ staff or volunteers to work with children should adopt a consistent and thorough process of safer recruitment in order to ensure that those recruited are suitable. This includes ensuring that safer recruitment and selection procedures are adopted which deter, reject or identify people who might abuse children or are otherwise unsuitable to work with them.

12.1.3 These procedures comply with the safer recruitment recommendations of the Bichard Inquiry, 2004, but they do not cover all issues relating to safer recruitment and employment issues. Local Safeguarding Children Boards (LSCBs) should, therefore, help and encourage all of their member organisations to implement safer recruitment and selection practices by providing access to relevant government guidance, examples of good practice guidance, and model policies and procedures where needed.

12.1.4 Safer recruitment practice should include those persons who may not have direct contact with children, but because of their presence will still be seen as safe and trustworthy. The principles of safer recruitment should, therefore, be included in the terms of any contract drawn up between the organisation and contractors or agencies that provide services for, or adults to work with, children for whom the organisation is responsible. The organisation should monitor compliance with the contract which should also include a requirement that the provider will not sub-contract to any personnel who have not been part of a safer recruitment process.

12.1.5 Schools and other education settings should also refer to Keeping Children Safe in Education (2015), available at Keeping Children Safe in Education (2016). This is a consolidated version of earlier guidance material for education settings and covers recruitment and selection processes, recruitment and vetting checks, and duties for safeguarding and promoting the welfare of children. The Department for Education (DfE) has recommended that all schools, including non-maintained schools, independent schools, Free schools and academies, further education institutions, and local authorities exercising education functions, should use this guidance to review and, where appropriate, modify their practice and procedures for safeguarding children and dealing with allegations of abuse made against teachers and education staff (see Part A, chapter 7, Allegations against staff or volunteers, who work with children).

Training

12.1.6 All organisations involved in the selection of adults to work with children should ensure that designated staff undertake safer recruitment training as offered by the LSCB's training programme, and other training specific to their organisation where available (e.g. National College for Teaching and Leadership online training for local authority designated staff, head teachers and governors). The LSCB should monitor the take up of such training to ensure that all organisations have appropriately trained staff involved in their recruitment processes.

Advertisements and information for applicants

12.1.7 Organisations should demonstrate their commitment to safeguarding and protecting children by ensuring that all recruitment advertising material contains a policy statement to this effect.

12.1.8 All information given to the interested applicant should highlight the importance placed by the organisation on rigorous selection processes.

12.1.9 The information should stress that the identity of the candidate, if successful, will need to be checked thoroughly, and that where a Disclosure and Barring Service (DBS) check is appropriate the person will be required to complete an application for a DBS disclosure straight away (see 12.1.30 below, Disclosure and barring service checks).

12.1.10 The job description should clearly set out the extent of the relationship with, and the degree of responsibility for, children with whom the person will have contact.

12.1.11 The person specification should explain:

- The qualifications and experience needed for the role;
- The competences and qualities that the applicant should be able to demonstrate;
- How these will be tested and assessed during the selection process.

12.1.12 The application form should ask for:

- Full personal information, including any former names by which the person has been known in the past; and
- A full history of employment, both paid and voluntary, since leaving school, including any periods of further education or training;
- Details of any relevant academic and/or vocational qualifications;
- A declaration, as appropriate for the position, that the person has no convictions, cautions, or bind-overs or if they have, to provide details in a sealed envelope (see 12.1.18 Selection of candidates - short listing below).

References

12.1.13 The application form should request both professional and character references from two employers that do not require a DBS check (one of which should be from the applicant's current or most recent employer) and five years referencing (at least two employer references) for roles that do require a DBS check. For fostering & adoption and residential, the reference requirements are higher (hiring managers will contact each referee to verify all references and a reference is required from all the candidate's previous employers where they have had access to children or adult with care or support needs). Additional references may be asked for where appropriate. For example, where the applicant is not currently working with children, but has done so in the past, a reference from that employer should be asked for in addition to that from the current or most recent employer if this is different.

12.1.14 Wherever possible references should be obtained prior to the interview so that any issues of concern raised by the reference can be explored further with the referee and taken up with the candidate during interview.

12.1.15 References should contain objective verifiable information and in order to achieve this, a reference pro-forma with questions relating to the candidate's suitability to work with children should be provided.

12.1.16 The referee should be asked to confirm whether the applicant has been the subject of any disciplinary sanctions and whether the applicant has had any allegations made against him/her or concerns raised which relate to either the safety or welfare of children and young people or about the applicant's behaviour towards children or young people. Details about the outcome of any concerns or allegations should be sought.

Other checks before interview

12.1.17 If the applicant claims to have specific qualifications or experience relevant to working with children which may not be verified by a reference or other documentation, the facts should be verified by making contact with the relevant body or previous employer and any discrepancy explored during the interview.

Selection of candidates - short listing

12.1.18 There are standard procedures for short listing to ensure that the best candidates are selected fairly. All applicants should be assessed equally against the criteria contained in the person specification without exception or variation.

12.1.19 Safer recruitment means that all applications should additionally be:

- Checked to ensure that they are fully and properly completed. Incomplete applications should not be accepted and should be returned to the candidate for completion.
- Scrutinised for any anomalies or discrepancies in the information provided.
- Considered with regard to any history of gaps, or repeated changes, in employment, or moves to supply work, without clear and verifiable reasons.

12.1.20 All candidates should bring with them to interview documentary evidence of their identity, either a full birth certificate, passport or photocard driving licence and additionally a document such as a utility bill that verifies the candidates name and address. Where appropriate, change of name documentation must also be brought to the interview.

12.1.21 Candidates should also be asked to bring original documents confirming any necessary or relevant educational and professional qualifications. If the successful candidate cannot produce original documents or certified copies written confirmation of his/her relevant qualifications must be obtained from the awarding body.

Interviewing short - listed candidates

12.1.22 Questions should be set which test the candidate's specific skills and abilities to carry out the job applied for.

12.1.23 The candidate's attitude toward children and young people in general should be tested and also their commitment to safeguarding and promoting the welfare of children in particular.

12.1.24 Any gaps and changes in employment history should be fully explored during the interview, as should any discrepancies arising from information supplied by the candidate or by the referee.

Offer of Appointment to Successful Candidate

12.1.25 An offer of appointment must be conditional upon pre-employment checks being satisfactorily completed, including:

- Receipt of two satisfactory references - if references have not been obtained before the interview, it is vital that they are obtained and scrutinised before a person's appointment is confirmed;
- Verification of the candidate's identity (if this has not been verified straight after the interview);
- A Disclosure and Barring Service Disclosure appropriate to the role;
- A check of the Disclosure and Barring Service's Barred List; this is usually completed as part of the DBS Disclosure and therefore separate checks will not be required except where the DBS Disclosure remains outstanding at the point where the person starts work;

- Verification of the candidate's medical fitness;
- Verification of any relevant qualifications and professional status (if not verified straight after the interview) and whether any restrictions have been imposed by a regulatory body such as the National College for Teaching and Leadership or the General Medical Council;
- Evidence of right to work in the UK for those who are not nationals of a European Economic Area country.

12.1.26 All checks should be verified, confirmed in writing, documented and retained on the personnel file and followed up where they are unsatisfactory or where there are discrepancies in the information provided. All employers should also keep and maintain a single central record of recruitment and vetting checks of staff and volunteers.

12.1.27 Ideally, where a DBS Disclosure is required, it should be obtained before an individual begins work. It must in any case be obtained as soon as practicable after the individual's appointment and the request for a DBS Disclosure should be submitted in advance of the individual starting work. There is discretion to allow an individual to begin work pending receipt of the DBS Disclosure. However, in such cases, a risk assessment must be completed and signed off by a senior manager, the individual must be appropriately supervised and all other checks, including the DBS's Barred List, should have been completed.

12.1.28 Appropriate supervision for individuals who start work prior to the result of a DBS Disclosure being known needs to reflect what is known about the person concerned, their experience, the nature of their duties and the level of responsibility they will carry. For those with limited experience and where references have provided limited information the level of supervision required may be high. For those with more experience and where the references are detailed and provide strong evidence of good conduct in previous relevant work a lower level of supervision may be appropriate. For all staff without completed DBS Disclosures it should be made clear that they are subject to this additional supervision. The nature of the supervision should be specified and the roles of staff in undertaking the supervision spelt out. The arrangements should be reviewed regularly at least every two weeks until the DBS Disclosure is received.

12.1.29 Where a DBS Disclosure indicates cause for concern for agency or directly employed staff, the member of staff must immediately be withdrawn pending the completion of a risk assessment signed off by a senior manager.

Disclosure and Barring Service Checks

12.1.30 The DBS provides two levels of disclosures which are of relevance to employers (standard and enhanced disclosures). All candidates who are seeking to work in regulated activity and in regular contact with children require an enhanced DBS.

Standard Disclosure

12.1.31 Standard disclosures indicate if there is anything on record or shows details drawn from the police national computer of:

- Spent and unspent convictions;
- Cautions;
- Formal reprimands; and
- Final warnings.

12.1.32 Standard disclosures are issued to the individual and copied to the body registered to seek them.

Enhanced Disclosures

12.1.33 The enhanced disclosure in addition to the information provided by a standard disclosure may contain non-conviction information from local police records, which a chief police officer thinks may be relevant to the position sought.

12.1.34 The enhanced disclosure is required for positions in regulated activity and involving regular caring for, training, supervision or being in sole charge of children (or adult with care or support needs).

Additional Information

12.1.35 Under the Police Act 1997, police forces can provide certain sensitive 'additional information' about applicants only to organisations, not to the applicants themselves. This is sometimes also known as 'brown envelope' material and is issued separately to an enhanced DBS check. Whilst this provision will no longer exist in the Police Act, the police may choose to use common law powers to provide information directly to employers in cases where this is necessary, for example to prevent crime or harm to others.

Persons Prohibited from Working/Seeking Work with Children

12.1.36 If a disclosure reveals that an applicant is prohibited from seeking or working with children it is an offence for a person to apply for or accept any work in a position that includes Regulated Activity and the police must be informed without delay of the individuals attempt to seek employment. It is also an offence for an organisation knowingly to offer work in a position that includes Regulated Activity to an individual who is disqualified from working with children or fail to remove such a person from work.

Limitations of Disclosures

12.1.37 The same checks must be made on all overseas staff, including DBS checks but disclosures may not provide information on people convicted abroad and with respect to individuals who have little residence in the UK, caution must be exercised.

12.1.38 Where an applicant has worked or been resident overseas in the previous 5 years, the employer should where possible obtain a check of the applicant's criminal record from the relevant authority in that country. Not all countries, however, provide this service. The advice of the DBS Overseas Information Service should be sought about criminal record checking overseas - see the Disclosure and Barring Service website.

12.1.39 Occasionally, an enhanced disclosure check may result in the local police disclosing non-conviction information to the registered body only and not to the applicant e.g. a current investigation about the individual. Such information must not be passed on to her/him.

Police information held locally - more rigorous relevancy test and new right of review

12.1.40 Prior to the Protection of Freedom Act, the police provided information held locally on enhanced DBS disclosures when they consider it to be relevant to the purpose for which the certificate was requested. The police now have to apply a more rigorous test before deciding whether to disclose information. They will include it if they 'reasonably believe it to be relevant' and consider that it ought to be disclosed.

12.1.41 In addition, if any of that information is included on an enhanced DBS certificate and the applicant does not think that it should be, they will now be able to ask the Independent Monitor to review it, and the Independent Monitor can ask the DBS to issue a new certificate, either without that information or with amendments to it. Applicants should be encouraged to inform you when they request such a review and to update you about what happens with their certificate.

Evaluation and Management of Disclosure Information

12.1.42 Any concerns raised as a result of DBS checks must be followed up. Where information is disclosed, employers must carry out an initial evaluation and make a judgment about the person's suitability to work with children taking into account only those offences that may be relevant to the post in question. As the employer no longer receives a copy of the DBS certificate where there is a trace found, the employer will need to see the candidate's certificate. Where information is disclosed, employers must carry out an initial evaluation and make a judgement about the person's suitability to work with children taking into account only those offences that may be relevant to the post in question. Where further

information is required, the applicants consent must be sought and the information should be obtained by a person with an understanding of child protection matters.

12.1.43 In deciding the relevance of disclosure information, the following should be considered:

- The nature of the appointment;
- The nature and circumstances of the offence;
- The age at which the offence took place;
- The frequency of the offence.

Challenges to Information on DBS Certificates

12.1.44 Currently, an applicant for a DBS check who believes that information disclosed on their certificate is inaccurate can apply to the DBS for a decision about whether it is accurate. The Protection of Freedoms Act allows people other than the applicant to do that too.

Disclosure and Barring Service Update Service

12.1.45 For most individuals an optional online Update Service was introduced in June 2013 and is operated by the Disclosure and Barring Service (DBS), designed to reduce the number of DBS checks requested. For applications from all Ofsted registered childminders (and everybody associated with their application) submitted on or after 1 September 2014, individuals must join the Update Service and give their consent to Ofsted re-checking the status of their DBS certificate at least every six months. Subscription to the Update Service means that instead of new criminal records/Barred Lists check being necessary whenever an individual applies for a new paid or voluntary role working with children/adult with care or support needs, the Update Service will allow them to keep their criminal record certificate up to date, so that they can take it with them from role to role, within the same workforce. Employers do not need to register, but can carry out free, instant, online status checks of a registered individual's status. A new DBS check will only be necessary if the status check indicates a change in the individual's status (because new information has been added). For further information visit the Disclosure and Barring Service website at Disclosure and Barring Service.

12.1.46 The Criminal Justice and Court Services Act 2000 makes it a criminal offence for anyone to seek or accept work in a regulated position knowing that they are barred from working with children; and for an employer to offer work to, or employ a person in a regulated position knowing that the person is barred from working with children.

Staff recruited from overseas

12.1.47 Employers will also need to carry out criminal record checks when recruiting staff from abroad. Where the position meets the criteria for a disclosure, even if the applicant claims they have never lived in the UK before, a DBS disclosure should still be obtained in addition to the individual's overseas criminal records.

12.1.48 All overseas police checks must be in accordance with that country's justice system and UK requirements. See the DBS website for guidance on how to access information from a list of countries.

12.1.49 Some foreign embassies and high commissions in the UK initiate requests on behalf of applicants and liaise with the relevant issuing authority abroad. In cases where candidates have to apply to the issuing authority directly, the relevant UK-based embassy or high commission may still be able to provide advice on what to expect. If there is any doubt about the record produced, they may also be able to authenticate the search results. Further guidance can be found on the Security Industry Authority (SIA) website at www.the-sia.org.uk If the country is not listed on the DBS or SIA website, the country's representative in the UK could be contacted, see the Foreign and Commonwealth website at: www.fco.gov.uk.

12.2 Induction and supervision of newly appointed staff

12.2.1 The induction of all newly appointed staff should include an introduction to the organisation's child protection policies and procedures. This should include being made aware of the identity and specific responsibilities of those staff with designated safeguarding responsibilities.

12.2.2 New staff members should be provided with information about safe practice and given a full explanation of their role and responsibilities and the standard of conduct and behaviour expected.

12.2.3 They should also be made aware of the organisation's personnel procedures relating to disciplinary issues and the relevant whistle blowing policy.

12.2.4 The organisation has an appropriate mechanism for confidential reporting of any behaviour towards children or young people which is abusive, inappropriate or unprofessional.

12.2.5 The organisation has a confidential reporting or whistle-blowing policy in place, covering conduct which:

- Is in breach of criminal law or statute
- Compromises health and safety
- Breaches accepted professional codes of conduct

- Otherwise falls below established standards of practice with children and young people.

12.2.6 The programme of induction should also include attendance at child protection training at a level appropriate to the member of staff's work with children.

12.2.7 Senior managers should ensure that their staff are adequately and appropriately supervised and that they have ready access to advice, expertise and management support in all matters relating to safeguarding and child protection.

Scope

12.2.8 Any concerns that arise through the process of continuing supervision, which call into question the person's suitability to work with children, should be managed according to local procedures such as capability, disciplinary and/or the procedures for the management of allegations against staff (including volunteers) as outlined in Part A, chapter 7, Allegations against staff or volunteers, who work with children.

13. Risk Management of Known Offenders

13.1 Individuals who pose a risk of harm to children

13.1.1 This section relates to children and adults who have been accused, finally warned about or convicted of sexual offences, or other serious offences, identifying them as posing a risk, or potential risk, of harm to children (replacing the term “Schedule 1” offender).

Recognition and response

13.1.2 The Home Office Guidance on offences against children (Home Office Circular 16/2005), provides a list of offences which identify an offender who poses a risk of harm to children.

13.1.3 The Sexual Offences Act 2003 introduced a number of new offences to deal with individuals who sexually exploit children, including:

- Paying for the sexual services of a child;
- Causing or inciting child prostitution;
- Arranging or facilitating child prostitution; and
- Controlling a child prostitute.

13.1.4 Where an offender is given a community sentence, the National Probation Service (NPS), Community Rehabilitation Company (CRC) or Youth Offending Service (YOS) should monitor the individual's risk of harm to others and their behaviour, and alert other agencies if the individual poses a risk to children. Similarly, when an offender who has spent time in custody is released, in some cases on licence, the professionals working with him or her must alert relevant partner agencies if he or she is assessed as posing a risk of harm to children.

13.1.5 In some circumstances, an individual might reasonably be regarded as posing a risk to children without a conviction. Where there have been a number of allegations from unconnected victims, or repeated acquittals, particularly for reasons of legal procedure or where the vulnerability of the victim might reduce their credibility as a witness would be examples. In these circumstances considerable care needs to be exercised but reasonable actions can be taken to protect children. Clear guidance is not possible given the complexity of this area. Workers should consult their line manager and record the assessment made, the evidence on which it is based, and any actions agreed. Consideration should be given to a civil order appication to prohibit access to children.

13.1.6 Any professional in direct contact with such an individual, or a child where such an individual has a significant level of contact, needs to gain an understanding of how much risk, if any, they pose. Professionals in all agencies should use the guidance on offences against children list as a

'trigger' to a further assessment, including consideration of previous offences and behaviours, to determine if an offender should be regarded as presenting a continuing risk, or potential risk, of harm to children.

13.1.7 Specialist agencies such as the NPS, CRC, YOS and Prison Service will assess this risk using their assessment tools, e.g. Offender Assessment System (OASys) or Asset. See sections 13.4.7 and 13.2.22 below.

13.1.8 Professionals from other agencies should contact the NPS, CRC or YOS to see if a relevant risk assessment has been undertaken. If not, they will need to form a judgement as to the risk posed on the basis of all information that can be reasonably obtained. This judgement will include evidence of a pattern of behaviour, similarity between the current context and the context of the offence/s, and the presence of any contextual factor such as isolation, stress, or substance misuse. Any evidence of grooming behaviour would immediately increase the assessed level of risk.

13.2 Child offenders who pose a risk of harm to children (and adults)

13.2.1 There is a need to distinguish between those children who present a risk of harm to other children and adults, who:

- Have entered the criminal justice system: and those who;
- Have not been accused, finally a pre court disposal from the police or been convicted of sexual or other serious offences.

13.2.2 In the latter case, and in all cases where the harming child is under 10 years of age and is therefore under the age of criminal responsibility, Part B, chapter 32, Children harming others, rather than this section, applies.

13.2.3 The Youth Offending Service will supervise young people/children convicted of serious/sexual offences against other children or offer an intervention for those receiving a pre court disposal for such offences.

13.2.4 If the YOS prevention team is involved in a joint assessment, with local authority children's social care, for one of these children, then Asset/other approved e.g. AIM tools should be used.

13.2.5 The police and/or a professional from another agency must make a referral to local authority children's social care, in line with Part A, chapter 2, Referral and assessment, whenever a child is accused and/or charged of an offence which indicates that the child may present a risk of harm to other children or adults.

13.2.6 Children who are not yet in the youth justice system, where concerns exist about their behaviour/risk to others should be referred under Sec 17 (Children Act 1989) to local authority children’s social care for initial assessment and/or signposting to appropriate support service e.g. Family Solutions (Troubled Families).

Children and the criminal justice system

13.2.7 Children can enter the criminal justice system as:

- A child whose behaviour is deemed so serious at the outset that the police, in consultation with the Crown Prosecution Service (CPS), make an immediate decision to charge them;
- A child receiving a pre court disposal from the police (LASPO Act 2012)

Assessing risk to a child needing protection from harm

13.2.8 In all cases where a child harms or is alleged to have seriously/sexually harmed another child or an adult, referrals should be made, verbally and in writing, in line with Referral and Assessment Procedure, to local authority children's social care for both:

- The child who is identified as the victim (if the victim is a child); and
- The child who is known/alleged to have caused the harm.

13.2.9 This process is described in Children Harming Others procedure. A first line local authority children's social care manager must consider for each child, whether a child protection enquiry or assessment should be commenced, in line with Child Protection Enquiries Procedure.

13.2.10 The interests of the identified victim must always be the paramount consideration.

13.2.11 The local authority children's social care response to the referral for either child should include consideration of:

- Any child/ren in the household or community having already been harmed;
- Any child/ren in the household or community at immediate risk of being harmed.

13.2.12 The local authority children's social care first line manager must decide whether there is any immediate action necessary to protect the child/ren.

13.2.13 Any decision about proceeding with a child protection enquiry or assessment for the child who is known/alleged to have caused the harm, should take into account the fact that evidence suggests that children who display harmful behaviour to others may have:

- Been exposed to violence within the family;
- Witnessed physical or sexual assault;
- Been subject to physical or sexual assault;
- Suffered considerable disruption in their lives;

- Have problems with their educational development.

Such children are likely to be children in need and some may have suffered, or be likely to suffer, significant harm and be in need of protection.

13.2.14 Any decision not to proceed with a child protection enquiry or assessment for either the child who is identified as the victim or the child who is alleged to have caused the harm, should take into account available information from the police and the YOS, and health, and, if possible education and other services involved with the children.

13.2.15 The decision should be made by a local authority children's social care manager. The decision must be recorded on the child's record in both local authority children's social care and YOS.

13.2.16 Whether or not local authority children's social care instigates an assessment or child protection enquiry, in all cases where YOS professionals must undertake an assessment, local authority children's social care must contribute substantively to the assessment.

13.2.17 Where there are convictions for sexual offences, there may be a requirement for registration on the Sex Offenders' Register. In these circumstances, the YOS report and any local authority children's social care assessment and recommendations should be considered at the MAPPA meeting. See section 13.3, Sex Offenders' Register.

Criminal justice assessment of a child

13.2.18 For those children who have admitted the offence, have a clear admission of guilt on interview and fit the criteria for conditional caution, the police and the Crown Prosecution Service should usually bail the child to allow YOS professionals to undertake an assessment to assist in informing any charging decision.

13.2.19 For a child who is immediately charged, if subsequently convicted an assessment will be undertaken alongside the writing of a pre-sentence report.

13.2.20 Young people/children convicted or receiving a Youth Conditional Caution will be allocated a YOS caseworker who will take lead responsibility for the assessment process. In order to effectively manage the risk posed by young people in the youth justice system, it is important that managers and practitioners distinguish clearly between risk (likelihood) of reoffending, risk of serious harm to others and risk to the young person either from themselves or others.

13.2.21 An assessment must be undertaken even in cases where the child and/or their parent/s refuse to participate in the assessment. If consent is not given an assessment should be based on existing information.

Asset will normally be the assessment tool for non-sexual serious offences and AIM (where available) for sexual offences.

13.2.22 Effective use of Asset - Risk of Serious Harm is essential in making assessments of risk of harm and assisting the court in assessing dangerousness. Asset - Risk of Serious Harm should draw together information and assessments from all the agencies with significant past or current involvement with the child, and should lead to a more detailed analysis of the possible risks of serious harm to others than is possible within Asset - Core Profile.

Future behaviour

13.2.23 Whilst knowledge of past behaviour is critical in making assessments about the likelihood of future behaviour, children can change. This is particularly relevant for children who may be experiencing a complex process of development. This has been highlighted in a recent judgement of the Court of Appeal stating that: 'It is still necessary, when sentencing young offenders, to bear in mind that, within a shorter time than adults, they may change and develop. This and their level of maturity may be highly pertinent when assessing what their future conduct may be and whether it may give rise to significant risk of serious harm'. (R v Lang, 2005)

13.3 Sex Offenders Register

Notification to the register

13.3.1 Under the Sexual Offences Act 2003, the notification requirements are an automatic requirement for child and adult offenders who receive a conviction or caution for certain sexual offences. The requirements also apply to those found not guilty by reason of insanity or to have been under a disability but to have done the acts charged in respect of those offences.

13.3.2 A person who is subject to the notification requirements is known as a 'relevant offender'. The notification requirements extend to the whole of the UK. The notification periods for child offenders (i.e. under 18 when convicted, cautioned etc.) are half the notification periods for adults.

Initial notification

13.3.3 The offender must make an initial notification to the police, at a designated police station within three days of the caution, conviction or finding (or, if they are in custody or otherwise detained, 3 days from release or return to the UK.

13.3.4 The details they must register:

- Name, date of birth and home address at the time of conviction, caution or finding (section 83);
- Current name, including any aliases they use, their sole or main residence in the United Kingdom or if they do not have any such residence, any premises in the United Kingdom at which they can be found, if either are different from the name and address at the time of conviction.
- National insurance number; Any changes to the registered details and periodic notification to having their fingerprints and photograph taken
- Any changes to the name and address they have registered within 3 days of the date of any change, including release from prison for subsequent offences.
- Any address where they reside or stay for 7 days or longer. This means either 7 days at a time or a total of 7 days in any 12-month period.
- Notify the police no less than 7 days in advance of any intended period of foreign travel, with such information as required by the Act.
- Notify the police weekly when registered as 'no fixed abode'
- Notify the police if they have resided or stayed for at least 12 hours at a household or other private place where an under 18 year old resides or stays.
- Notify police of passport, credit card and bank account details and certain information contained in passport or other forms of identification held by the relevant offender on each notification.
- All offenders much re-confirm their details every year

13.3.5 A person who is subject to the notification requirements commits a criminal offence if they fail, without reasonable excuse (decided by the court), to make an initial notification or to notify a change of details.

13.3.6 Professionals in all agencies must inform the police if they are aware of a child or adult sex offender who has changed their address, or is planning to move, without informing the police.

Child Sex Offender Review Disclosure Process

13.3.7 In June 2007, the Government published the Review of the Protection of Children from Sex Offenders. Action 4 of the Review created a process which allows members of the public to register a child protection interest in an identified individual who has access to, or a connection with, a particular child or children. (Child Sexual Offender Disclosure Scheme (Sarah's Law))

13.3.8 If an individual is found to have convictions for sexual offences against children and poses a risk of causing serious harm, there is a presumption that this information will be disclosed to the person who is best placed to protect the child or children, where it is necessary to do so for this purpose.

13.3.9 It should be noted that, under the scope of the Disclosure Process, the presumption for disclosure will only exist in cases where the individual has convictions for child sexual offences. However, it is felt that to restrict access to information regarding convicted child sexual offenders would severely limit the effectiveness of the process and ignore significant issues regarding offences committed against children.

13.3.10 The Disclosure Process will therefore include routes for managed access to information regarding individuals who are not convicted child sexual offenders but who pose a risk of harm to children. This may include persons who are:

- Convicted of other offences for example, serious domestic abuse; and
- Un-convicted but about whom the police, or any other agency, hold intelligence indicating that they pose a risk of harm to children.

There would not however be a presumption to disclose such information.

13.3.11 It is important that the disclosure of information about previous convictions, for offences which are not child sex offences, is able to continue as it is not the intention of the Disclosure Process to make access to information concerning safeguarding children more restricted.

13.3.12 It should be stressed that the Disclosure Process will build on existing procedures such as MAPPA and will provide a clear access route for the public to raise child protection concerns and be confident that action will follow.

13.3.13 It is of paramount importance to all involved in delivering this process that we ensure that children are being protected from harm. By making a request for disclosure, a parent, guardian or carer will often also be registering their concerns about possible risks to the safety of their child or children. For that reason, it is essential to this process that police forces, local authority children's social care and LSCBs work closely together to ensure that any possible risks of harm to the child or children are fully assessed and managed.

13.3.14 This process has been rolled-out nationally from August 2010. The roll-out is regionally staggered and full details of progress and national and local contact details can be found on the Home Office website.

13.3.15 For full guidance on this process please see ACPO Guidance on Protecting the Public: Managing Sexual Offenders and Violent Offenders. Prior to this visit the Home Office Circular website.

13.4 Adult offenders

Risk of harm from an un-convicted individual

13.4.1 The arrangements prescribed by the Criminal Justice Act 2003 relate only to convicted offenders or offenders receiving cautions where criteria laid out above are met. Where the risk to children in a local area is perceived to emanate from an un-convicted individual, the lead agency is Essex Police and other services will need to refer such concerns to the police in the first instance and then co-operate with efforts to make further enquiries.

13.4.2 Where there is a perceived risk of harm to children in general, rather than to name individual children, the police and local authority children's services must ensure that discussions are held with all agencies and a multi-agency planning meeting can be held if required in order to determine a plan to manage the risk of harm. Attention will need to be paid to the need to consider in each case what if any information about this process would need to be shared with the person whose actions have bought about the concern.

13.4.3 In identifying such concerns, it is possible to empower professionals to take proper action to protect children where this is possible.

13.4.4 Whenever an adult posing a risk of harm to children is placed in temporary accommodation (e.g. bed and breakfast) and there are concerns about their access to children the placing authority must inform the local authority children's social care in whose area the adult is placed.

Developing intelligence about organised or persistent offenders

13.4.5 The police have a duty to develop local intelligence about organised or persistent offenders who pose a risk to children.

13.4.6 Essex Police have dedicated Sexual and Violent Offender Management Teams (MOSOVO) responsible for the :

- Collation and dissemination of relevant intelligence to local, area and central police databases regarding persons likely to be posing a risk and/or committing offences against children
- Initiation of proactive assessment and risk management plans regarding identified offenders and controlling or assisting with the implementation of these plans.
- Submission of intelligence reports through the appropriate channels for action in cases where suspects are committing offences outside the county boundaries;
- Preparation of information to be shared within MAPPA.

Assessment of an adult: Offender Assessment System (OASys)

13.4.7 For sexual and violent offenders, the approved assessment tools used by the prison and probation services are OASys (Offender Assessment System) and Risk Matrix 2000 (see Risk Matrix 2000). OASys is a comprehensive assessment tool that applies to all offenders but is particularly valuable for sexual and violent offenders as it incorporates both static and dynamic aspects of risk posed by offenders. OASys places offenders into levels of risk - very high risk, high, medium and low risk. It provides the assessment necessary for effective case management, targeting of intervention treatment programmes, referrals to partnerships, resource allocation and risk management.

13.4.8 OASys is designed to:

- Assess how likely an offender is to be re-convicted;
- Identify and classify offending related needs, including basic personality characteristics and cognitive behavioural problems;
- Assess risk of serious harm, risks to the individual and other risks;
- Assist with the management of the risk of harm;
- Link the assessment to the sentence plan;
- Indicate the need for further specialist assessments;
- Measure change during the period of supervision/sentence.

13.4.9 OASys assesses an offender's risk of re-offending by systematically examining up to 13 offending-related factors which include offending history; accommodation, education/training and employment possibilities; relationships; drug and alcohol misuse; and emotional well-being, thinking and behaviour.

13.4.10 The offender's self-assessment, which is also a part of OASys, is useful for two reasons:

- It reflects the accuracy of the offender's self-perception;
- It indicates the offender's likelihood of re-offending because re-offending is linked to the offender's ability to recognise their own problems.

13.4.11 OASys can only be used on offenders aged 18 years or over. Youth Offending Service use Asset assessments for children, see section 13.2.25 for Asset - YOS Assessment Tool. There are common elements between Asset and OASys so that when an offender reaches 18 years, information from Asset can be drawn across to complete OASys.

Levels of risk of harm

13.4.12 The levels of risk of harm used by OASys are as follows;

- Very high: there is an imminent risk of serious harm. The potential event is more likely than not to happen imminently and the impact would be serious;
- High: there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious;
- Medium: there are identifiable indicators of risk of serious harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances (e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse);
- Low: no significant, current indicators of risk of serious harm.

13.4.13 The categorisation includes risks to:

- The public: either generally or a specific group such as the elderly, women or a minority ethnic group;
- Prisoners: within a custodial setting;
- A known adult: such as a previous victim or partner;
- Children: who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect;
- Staff: anyone working with the offender whether from probation, prison, police or other agency. This relates to all forms of abuse, threats and assaults that arise out of their employment;
- Self: the possibility that the offender will commit suicide or self-harm.

13.4.14 OASys cannot provide in-depth assessment of all aspects, especially the specialist aspects of risk. It is designed to trigger further assessments in some areas relating, e.g. to sex offenders; violent offenders; basic skills, drugs and alcohol; mental health and dangerous and severe personality disorder; racially motivated offending and domestic abuse.

13.4.15 Professionals must seek expert professional opinion when assessing the risk of sexual harm a child or adult poses to children.

Risk Matrix 2000

13.4.16 Risk Matrix 2000 is an evidence-based actuarial risk assessment, used by probation and the police to measure risk of reconviction (rather than risk of serious harm to others) for sex offenders. It is triggered by and uses the same classifications of risk of reconviction as OASys, and where there is any disparity between the two assessment tools in respect of the likelihood of re-conviction, the Risk Matrix 2000 risk level should be applied.

Other sources of risk assessment

13.4.17 The responsible authority (see Responsible authority) may use other assessments or assessment tools to complement and critically inform the

OASys assessment. The development and maintenance of close working relationships with other agencies in the MAPPA (see MAPPA) is essential to facilitate access to these assessments (e.g. from health, mental health or learning difficulties services, adults or local authority children's social care, education, and housing services).

13.4.18 Multi-agency professional judgement must inform the assessment of risk of harm.

13.5 Multi-agency risk assessment conferencing (MARAC)

13.5.1 Multi-agency risk assessment conferences (MARAC) are multi-agency meetings with a primary focus on the safety of high-risk adult victims of domestic abuse. The DASH risk assessment (Domestic Abuse, Stalking and Honour Based Violence Risk Identification, Assessment and Management Model) is primary tool used to determine the level of risk posed to an adult victim of domestic abuse. A MARAC should be part of a co-ordinated multi-agency response to domestic abuse.

13.5.2 The key objective of a MARAC is to manage /reduce the risk of serious harm or death of the victims and increase the health, safety and wellbeing of both adult victims and children. This is achieved by:

- Sharing information to increase the safety, health and well-being of adult victims and their children;
- Determining whether the alleged perpetrator poses a significant risk to particular individuals and to the general community;
- Jointly constructing and implementing a risk management plan that provides professional support to all those at risk and that reduces the risk of harm;
- Reducing repeat victimisation;
- Improving agency accountability; and
- Improving support for staff involved in high-risk domestic abuse cases.

For guidance information about MARACs, including toolkits to support agencies go to www.Safelives.org.uk

How a MARAC operates

13.5.3 MARACs in Southend, Essex and Thurrock occur on a regular basis (as at October 2016 Essex held MARAC meetings twice daily and Southend and Thurrock on a weekly basis.)

13.5.4 MARACs are chaired by specifically trained professionals. They are generally closely linked to the MARAT/MASH teams or are integrated members of the teams.

13.5.5 In Essex and Southend the MARAC is hosted by the MARAT (multi agency risk assessment team) and in Thurrock, the MARAC is hosted through the MASH (multi agency safeguarding hub).

13.5.6 The MARAT team is a permanent group of lead professionals from core MARAC agencies. They are responsible for liaising with their agency to secure relevant information for sharing at a MARAC and authorised to represent their agency and agree actions on behalf of their agency.

13.5.7 The responsibility to take appropriate actions rests with individual agencies; it is not transferred to the MARAC. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

13.5.8 All core and other MARAC agencies are responsible for ensuring that their MARAC representatives are suitably senior and have sufficient knowledge of domestic abuse risk management.

13.5.9 The Southend, Essex and Thurrock MARACs each have their own individual operating protocols

Referral and assessment

13.5.10 Any agency can refer an adult victim who they believe to be at high risk of harm to a MARAC. There does not have to have been an incident reported to the Police. Professionals will use the DASH risk assessment to determine the level of a risk to a victim or an agreed risk assessment tool

.

13.5.11 The criteria for referral to MARAC are as follows:

- ‘Visible High Risk’: this is based on the completion of a DASH risk identification checklist or another agreed professional risk assessment tool and identification of a high risk incident or significant concerns about the risk of an incident occurring.
- Professional judgement: if a professional considers that a victim is at high risk of serious harm or death despite this not being identified through the DASH risk assessment they should refer the case to MARAC, following a discussion with the domestic abuse specialist within the referring organisation. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of ‘honour’-based violence. This judgement would be based on the

professional's experience and/or the victim's perception of their risk even if they do not meet criteria 1 above.

- Repeat cases of domestic abuse following a previous high risk domestic abuse incident reported in the last 12 months
- People identified by the police as on the acute victim cohort.

13.5.12 MARAC does not take away responsibility from agencies for immediate actions in relation to the safety of high-risk victims and their children particularly with regard to statutory duties (e.g. police, children's services etc.)

13.5.13. If agencies believe that there may be safeguarding issues in relation to adults or children in the family then appropriate referrals should be made. The referrals should be in line with the agencies safeguarding procedures and the SET procedures. Any referrals that need to be made to statutory services should be completed prior to the MARAC taking place

MARAC process

13.5.14 Referrals to MARACs should be made on local MARAC referral forms which are available on websites

Referrals to Essex should be emailed securely to MARACESSEX@essex.pnn.police.uk

Referrals to Southend should be emailed securely to southendDFPsafeguarding@southend.gcsx.gov.uk

Referrals to Thurrock should be emailed securely to Thurrockmash@Thurrock.gcsx.gov.uk

13.5.15. Business support linked to MARACs circulate case lists to both core members of MARAC as well as a range of pertinent partners.

13.5.16 Responsibilities of participating agencies:

- Participating agencies should use the MARAC case list to research their own agency's records. This is in order to collate all the relevant and proportionate information to understand the risk and to contribute to, and inform the multi-agency action plan.
- Representatives should identify and contribute appropriate actions to formulate the multi- agency action plan to reduce/manage identified risk.
- Representatives should take notes at the MARAC, in order to delegate actions to workers.
- Actions agreed at the MARAC should be progressed in a timely way and by the agreed date.

- Representatives are responsible for ensuring actions accepted by their agency are completed by the agreed date or for updating the MARAC if actions have not been completed and the reasons for this.
- Individual records held at agencies should be contemporaneously updated.

13.5.17 A victim focussed action plan is generated at MARAC meetings and the action plans are circulated to participating agencies. These should be securely and confidentially stored by participating agencies.

13.5.18 The Southend, Essex and Thurrock MARACs have identified a list of core agencies that are integrated into the teams. Other statutory or third sector agencies may also be invited to participate in the action planning depending on whether they have any specific involvement with any of the victims (e.g. Youth Offending Service, community psychiatric nurse, NSPCC, Women's Safety Unit).

13.5.19 A MARAC should have an Independent Domestic Violence Advisor (IDVA) who can provide specialist domestic violence input and represent the victim and the victim's voice. The IDVA is a caseworker with specialist accredited domestic violence advocate training to work with high risk domestic abuse from the point of crisis and whose focus is on the victim.

13.5.20 A MARAC should have a minimum of two operating protocols which participating agencies sign up to. The two are an information sharing protocol governing how information is shared and how decisions are made and a process protocol setting out the process of the MARAC meetings (including where appropriate the MARAT/MASH process).

Information Sharing and Safety planning

13.5.21 At a typical MARAC meeting a number of cases are presented and:

- There is a brief and focused information sharing process;
- The wishes and feelings of the victim are discussed;
- This is followed by an evaluation of the risk and
- Then a dynamic multi-agency action plan is agreed and then put into place to manage and reduce the identified risk factors and to support the victim.
- The plan should include which agency has responsibility for the action and an agreed completion date.
- The plan should be linked to other public protection procedures particularly safeguarding children, vulnerable adults and the management of perpetrators.

13.5.22 Where, as a result of the information sharing within the MARAC, children are identified as being at risk of significant harm the MARAC will nominate the most appropriate agency representative to make a referral to social care. The most appropriate agency will usually be the agency that holds

the most detailed information about the risk to the children and their circumstances.

13.5.23 Transfer-If the victim moves to another MARAC area and the risks still exist then the relevant manager i.e. MASH or MARAT manager needs to ensure that the case is transferred to the relevant local MARAC in a timely manner.

13.6 Multi-agency Public Protection Arrangements

13.6.1 Multi-agency Public Protection Arrangements (MAPPA) provide a national framework in England and Wales for the assessment and management of the risk of serious harm posed by specified sexual and violent offenders, as well as offenders (including young people) who are considered to pose a risk, or potential risk, of serious harm to children. MAPPA arrangements are statutory under the Criminal Justice Act 2003.

13.6.2 MAPPA's aims are to:

- Ensure more comprehensive risk assessments are completed, taking advantage of co-ordinated information sharing across the agencies; and
- Share information, assess and manage risk and direct the available resources to best protect the public from serious harm.

13.6.3 Offenders eligible for MAPPA are identified and information is gathered/shared about them across relevant agencies. The extent to which they pose a risk of serious harm is assessed and a risk management plan is implemented to protect the public.

Responsible authority

13.6.4 The Criminal Justice Act 2003 requires police, probation and prison services (the 'Responsible Authority') in each area to consult with partner agencies and to:

- Establish local arrangements to assess and manage risks posed by child and adult sexual and violent offenders;
- Review and monitor arrangements;
- Prepare and publish an annual report on their operation.

13.6.5 The MAPPA Guidance (2009) further develops processes particularly with regard to young people who pose a risk and the role of YOS.

Duty to co-operate

13.6.6 The duty to co-operate under the Criminal Justice Act 2003 requires the responsible authority to co-operate with each of the following agencies and requires them to co-operate with the responsible authority:

- Councils with social services responsibilities;
- CCGs, other NHS Trusts and NHS England;
- Jobcentres Plus;
- Youth Offending Service;
- Social landlords which accommodate MAPPA offenders;
- Local housing authorities;
- Local education authorities;
- Electronic monitoring providers.
- United Kingdom Border Force

13.6.7 In practical terms the type of co-operation envisaged would involve representatives of the agencies:

- Attending risk management meetings where they are already involved in the case or where they have a responsibility;
- Providing advice (perhaps but not necessarily by attending risk management meetings) about cases in which they are not involved and have no direct responsibility so as to enable the responsible authority and the other agencies involved in the case to assess and manage risk more effectively. For example, this might involve explaining how specific housing, health or social services which are not currently required in the case may be accessed or involved later;
- Advising on broader, non-case-specific, issues which may affect the operation of the MAPPA more generally;
- Sharing information about particular offenders and about broader issues so as to enable the responsible authority and the other agencies to work together effectively.

Strategic management board (SMB)

SMB role

13.6.8 Each of the 42 probation service areas in England and Wales must have a MAPPA Strategic Management Board (SMB) attended by senior representatives of each of the responsible authority and duty to co-operate agencies, plus two lay advisers. It is the SMB's role to ensure that the MAPPA are working effectively and to establish and maintain working relationships with the Local Safeguarding Children Boards (LSCBs).

13.6.9 While areas have some discretion in defining the role of the SMB, all SMBs must:

- Establish connections which support effective operational work with other public protection arrangements (e.g. LSCBs, local crime and disorder partnerships and local criminal justice boards);
- Identify and plan how to meet common training and developmental needs of those working in the MAPPA;

- Monitor (on at least a quarterly basis) and evaluate the operation of the MAPPA;
- Prepare and publish the annual report and promote the work of the MAPPA in the relevant probation area;
- Plan the longer-term development of the MAPPA in the light of regular (at least annual) reviews of the arrangements, and with respect to legislative and wider criminal justice changes.

13.6.10 The SMB must be chaired by the responsible authority, either police (e.g. the Chief Superintendent) or probation (e.g. the Assistant Chief Officer) representing those services.

13.6.11 Full SMB should meet at least quarterly and are expected to actively manage the full remit of the SMB during the course of the year.

13.6.12 In addition to organising the arrangements within their own area, the responsible authority may develop regional or sub-regional networking arrangements, including through the probation service and the Association of Chief Police Officers of England, Wales and Northern Ireland (ACPO), for sharing good practice, reciprocal resourcing etc.

SMB membership

13.6.13 Government guidance recommends that SMB membership includes representatives from the key agencies that have a duty to co-operate, although their participation in the SMB is distinct from their specific duty to co-operate.

13.6.14 The responsible authority should make appropriate arrangements to involve others in the work of the SMB as needed. This may involve co-opting or even full membership where there is a significant and sustained engagement with MAPPA, although in most instances it will be sufficient for the responsible authority to ensure there is effective dialogue and the agency is aware of MAPPA and pertinent public protection issues. Those with a relevant interest may include:

- Victim liaison;
- Treatment providers;
- Local authority education department;
- Employment services;
- Crown Prosecution Service;
- Housing associations;
- Electronic monitoring providers;
- The court service;
- Other relevant third sector organisations (e.g. NSPCC).

13.6.15 Each SMB must have two members of the public appointed by the Secretary of State, to act as lay advisers in the review and monitoring of the arrangements and to help improve links with local communities.

13.7 MAPPA core functions

13.7.1 The four core functions of MAPPA are to:

- Identify relevant adult and child offenders;
- Complete comprehensive risk assessments that take advantage of co-ordinated information sharing across the agencies
- Devise, implement and review robust risk management plans
- Focus the available resources in a way which best protects the public from serious harm

13.7.2 See the national MAPPA Guidance for a description of the framework in full.

Identifying MAPPA eligible offenders

13.7.3 There are three categories of offender eligible for MAPPA:

- Category 1: registered sexual offenders - Category 2: Murderer or an offender who has been convicted of an offence under schedule 15 of the Criminal Justice Act 2003 and
  - who has been sentenced to 12 months or more in custody; or
  - who has been sentenced to 12 months or more in custody and is transferred to hospital under s47/s49 of the Mental Health Act 1983; or
  - who is detained in hospital under s37 of the Mental health Act 1983 with or without a restriction order under s41 of that Act
- Category 3: other dangerous offenders – a person who has been cautioned for or convicted of an offence, which indicates that he or she is capable of causing serious harm which requires multi-agency management. This might not be an offence under schedule 15 of the Criminal Justice Act 2003.
- The full list of schedule 15 offences is available (in greater detail) at http://www.legislation.gov.uk/ukpga/2003/44/schedule/15 .

13.7.4 YOS has a duty to identify cases that meet MAPPA criteria and make appropriate referrals. However, the guidance emphasises that young people should be assessed and managed differently from adults, using age-appropriate assessment tools and always bearing in mind the need to safeguard the welfare of the young offender as well as to protect others from harm. Local authority children's social care services should always be represented at MAPP meetings when a young person is being discussed.

Assessing the risk of serious harm

Dangerous offenders

13.7.5 The Criminal Justice Act 2003 defines a 'dangerous offender' as a child or adult who is:

- Convicted of an offence specified in schedule 15 of the Criminal Justice Act 2003 (see Part B, Appendix 1: Links to relevant legislation), all of which are sexual or violent offences carrying a penalty of two years or more;
- Assessed by the court as posing a significant risk to members of the public of serious harm by the commission of further specified offences.

13.7.6 Probation and YOS professionals have a significant role to play in contributing to the assessment of dangerousness by providing the court with detailed information and assessment regarding the child or adult and their level of risk of harm to others. This should be based on a comprehensive assessment made using the assessment tools OASys for adults (see Assessment of an adult: Offender Assessment System (OASys)) and Asset for children (see section 13.2.22).

13.7.7 The term 'dangerous offender' should only be used in relation to cases where a court has made an assessment of dangerousness in accordance with the definitions given in the Act. It should not, for instance, be used to refer to a child or adult who may be assessed by YOS or probation professionals as presenting a risk of serious harm to others but who have not committed specified offences listed in schedule 15 of the Criminal Justice Act 2003.

Assessment of Risk

13.7.8 To enable strategies based upon these features to be drawn up, the MAPPA framework identifies four separate but connected levels at which risk of perpetrating serious harm is assessed and managed:

- Low risk - current evidence does not indicate likelihood of causing serious harm;
- Medium risk - identifiable indicators of risk of serious harm. The offender has the potential to cause serious harm, but is unlikely to do so unless there is a change in circumstances e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse;
- High risk - identifiable indicators of risk of serious harm. The potential event could happen at any time, and the impact would be serious; and
- Very high risk - an imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact to be serious.

13.7.9 There are 3 levels of management within the MAPPA framework, which are based upon the level of multi-agency co-operation required to implement the risk management plan effectively.

13.7.10 The levels of risk management do not necessarily equate directly to levels of risk identified by Asset, for children (see section 13.2.22) and OASys, for adults (see 13.4.7 above, Assessment of an adult: Offender Assessment System (OASys)). However, generally the higher the assessed level of risk, the higher the level of management required. The level at which a case is managed is dependent upon the nature of the risk and how it can be managed. The levels of risk posed by an offender and the level at which an offender is managed can change.

13.7.11 In most cases, a MAPPA eligible offender will be managed without recourse to MAPPA meetings under the ordinary arrangements applied by the agency or agencies with supervisory responsibility. This will generally be the police for registered sexual offenders who are not on a licence to probation, and probation for violent offenders and those on a licence, but YOS will lead with young offenders and Mental Health Services with those on hospital orders.

13.7.12 A number of offenders, though, require active multi-agency management and their risk management plans will be formulated and monitored via multi-agency public protection (MAPPA) meetings (see Level 2 & 3: Multi-agency public protection (MAPPA) meetings).

Levels of MAPPA risk management

13.7.13 The three levels of MAPPA management are:

- Level 1: ordinary agency management;
- Level 2: active multi-agency management; and
- Level 3: active enhanced multi-agency management.

Level 1 Cases: Ordinary risk management

13.7.14 Ordinary agency management level 1 is where the risks posed by the offender can be managed by the agency responsible for the supervision or case management of the offender. This does not mean that other agencies will not be involved, only that it is not considered necessary to refer the case to a level 2 or 3 MAPP meeting.

13.7.15 It is essential that information sharing takes place, disclosure is considered, and there are discussions between agencies as necessary.

Level 2 Cases: Multi Agency management

13.7.16 Cases should be managed at level 2 where the offender:

- Is assessed as posing a high or very high risk of serious harm, or
- The risk level is lower but the case requires the active involvement and co-ordination of interventions from other agencies to manage the presenting risks of serious harm, or
- The case has been previously managed at level 3 but no longer meets the criteria for level 3, or
- Multi-agency management adds value to the lead agency's management of the risk of serious harm posed.

Level 3 Cases : Multi-Agency management

13.7.17 Level 3 management should be used for cases that meet the criteria for level 2 but where it is determined that the management issues require senior representation from the Responsible Authority and Duty to Co-operate agencies. This may be when there is a perceived need to commit significant resources at short notice or where, although not assessed as high or very high risk of serious harm, there is a high likelihood of media scrutiny or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is maintained.

Multi-agency involvement

13.7.18 Multi-agency representation and involvement is key to the effectiveness of level 2 and level 3 arrangements. In determining the level of the representation and the nature of that involvement three factors must be considered:

- The representatives must have the authority to make decisions committing their agency's involvement. If decisions are deferred then the effectiveness of the multi-agency operation is weakened;
- They require relevant experience of risk/needs assessment and management and the analytical and team-playing skills to inform deliberations. This experience and these skills can usefully contribute both to specific case management and more broadly in providing advice on case management;
- The effectiveness of level 2 and level 3 arrangements depend in large part upon establishing continuity. Multi-agency work is often complex and benefits greatly from the continuity of personnel and their professional engagement.

13.7.19 The management of the 'critical few' at level 3 requires the commitment of senior representatives from the agencies involved. Agencies must be represented by senior personnel who:

- Understand the strategies for minimising or reducing the risk of serious harm;
- Have the authority to implement appropriate strategies agreed at level 3, on behalf of their agency;
- Be able to make decisions about committing the specialist or high-level resources, which may be required to manage the risk of harm from offenders at this level.

Given the imminence of serious harm associated with many offenders in levels 2 and 3 the resource implications of strategies for them may be significant and occur at short-notice.

13.7.20 In addition, there is likely to be a considerably higher media profile to many of the offenders considered and the responsible authority may wish to address media handling issues as a regular part of the risk management/ contingency plans.

13.7.21 The identification and involvement of actual or potential victims maybe particularly important. Liaising with victims, particularly those most vulnerable, will be a sensitive matter which requires careful handling. The expertise of probation victim contact officers can be complemented by agencies such as Victim Support and local third sector domestic abuse services.

13.7.22 The risks a child or adult offender may pose to children requires that the responsible authority develops and maintains close and effective links with the LSCB and other agencies, such as local authority children's social care, education, and local third sector child care agencies.

13.7.23 Where it is known that an offender attends a church/place of worship arrangements should be made to contact the ministers or faith leadership to discuss with them how to manage the individual. Where appropriate the church or place of worship should be involved in MAPP strategies for managing the individual.

MAPP meetings

13.7.24 In order for MAPPA to be effective in safeguarding children from harm, MAPP meetings must ensure that:

- Decisions are defensible;
- Risk of harm assessments are rigorous;
- Risk of harm management plans match the identified need for public protection;
- Performance is evaluated and delivery improved.

13.7.25 MAPP meetings should be well organised and minuted, reflecting defensible decision making.

13.7.26 See the national MAPPA Guidance for a description of the framework in full.

Civil orders

Notification Orders

13.7.27 Notification Orders are intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (the Sex Offenders Register) in the UK if they receive convictions or cautions for sexual offences overseas, that should they have been convicted in the Uk would make them subject to notification. The provisions also apply to young people who have offended.

13.7.28 Notification Orders are made on application from the police to a magistrates' court. Therefore, if an offender is identified who has received a conviction or caution for a sexual offence overseas, the case should be referred to the local police for action.

13.7.29 If a Notification Order is in force, the offender becomes subject to the requirements of the Sex Offenders Registration.

13.7.30 For example, a Notification Order could ensure that the notification requirements apply to a British man who, while on holiday in Southeast Asia, received a caution for a sexual offence on a child.

13.7.31 Any information that an individual has received a conviction or caution for a sexual offence overseas should, where appropriate, be shared with the police.

Sexual Harm Prevention Orders (SHPOs)

13.7.32 Sexual Harm Prevention Orders (SHPOs) were introduced in 2013 and have replaced/combined the Sexual Offences Prevention Orders (SOPOs) and Foreign Travel Order (FTO) Sexual Harm Prevention Orders are preventative orders designed to protect the public from sexual harm. A court may give a Sexual Harm Prevention Order when sentencing an offender, including a young person, who has received a conviction for an offence listed in Schedule 3 or 5 of the Sexual Offences Act 2013.

13.7.33 The police can also apply for a civil Sexual Harm Prevention Order in a magistrates' court in respect of a person who has been convicted, found not guilty by reason of insanity or found to be under a disability and to have done the act charged, or cautioned for an offence listed in either Schedule 3 or Schedule 5 to the Criminal Justice Act 2003 either in the UK or overseas.

13.7.34 To obtain an order the police will need to establish that there is reasonable cause to believe an order is necessary toprotect the public (or individual memebers of the public) in the UK, or children or adults with care and support needs (or individual children or adults with care and support needs) abroad from sexual harm.

13.7.35 The police and other agencies should keep under constant review wheter a Sexual Harm Prevention Order is appropriate for the sex offender, and also the violent offender, that they manage. Where an offender is behaving in a way that suggests they might commit a sexual offence, the police must actively consider whether to apply for an order. The police must demonstrate two things to the court in order to make a valid application;

- That the person is a 'qualifying offender' That is to say that they have been convicted, cautioned, received a reprimand or final warning, found not guilty by reason of insanity.
- Or found to be under disability and to have done the act charged, in respect of an offence listed in Schedule 3 or Schedule 5 of the Criminal Justice Act 2003. Spent convictions can also be relied on by police in the applying for a Sexual Harm, Prevention Order; and
- That since the 'appropriate date' the person has acted in such a way as to give reasonable cause to believe that an order is necessary to protect the public, or any member of the public in the UK, or children or adults with care and support needs abroad, from sexual harm.

13.7.36 Sexual Harm Prevention Orders include such prohibitions as the court considers appropriate. The offender will also, if they are not already, become subject to the notification requirements for the duration of the order.

13.7.37 A SexualHarm Prevention Order will laast for a term of at least 5 years and can be indefinate.

13.7.38 Breach of any prohibition within a Sexual Offecnes Prevention Order is a criminal offence, with a maximum punishment of five years' imprisonment. Therefore the police should be contacted whenever a Sexual Harm Prevention Order is breached.

13.7.39 Sexual Offences Prevention Orders can be particularly helpful in the management of sex offenders who are assessed as continuing to pose a high risk of harm, but are no longer subject to statutory supervision.

Sexual Risk Orders (SRO)

13.7.40 A Sexual Risk Order (SRO) is a civil order which can be sought by the police against an individual who has not been convicted, cautioned on a Schedule 3 or Schedule 5 offence but who is never the less thought to pose a risk of harm. These replace the Risk Of Sexual Harm Order (RSHO)

13.7.41 A Sexual Risk Order may be made in respect of an individual who has;

- Done an act of a sexual nature and
- As a result of which there is reasonable cause to believe that it is necessary to make an order to protect the public from harm.

13.7.42 Sexual Risk Orders are made on application from the police, so any person who is thought to pose a risk of sexual harm to children should be referred to the Police. In an application for an order, the police can set out the prohibitions they would like the court to consider.

13.7.43 Breach of any of the prohibitions in a Sexual Risk Order is a criminal offence, with a maximum punishment of 5 years imprisonment. It is also an offence that makes the offender subject to the notification requirements. The police should be contacted whenever a Sexual Risk Order is breached.

13.7.44 The prohibitions must be necessary to protect the public in the UK or children or adults with care and support needs abroad from harm from the offender. The order cannot require the offender to comply with conditions requiring positive action, although it does have the effect of requiring the individual to notify the police of their name and address (this information must be updated annually and whenever the information changes) while the order has effect. The minimum duration for a full order is 2 years (if a Sexual Risk Order contains a foreign travel restriction, that aspect may last a maximum of five years) the lower age limit is 10, which is the age of criminal responsibility.

Violent Offender Orders (VOOs)

13.7.45 Violent Offender Orders (VOOs) are civil preventative orders. Violent Offender Orders were developed as a tool to help the Police Service to manage those offenders who continue to pose a risk of serious violent harm to the public after they are no longer subject to statutory restrictions available under licence, a Hospital Order or a Supervision Order Although not specifically designed as a tool to protect children, there may be circumstances where Violent Offender Orders would be an appropriate mechanism to manage an individual who poses a serious risk of harm to children.

13.7.46 An appliction should be based on an assessment of the risk f serious violent harm that a qualifying offender poses to the public. The key will be

to demonstrate in court that the offender has, since becoming a qualifying offender, acted or behaved in a way that indicates they pose a risk of serious violent harm and that a Violent Offender Order is now necessary to protect the public from the risk of serious violent harm.

13.7.47 The order can be for a period between 2 and 5 years' duration

13.7.48 Violent Offender orders are available on application by a chief officer to a magistrates' court. In order to qualify for Violent Offender Order the offender must be 18 years of age or over and have been sentenced to 12 months or more of a custodial sentence or received a hospital order in respect of one of the following offences

- Manslaughter
- Soliciting murder
- Wounding with intent to cause grievous bodily harm
- Malicious wounding
- Attempt to commit murder or conspiracy to commit murder or
- A relevant service offence

13.7.49 Where the court is satisfied that the criteria for the order are made out, the court may make an order, which will place restrictions on that offender which the court considers necessary to protect the public from the risk of serious violent harm. The types of restrictions that can be imposed are ones restricting access to:

- Specified places
- Premises and events; and
- People

Breach of Violent Offences Order is a criminal offence, which may result in a fine or imprisonment for up to five years.

Sharing relevant information

Introduction

13.7.50 MAPPA plans provide a framework which supports and enables lawful, necessary, proportionate, secure and accountable information sharing. MAPPA protocols should provide answers to the questions of to whom, when, how and where information should be shared.

Information sharing principles

13.7.51 Information sharing must:

- Have lawful authority;
- Be necessary;
- Be proportionate;
- Ensure the safety and security of the information shared;
- Be accountable.

The meaning of each of these principles is explained below.

Lawful authority requirement (vires)

13.7.52 Each MAPPA agency sharing information must have either a prima facie statutory or common law power to do so. The police and probation services, in respect of their wider criminal justice responsibilities as well as their specific, joint duties under the MAPPA, have clearly recognised statutory duties which will necessarily involve sharing information. Further, section 115 of the Crime and Disorder Act 1998 confers on any person a power to pass information to certain relevant authorities (including police, probation, health and local authorities) if necessary to help implement the provisions of that Act. The new Criminal Justice Bill will also confer a statutory power to exchange information with the Responsible Authority on all MAPPA agencies subject to the duty of co-operation.

13.7.53 Therefore all MAPPA agencies will have the prima facie legal power to exchange information with the responsible authority.

Necessity

13.7.54 Information should only be exchanged where necessary for the purpose of properly assessing and managing the risks posed by those offenders who are subject to the MAPPA provisions. The specific purposes of sharing information within the MAPPA are to:

- Identify those offenders who present a serious risk of harm to the public;
- Ensure that the assessment of the risks they present are accurate;
- Enable the most appropriate risk management plans to be drawn up and implemented;
- Implement those plans and thereby protect the public.

Proportionality in information sharing

13.7.55 In order to satisfy this criterion, it must be shown that the managing and assessing of the risk posed by the offender could not effectively be achieved other than by the sharing of the information in question. Clearly, in almost all cases of identifying, assessing and managing risk within MAPPA, this criterion will easily be met.

Sharing information safely and securely

13.7.56 Good practice should ensure that all information about offenders is kept securely and is shared with and available only to those who have a legitimate interest in knowing it - that is, agencies and individuals involved in the MAPPA processes. Essentially, arrangements must be in place which ensure that information is only shared with those with a legitimate interest and cannot by accident or design be accessed by others.

Accountable information sharing

13.7.57 So that information is shared accountably the responsible authority must ensure that the administrative procedures underpinning the operation of MAPPA meetings and case conferences have the confidence of participants. The importance of accurate, clear and timely record keeping is stressed; as is safe and secure information storage and retrieval systems.

13.7.58 More broadly, issues arising from the sharing of information in the MAPPA process should be referred to the area Strategic Management Board, the role and function of which is described in Strategic management board (SMB).

Disclosures by responsible authority to third parties

13.7.59 There may, exceptionally, be some cases where the management of an offender's risk in the community cannot be carried out without the disclosure by the responsible authority of some information to a third party outside the MAPPA agencies. For example, where an employer, voluntary group organiser or church leader has a position of responsibility/control over the offender and other persons who may be at serious risk from the offender, the disclosure to them of certain information about the offender may be the only way to manage that risk.

13.7.60 The principles underpinning disclosure to third parties are the same as for information sharing, but inevitably involve greater sensitivities given that disclosure may be to individual members of the public as opposed to central or local government or law enforcement bodies. Because of this, great caution should be exercised before making any such disclosure: it should be seen as an exceptional measure. If such a course of action is required, it must be part of a risk management plan which either of the two higher levels of risk management have formally agreed.

13.7.61 The lawful authority and necessity requirements described previously will be met in cases where the responsible authority is making a disclosure for the purposes of managing the risk of offenders subject to the MAPPA provisions.

13.7.62 The critical ground, determining whether such a disclosure will be lawful, is therefore likely to be the proportionality requirement. In this respect,

the following criteria should be met before disclosing information about an offender to a third party:

- The offender presents a risk of serious harm to the person, or to those for whom the recipient of the information has responsibility (children, for example);
- There is no other practicable, less intrusive means of protecting the individual(s), and failure to disclose would put them in danger. Also, only that information which is necessary to prevent the harm may be disclosed, which will rarely be all the information available;
- The risk to the offender should be considered; although it should not outweigh the potential risk to others were disclosure not to be made. The offender retains their rights (most importantly their article 2 - right to life) and consideration must be given to whether those rights are endangered as a consequence of the disclosure. It is partly in respect of such consideration that widespread disclosure of the identity and whereabouts of an offender is very, very rarely justified;
- The disclosure is to the right person and that they understand the confidential and sensitive nature of the information they have received. The right person will be the person who needs to know in order to avoid or prevent the risks;
- Consider consulting the offender about the proposed disclosure. This should be done in all cases unless to do so would not be safe or appropriate. Where consultation can be done, it can help strengthen the risk management plan. If it is possible and appropriate to obtain the offender's consent then a number of potential objections to the disclosure are overcome. Equally, the offender may wish to leave for example their placement rather than have any disclosure made, and if this is appropriate, this would also avoid the need for any disclosure;
- Ensure that whoever has been given the information knows what to do with it. Again, where this is a specific person, this may be less problematic but in the case of an employer, for example, you may need to provide advice and support; and
- Before actually disclosing the information, particularly to an employer or someone in a similar position, first ask them whether they have any information about the offender. If they have the information then no disclosure is necessary. If they have some but possibly incorrect information, your disclosure can helpfully correct it.

13.7.63 This procedure applies when disclosure to third parties of an offender/ suspected offender's previous history is being considered.

13.7.64 Subject to the conditions set out in Part B, chapter 3, Sharing information, the general presumption is that information should not normally be disclosed, except if one of the following applies:

- Consent has been obtained from the offender/suspected offender/alleged offender;

- Statutory requirements or other duty, including a genuine instance of a duty to make enquiries to safeguard a child or children at s47 of the Children Act 1989;
- Duty to the public.

13.7.65 Legal advice should be sought where doubt exists as to the lawfulness of disclosure.

13.7.66 The absence of a conviction of child abuse in a criminal court does not prevent a local authority from informing parents or carers of the potential risk posed by someone who is honestly believed on reasonable grounds to have abused other children.

13.7.67 Generally the risk assessment for disclosure of information on convicted abusers will be led by the police and probation service, but local authority children's social care may need to consider the risk of those alleged abusers who:

- Have been charged with an offence and outcome pending;
- Were not prosecuted because the required standard of proof did not allow for a criminal case to be pursued;
- Were not prosecuted but the case 'left on file';
- Were acquitted.

13.7.68 In view of the possibility of legal challenge, by an offender, potential/ suspected offender or future victim, all agencies must, in addition to seeking any legal advice required maintain in respect of disclosure a record of events, actions, discussions, decisions and the reason for them.

PART B2: Learning and Improvement Framework

14. Principles for Learning and Improvement

14.1 Learning and Improvement Framework

14.1.1 Working Together 2015 requires that the Local Safeguarding Children Board maintain a shared local learning and improvement framework across those local organisations working with children and families.

14.1.2 This local framework covers the full range of single and multi-agency reviews and audits which aim to drive improvements to safeguard and promote the welfare of children. The different types of review include:

- Serious Case Review (see Part B, chapter 15 Serious case reviews);
- Child death review (see Chapter 5: Child death reviews – Working Together 2013: a review of all child deaths under the age of 18);
- Review of a child protection incident which falls below the threshold for a Serious Case Review;
- Review or audit of practice in one or more agencies.

14.2 Purpose of Local Framework

14.2.1 The aim of this framework is to enable local organisations to improve services through being clear about their responsibilities to learn from experience and particularly through the provision of insights into the way organisations work together to safeguard and protect the welfare of children.

14.2.2 The framework should be shared across all agencies that work with families and children. Working Together states that 'This framework should enable organisations to be clear about their responsibilities, to learn from experience and improve services as a result'. See Chapter 4, Working Together.

14.2.3 This should be achieved though:

- Reviews conducted regularly;
- Such reviews to encompass both those cases which meet statutory criteria (i.e. serious case reviews and child death reviews) and cases which may provide useful insights into the way organisations are working together to safeguard and protect the welfare of children;
- Reviews examining what happened in the case, why it did so and what action will be taken to learn from the findings;
- Learning from both good and more problematic practice about the organisational strengths and weaknesses within local services to safeguard children;

- Implementation of actions arising from the findings which result in lasting improvements to services;
- Transparency about the issues arising and the resulting actions organisations take in response to the findings from individual cases, including sharing the final reports of serious case reviews with the public.

14.2.4 Reviews are not an end in themselves, but a method to identify improvements needed and to consolidate good practice. The LSCB and partner organisations will translate the findings from reviews into programmes of action which lead to sustainable improvements.

14.2.5 There is considerable local discretion as to what the Learning and Improvement Framework will look like in any area. It will need to take into account the LSCB structure and partnership arrangements and aim to be as inclusive as possible.

14.2.6 Local Learning and Improvement framework arrangements will need to develop shared audit tools, processes for capturing the views of service users and a system for sharing learning with the wider workforce.

14.3 Principles for a Culture of Continuous Improvement

14.3.1 There should be a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, so as to identify what works and what promotes good practice.

14.3.2 Within this culture the principles are:

- A proportionate response: According to the scale and level of complexity of the issues being examined i.e. the scale of the review is not determined by whether or not the circumstances meet statutory criteria;
- Independence: Reviews of serious cases to be led by individuals who are independent of the case under review and of the organisations whose actions are being reviewed;
- Involvement of practitioners and clinicians: Professionals should be fully involved in reviews and invited to contribute their perspectives without fear of being blamed for actions they took in good faith;
- Offer of family involvement: Families, including surviving children, should be invited to contribute to reviews and be provided with an understanding of how this will occur;
- The child to be at the centre of the process;
- Transparency: Achieved by publication of the final reports of serious case reviews and the LSCB's response to the findings. The LSCB annual reports will explain the impact of serious case reviews and other reviews on improving services to children and families and on reducing the incidence of deaths or serious harm to children. This will also inform inspections;

- Sustainability: Improvement must be sustained through regular monitoring and follow-up so that the findings from these reviews make a real impact on improving outcomes for children.

14.3.3 There is an understandable focus on serious case reviews given the profile of this type of review, however it should be remembered that they are not the only process that should drive learning and improvement. LSCB's should pay equal or greater attention to the dissemination processes for learning giving consideration to:

- The need to reach a multi-agency audience;
- An understanding of adult learning;
- The on-going training and development needs of certain professional groups.

14.3.4 Clearly one approach will not be suitable for all learning and every agency; a range of learning opportunities should be provided that could include: inter-professional discussion forums, specific dissemination events, thematic presentations (combining the learning from several different reviews) and the uses of LSCB newsletters to produce factsheets on specific topics.

14.4 Notifiable Incidents

14.4.1 A notifiable incident is an incident involving the care of a child which meets any of the following criteria:

- A child has died (including cases of suspected suicide), and abuse or neglect is known or suspected;
- A child has been seriously harmed and abuse or neglect is known or suspected;
- A looked after child has died (including cases where abuse or neglect is not known or suspected); or
- A child in a regulated setting or service has died (including cases where abuse or neglect is not known or suspected)

14.4.2 The local authority should report any incident that meets the above criteria to Ofsted and the relevant LSCB or LSCBs promptly, and within five working days of becoming aware that the incident has occurred,

14.4.3 For the avoidance of doubt, if an incident meets the criteria for a Serious Case Review then it will also meet the criteria for a notifiable incident (above).

14.4.4 There will, however, be notifiable incidents that do not proceed through to Serious Case Review.

15. Serious Case Reviews

15.1 Criteria

15.1.1 The LSCB must undertake reviews of serious cases in specified circumstances. Regulation 5(1) (e) and (2) of the Local Safeguarding Children Boards Regulations 2006 set out the LSCB's function in undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

15.1.2 A serious case review must always be initiated when:

a. Abuse or Neglect of a child is known or suspected; AND
b. Either:
i. The child has died; OR
ii. The child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

15.1.3 'Seriously harmed' includes, but is not limited to, cases where the child has sustained, as a result of abuse or neglect, any or all of the following:

- Potentially life-threatening injury;
- Serious and/or likely long-term impairment of physical or mental health or physical, intellectual, emotional, social or behavioural development.

This definition is not exhaustive. In addition, even if a child recovers, this does not mean that serious harm cannot have occurred. LSCBs should ensure that their considerations on whether serious harm has occurred are informed by available research evidence.

15.1.4 Thus cases meeting either of these criteria must always trigger a serious case review:

1. Abuse or neglect of a child is known or suspected AND the child has died (including by suicide); OR
2. Abuse or neglect of a child is known or suspected AND the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child. In this situation, unless it is clear that there are no concerns about inter-agency working, a serious case review must be commissioned.

15.1.5 Additionally, even if these criteria are not met a serious case review should always be carried out when:

- A child dies in custody, in police custody, on remand or following sentencing, in a Young Offender Institution, in a secure training centre or a secure children's home or where the child was detained under the Mental Health Act 2005.

15.2 Decisions Whether to Initiate a Serious Case Review

15.2.1 The LSCB for the area in which the child is normally resident must decide whether an incident notified to them meets the criteria (see section 15.1, Criteria) for a serious case review. This decision should normally be made within one month of notification of the incident. The final decision rests with the Chair of the LSCB. The Chair may seek peer challenge from another LSCB Chair when considering this decision (and also at other stages in the serious case review process).

15.2.2 The LSCB must notify Ofsted and the National Panel of Independent Experts of the decision. A decision not to initiate a serious case review may be subject to scrutiny by the national panel and require the provision of further information on request and the LSCB chair may be asked to give evidence in person to the panel.

15.2.3 If the serious case review criteria are not met, the LSCB may still decide to commission a serious case review or an alternative form of case review.

15.3 Methodology for Learning and Improvement

15.3.1 Working Together 2015 does not prescribe any particular methodology to use in such continuous learning, except that whatever model is used it must be consistent with the following 5 principles:

- Recognises the complex circumstances in which professionals work together to safeguard children;
- Seeks to understand precisely who did what and the underlying reasons that led individuals and organisations to act as they did;
- Seeks to understand practice from the viewpoint of the individuals and organisations involved at the time rather than using hindsight;
- Transparency about the way data is collected and analysed; and
- Makes use of relevant research and case evidence to inform the findings.

15.3.2 Whilst Working Together stops short of advocating any specific method the systems methodology as recommended by Professor Munro (The Munro Review of Child Protection: Final Report: A Child Centred System) is cited as an example of a model that is consistent with these principles.

15.3.3 Some examples of models which may be considered:

- SCIE Learning Together[1] (LT) has been piloted and evaluated during the Working Together consultation period[2] and is recognised as one which values practitioner contributions, is sympathetic to the context of the case and is experienced as a more transparent process by those involved;
- Root Cause Analysis (RCA) has been used within health agencies as the method to learn from significant incidents. RCA sets out to find the systemic causes of operational problems. It provides a systematic investigation technique that looks beyond the individuals concerned and seeks to understand the underlying causes and environmental context in which the incident happened;[3]
- Child Practice Reviews[4] replaced the Serious Case Review system as the statutory guidance in Wales on 01.01.13. This process consists of several inter-related parts: Multi-Agency professional Forums to examine case practice, Concise Reviews in order to identify learning for future practice, and an Extended review which involves an additional level of scrutiny of the work of the statutory agencies;
- Significant Incident Learning Process (SILP) was developed as a way of providing a process to review cases just below the mandatory threshold for serious case reviews. It has subsequently been used in formal serious case reviews. This approach explores a broad base of involvement including families, frontline practitioners and first line managers view of the case, accessing agency reports and participating in the analysis of the material via a 'Learning Event' and 'Recall Session';
- Appreciative Inquiry (AI), rooted in action research and organisational development, is a strengths-based, collaborative approach for creating learning change. SCR's conducted as an appreciative inquiry seek to create a safe, respectful and comfortable environment in which people look together at the interventions that have successfully safeguarded a child; and share honestly about the things they got wrong. They get to look at where, how and why events took place and use their collective serious case reviews hindsight wisdom to design practice improvements.

15.3.4 Irrespective of the methodology the emphasis must be on the establishment of a local framework for learning and improvement which will achieve the outcomes set out in Learning and Improvement Framework Procedure, Purpose of Local Framework, and undertaking a review which is proportionate to the scale and level of complexity of the issues being examined.

[1] Fish, S., E. Munro, and S. Bairstow, Learning together to safeguard children: developing a multi-agency systems approach for case reviews. 2008, Social Care Institute for Excellence: London)
[2] Undertaking Serious Case Reviews using the Social Care Institute for Excellence (SCIE) Learning Together systems model: lessons from the pilots. March 2013.
[3] Root Cause Analysis (RCA) Investigation website.
[4] Protecting Children in Wales. Guidance for Arrangements for Multi-Agency Child Practice Reviews 2013.

15.4 Parallel Processes

15.4.1 When considering the scope of a serious case review the LSCB should consider whether the case will give rise to other parallel investigations of practice, for example:

- NHS Serious Incident Investigations;
- Domestic homicide reviews

And if so, how a coordinated or jointly commissioned review process could identify learning from the case in the most effective way and with minimal delay.

15.4.2 The LSCB should also consider how the review process takes account of a coroner's inquiry, any criminal investigations (if relevant), family or other civil court proceedings related to the case and how to ensure that relevant information can be shared without incurring significant delay in the review process.

NHS Serious Incident Investigations

15.4.3 When the NHS is involved in a SCR, a NHS grade 2 Serious Incident Investigation is carried out in parallel coordinated by a designated safeguarding professional employed by the Clinical Commissioning Group (CCG). The Serious Incident investigation must include all provider organisations that were involved in the child's care during the period of time under review. Lessons will be defined and recommendations and actions made with regards to NHS inter-departmental, inter-disciplinary and inter-agency working as well as those for multi-agency practice. The NHS Serious Incident Investigation must use Serious Incident RCA systems methodology, which is compliant with the principles in Working Together to Safeguard Children 2015. The CCG designated safeguarding professional co-ordinating the case must have an early discussion and agree with the Chair of the Safeguarding Board the ways in which the SI investigation can best inform the SCR whilst avoiding duplication, for example by enabling health to undertake joint interviews with the LSCB lead reviewer for the health professionals involved, and attending all SCR multi-agency review meetings and learning events.

Domestic Homicide Reviews

15.4.4 When there has been a death of an individual of 16 years or over which has, or appears to have, resulted from violence, abuse or neglect by a person to whom s/he was related to, had been in an intimate personal relationship or was a member of the same household then a Domestic Homicide Review (DHR) or Serious Incident review will be undertaken. If the deceased person was 16 – 18 years then a Serious Case Review may be undertaken, with the domestic violence fully considered and shared with the Community Safety Partnership. The LSCB is involved in all

reviews where there are children living in the house and the findings and recommendations are shared with the LSCB.

15.5 Appointing Reviewers

15.5.1 The LSCB will appoint one or more suitable individuals to lead the serious case review. Such individuals should have demonstrated that they are qualified to conduct reviews using the Learning and Improvement Framework Procedure, Principles for a Culture of Continuous Improvement.

15.5.2 The lead reviewer should be independent of the LSCB and the organisations involved in the case.

15.5.3 The LSCB will provide the National Panel of Independent Experts (see section 15.10, National panel of independent experts on serious case reviews) with the name(s) of the individual(s) appointed to conduct the serious case review and consider carefully any advice which the panel provides about the appointment/s.

15.5.4 Working Together 2015 does not specify the need for an independent chair for the review process: the need for this will depend on the review model selected, the complexity of the case and other local considerations. The approach should be proportionate to the scale and level of complexity of the issues being examined.

15.6 Timescale for Serious Case Review Completion

15.6.1 The LSCB will aim for completion of the serious case review within six months of initiating it. If this is not possible (e.g. because of potential prejudice to related court proceedings), every effort should be made while the serious case review is in progress to:

- Capture points from the case about improvements needed; and
- Take any corrective action identified as required.

15.7 Engagement of Organisations

15.7.1 The LSCB will ensure appropriate representation in the review process of professionals and organisations involved with the child and family.

15.7.2 The LSCB may decide as part of the serious case review to ask each relevant organisation to provide information in writing about its involvement with the child who is the subject of the review. The form in which such written material is provided will depend on the methodology chosen for the review.

15.8 Agreeing Improvement Action

15.8.1 The LSCB will oversee the process of agreeing with partners what action they need to take in light of the serious case review findings.

15.9 Publication of Reports

15.9.1 In order to provide transparency and to support national sharing of lessons learnt and good practice in writing and publishing such reports, all reviews of cases meeting the serious case review criteria will result in a readily accessible published report on the LSCB's website. It will remain on the web-site for a minimum of 12 months and thereafter be available on request.

15.9.2 The fact that the report will be published must be taken into consideration throughout the process, with reports written in such a way that publication 'will not be likely to harm the welfare of any children or adult with care or support needs involved in the case' and consideration given on how best to manage the impact of publication on those affected by the case. The LSCB will comply with the Data Protection Act 1998 and any other restrictions on publication of information, such as court orders.

15.9.3 The final serious case review report should:

- Provide a sound analysis of what happened in the case, and why, and what needs to happen in order to reduce the risk of recurrence;
- Be written in plain English and in a way that can be easily understood by professionals and the public alike; and
- Be suitable for publication without needing to be amended or redacted.

15.9.4 The LSCB will publish, either as part of the final serious case review report or in a separate document, information about:

- Actions already taken in response to the review findings;
- The impact these actions have had on improving services; and
- What more will be done.

15.9.5 The LSCB will send copies of all serious case review reports to the National Panel of Independent Experts at least one week before publication. If the LSCB considers that a report should not be published, it should inform the panel which will provide advice. The LSCB will provide all relevant information to the panel on request, to inform its deliberations.

15.10 National Panel of Independent Experts on Serious Case Reviews

15.10.1 Working Together to Safeguard Children 2013 introduced a National Panel of Independent Experts to advise and support LSCBs about the initiation and publication of serious case reviews. The panel reports to the

relevant government departments their views of how the system is working. LSCBs should have regard to the panel's advice on:

- Application of the serious case review criteria: whether or not to initiate a serious case review;
- Appointment of reviewers;
- Publication of serious case review reports.

15.10.2 LSCB Chairs and LSCB members should comply with requests from the panel as far as possible, including requests for information such as copies of reports and invitations to attend meetings.

15.11 Considerations for Local Processes

- Engagement of families, children and service users. There is an increasing body of evidence that the family members, including children, can make a valuable contribution to professional understanding;
- Co-ordination with parallel review processes (that still require formal IMR's such as Domestic Homicide Reviews);
- Publication in full of the Overview Report;
- Appointment of a 'lead reviewer' rather than an Overview author and independent chair;
- Auditing and monitoring of the 'programme of action' following the findings of the review;
- Using tools which are suitable for inter-agency auditing i.e. those which capture similar data and track evidence in a consistent way.

15.12 Further Information

- Department for Education. 2012. The Children's Safeguarding Performance Information Framework.
- HM Government, 2015. Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.
- Munro, E. 2011. The Munro Review of Child Protection. Interim report: The child's journey.
- Ofsted, 2011. Good practice by Local Safeguarding Children Boards. Ref 110079
- Ofsted. 2013. Inspection of services for children in need of help and protection, children looked after and care leavers. Ref 130168

16. Supervision

16.1 Introduction

16.1.1 For many practitioners involved in day-to-day work with children and families, effective supervision is important to promote good standards of practice and to support individual staff members.

16.1.2 The key functions of supervision are:

- Management (ensuring competent and accountable performance/ practice);
- Engagement/mediation (engaging the individual with the organisation);
- Development (continuing professional development);
- Support (supportive/restorative function).

16.2 Function in Management

16.2.1 The arrangements for organising how supervision is delivered will vary from agency to agency but there are some key essential elements. It should:

- Help to ensure that practice is soundly based and consistent with LSCB and organisational procedures;
- Ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority; and
- Help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

16.3 Function in Practice

16.3.1 Good quality supervision can help to:

- Keep a focus on the child;
- Avoid drift;
- Maintain a degree of objectivity, identify patterns (rather than just responding to incidents) and challenge fixed views;
- Test and assess the evidence base for assessment and decisions; and
- Address the emotional impact of work

16.4 Supervisor's Role and Responsibility

16.4.1 Supervisors should be trained in supervision skills and have an up to date knowledge of the legislation, policy and research relevant to safeguarding and promoting the welfare of children.

16.4.2 Supervisors should take care that they are handling an appropriate number of direct reports to ensure that each supervisee is receiving an adequate level of support.

16.4.3 Supervision should enable both supervisor and supervisee to reflect on, scrutinise and evaluate the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. This should include the supervisor enabling the supervisee to explore their feelings about the work and the family in order to achieve sound professional judgements.

16.4.4 Supervisors should read children's case files, or the files of parents who have caring responsibilities and where there are concerns about a child's welfare, regularly to review and record in the file whether the work undertaken is appropriate to the child's current needs and circumstances, and is in accordance with the agency's responsibilities.

16.4.5 Each agency should have a supervisory system in place that is accessible to the professional and reflects practice needs. Supervision should form part of day-to-day staff support, which should also include systems and procedures for:

- Managing workloads
- Managing, sharing and reporting individual and aggregated information;
- Staff to easily access advice, expertise and management support (including recognition of need for additional support in particular cases or circumstances);
- Protecting staff from violence and harassment, from service users and staff;
- Maintaining quality standards e.g. regular audits of cases that involve children, including those in adult and mental health teams;
- Staff, contractors or service users to complain or blow the whistle;
- Effective staff appraisal and managing poor practice.

16.4.6 Supervision policy and practice must maximise staff safety and remain alert to the possibility that some staff may be anxious about personal safety and yet reluctant to acknowledge their concern. There are occasions when a risk assessment should be undertaken regarding employee safety, this must include their emotional wellbeing as well as any physical risk. There is an increasing awareness of the impact on workers of dealing with some extreme cases e.g. violence and threats. This casework may require specialist supervision in addition to usual case management supervision. (See also Managing work with families where there are obstacles or resistance)

16.4.7 Effective safeguarding supervision needs to be regular and provide continuity, so that the relationship between supervisor and supervisee develops. Each session should include agreeing the agenda, reviewing

actions from previous supervision, listening, exploring and reflecting, agreeing actions and reviewing the supervision process itself.

16.4.8 On some occasions (e.g. enquiries about complex abuse or allegations against colleagues) agencies should consider the provision of additional individual or group staff support.

16.5 Children's Social Care Services

16.5.1 It is particularly important that social workers have appropriate supervision.

16.5.2 There are three specific functions of the supervision which must be in place to support effective practice: line management; professional (or case) supervision; and continuing professional development.

16.5.3 Within all agencies that have operational responsibility for children in need and child protection services there should be an agency policy that defines levels of supervision for those staff who are accountable for children in need and child protection cases.

16.5.4 Such supervision should ensure that child protection cases are regularly discussed, and the outcome of the discussions, recorded and signed by both supervisor and supervisee. Copies should be held by both the manager and the member of staff.

16.6 Health Service

16.6.1 The NHS must provide both management and child protection supervision for clinical staff. Line managers in health settings have a responsibility to support clinical staff into one of the forms of clinical supervision which best meets their clinical needs and allow protected time to attend. Clinicians must highlight with their manager if supervision is not meeting their needs so a different model can be considered. All NHS organisations and providers of NHS funded healthcare should ensure they have appropriate policies and procedures in place for safeguarding supervision.

PART B3: Safeguarding Children Practice Guidance

17. Safeguarding children affected by domestic abuse and violence

17.1 Introduction to Safeguarding Children Abused through Domestic Violence

Introduction

17.1.1 The issue of children living with domestic abuse and violence is now recognised as a matter for concern in its own right by both government and key children's services agencies. The link between child physical abuse and domestic abuse is high, with estimates ranging between 30% to 66% depending upon the study (Hester et al [2000]; Edleson [1999]; Humphreys and Thiara [2002]). In 2002, nearly three quarters of children subject of a child protection plan) lived in households where domestic abuse occurs (Department of Health [2002]).

17.1.2 All the outcomes for children can be adversely affected for a child living with domestic abuse - the impact is usually on every aspect of a child's life. The impact of domestic abuse on an individual child will vary according to the child's resilience and the strengths and weaknesses of their particular circumstances.

17.1.3 The three central imperatives of any intervention for children living with domestic abuse are:

- To protect the child/ren;
- To support the carer (non-abusive partner) to protect themselves and their child/ren; and
- To hold the abusive partner accountable for their violence and provide them with opportunities to change.

Terminology

17.1.4 Agencies should apply these procedures to all circumstances of domestic abuse. Most domestic abuse is perpetrated by men against women, and this procedure provides guidance on safeguarding the children who, through being in households/relationships, are aware of or targeted as part of the violence. This procedure refers to the victim/survivor as female and the abuser as male as this reflects the majority of cases where there are child protection concerns. However, agencies should apply the guidance to all situations of domestic abuse. Domestic abuse can also be perpetrated by women against men, within same sex relationships, and between any other family members.

17.1.5 This procedure uses the term 'mothers' to describe mothers, prospective mothers and adults with ongoing primary caring responsibilities for children.

17.1.6 See Part B, Appendix 7, Key Facts about Domestic Violence for the prevalence and profile of domestic violence in the UK.

How to use this procedure

17.1.7 This procedure is for use by all professionals (the term includes unqualified managers, staff and volunteers) who have contact with children and with adults who are parents/carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

17.1.8 Sections of this procedure are for certain professionals only. These are indicated in the section headings (e.g. section 1.7 'for Local Authority children's social care, health and education/schools professionals', and section 1.15 'Local Authority children's social care, specialist agencies and CAFCASS' and the sections for specific agencies such as police, health etc.).

17.2 Context

Definition

17.2.1 The definition of “domestic violence and abuse” was updated by the Home Office in March 2013 to include the reality that many young people are experiencing domestic abuse and violence in relationships at a young age. They may therefore be Children in need or likely to suffer significant harm. The definition from the Home Office is as follows:

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence and abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender and sexuality.

This can encompass, but is not limited to, the following types of abuse:

- Psychological;
- Physical;
- Sexual;
- Financial;
- Emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim."

17.2.2 Examples of these behaviours are:

- Psychological/Emotional Abuse - intimidation and threats (e.g. about children or family pets), social isolation, verbal abuse, humiliation, constant criticism, enforced trivial routines, marked over intrusiveness;
- Physical abuse/violence - slapping, pushing, kicking, stabbing, shaking, punching, biting, burning, starving, tying up, suffocation, drowning, throwing things, using objects as weapons, misuse of medication, restraint, or inappropriate sanctions, damage to property or items of sentimental value, attempted murder or murder;
- Emotional abuse – swearing, undermining confidence, making racist remarks, making a person feel unattractive, calling them stupid or useless, eroding their independence;
- Physical restriction of freedom - controlling who the carer or child/ren see or where they go, what they wear or do, stalking, imprisonment, forced marriage;
- Sexual violence - any non-consensual sexual activity, including rape, sexual assault, coercive sexual activity or refusing safer sex; forced prostitution, ignoring religious prohibitions about sex, prohibiting breastfeeding;
- Financial abuse - stealing, depriving or taking control of money, running up debts, withholding benefits books or bank cards.

See also Part B, section 42.3, Animal abuse and links to abuse of children and adult with care or support needs.

Forced marriage and honour-based abuse/violence

17.2.3 Children and young people can be subjected to domestic abuses perpetrated in order to force them into marriage or to 'punish' him/her for 'bringing dishonour on the family'.

Whilst honour based violence can culminate in the death of the victim, this is not always the case. The child or young person may be subjected over a long period to a variety of different abusive and controlling behaviours ranging in severity. The abuse is often carried out by several members of a family including mothers, and female relatives/community members and may, therefore, increase the child's sense of powerlessness and be harder for professionals to identify and respond to.

17.2.4 Procedures for responding to forced marriage and honour-based violence are available as Forced marriage of a child and honour based violence. These sections are included in sections 40.1 and 40.2 of these procedures.

17.3 Families with additional vulnerabilities

17.3.1 All professionals should understand the following issues that children and their mothers may face, and take these into consideration when trying to help them:

- Culture: the culture amongst some communities means that it is often more difficult for women to admit to having marital problems. This is because a failed marriage is often seen as being the woman's fault, and she will be blamed for letting down the family's honour. In some cultures, a woman may not be in a position to divorce her husband. If the husband does not want to comply with this, he can prevent giving a religious divorce to his wife;
- Immigration status: children and their mothers' may have an uncertain immigration status, which could prevent them from accessing services. The mother may also be hesitant to take action against her partner for fear of losing her right to remain in the UK. In some cases, women have received threats of deportation from their partner or extended family if they report domestic abuse and have had their passports taken from them;

  Similarly, children may have had their passports taken away from them and may fear that they and/or their mother could be deported if they disclose domestic abuse in the family.

- Language/literacy: children and their mothers may face the additional challenge to engaging with services in that English is not their first language. When working with these children and families, professionals should use professional interpreters who have a clear Disclosure and Barring Service check; it is not acceptable to use a family member or friend, and members of the extended community network should also be avoided wherever possible;
- Temporary accommodation: many families live in temporary accommodation. When a family moves frequently, they may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or may have not been able to become engaged with, health, education, social care, welfare and personal social support systems;
- Recent trauma: some recently immigrant families often have a traumatic history and/or a disrupted family life and can need support to integrate their culture with that of the host country;
- Disability: children and/or mothers with disabilities may be especially vulnerable in situations where the abuser is also their primary carer, and some refuges may lack appropriate facilities to respond to their particular needs. The British Crime Survey consistently shows that

disabled people are much more likely to experience domestic abuse than non-disabled people;

- Social exclusion: children and their families may also face additional vulnerabilities as a result of social exclusion. The British Crime Survey indicates that people who are currently on a low income and/or not owning their own home are more likely than those on a higher income and/or homeowners to have experienced incidents of domestic abuse. This can include women with no recourse to public funds. Lesbian, gay, bisexual and transgender people may also be especially vulnerable, and issues such shame, stigma, mistrust of authority (particularly the police), fear of having children taken away because of incorrect stereotyping, "outing" etc. can lead to the abuse/violence being hidden and unreported. There are also issues around safe havens for transgender people and their children, and some women's refuges may not accept men who have not fully transitioned.

17.4 The impact of domestic abuse

The impact of domestic abuse on children

17.4.1 The risks to children living with domestic abuse include:

- Direct physical or sexual abuse of the child. Research shows this happens in up to 60% of cases; also that the severity of the violence against the mother is predictive of the severity of abuse to the children (Note: A study by Bowker, Arbitell and McFerron (1988) found that the more frequent the violence to wives, including physical violence and marital rape, the more extreme the physical abuse of the children. The authors concluded that: "the severity of the wife beating is predictive of the severity of the child abuse");
- Domestic abuse often affects the relationship between the non-abusive parent and the child;
- The non-abusive parent living with domestic abuse is often unable to protect their children from the direct and indirect effects of the abuse, despite their best efforts;
- The child being abused as part of the abuse against the mother:
  - Being used as pawns or spies by the abusive partner in attempts to control the mother;
  - Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse and physical injury to the child from witnessing the abuse:
  - Observing the perpetration of violence against mother or another, including animals;
  - Hearing abusive verbal exchanges between adults in the household;
  - Hearing the abusive partner verbally abuse, humiliate and threaten violence;
  - Observing bruises and injuries sustained by their mother;

  - Hearing their mother's screams and pleas for help;
  - Observing the abusive partner being removed and taken into police custody;
  - Witnessing their mother being taken to hospital by ambulance;
  - Attempting to intervene in a violent assault;
  - Being physically injured as a result of intervening or by being accidentally hurt whilst present during a violent assault;
  - Being told or feeling that they are responsible for the abuse;
  - Witnessing the damage to home/belongings including in the aftermath.
- Negative material consequences for a child of domestic abuse:
  - Lack of belongings due to damage or financial abuse of mother preventing purchase including food and clothing;
  - Frequent disruptions to social life and schooling including being late or absent;
  - Hospitalisation of the mother and/or her permanent disability.
- Negative social consequences for a child of domestic abuse:
  - Being unable or unwilling to invite friends to the house or visit them;
  - Living a life of secrecy, reluctant to engage with friends, family, professionals for fear of being “found out”;
  - Possible poor education outcomes due to poor attendance, lack of ability to concentrate.

17.4.2 Children who witness domestic abuse suffer emotional and psychological maltreatment (Note: Section 31 Children Act 1989: impairment suffered from seeing or hearing the ill treatment of another [amended by the Adoption and Children Act 2002]). They tend to have low self-esteem and experience increased levels of anxiety, depression, anger and fear, aggressive and violent behaviours, including bullying, lack of conflict resolution skills, lack of empathy for others and poor peer relationships, poor school performance, (can be high school achievers as want to focus on something else, avoid going home, don’t want to be the reason for arguments), anti-social behaviour, runaways, pregnancy, alcohol and substance misuse, self-harm, self blame, hopelessness, shame and apathy, post traumatic stress disorder - symptoms such as hyper-vigilance, nightmares and intrusive thoughts - images of violence, insomnia, enuresis and over protectiveness of their mother and/or siblings.

17.4.3 The impact of domestic abuse on children is similar to the effects of any other abuse or trauma and will depend upon such factors as:

- The severity and nature of the violence;
- The length of time the child is exposed to the violence;
- Characteristics of the child's gender, ethnic origin, age, disability, socio economic and cultural background;
- The warmth and support the child receives in their relationship with their mother, siblings and other family members;

- The nature and length of the child's wider relationships and social networks; and
- The child's capacity for and actual level of self-protection.

The impact of domestic abuse on unborn children

17.4.4 30% of domestic abuse begins or escalates during pregnancy (Note: Gynneth Lewis and James Drife, Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom [CEMACH, 2005]), and it has been identified as a prime cause of miscarriage or still-birth (Gillian Mezey, "Domestic Violence in Pregnancy" in S. Bewley, J. Friend, and G. Mezey (ed.) Violence against women [Royal College of Obstetricians and Gynaecologists, 1997]), premature birth, foetal psychological damage from the effect of abuse on the mother's hormone levels, foetal physical injury and foetal death (Note: Robert Anda, Vincent Felitti, J. Douglas Bremner, John Walker, Charles Whitfield, Bruce Perry, Shanta Dube, Wayne Giles, "The enduring effects of childhood abuse and related experiences: a convergence of evidence from neurobiology and epidemiology", in European Archives of Psychiatric and Clinical Neuroscience, 256 [3] 174 - 186 [2006 - available online at The Child Trauma Academy]). The mother may be prevented from seeking or receiving proper ante-natal or post-natal care. In addition, if the mother is being abused this may affect her attachment to her child, more so if the pregnancy is a result of rape by her partner.

The impact of domestic abuse on mothers and their ability to parent

17.4.5 The child/ren are often reliant on their mother as the only source of good parenting, as the abusive partner will have significantly diminished ability to parent well. This is particularly so because domestic abuse very often co-exists with high levels of punishment, the misuse of power and a failure of appropriate self-control by the abusive partner.

17.4.6 Many mothers seek help because they are concerned about the risk domestic abuse poses to their child/ren. However, domestic abuse may diminish a mother's capacity to protect her child/ren and mothers can become so preoccupied with their own survival within the relationship that they are unaware of the effect on their child/ren.

17.4.7 Mothers subjected to domestic abuse have described a number of physical effects, including frequent accommodation moves, economic limitations, isolation from social networks and, in some cases, being physically prevented from fulfilling their parenting role by the abuser. The psychological impact can include:

- Loss of self-confidence as an individual and parent;
- Feeling emotionally and physically drained, and distant from the children;
- Not knowing what to say to the children;

- Inability to provide appropriate structure, security or emotional and behavioural boundaries for the children;
- Difficulty in managing frustrations and not taking them out on the children; and
- Inability to support the child/ren to achieve educationally or otherwise.

17.4.8 Mothers subjected to domestic abuse can experience sexually transmitted diseases and/or multiple terminations.

17.4.9 Domestic abuse contributes directly to the breakdown of mental health, and mothers experiencing domestic abuse are very likely to suffer from depression and other mental health difficulties leading to self-harm, attempted suicide and/or substance misuse.

The abusive partner's ability to parent

17.4.10 Professionals are often very optimistic about men's parenting skills (Hester and Radford [1996]), whilst scrutinising the mother's parenting in much greater detail. However, research (Holden and Ritchie [America, 1991] Helping children thrive, Centre for Children and Families in the Justice System 2004) has found that the abusive partners had inferior parenting skills, including being:

- More irritable;
- Less physically affectionate;
- Less involved in child rearing;
- Using more negative control techniques, such as physical punishment;
- Authoritarian – if an abusive man involves himself in child discipline, he has rigid expectations, low empathy and an angry style of 'power assertive';
- Undermining of the mother – overruling her decisions, ridiculing her in front of the children, portraying himself as the only legitimate parenting authority. Contempt towards his partner shows children it is okay to insult and even physically abuse her;
- Self-centredness – selfishly expecting the status and rewards of fatherhood without sacrifices or responsibilities;
- Manipulativeness – confuses children about blame for the violence and who is the better parent;
- Ability to perform under observation during professional evaluations or in social situations, some abusive men can seem to be loving and attentive fathers.

17.5 Substance misuse and mental ill health

See also Part B, section 41.2, Parenting capacity and mental illness and section 41.1, Parents who misuse substances.

Mothers

17.5.1 Mothers who experience domestic abuse are more likely to use prescription drugs, alcohol and illegal substances. (Note: J. Jacobs, The Links between Substance Misuse and Domestic Violence: Current Knowledge and Debates [London: Alcohol Concern, 1998])

17.5.2 For a mother experiencing domestic abuse, alcohol and drugs can represent a wide range of coping and safety strategies. Mothers may have started using legal drugs prescribed to alleviate symptoms of a violent relationship. Mothers may turn to alcohol and drugs as a form of self-medication and relief from the pain, fear, isolation and guilt that are associated with domestic abuse. Alcohol and drug use can help eliminate or reduce these feelings and therefore become part of how she copes with the abuse. (Note: The Stella Project, Separate Issues Shared Solutions - Report from the Launch of the Stella Project [Greater London Alcohol and Drug Alliance and Greater London Domestic Violence Project, 2003])

17.5.3 Mothers can be coerced and manipulated into alcohol and drug use. Abusers may often introduce their partner to alcohol or drug use to increase her dependence on him and to control her behaviour (Ibid.). Furthermore, any attempts by the mother to stop her alcohol or drug use are threatening to the controlling partner and some abusive men will actively encourage mothers to leave treatment.

17.5.4 Mothers in abusive relationships are also at risk of sexual exploitation. Mothers who are sex workers may be subjected to domestic abuse through their relationship with their 'pimps'; these relationships will invariably be based on power, control or the use of violence.

17.5.5 The double stigma associated with being both a victim of domestic abuse as well as having a substance use problem may compound the difficulties of help-seeking, particularly for black and minority ethnic mothers.

17.5.6 Mental health problems such as depression, trauma symptoms, suicide attempts and self-harm are frequently 'symptoms of abuse' and need to be addressed alongside the issues of substance use and domestic abuse.

17.5.7 The relationship between a mother's alcohol and drug use and/or mental health problems and her experiences of domestic abuse may not (or not all) be linked. Assessment and interventions for these mothers therefore need to be conducted separately, although as part of the same care plan, and at the same time.

The woman may become involved in criminal activities as a result of coercion or as a result of financial abuse. This further discourages her from disclosure (Supporting women offenders who have experienced domestic and sexual violence. Women’s Aid Federation of England 2011).

Abusive partners

17.5.8 Men who abuse may use their own or their partners' alcohol or drug use as an excuse for their violence. An abusive partner may threaten to expose a mother (or teenage girl)'s use. He may be her supplier and he may increase her dependence on him by increasing her dependence on drugs.

17.5.9 Despite the fact that alcohol, drugs and abuse to women often coexist, there is no evidence to suggest a causal link. In addition, no evidence exists to support a "loss of control caused by intoxication" explanation for violence - research and case examples show that abusive partners exert a huge amount of power and control regardless of intoxication.

17.5.10 Even when physical assaults are only committed whilst intoxicated, abusive partners are likely to be committing non-physical forms of abuse when sober. It should never be assumed that by working with an abusive partner's substance use the violent behaviour will also be reduced. In fact, the violence may increase when substance use is treated. Similarly, it should not be assumed that treating a domestic abuser's mental ill health will necessarily reduce their violent behaviour - again, the violence may increase.

17.5.11 Therefore, work with an abusive partner should comprise separate assessments and interventions for abuse/violence, substance misuse and/or mental ill health. The intervention outcomes are more likely to be positive if the abuse/violence, substance use and/or mental ill health are addressed at the same time.

17.5.12 Couples work, anger management, mediation and restorative justice are **not** appropriate responses to men's abusive behaviour to women.

Any response to domestic violence must acknowledge the real and often fatal dangers present in bringing the victim and offender together. A relationship defined by violence, control, threats and an imbalance of power must not be subject mediation, couple work or restorative justice. Anger management is also not appropriate in domestic violence cases because domestic violence is not caused by a problem with anger, or a loss of control. It is chosen intentional behaviour designed to exert power and control over another. (Women's Aid briefing – perpetrator work in the UK 07.06.07).

17.6 Barriers to disclosure

Barriers to disclosure for mothers

17.6.1 There are many reasons why a mother will be unwilling or unable to disclose that she is experiencing domestic abuse. Usually it is because

she fears that the disclosure (and accepting help) will be worse than the current situation and could be fatal. A mother may:

- Minimise her experiences and/or not define them as domestic abuse (this view could be culturally based);
- Be unable to express her concerns clearly (language can be a significant barrier to disclosure for many women);
- Fear that her child/ren will be taken into care;
- Fear the abusive partner will find her again through lack of confidentiality;
- Fear death;
- Believe her abusive partner's promise that it will not happen again (many mothers do not necessarily want to leave the relationship, they just want the violence to stop);
- Still loves her partner;
- Feel shame and embarrassment and may believe it is her fault;
- Feel she will not be believed;
- Fear that there will not be follow-up support, either because services are just not available or because she will meet with institutional discrimination;
- Fear the abuser will have her detained;
- Fear that she will be isolated by her community;
- Fear she will be deported;
- Fear that his status will be exposed and she will be punished with an escalation of violence;
- Be scared of the future (where she will go, what she will do for money, whether she will have to hide forever and what will happen to the children);
- Be isolated from friends and family or be prevented from leaving the home or reaching out for help;
- Have had previous poor experience when she disclosed.

17.6.2 Some women are simply not ready. It is therefore important to keep asking the question.

Women are at greatest risk of homicide at the point of separation or after leaving a violent partner. (Lees 2000).

Effect of leaving: The British Crime Survey found that, while for the majority of women leaving the violent partner stopped the violence, 37% said it did not. 18% of those that had left their partner were further victimised by stalking and other forms of harassment. 7% who left said that the worst incident of domestic violence took place after they had stopped living with their partner. (Walby & Allen, 2004).

Barriers to disclosure for children

17.6.3 Children affected by domestic abuse often find disclosure difficult or go to great lengths to hide it. This could be because the child is:

- Protective of their mother;
- Protective of their abusing parent;
- Extremely fearful of the consequence of sharing family 'secrets' with anyone. This may include fears that it will cause further abuse to their mother and/or themselves;
- Being threatened by the abusing parent;
- Fearful of being taken into care;
- Fearful of losing their friends and school;
- Fearful of exposing the family to dishonour, shame or embarrassment;
- Fearful that their mother (and they themselves) may be deported.

17.7 See Part B, Appendix 8, Communicating with a Child.

17.8 Enabling disclosure (local authority children's social care, health and education/schools professionals)

Enabling disclosure for children and mothers

17.8.1 Where a professional is concerned about/has recognised the signs of domestic abuse (see Responding to Domestic Abuse), the professional can approach the subject with a child or a mother with a framing question. That is, the question should be 'framed' so that the subject is not suddenly and awkwardly introduced, e.g.:

- For a mother: "As domestic abuse is so common, we now ask everyone who comes into our service if they experience this. This is because it affects people's safety, health and well-being, and our service wants to support and keep people as safe as possible";
- For a child: "We know that many mums and dads have arguments, does that ever happen in your family?"

17.8.2 The professional should explain the limits of confidentiality and his/her safeguarding responsibilities. For more information about confidentiality and sharing information, please see Sharing Information Procedure.

17.8.3 If the child or mother says s/he has been abused, the professional should ask clarification questions such as those set out in Part B, Appendix 8, Communicating with a child and Appendix 9, Clarification questions for a mother.

17.8.4 Professionals should not press the child for answers, instead:

- Listen and believe what the child says;
- Reassure the child/ren that the abuse is not their fault, and it is not their responsibility to stop it from happening;
- Give several telephone numbers, provided it is safe to do so, including local police, local domestic abuse services (please refer to locally produced information), local authority children's social care, the

Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000); and

- Give the child/ren safe website with cover tracks and quick exit facility. Ensure that they are aware that in order to be **completely sure** of not being tracked online, the safest way would be to access the internet at a local library, school, college or at a friend's house. http://thehideout.org.uk/

Enabling disclosure for an abusive partner

17.8.5 Professionals should be alert to and prepared to receive and clarify a disclosure about domestic abuse from an abusive partner/father. Professionals may have contact with a man on his own (e.g. a GP or substance misuse or mental health service) or in the context of a family (e.g. to a school, accident and emergency unit, maternity service or local authority children's social care). He may present with a problem such as substance misuse, stress, depression or psychosis or aggressive or offending behaviour - without reference to abusive behaviour in his household / relationship.

17.8.6 Professionals should consult Part B, chapter 6, Managing work with families where there are obstacles and resistance before seeking to enable or clarify a disclosure from an abusive partner, taking into account their own safety and the safety of any child/ren and their mother.

17.8.7 If the man states that domestic abuse is an issue, or the professional suspects that it is, the professional should:

- Establish if there are any children in the household and, if so, how many and their ages;
- If there are children, tell the man that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Explain the limits of confidentiality and safeguarding responsibilities;
- Consider whether the level of detail disclosed is sufficient. If not, the professional may need to ask clarification questions such as those set out in Part B, Appendix 13, Working with abusive partners;
- Be clear that abuse is always unacceptable and that abusive behaviour is a choice;
- Be respectful, affirm any accountability shown by the man, but not collude.

17.8.8 The professional should act to safeguard the child/ren and/or their mother by:

- Informing their line manager and their agency's designated safeguarding children lead;
- Using the risk assessment tool with the information available at the time to assess the degree of risk of harm to the child/ren. The

professional should consult with the designated safeguarding children lead, in line with local procedures;
- Respond to the child/ren and their mother in line with all sections in this procedure; and
- Respond to the abusive partner in line with all sections in this procedure.

17.8.9 Professionals should be aware that the majority of abusive partners will deny or minimise domestic abuse. See also section 17.18, Abusive partners /children and Part B, Appendix 13, Working with Abusive Partners.

17.9 Responding to domestic abuse

Professionals' responsibilities

17.9.1 Professionals should ensure that they have received adequate training in basic awareness of domestic abuse to ensure that questions and responses to domestic abuse are safely delivered. This should not be a barrier to facilitating disclosure but may merit referral to appropriate professionals.

17.9.2 Professionals will work with many women who are experiencing domestic abuse and have not disclosed. Research suggests that women usually experience an average of 35 incidents before reporting it to the police (Yearnshire [1997]).

17.9.3 Professionals should offer all children and women, accompanied or not, the opportunity of being seen alone (including in all assessments) with a female practitioner, wherever practicable, and asked whether they are experiencing or have previously experienced domestic abuse.

17.9.4 Professionals in all agencies are in a position to identify or receive a disclosure about domestic abuse. Professionals should be alert to the signs that a child or mother may be experiencing domestic abuse, or that a father/ partner may be perpetrating domestic abuse.

17.9.5 Professionals should never assume that somebody else will take care of the domestic abuse issues. This may be the child, mother or abusing partner's first or only disclosure or contact with services in circumstances which allow for safeguarding action.

17.9.6 Professionals must ensure that their attempts to identify domestic abuse and their response to recognition or disclosure of domestic abuse do not trigger an escalation of violence.

17.9.7 In particular, professionals should keep in mind that:

- The issue of domestic abuse should only ever be raised with a child or mother when they are safely on their own and in a private place; and

- Separation does not ensure safety; it often at least temporarily increases the risk to the child/ren or mother.

Information sharing

17.9.8 Professionals receiving information about domestic abuse should explain that priority will be given to ensuring that the child/ren and their mother's safety is not compromised through the sharing of information.

17.9.9 If there is concern about the risk of significant harm to the child/ren, then every professional's overriding duty is to protect the child/ren. See Part B, chapter 3, Sharing information and Part A, chapter 2, Referral and assessment.

17.9.10 Professionals also have a duty to protect the mother and should do so under the Crime and Disorder Act 1998, which allows responsible authorities to share information where a crime has been committed or is going to be committed.

Disclosure and/or recognition

17.9.11 Professionals in all agencies are likely to become aware of domestic abuse through:

- Disclosure prompted by the professional's routine questioning or identification of signs that domestic abuse could be taking place;
- Unprompted disclosure from a child, mother or abuser; or
- Third party information (e.g. neighbours or family members).

17.9.12 Information from the public, family or community members must be taken sufficiently seriously by professionals in statutory and voluntary agencies. Recent research evidence indicates that failure to do so has been a contributory factor at least two-thirds of cases where a child has been seriously harmed or died.

17.9.13 Information could also come in the form of information shared by another agency or group, which a professional decides to respond proactively to because s/he becomes concerned that the agency or group which shared the information is not responding appropriately to support the child/ren and/or their mother.

Agency/community or other group responsibilities in enabling disclosure and/or recognition

17.9.14 Agencies/community and other groups should create a supportive environment by ensuring that:

- Staff receive domestic abuse training appropriate to their professional role (i.e. basic, enhanced, advanced);

- Information about domestic abuse may be available in a range of languages and different formats, giving information about domestic abuse, inviting children and mothers to seek help and giving contact details of local support services; including the telephone numbers for local police, local domestic abuse services (please refer to locally produced information), local authority children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000) and safe websites such as www.womensaid.org.uk ensure that they are aware that in order to be **completely sure** of not being tracked online, the safest way would be to access the internet at a local library, school, college or at a friend's house;
- Where interpreters are employed to translate, they are professionals (with clear Disclosure and Barring Service checks) not family members, children or friends.

17.9.15 It is good practice to incorporate routine enquiry about domestic abuse into health, social care and police assessments. Routine enquiry has been effective in increasing disclosure, and evidence suggests that victims of domestic abuse are more likely to disclose if they are asked directly. Pregnancy is an opportune time to ask women about domestic abuse as many mothers say that it made them think seriously about the future and how their children might be affected by the violence in the long-term. (Mezey and Brewley [2000]).

17.10 Assessment and intervention

Information gathering and disclosure

17.10.1 Professionals should validate and support children and mothers who disclose by:

- Listening to what the child/mother says and taking what s/he says seriously;
- Explaining the need to make sure that s/he and others in the family are safe. This will mean by sharing information with professionals who can help the child/ren and/or mother to stay safe (limits of confidentiality). See also Sharing Information.
- Reassuring the child/ren that the abuse (directed towards the mother and possibly also the child/ren) is not their fault, and it is not their responsibility to stop it from happening;
- Give the child/ren several telephone numbers, including local police, local domestic abuse services (please refer to locally produced information), local authority children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000); and
- Give the child/ren safe website with cover tracks and quick exit facility. Ensure that they are aware that in order to be **completely sure** of not being tracked online, the safest way would be to access the internet at

a local library, school, college or at a friend's house, www.thehideout.org.uk

17.10.2 See Part B, Appendix 8, Communicating with a child.

17.10.3 Professionals in agencies other than local authority children's social care, health and education/schools should only attempt to enable disclosure, or further disclosure, if they have been trained to do so and are supported by their agency's policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should see Enabling Disclosure (local authority children's social care, health and education/schools professionals), above.

17.10.4 Whether or not a child or mother discloses, when a professional becomes aware of domestic abuse in a family, in order to assess and attend to immediate safety issues for the child/ren, mother and professional, the professional should establish:

- The nature of the abuse;
- If there are other children in the household. If so, the number of children and whether any are under 7 years or have special needs (young children and those with special needs are especially vulnerable because they do not have the ability to implement safety strategies and are dependent on their mothers to protect them);
- Whether the mother's partner is with her, and where the children are;
- If her partner is out, when he is expected to return;
- What a child or mother's immediate fears are;
- Whether there is a need to seek immediate assistance; and
- Whether the child/ren and the mother have somewhere safe to go.

17.10.5 The professional should:

- Where there has been disclosure, support the child and/or mother by taking what s/he says seriously;
- Make an immediate decision, where possible, about whether a child or mother requires treatment or protection from emergency services;
- Where there has been disclosure, ask the child and/or mother what strategies s/he has for keeping him/herself safe (if any). See Safety planning;
- Record the information and the source of the information;
- Discuss the information/concerns with the agency's designated safeguarding children lead and the professional's line manager.

A risk assessment will assist the professional, the agency's designated safeguarding children lead and the line manager in deciding what action to take to support the child/ren and mother. It will be an immediate assessment, as more information becomes available the potential risk of harm to the child/ren may be judged to increase or decrease.

- The assessed risk will also assist the professional, the agency's designated safeguarding children lead and the line manager in deciding what action to take in relation to the abuser.

Assessing the risk of harm

17.10.6 There are various factors which can increase the risk of harm to a child as a result of domestic abuse; all of the following are high risk factors for children, regardless of whether the risk assessment just around the adult suggests moderate, standard or high risk:

High Risk Factor	Why A high risk factor?
Woman is pregnant	• 30% of all domestic abuse starts during pregnancy • Domestic abuse is a feature in the lives of 70% of all teenage mothers • Domestic abuse has been identified as a prime cause of miscarriage or still-birth, and of maternal deaths during childbirth
Baby is under 18 months old **(even if the child was not present during any known incidents)**	• The younger the child is, the higher the risk they face – due to: inability to remove themselves from the situation; high dependence on mother to meet all their needs; inability to verbalise their experiences and therefore seek help
Separation of parents/carers	• The risk to women and children of being killed by the violent partner/ex-partner is higher AFTER the relationship has ended than before • Where the violence and abuse continue after separation, children are even more likely to witness it than before, as the abuse will usually take place during handover for contact visits • Separation, particularly when an unwilling or fearful survivor is coerced into separating by an agency, should therefore not be seen as the sole solution to domestic abuse
	• This is a common route for abusers to trace and maintain contact with the victim and children. • Abusers often fail to keep up the contact arrangements with the children once they have used the order to trace their ex-partner. • Through these, the children are more likely than ever to witness the abuse. • Many abusers fail to provide adequate

High Risk Factor	Why A high risk factor?
Contact disputes/ orders	care for their children during contact visits. This can include neglectful or abusive behaviour. • Child contact orders are often the route through which a victim of domestic abuse is killed. In these circumstances their children are also usually killed as well. • Victims find it difficult and frustrating to be told by one agency that they should leave an abusive partner for the sake of the children and by another agency (the courts) that the children should be handed to the same abuser for contact visits, also allegedly for the sake of the children. This may make them reluctant to engage with any statutory service (raising risk to children). • Increased risk of homicide/suicide during contact visit as a way of punishing mother.
Duration and type of abuse witnessed; whether child was drawn in	• The longer or more serious the incident witnessed, the more severe the impact on their emotional wellbeing. More prolonged exposure to lower level abuse being more damaging than single high level attack • Child(ren) face greater risks of physical harm if they attempt to intervene or are caught in the middle of abuse • The risk of serious emotional harm is greater if the abuse references them (e.g. verbal abuse to victim about children's behaviour) • If children are drawn in to the abuse – e.g. told to say things to the victim, or encouraged to copy perpetrator's behaviour, they are more likely to replicate that behaviour elsewhere
Lack of safe and appropriate sources of support	• If a child is unable to seek support, or a safe space, anywhere away from the domestic abuse, this increases the risk of significant emotional harm; they feel trapped and fearful
Lack of existing safety strategies; no opportunity to work on these with the	• Many victims and children will have developed coping strategies, and strategies that aim to minimise the impact of the abuse – where this is not possible, and where a service cannot gain access

High Risk Factor	Why A high risk factor?
children and/or non-abusing parent	to the victim/children to support them to develop these, the risk escalates as the victim/children cannot support themselves
Perpetrator accepts no responsibility for abuse	• Increases risk of more severe and more frequent abuse and violence towards adult and/or child(ren) • If abuser makes victim responsible for statutory service intervention, abuse may increase as victim is 'punished' for agency involvement
Victim disengages with service or refuses to complete CAF	• Perpetrators often put the victim between themselves and services; victim then feels responsible and afraid of the consequences and disengages – this increases the risk to themselves and the child(ren) • If the victim feels they are being made solely responsible for what is happening, and that this may lead to them losing their child(ren), this increases the risk that they will disengage with services, increasing the risk of harm to themselves and children
Child is unable, due to age, disability or other factor, to use or learn any safety strategies	• If the child cannot learn or use safety strategies, the risk they will be harmed increases; they will not know / be able to get out of the way, to leave the house, or to call the police • This is particularly a factor for very young children, and for children with physical or mental impairments
Non-abusing parent is unable to implement a safety plan **Consider impacts of: substance misuse; mental health; disability; cultural / immigration issues**	• The risk is heightened if there are complex needs in the family, such as drug / alcohol use, mental health issues, or physical disability (for adult victim, perpetrator and/or child(ren)) • Any of these can contribute to a chaotic lifestyle that may make it more difficult for them to implement a safety plan (for example, a drug user may be fearful of the police) • Other barriers that may raise risk include language; immigration issues (fear of deportation; no recourse to public funds); fear – or experience – of racism; allegiance to family/community/faith
	• Adult domestic abuse in the family is a proven antecedent to child homicide and

High Risk Factor	Why A high risk factor?
Being abused directly, which may include sexual and physical abuse; this will usually be by the same perpetrator but may be by the victim	a frequent factor in serious case reviews • Presence of domestic abuse increases risk of physical and sexual abuse of children by same abuser • Presence of domestic abuse can increase risk of children experiencing abuse in the name of honour, and of forced marriage (**forced marriage is always high risk, event without any other factors** – see section 40.2
Non-abusing parent is unable to meet child's basic needs and perpetrator is choosing not to meet them	• Perpetrators often systematically try to undermine the relationship between a child and the non-abusing parent; where the perpetrator is not the parent of the children this may be even more pronounced • Many victims are able to continue to parent their child despite the abuse; where this is not possible, the risks to the child increase as they may not be having their emotional or physical needs met
Large number of children in household and/or children are step-children of abuser	• The greater number of children in a household, the higher the risk that their needs are not being met • The presence of step-children in particular increases the risk to both the child and the woman
Inappropriate response by professionals	• Referral to anger management groups or couples counselling/mediation increases the risk for the non-abusive parent

Responding to domestic violence where there are no children in the household

17.10.7 Having confirmed that there are no children in the household, the professional may consider the following:

- Establish if the woman is an adult with care or support needs and if so refer to the SET Safeguarding Adults Guidelines
- Refer the woman to a local domestic abuse agency and, consider making a referral into the MARAC process.

17.10.8 See Part B, section 13.5, Multi-Agency Risk Assessment Conferencing (MARAC).

17.11 Police Response

17.11.1 If the police receive a telephone call or other contact from a child requesting help in relation to domestic abuse, the police risk assess and must take immediate protective action and follow up with a child protection referral to local authority children's social care in line with Referral and Assessment.

17.11.2 Police may receive contact from a domestic abuse victim, third party or abusive partner in several ways, for example; a telephone call (999 for emergency or 101 non-emergency line), direct enquiry at a police station, an approach in the street, via a multi-agency meeting or partner referral.

17.11.3 Essex Police introduced The Domestic Violence Disclosure Scheme (DVDS) often referred to as 'Clare's Law' on 8 March 2014. The scheme enables the police to disclose information to an applicant about previous violent offending by a new or existing partner where this may help protect the applicant from abuse.

17.11.4 The Domestic Violence Disclosure Scheme (DVDS) recognises two procedures for disclosing information. The first ('right to ask') is triggered by a member of the public applying to the police for a disclosure. The second ('right to know') is triggered by the police making proactive decision to disclose information to protect a potential victim.

17.11.5 The 'right to know' route is triggered when police receive 'indirect information' about the safety of a person who is in a relationship with a partner.

17.11.6 All victims are considered for the Domestic Violence Disclosure Scheme, which is where a victim is informed if a perpetrator has intelligence or convictions that the victims need to be aware of.

17.11.7 Essex Police will investigate all incidents of domestic abuse. Generally, in the first instance, this will be done by the initial attending police. Police officers should use the DASH risk assessment tool to assess risk and inform immediate appropriate safety planning measures to ensure the safety of the victim, any children connected to either party involved or any other person at risk (which may include adults at risk of abuse and neglect)

17.11.8 The attending officer (and the later the investigating officer) will make an assessment of risk, as follows;

- Standard - corresponds to scale 1 (moderate risk of harm to the children identified);
  - Current evidence does not indicate the likelihood of causing serious harm
- Medium - corresponds to scale 2 (moderate to serious risk of harm to the children identified);
  - There are identifiable indicators of risk of harm. The offender has the potential to cause serious harm but is unlikely to do so unless there is a change in circumstance.
- High - corresponds to scale 3 and 4 (serious to severe risk of harm to the children identified).
  - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

17.11.9 When an officer has welfare concerns for a child and believes that a child is in neeed of support or protection, the officer will make a referral to the Local Authority Children's Services by using Essex Police form PP57. This may result in further information sharing and case conference discussion.

17.11.10 Initial attending officers will record details of any child linked to either party involved in the incident.

17.11.11 A sergeant or duty inspector will be responsible for supervising the initial investigation to ensure that there are no significant gaps within the investigation and an appropriate risk assessment and management plan is in place. If this is not the case, they will direct the attending officer to take further action to rectify any deficiencies in the initial investigation.

17.11.12 The details of the investigation are recorded onto Essex Police systems as appropriate and in line with current procedures, along with the appropriate initial risk assessment. Most cases of domestic abuse will be investigated and safeguarded by JUNO Teams based on each Local Policing Area. Some may be subsequently investigated by specialist teams as follows:

- Serious sexual offences, which will in the main be investigated by Adult Sexual Abuse Investigation Teams (ASAIT);
- Directed abuse towards the child (not as part of the domestic incident), which will be allocated to the Child Abuse Investigation Team (CAIT);
- Murder, will be investigated by the Serious Crime Directorate.

17.11.13 The **Essex Police Crime and Public Protection Operations Centre (OC)** encompasses an Assessment Tem and a Triage team for all Public Protection areas. The primary aim of the Operations centre is to identify and manage risk to protect vulnerable people through the proactive

support of victims, attending officers and investigators, and to maintain and develop the partnership response.

17.11.14 Cases identified as high risk are subject to further assessment by a Domestic Abuse Safeguarding Officer (DASO) , within the Operation JUNO teams and where applicable, subject to enhanced safety planning measures. This includes contact with the victim, implementation of safeguarding measures, and referral to the Independent Domestic Violence Advisors (IDVA's) and to multi-agency teams across the county. Those multi-agency teams have been developed within each of the local authority areas (Multi-agency risk assessment teams (MARAT) in Southend and Essex and Multi-Agency Safeguarding Hub (MASH) in Thurrock

17.11.15 The multi-agency risk assessment conferences (MARAC) are held within the multi-agency teams. The purpose of the MARAC is to plan intensive, appropriate and proportional support for victims and their children and effectively manage their safety using the skills and resources of a variety of agencies.

17.11.16 All areas of Essex now have Independent Domestic Violence Advocates (IDVA) who work closely with Domestic Abuse Safeguarding Officers and individual investigating offiers to support the victim and their children.

17.11.17 Once there is sufficent evidence, the investigative officer will refer the investigation to the Crown Prosecution Services (CPS Direct) The prosecutor will then make one of the following decisions:

- To authorise police to charge the abuser with the appropriate offence(s);
- To advise police to administer the abuser with an official adult caution;
- To advise police to bail the abuser to allow further evidence to be obtained;
- To take no further criminal action against an abuser.

If the investigator feels the decision made by the Crown Prosecution Services is inappropriate, there is a dispute resolution process to resolve disagreements between Essex Police and CPS.

17.11.18 Domestic Violence Protection Notice's (DVPN) will be considered for perpetrators who have been violent or threatened violence at the time of the domestic incident, or presents an ongoing risk of violence to the victim. A DVPN can only be issued if the perpetrator is to be released from police custody with no further action (NFA) has received a caution.

17.11.19 The DVPN is the initial stage of advising a domestic violence perpetrator that the police will be seeking a Domestic Violence Protection Order (DVPO) against them.

17.11.20 A DVPN allows immediate conditions to be placed on a perpetrator that can prohibit them from returning to the family home and prevent direct contact with the victim and children as well as attending the area the victim resides in. The objective is that it allows the victim and the perpetrator to have a period of reflection which gives police and partner agencies time to consider further, more co-ordinated action, providing immediate emergency protection for the victim, allowing them space to explore the options available and make informed decisions regarding their safety.

An Application for a DVPO must be heard at court within 48 hours. A DVPO may be in force for 14-28 days, beginning on the date it is made by the magistrates' court.

17.12 Local authority children's social care

17.12.1 Local authority children's social care should respond to a referral of a child at risk of domestic abuse in line with this procedure and the relevant sections of the SET Child Protection Procedures.

17.12.2 Social workers will assess the child and their family using the Assessment triangle (Working Together to Safeguard Children 2015), and their relevant local assessment protocol, taking into account such factors as the:

- Nature of the abuse;
- Risks to the child posed by the abuser;
- Risks of serious injury or death;
- Abuser's pattern of assault and coercive behaviours;
- Impact of the abuse on the mother;
- Impact of the abuse on the child;
- Impact of the abuse on parenting roles;
- Protective factors; and
- Outcome of the mother's past help-seeking.

17.13 Health services

17.13.1 Health service professionals should respond to domestic abuse in line with this procedure and the government guidance: Improving safety, Reducing harm: children young people and domestic violence – a practical toolkit for frontline practitioners (DH 2009). In addition they can refer to: NICE guidance: Domestic violence and abuse: how health services, social care and the organisations they work with can respond effectively (NICE 2014).

17.14 Local authority education/schools

17.14.1 Local authority education and all schools professionals, including all educational establishments whether local authority or independent, should respond to domestic abuse in line with this procedure. Young people (aged 16 upwards) in relationships with another young person, where there is abuse, should be considered as vulnerable and an assessment should be made in accordance with the Home Office definition.

17.15 Safety Planning

Safety planning

17.15.1 Safety planning for mothers and children is key to all interventions to safeguard children in domestic abuse situations. All immediate and subsequent assessments of risk to child/ren and their mother should include a judgement on the family's existing safety planning. Emergency safety plans should be in place whilst assessments, referrals and interventions are being progressed.

17.15.2 In some cases the emergency safety plan/strategy could be for the child/ren and, if possible, the mother, not to have contact with the abuser.

17.15.3 Professionals in agencies other than police, local authority children's social care, health and education/schools professionals should only attempt to agree detailed safety planning with a child or mother if they have been trained to do so and are supported by their agency's policies, procedures and safeguarding children supervisory arrangements. If these requirements are met, the professional should follow Safety Planning with Mothers below.

Safety planning with mothers

17.15.4 Safety planning needs to begin with an understanding of the mother's views of the risks to herself and her child/ren and the strategies she has in place to address them.

17.15.5 One of the key indicators of risk to the mother is her perception of risk and this should be taken seriously and not minimised.

Remaining with an abusive partner

17.15.6 A key question is whether a mother plans to remain in the relationship with the abusive partner. If she does, professionals should assess the risk of harm to the children, to decide whether the risks of harm to the children can be managed with such a plan. Consideration should be given in the assessment to determine if the mother is being subjected to controlling and/or coercive behaviour by the abusive partner and is in a position to make realistic and safe plans about the relationship.

17.15.7 If the mother is choosing not to separate, then the abusive partner will need to be involved in the assessment and intervention. Professionals should make all reasonable efforts to engage him and refer him to an appropriate perpetrator programme.

17.15.8 Professionals need to consider with the mother the actions required prior to contacting the abusive partner to ensure her and the children's safety. Specifically, professionals should not tell him what the allegations are before having developed a safety plan for this with the mother and children.

17.15.9 If a professional addressing concerns with the abusive partner will put the mother and children at further risk, then the professional and the mother should plan for separation.

17.15.10 See also section 17.18, Abusive partners/children.

Separation

17.15.11 If a mother wants separation, professionals need to ensure that there is sufficient support in place to enact this plan. Specifically, **professionals should be aware that separation itself does not ensure safety, it often at least temporarily increases the risk to the child/ren and/or mother**.

17.15.12 The possibility of removing the abusive partner rather than the mother and child/ren should be considered first. See Part B, Appendix 10, Legal and housing options.

17.15.13 The obstacles in the way of a mother leaving an abusive partner are the same as those which prevent mothers from disclosing the domestic abuse in the first place - fears that the separation will be worse than the current situation or fatal. See section 17.6.1, Barriers to disclosure for mothers.

17.15.14 Professionals need to be aware that separation may not be the best safety plan if the mother is not wholly committed to leaving, and in consequence may well return.

17.15.15 Where a professional and a mother disagree about the need for separation, the professional's task is to convey to the mother that her reasons for wanting to stay are understood and appreciated. However, if the threshold of significant harm is reached the professional must make a referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment or call for a child protection conference or removal of the children - see Part A, chapter 4, Child protection conferences.

17.15.16 Where the risk is assessed as being below the threshold of significant harm refer to local threshold document for appropriate referral processes

and support – Essex, Southend, Thurrock. Key agencies which may be involved in the support process and the safety planning are the school, health, local authority housing, an advocacy service, the police, domestic abuse services - as appropriate. A professional should be nominated to proactively engage with the mother and maintain contact and co-ordinate the safety plan to ensure all partners are clear about their roles and responsibilities, particularly immediately after separation.

17.15.17 Professionals should keep the safety of the children constantly under review, re-assessing the risk of harm in the light of any new information. If the risk of harm to the child/ren increases, the lead professional must follow the procedures set out in Threshold and Interventions - Child Protection - including, as appropriate, contacting or making a referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment.

17.15.18 Mothers need to know from the outset that this process may need to be enacted.

Safety planning with children and young people

17.15.19 As soon as a professional becomes aware of domestic abuse within a family, s/he should work with the mother and each child, according to their age and understanding (Note: For a definition of 'Fraser competency' see Part B, chapter 27, Safeguarding sexually active children), to develop a safety plan. If a safety plan already exists, it should be reviewed.

17.15.20 The plan should emphasise that the best thing a child can do for themselves and their mother is not to try to intervene but to keep safe and, where appropriate, to get away and seek help.

17.15.21 The child/ren should be given several telephone numbers, including local police, local domestic abuse services (please refer to locally produced information), local authority children's social care, the Childline number (0800 1111), and the NSPCC Child Protection Helpline (0808 800 5000).

17.15.22 When the mother's safety plan involves separation from the abusive partner, the disruption and difficulties for the child/ren need to be considered and addressed.

17.15.23 Maintaining and strengthening the mother/child relationship is in most cases key to helping the child to survive and recover from the impact of the violence and abuse.

17.15.24 The child/ren will need a long term support plan, with the support ranging from mentoring and support to integrate into a new locality and school/ nursery school or attend clubs and other leisure/play activities through to therapeutic services and group work to enable the child to share their experiences.

17.15.25 Professionals should ensure that in planning for the longer term support needs of the child/ren at all levels, input is received from the full range of key agencies (e.g. the school, health, local authority housing, an advocacy service, the police, domestic abuse services, relevant local activity groups and/or therapeutic services).

17.16 Contact (Local authority children's social care, specialist agencies and CAFCASS)

17.16.1 Many women, despite a decision to separate, believe that it is in the child/ren's interest to see their father. Others are compelled by the courts to allow contact.

17.16.2 Mothers can be most vulnerable to serious violent assault in the period after separation. Contact can be a mechanism for the abusive partner to locate the mother and children.

17.16.3 Children can also be vulnerable to violent assault as a means of hurting their mother. Men who abuse their partners may use contact with the child/ren to hurt the mother by, for example, verbally abusing the mother to the children or blaming her for the separation. Thus, through contact the child/ren can be exposed to further physical and/or emotional and psychological harm.

17.16.4 Professionals supporting separation plans should consider at an early point the mother's views regarding post-separation contact. The professional should clearly outline for the mother the factors which need to be considered to judge that contact is in the child's best interests.

17.16.5 Professionals should also speak with and listen to each child alone regarding post-separation contact.

17.16.6 Professionals should complete an assessment of the risks from contact to the mother and child/ren.

17.16.7 Where the assessment concludes that there is a risk of harm, the professional must recommend that no unsupervised contact should occur until a fuller risk assessment has been undertaken by an agency with expertise in working with men who abuse their partners.

17.16.8 Professionals should advise mothers of their legal rights if an abusive partner makes a private law application for contact. This should include the option of asking for a referral to the Children and Family Court Advisory and Support Service (CAFCASS) Safe Contact Project. See www.cafcass.gov.uk.

17.16.9 If there is an assessment that unsupervised contact or contact of any kind should not occur, professionals should ensure that this opinion is brought to the attention of any court hearing applications for contact.

17.16.10 Professionals should ensure that any supervised contact is safe for the mother and the child/ren, and reviewed regularly. The child/ren's views should be sought as part of this review process.

17.17 Young people

See also Part B, section 40.2, Forced marriage of a child, section 40.1, Honour based abuse, and chapter 27, Safeguarding sexually active children.

17.17.1 Young women in the 16 to 24 age group are most at risk of being victims of domestic abuse. The updated Home Office definition now includes young people from the age of 16 years, who may also be receiving services as children in need or in need of protection in line with the Children Act 1989 and 2004.

17.17.2 Professionals who come into contact with young people (teachers, school nurses, sexual health professionals, GP's etc.) should be aware of the possibility that the young person could be experiencing abuse within their relationship.

17.17.3 Professionals with concerns that a young woman/teenage mother is being abused within a relationship should follow this procedure, adapting it to focus on the circumstances and locations in which the young woman/mother meets her partner (e.g. choosing safer venues, locations and peer groups to meet, being able to identify trigger points which lead to abuse and practicing safe ways to leave and go home etc.).

17.18 Abusive partners/children

Professionals responding to abusive partners or children should act in accordance with the severity of the violence.

Working with men who abuse their partners

See also section 17.8.5, Enabling disclosure for an abusive partner and Part B, Appendix 13, Working with Abusive Partners.

17.18.1 The primary aim of work with men who abuse their partners is to increase the safety of children and their mothers. A secondary aim is to hold the abusive partner accountable for his violence and provide him with opportunities to change.

17.18.2 Men who abuse their partners will seek to control any contact a professional makes with them or work undertaken with them. Most abusive partners will do everything they can to avoid taking responsibility for their abusive behaviour towards their partner and their child/ren.

17.18.3 Where an abusive partner is willing to acknowledge his violent behaviour and seeks help to change, this should be encouraged and affirmed. Such

men should be referred to appropriate programmes which work to address the cognitive structures that underpin controlling behaviours. Professionals should avoid referring for anger management, as this approach does not challenge the factors that underpin the abusive partner's use of power and control and can increase the risk to women but enabling perpetrators to mask signs of increasing anger.

17.18.4 When a mother leaves a violent situation, the abusive partner must never be given the address or phone number of where she is staying. Women should be advised to ensure that their address cannot be traced through their mobile phones or through use of social media.

17.18.5 Professionals should never agree to accept a letter or pass on a message from an abusive partner unless the mother has requested this.

17.18.6 Joint work between an abusive partner and a mother should only be considered where the abusive partner has completed an assessment with an appropriate specialist agency.

17.18.7 Men who abuse their partners should be invited to joint meetings with the mother only where it is assessed that it is safe for this to occur. See Part A, chapter 4, Child protection conferences section 4.5, Exclusion of family members from a conference.

Children who abuse family members

17.18.8 Children and young people of both genders can direct violence or abuse towards their parents or siblings. The hostile behaviour of children who abuse in this way may have its roots in early emotional harm, for which the child will need support and treatment.

17.18.9 Professionals should refer a child who abuses to local authority children's social care in line with Part A, chapter 2, Referral and assessment. In responding to children who harm, professionals should follow the procedures in Part B, chapter 32, Children harming others.

17.19 Staff Safety

This section must be read in conjunction with Part B, chapter 6, Managing work with families where there are obstacles and resistance.

17.19.1 Professionals are at risk whenever they work with a family where one or more family members are violent.

17.19.2 Professionals should:

- Be aware that domestic abuse is present but undisclosed or not known in many of the families they work with;
- Ensure that they are familiar with their agency's safety at work policy;

- Not undertake a visit to a home alone where there is a possibility that a violent partner may be present, nor see a violent partner alone in the office;
- Avoid putting themselves in a dangerous position (e.g. by offering to talk to the abuser about the mother or being seen by the abuser as a threat to their relationship);
- Ensure that any risk is communicated to other agency workers involved with the family.

17.19.3 Managers should ensure that professionals have the appropriate training and skills for working with children and their families experiencing domestic abuse; and use supervision sessions both to allow a professional to voice fears about violence in a family being directed at them; and also to check that safe practice is being followed in all cases where domestic abuse is known or suspected.

17.19.4 Organisations should ensure that they have a workplace policy to support staff that are/have been suffering from domestic abuse themselves and ensure staff are supported when undertaking work with families where there is domestic abuse.

18. Disabled Children

18.1.1 Any child with a disability is by definition a 'child in need' under s17 of the Children Act 1989. The Disability Discrimination Act 1995 makes it unlawful to discriminate against a disabled person in relation to the provision of services. This includes making a service more difficult for a disabled person to access or providing them with a different standard of service. The Disability Discrimination Act 2005 (DDA) defines a disabled person as someone who has: "a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities". This means that the needs of children and young people with long term illnesses such as leukaemia, diabetes, cystic fibrosis, or sickle cell are addressed. They may not usually be thought of as disabled, but their vulnerabilities may be similar. The key issue is the impact of abuse or neglect on a child or young person's health and development and how best to support them and safeguard their welfare.

18.1.2 Research suggests that children with a disability may be generally more vulnerable to significant harm through physical, sexual, emotional abuse and/or neglect than children who do not have a disability. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

18.1.3 The national guidance Safeguarding Disabled Children - Practice Guidance (DCSF 2009) provides a framework collaborative multi-agency responses to safeguard disabled children.

18.1.4 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect. Disabled children may be especially vulnerable to abuse for a number of reasons:

- Many disabled children are at an increased likelihood of being socially isolated with fewer outside contacts than non-disabled children;
- Their dependency on parents and carers for practical assistance in daily living, including intimate personal care, increases their risk of exposure to abusive behaviour;
- They have an impaired capacity to resist or avoid abuse;
- They may have speech, language and communication needs which may make it difficult to tell others what is happening;
- They often do not have access to someone they can trust to disclose that they have been abused; and/or

- They are especially vulnerable to bullying and intimidation.

18.1.5 Looked after disabled children are not only vulnerable to the same factors that exist for all children living away from home, but are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day to day physical care needs.

- Force feeding;
- Unjustified or excessive physical restraint;
- Rough handling;
- Extreme behaviour modification, including the deprivation of liquid, medication, food or clothing;
- Misuse of medication, sedation, heavy tranquillisation;
- Invasive procedures against the child's will;
- Deliberate failure to follow medically recommended regimes;
- Misapplication of programmes or regimes;
- Ill-fitting equipment (e.g. callipers, sleep board that may cause injury or pain, inappropriate splinting);
- Undignified age or culturally inappropriate intimate care practices.

18.1.6 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- Making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- Ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- Making sure that all disabled children know how to raise concerns, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- An explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;
- Close contact with families, and a culture of openness on the part of services;
- Guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment;
- Anti-bullying strategies; sexuality and sexual behaviour among young people, especially those living away from home; and
- Guidelines and training for staff working with disabled children aged 16 and over to ensure that decisions about disabled children who lack capacity will be governed by the Mental Health Capacity Act once they reach the age of 16.

18.1.7 Where there are concerns about the welfare of a disabled child, they should be acted upon in the same way as with any other child. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children (see Safeguarding Disabled Children - Practice Guidance (2009)).

18.1.8 Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

18.1.9 In criminal proceedings under the Youth Justice and Criminal Evidence Act 1999 witnesses aged under 17 (to be raised to under 18 by the end of 2010) may be eligible for special measures assistance when giving evidence in court. There is a presumption that child witnesses should give their evidence by video recorded statement (if taken) and live link, which allows a witness to give evidence during a trial from outside the courtroom through a televised link to the courtroom. The other special measures available to vulnerable witnesses include clearing the public gallery in sexual offence cases and those involving intimidation, screens to shield the witness from seeing the defendant, and assistance with communication through an intermediary or communication aid.

18.1.10 Achieving Best Evidence in Criminal Proceedings: Guidance on vulnerable and intimidated witnesses including children gives detailed guidance on planning and conducting interviews with children and adult with care or support needs and includes a section on interviewing disabled children and also those that are very young or psychologically disturbed.

See Part B, chapter 5, Working with interpreters/communication facilitators.

19. Fabricated or Induced Illness

19.1 Introduction

19.1.1 There are three main ways of the parent fabricating (making up or lying about) or inducing illness in a child:

- Fabrication of signs and symptoms. This may include fabrication of past medical history;
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;
- Induction of illness by a variety of means.

19.1.2 The above three methods are not mutually exclusive. An existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

19.2 Impact on the Child

19.2.1 Fabricated or induced illness is most commonly identified in younger children. Although some of these children die, there are many that do not die as a result of having their illness fabricated or induced, but who suffer significant long term physical or psychological health consequences.

19.2.2 Fabrication of illness may not necessarily result in a child experiencing physical harm, but there may be concerns about the child suffering emotional harm. They may suffer emotional harm as a result of an abnormal relationship with their parent and/or disturbed family relationships. See Part A, chapter 1, Responding to concerns of abuse and neglect.

19.2.3 Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

19.2.4 In working with cases of suspected fabricated or induced illness, the focus must be on the child's physical and emotional health and welfare in the long and short term, and the likelihood of the child suffering significant harm.

19.3 Abusers

19.3.1 Clinical evidence indicates that fabricated or induced illness is usually carried out by the child's mother or a female carer, usually the child's mother (Safeguarding children in whom illness is fabricated or induced, DCSF 2008). Aspects of their behaviour may include:

- Not as concerned about the child as medical personnel;
- Remaining with child on ward constantly;
- Investing significant emotional/intellectual effort in the illness;
- Having a history of conduct or eating disorders / contact with mental health agencies;
- Other carer uninvolved in child care;
- Reports of distant passive father.

Fabricated or Induced Illness by Carers (Royal College of Paediatricians and Child Health, 2009)

19.4 Recognition

19.4.1 All professionals who come into contact with children and their families, or adults who are parents, may come into contact with a child or parent where there are suspicions of fabricated or induced illness. These suspicions are likely to centre on discrepancies between what a parent says and what the professional observes.

19.4.2 Fabricated or induced illness is most commonly identified in younger children (77% under five years old) - [McClure et al (1996) study]. The average length of time to identification was greater than six months in a third of cases and more than a year in a fifth of the cases. - [Schreier and Libow (1993)]

19.4.3 In identifying and recognising fabricated or induced illness, professionals need to concentrate on the interaction of three variables:

- The state of health of the child, which may vary from being entirely healthy to being sick;
- The parental view which at one end is neglectful, and at the other end causes excessive intervention either directly or indirectly;
- The medical view, which is equally on a spectrum from being dismissive at one end to performing excessive intervention or treatment at the other.

19.4.4 Concerns may arise when:

- Reported symptoms and signs found on examination are not explained by any 'normal' medical condition;

- Physical examination and results of investigations do not explain reported symptoms and signs;
- New symptoms are reported on resolution of previous ones;
- Reported symptoms and identified signs are not observed in the absence of the parent;
- The child's normal daily life activities are being curtailed beyond that which may be expected from any known medical disorder from which the child is known to suffer;
- Treatment for an agreed condition does not produce the expected effects;
- Repeated presentations to a variety of doctors and with a variety of problems;
- The child denies parental reports of symptoms;
- Specific problems (e.g. apnoea, fits, choking or collapse);
- Child becoming drawn into the parent's illness;
- History of unexplained illnesses or deaths or multiple surgery in parents or siblings of the family;
- A past history in the parent of child abuse, self-harm or somatising, or false allegations of physical or sexual assault.

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

19.5 Response

19.5.1 All professionals who have concerns about a child's health should discuss these with their line manager, their agency's named/designated safeguarding children lead and the GP or paediatrician responsible for the child's health. If the child is receiving services from local authority children's social care, the concerns should also be discussed with them.

19.5.2 If any professional considers that their concerns are not taken seriously or responded to appropriately, they should discuss this as soon as possible with the designated doctor or nurse for child protection in their local authority area.

19.5.3 If any concerns relate to a member of staff, professionals should discuss this with their line manager and their agency's designated safeguarding children lead. See also Part A, chapter 7, Allegations against staff or volunteers, who work with children.

19.5.4 All concerns and discussions must be recorded contemporaneously by both parties in their agency records for the child, dated and signed.

19.6 Medical Assessment and Referral

19.6.1 The signs and symptoms require careful medical evaluation for a range of possible diagnoses. This is likely to include health professionals working

closely with professionals in other agencies who have day-to-day contact with the child (e.g. daycare providers or schools).

19.6.2 Where a reason cannot be found for the signs and symptoms, a second medical opinion should be sought and specialist advice and tests may be required.

19.6.3 If a paediatrician has suspicions that a child is being abused s/he should both seek a second medical opinion and make a referral in line with Part A, chapter 2, Referral and assessment to local authority children's social care - promptly, rather than waiting to be sure. Failure to alert the local authority children's social care and / or the police early enough is likely, in proven cases, to lead to greater suffering by the child. - [Fabricated or Induced Illness by Carers (Royal College of Paediatricians and Child Health, 2009)] See also Part A, chapter 2, Referral and assessment section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47 and an assessment.

19.6.4 While the child's signs and symptoms are being evaluated and before concerns are confirmed, the consultant paediatrician should retain the lead role, and the priority of police officers (and local authority children's social care) should be to assist the paediatrician with identification of the reason for the child's symptoms. The balance will change when it becomes clear that a crime appears to have been committed.

19.6.5 Whilst professionals should usually discuss any concerns with the family and, where possible, seek agreement to making referrals to local authority children's social care, at no time should concerns about the reasons for the child's signs and symptoms be shared with parents if this information would jeopardise the child's safety or undermine a criminal investigation. See Part A, chapter 2, Referral and assessment for what to do when not seeking parental permission.

19.7 Initial Consideration of Referral

19.7.1 As with all other referrals, local authority children's social care should decide, within one working day, what response is necessary. Delay should be avoided by all agencies in all circumstances.

19.7.2 The decision must be taken in consultation with the consultant paediatrician responsible for the child's health care, or the designated doctor for child protection in the local authority area, and the police because any suspected case of fabricated or induced illness may also involve the commission of a crime.

19.7.3 All decisions about what information is shared with parents should be agreed between the police, local authority children's social care and consultant paediatrician, bearing in mind the safety of the child and the conduct of any police investigations.

19.7.4 The potential outcome of referrals is the same as for any other referral. See Part A, chapter 2, Referral and assessment.

19.8 Assessment, Outcomes and Immediate Protection

19.8.1 Local authority children's social care should undertake an assessment, as with all referrals (see Part A, chapter 2, Referral and assessment), in collaboration with the paediatrician responsible for the child's health care, as well as relevant other agencies (e.g. the child's school).

19.8.2 The potential outcomes of the assessment should be as described for other referrals in Part A, chapter 2, Referral and assessment. If there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm and immediate protection is required (e.g. if a child's life is in danger through poisoning or toxic substances being introduced into the child's bloodstream) (see Part A, chapter 3, Child protection s47 enquiries) an immediate strategy meeting/discussion should take place (see section below) and legal advice must be sought.

19.8.3 Concerns should not be raised with a parent if there is concern that this action will jeopardise the child's safety or where it may undermine a timely criminal investigation.

19.9 Strategy Meeting

19.9.1 If there is reasonable cause to suspect the child is suffering, or likely to suffer, significant harm, local authority children's social care should convene and chair a strategy meeting involving all the key professionals. A meeting, rather than telephone discussion, is strongly advised when considering this complex form of abuse.

19.9.2 The strategy meeting should be convened in line with Part A, chapter 3, Child protection s47 enquiries. The meeting should be chaired by the local authority children's social care manager.

19.9.3 Participants must include local authority children's social care, police and the paediatrician responsible for the child's health, and as appropriate:

- A senior ward nurse if the child is an in-patient;
- A medical professional with expertise in the relevant branch of medicine;
- GP;
- Designated Doctor and/or Designated Nurse in the area in which the child resides
- Health visitor or school nurse;
- Staff from education settings;
- Local authority legal adviser.

In cases of possible FII, it may be necessary not to tell the parents about the meeting prior to it taking place in order to protect the child.

19.9.4 When it is decided there are grounds to initiate a child protection investigation (s47, Children Act 1989), decisions should be made about how the investigation, as the assessment, will be carried out, including:

- Whether the child requires constant professional observation and, if so, whether the carer should be present;
- The designation of a medical clinician to oversee and co-ordinate the medical treatment of the child to control the number of specialists and hospital staff the child may be seeing;
- Arrangements for the medical records of all family members, including children who may have died or no longer live with the family, to be collated by the consultant paediatrician or other suitable medical clinician;
- The nature and timing of any police investigations, including analysis of samples and covert surveillance (this will be police led and co-ordinated, with advice available from the National Crime Agency);
- The need for extreme care over confidentiality, including careful security regarding supplementary records;
- The need for expert consultation;
- Any particular factors, such as the child's and family's race, ethnicity, language and special needs, which should be taken into account;
- The needs of the siblings and other children with whom the alleged abuser has contact;
- The needs of parents;
- Obtaining legal advice over evaluation of the available information (if a legal adviser is not present at the meeting).

19.9.5 See Part A, chapter 3, Child protection s47 enquiries.

19.9.6 It may be necessary to have more than one strategy meeting, as the child's circumstances are likely to be complex and a number of discussions may be required to consider whether and when to initiate a s47 enquiry.

19.10 Police Investigation

19.10.1 Evidence gathered by the police should usually be available to other relevant professionals, to contribute to the s47 enquiry and assessment. There will be occasions when police will not share information to protect a person's identity. However, if the need to protect the child is greater than the need to protect the source of information, the necessary authority will be sought to share that information.

19.10.2 Suspects' rights are protected by adherence to the Police and Criminal Evidence Act 1984, which would usually rule out any agency other than the police confronting any suspect persons.

19.11 Outcome of Enquiries

19.11.1 As with all child protection investigations, the outcome may be that concerns are not substantiated (e.g. tests may identify a medical condition that explains the signs and symptoms).

19.11.2 It may be that no protective action is required, but the family should be provided with the opportunity to discuss whether they require support.

19.11.3 Where FII is suspected, the child protection investigation may take more time than usual. However, whenever possible and consistent with the child's best interests, professionals should ensure any child protection conference is held within 15 working days of the strategy meeting/discussion, where the decision was made to initiate s47 enquiries, and that regular strategy meetings/discussions take place throughout the investigation.

19.11.4 Where concerns are substantiated and the child is judged to have suffered, or is likely to suffer, significant harm, a child protection conference must be convened. All evidence should be thoroughly documented by this stage and the protection plan for the child already in place.

19.12 Initial Child Protection Conference

19.12.1 Attendance at this conference should be as for other initial conferences (see Child Protection Conferences Procedure), with additional experts invited as appropriate:

- Professionals with expertise in working with children in whom illness is fabricated or induced and their families;
- Paediatrician with expertise in the branch of paediatric medicine able to present the medical findings.

19.12.2 Local authority children's social care should only convene an initial conference after reaching the point of discussing professional concerns openly with the parent/s i.e. when it has been agreed that to do so will not place the child at increased risk of significant harm. This may be some time after the commencement of enquiries under s47 and a series of strategy discussions/meetings while the medical professionals undertake continuing evaluation and the police progress a criminal investigation. In some cases legal action may be necessary before this point is reached, in which case the appropriateness of holding an initial conference at this stage will need to be considered.

19.12.3 For further information see:

- The Government guidance Safeguarding Children in Whom Illness is Fabricated or Induced (DCSF 2008);

- The DVD Incredibly Caring (DCSF 2009) to support the Government guidance;
- The guidance Fabricated or Induced Illness by Carers (Royal College of Paediatricians and Child Health, 2009).

20. Children Missing from Care, Home and School

20.1 Introduction and general principles

Introduction

20.1.1 This guidance is the Runaway and Missing from Home and Care (RMFHC) protocol for Southend, Essex and Thurrock and should be followed by local authorities, Essex Police and other partners when children run away or go missing.

20.1.2 Children running away and going missing from care, home and education is a key safeguarding issue for local authorities and Local Safeguarding Children Boards. This Procedure is designed to ensure that when a child goes missing there is an effective, collaborative safeguarding response from all agencies involved. Current research findings estimate that approximately 25 per cent of children and young people that go missing are at risk of serious harm[5]. There are particular concerns about the links between children running away and the risks of sexual exploitation. According to recent studies[6], looked after children missing from their placements are vulnerable to sexual and other exploitation, especially children in residential care.

20.1.3 This chapter provides guidance for assessing both the risk of a child running away and going missing and the risk to the child when they are missing. The guidance sets out the actions that should be taken by professionals to locate the child, to assist with their return and to identify the issues which caused, and may continue to cause, the child to run away or go missing.

20.1.4 This guidance is based on guidance issued under Section 7 of the Local Authority Social Services Act 1970 which requires local authorities in exercising their social services functions, to act under the general guidance of the Secretary of State. Local authorities should comply with this guidance when exercising these functions, unless local circumstances indicate exceptional reasons that justify a variation.

20.1.5 This chapter complements: Working Together to Safeguard Children and related statutory guidance (2015) and the Children Act 1989 guidance and regulation volumes in respect of care planning and review.

[5] The Children's Society: *Still Running 3: Early findings from our third national survey of young runaways* (2011)
[6] The Ofsted report 'Missing Children' published in February 2013; the Joint All Party Parliamentary Group (APPG) Inquiry on Children Who Go Missing from Care 2012 and the accelerated report of the OCC's ongoing inquiry into Child Sexual Exploitation in Gangs and Groups.

20.1.6 Acknowledgement: This procedure has taken account of the DfE Statutory Guidance on 'Children who run away or go missing from home or care', January 2014.

This procedure should be used in conjunction with the Southend, Essex and Thurrock Child Protection Procedures, Part A, 2015.

Principles

20.1.7 The following safeguarding principles should be adopted by each LSCB and its partner agencies in relation to identifying and locating children who go missing:

- The safety and welfare of the child is paramount.
- Locating and returning the child to a safe environment is the main objective.
- Child protection procedures will be initiated whenever there are concerns that a child, who is missing, may have suffered, or is likely to suffer, significant harm.

Related procedures

20.1.8 The *Southend, Essex and Thurrock Child Protection Procedures Part A and Guidance in Part B* provide information to support professionals to recognise, respond to and manage circumstances in which children, who have run away or are missing, may be suffering, or likely to suffer, significant harm. However, there is a recognition that the operational systems in each of the Local authorities may vary.

20.1.9 In **Part B** there is additional practice guidance for:

Asylum Seeking Children
Safeguarding Trafficked and Exploited Children
Safeguarding Children Abused through Sexual Exploitation

These, and **Part A** can be accessed on the Southend, Essex and Thurrock Safeguarding Children Board websites.

20.1.10 Nationally, the following information can be accessed:

The Missing Children and Adults strategy (2011) Missing Children and Adults Strategy (2011)

Child sexual exploitation -Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (2017)

The Tackling Child Sexual Exploitation Action Plan (2011) Tackling Child Sexual Exploitation Action Plan (2011)

20.2 Definitions

20.2.1 Based on the DfE 'Statutory guidance on children who run away or go missing from home or care' (2014)[7] the definitions which should be used are set out as follows:

- *Child*: anyone who has not yet reached their 18th birthday. 'Children' and 'young people' are used throughout this guidance to refer to anyone under the age of 18.
- *Young runaway*: a child who has run away from their home or care placement, or feels they have been forced or lured to leave.
- *Missing child*: a child reported as missing to the police by their family or carers.
- *Looked after child*: a child who is looked after by a local authority by reason of a care order, or being accommodated under section 20 of the Children Act 1989.
- *Responsible local authority*: the local authority that is responsible for a looked after child's care and care planning.
- *Host local authority*: the local authority in which a looked after child is placed when placed out of the responsible local authority's area.
- *Care leaver*: an eligible, relevant or former relevant child as defined by the Children Act 1989.
- *Missing from care*: a looked after child who is not at their placement or the place they are expected to be (e.g., school) and their whereabouts is not known.
- *Away from placement without authorisation*: a looked after child whose whereabouts is known but who is not at their placement or place they are expected to be and the carer **has concerns.** It is important to note that when a child meets these criteria, the same procedures should be followed as if they were missing.
- Care leavers cover young people from age 16-24.

20.2.2 The National Chief Police Council definition of a missing person is:

Missing: Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another'.

and

Absent: A person is not at a place where they are expected or required to be and there is no apparent risk'.

Essex Police will not treat any persons under the age of 18 as ABSENT and must be treated as MISSING PERSONS only.

7 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/208528/Statutory_guidance_on_children_who_run_away_or_go_missing_from_home_or_care_consultation_-_final.pdf

20.3 Roles and responsibilities

Local Authorities

20.3.1 Section 13 of the Children Act 2004 requires local authorities and other named statutory partners to make arrangements to ensure that their functions are discharged with a view to safeguarding and promoting the welfare of children. This includes planning to prevent children from going missing and to protect them when they do. Through their inspections of local authority children's services, Ofsted will include an assessment of measures with regard to missing children as part of their key judgement on the experiences and progress of children who need help and protection.

20.3.2 Local authorities should name a senior children's service manager as responsible for monitoring policies and performance relating to children who go missing from home or care. The responsible manager should look beyond this guidance to understand the risks and issues facing children missing from home or care and to review best practice in dealing with the issue.

20.3.3 Where the child is known to Children's Social Care Services or meets the criteria for referral to Children's Social Care Services, the local authority will ensure that an assessment, such as an Early Help assessment using a CAF (or similar assessment tool) takes place following the Safe and Well check (undertaken by the police) and Independent Return Interview and that there is a range of service options available to address the child's needs.

Risk assessment

20.3.4 Local authorities must ensure that all incidents where children go missing are appropriately risk assessed, and should record all incidents of looked after children who are away from placement without authorisation, missing or absent.

20.3.5 Even with strong systems and services that minimise the likelihood of young people running away, some young people will still feel that they have to run. In all circumstances local safeguarding procedures should be followed. If there is concern that the child may be at risk if returned home, the child should be referred to Children's Services Social Care to assess their needs and make appropriate arrangements for their accommodation.

20.3.6 Children, who are looked after should have information about and easy access to, help lines and support services including emergency accommodation. Support should also be made available to families to help them understand why the child has run away and how they can support them on their return.

20.3.7 It is important that emergency accommodation can be accessed directly at any time of the day or night. Bed and breakfast (B&B) accommodation is not an appropriate place for any child or young person under the age of 18 and should only be used in exceptional circumstances.

20.3.8 The police can use the powers under Section 46(1) of the Children Act 1989[8] to remove a child into police protection or, alternatively, police powers under Sections 17(1)(e) and 25(3)(e) of the Police and Criminal Evidence Act 1984[9] may be used. These would enable a police officer to enter and search a house for the purposes of saving life and limb, or to arrest without warrant a person who has committed an offence (in this case unlawfully removing a child from care or emergency protection) where the arrest is necessary to protect the child from that person.

20.3.9 Should it be necessary to take the child into police protection, the child must be moved as soon as possible into local authority accommodation. The local authority should consider what type of accommodation is appropriate in each individual case. It is important that young people are not placed in accommodation that leaves them vulnerable to exploitation or trafficking.

20.3.10 The Local Authority may apply to the Court for a Recovery Order under Section 50 of the Children Act 1989[10]. A Recovery Order should only be sought when the child is subject to a Care Order and it is clear that the child is in no immediate danger of significant harm.

Data Collection

20.3.11 Early and effective sharing of information between professionals and local agencies is essential for the identification of patterns of risky behaviour. This may be used to identify areas of concern for an individual child, or to identify 'hotspots' of activity in a local area.

20.3.12 Local authorities have a statutory duty under section 436A of Education Act 1996 to collect information about children missing from education and educational establishments as well as information about children who access other local authority services, such as youth services and children who are looked after.

[8] http://www.legislation.gov.uk/ukpga/1989/41/section/46
[9] http://www.legislation.gov.uk/ukpga/1984/60/section/17
[10] http://www.legislation.gov.uk/ukpga/1989/41/section/50

20.3.13 Local authorities should collect data on children reported missing from care, unauthorised absences from care placements, and other relevant data and should regularly analyse this in order to map problems and patterns. This should include identifying patterns of sexual and other exploitation.

20.3.14 Good practice suggests that the following data should be collected and analysed by a multi professional group on a quarterly basis:

- Demographics of all children who are missing, absent or away from placement without authorisation
- Associates of the above
- Legal status of children
- Episodes, and length of episode by child
- Numbers and themes from safe and well checks
- Numbers and themes from return interviews
- Cross match data with gangs matrix, CSE lists, home educated and missing from education lists
- Analyse data by establishment and geographical area

20.3.15 Data about children and young people who go missing from home, education or care should be included in regular reports to Council members, especially to the Lead Member for Children's Services and in regular reports by the local authority to the local LSCB.

20.3.16 All incidents of missing or absence should be reported to the Department for Education by the responsible authority through their annual data returns on looked after children as part of the annual SSDA903 data collection.

Essex Police

20.3.17 Essex Police force, as the lead agency for investigating and finding missing children, will respond to children and young people going missing or being absent based on on-going risk assessments in line with current guidance. The police will prioritise all incidents of missing children as medium or high risk. Where a child is recorded as being absent, those details will be recorded by the police, who will agree review times and any on-going actions with the person reporting the absence.

20.3.18 Every 'missing' child who returns will have a 'vulnerability interview' and offered an Independent "Return Home Interview".

Risk Assessment

20.3.19 The police will prioritise all incidents of missing children as medium or high risk.

20.3.20 High Risk: is a risk that is immediate and there are substantial grounds for believing that the subject is in danger through their own vulnerability; or may have been the victim of a serious crime; or the risk posed is immediate and there are substantial grounds for believing that the public is in danger. This category requires the immediate deployment of police resources.

20.3.21 Police guidance makes clear that a member of the senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels. Such cases should lead to the appointment of an Investigating Officer and possibly a Senior Investigating Officer and a Police Search Advisor (PolSA). There should be a press/media strategy and/or close contact with outside agencies. Family support should be put in place. The UK Missing Persons Bureau should be notified of the case within 72 hours . Child Exploitation and Online Protection [CEOP] and local authority children's services should also be notified.

20.3.22 Medium Risk: in this case the risk posed is likely to place the subject in danger, or they are a threat to themselves or others. This category requires an active and measured response by police and other agencies in order to trace the missing person and support the person reporting. This will involve a proactive investigation and search in accordance with the circumstances to locate the missing child as soon as possible.

Ofsted: Disclosure to Police

20.3.23 On 1 April 2013 regulations came into force requiring Ofsted to disclose details of the locations of children's homes to local police forces to support the police in taking a strategic and operational approach to safeguarding children particularly in relation to sexual exploitation and trafficking. This duty is in addition to the existing obligation for Ofsted to disclose this information to local authorities. A protocol published alongside the regulations sets out the responsibilities of the public authorities to use information about the location of children's homes only for the purposes for which it was disclosed; and to share it onward only where this is compatible with safeguarding children and promoting their welfare.

Healthcare Professionals

20.3.24 Healthcare professionals have a key role in identifying and reporting children who may be missing from care, home and school.

20.3.25 Missing children access a number of services in a range of NHS settings, for example:

- Urgent Care Units
- Accident and Emergency Departments
- Genito-Urinary Medicine Clinics (GUM)
- Community Sexual Health Services and
- Pharmacy Services

20.3.26 Health professionals should have an understanding of the vulnerabilities and risks associated with children that go missing. Staff working in NHS provider settings should be aware of their professional responsibilities and the responses undertaken by the multi-agency partnership. Risks include sexual exploitation, trafficking, forced marriage and female genital mutilation. Radicalisation, also a risk factor for vulnerable young people, is managed via the national 'Prevent' strategy[11].

20.3.27 The NHS provides a comprehensive service for Looked after Children (LAC). A Designated Nurse for Looked after Children is located in Clinical Commissioning Groups (CCGs) but arrangements for Doctors will differ between CCGs. They are statutory appointments and are responsible for advising and supporting commissioners and providers to ensure that appropriate healthcare and services are commissioned and delivered. Working in partnership with providers designated health professionals for LAC should ensure that appropriate procedures are in place for sharing relevant information and intelligence relating to high risk individuals or emerging themes and patterns indicative of organised and targeted abuse, to a multi-agency group for that purpose.[12]. They should also ensure that NHS staff within their locality know how to identify, report and respond to a child who is missing from care.

[11] https://www.gov.uk/government/policies/protecting-the-uk-against-terrorism/supporting-pages/prevent

[12] In Essex, these are known as Missing and Sexual Exploitation (MACE) Groups. The equivalent in Southend is The CSE Working group (a sub group of the LSCB) and Thurrock is The Risk assessment Group (RAG).

20.4 Specific risks

Homeless 16 / 17 year olds

20.4.1 When a 16 or 17 year old runs away or goes missing they are no less vulnerable than younger children and are equally at risk, particularly of sexual exploitation or involvement with gangs.

20.4.2 When a 16 -17 year old presents as homeless, local authority children's services must assess their needs as for any other child. Where this assessment indicates that the young person is in need and requires accommodation under section 20 of the Children Act 1989, they will usually become looked after.

20.4.3 The accommodation provided must be suitable, risk-assessed and meet the full range of the young person's needs. The sustainability of the placement must be considered. Young people who have run away and are at risk of homelessness may be placed in supported accommodation, with the provision of specialist support, for example, for those who may have been sexually exploited, or at risk of sexual exploitation.

20.4.4 Local authorities should have regard to statutory guidance April 2010[13] issued to children's services authorities and local housing authorities about their duties under Part 3 of the Children Act 1989 and Part 7 of the Housing Act 1996[14] to secure or provide accommodation for homeless 16 and 17 year olds.

Trafficking

20.4.5 Some of the children who local authorities look after may be unaccompanied asylum seeking children or other migrant children. Some children in this group may have been trafficked into the UK and may remain under the influence of their traffickers even while they are looked after. Trafficked children are at high risk of going missing, with most going missing within one week of becoming looked after and many within 48 hours. Unaccompanied migrant or asylum seeking children, who go missing immediately after becoming looked after, should be treated as children who may be victims of trafficking. See Part B, Chapter 26: Safeguarding Trafficked and Exploited Children[15]

[13] https://www.gov.uk/government/publications/provision-of-accommodation-for-16-and-17-year-olds-who-may-be-homeless-and-or-require-accommodation
[14] http://www.legislation.gov.uk/ukpga/1996/52/part/VII
[15] http://dnn.essex.gov.uk/Portals/67/Documents/Local%20Practices/SET%20Procedures%202015%20-%20Version%202%20August%202015.pdf

20.4.6 Children, who have been trafficked, may be exploited for sexual purposes and the link to sexual exploitation should be addressed in conjunction with Part B, Chapter 24: Safeguarding Children from Sexual Exploitation.[16]

20.4.7 The assessment of need to inform the care plan will be particularly critical in these circumstances and should be done immediately as the window for intervention is very narrow. The assessment must seek to establish:

- relevant details about the child's background before they came to the UK;
- an understanding of the reasons why the child came to the UK; and
- An analysis of the child's vulnerability to remaining under the influence of traffickers.

20.4.8 In conducting this assessment it will be necessary for the local authority to work in close co-operation with the UK Human Trafficking Centre (UKHTC)[17] and immigration staff who will be familiar with patterns of trafficking into the UK. Immigration staff should be able to advice on whether information about the individual child suggests that they fit the profile of a potentially trafficked child.

20.4.9 Provision may need to be made for the child to be in a safe place before any assessment takes place and for the possibility that they may not be able to disclose full information about their circumstances immediately. The location of the child should not be divulged to any enquirers until their identity and relationship with the child has been established, if necessary with the help of police and immigration services. In these situations the roles and responsibilities of care providers must be fully understood and recorded in the placement plan. Proportionate safety measures that keep the child safe and take into account their best interests should also be put in place to safeguard the child from going missing from care or from being re-trafficked.

20.4.10 It will be essential that the local authority continues to share information with the police and immigration staff, concerning potential crimes against the child, the risk to other children, or other relevant immigration matters.

16 http://dnn.essex.gov.uk/Portals/67/Documents/Local%20Practices/SET%20Procedures%202015%20-%20Version%202%20August%202015.pdf

17 http://www.nationalcrimeagency.gov.uk/about-us/what-we-do/specialist-capabilities/uk-human-trafficking-centre

20.4.11 'Safeguarding Children Who May Have Been Trafficked: Practice Guidance (2011)'[18] contains practical guidance for agencies which are likely to encounter, or have referred to them, children and young people who may have been trafficked. Where it is suspected that a child has been trafficked, they should be referred by the local authority into the UK's victim identification framework, the National Referral Mechanism (NRM)[19]. The SET Child Sexual Exploitation Toolbox [20], developed by the Southend, Essex and Thurrock Safeguarding Children Boards, has been made available to all local authorities to help professionals assess the needs of these children and to refer them to the NRM.

20.4.12 The NSPCC Child Trafficking Advice Centre (CTAC[21]) provides specialist advice and information to professionals who have concerns that a child or young person may have been trafficked. CTAC can be contacted at free phone number: 0808 800 5000, Monday to Friday 9.30am to 4.30pm or email help@nspcc.org.uk.

Protecting children at risk of violent extremism

20.4.13 Children and young people can suffer harm when exposed to extremist ideology. This harm can range from a child adopting or complying with extreme views which limit their social interaction and full engagement with their education, to children being groomed for involvement in violent attacks.

20.4.14 Children can by exposed to harmful, extremist ideology in the immediate or extended family, or relatives/family friends who live outside the family home but have influence over the child's life. Older children or young people might adopt violent extremist views from the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless.

20.4.15 Going missing is a risk factor in relation to violent extremism:

- A child may go missing because they already adopted violent extremist views.
- A child's risk of adopting violent extremist views might increase because they are missing and are spending time with people who may seek to involve them in violent extremist activity. The risk is heightened whilst they are missing, because the protective factors of family or care are not available to them.

[18] https://www.gov.uk/government/publications/safeguarding-children-who-may-have-been-trafficked-practice-guidance
[19] https://www.gov.uk/government/policies/reducing-and-preventing-crime--2/supporting-pages/human-trafficking
[20] http://cse-toolbox.uk/
[21] http://www.nspcc.org.uk/Inform/research/ctail/ctail_wda84866.html

20.4.16 Professionals should always assess whether a child who has gone missing is at risk of having adopted violent extremist views.

Children at risk of sexual exploitation

20.4.17 See Southend, Essex and Thurrock Child Protection Procedures, Part B, Chapter 24, *Safeguarding Children from Sexual Exploitation*.

20.4.18 The sexual exploitation of children involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Violence, coercion and intimidation are common.

20.4.19 Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice as a result of their social, economic or emotional vulnerability.

20.4.20 A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

20.4.21 Going missing is a significant risk factor in relation to sexual exploitation:

- A child may go missing because they are being sexually exploited.
- A child's risk of being sexually exploited might increase because they are missing and are spending time with people who may seek to involve them in sexual exploitation. The risk is heightened whilst they are missing because the protective factors of family or care are not available to them.

20.4.22 Because there is such a strong link between the risk of sexual exploitation and children going missing, professionals should always assess whether a child who has gone missing is being sexually exploited or at risk of being sexually exploited.

20.5 Children missing from care and care leavers

Care leavers

20.5.1 From the age of 16, young people who have *left* a care placement are referred to as *care leavers*. The response to a care leaver aged 16 and 17 years old, who goes missing, should be the same as that, for any other vulnerable child.

20.5.2 In addition, local authorities have a duty to conduct needs assessments for care leavers and draw up pathway plans to meet their identified needs, up to the age of 21 (or 25 if disabled or in full time education). In doing so, the young person's vulnerability to exploitation, trafficking or going missing, should be taken into account, particularly when identifying 'suitable accommodation'[22] and identify the support that will be provided, to minimise this risk.

Out of area placements

20.5.3 When a child is placed out of their local authority area, the responsible authority must make sure that the child has access to the services they need in advance of placement. Notification of the placement must be made to the host authority and other specified services. All children who are at risk of running away and going missing should be notified to the local police service.

20.5.4 If children placed out of their local authority run away, this protocol should be followed, in addition to complying with other processes that are specified in the policy of the host local authority. It is possible that the child will return to the area of the responsible authority so it is essential that liaison between the police and professionals in both authorities is well managed and coordinated. A notification process for missing/absent episodes should be agreed between responsible and host local authorities as a part of the care plan and the placement plan.

Prevention and planning – risk assessment:

20.5.5 Local authorities have a duty to place a looked after child in the most appropriate placement to safeguard the child. One consideration should be to minimise the risk of the child running away. The care plan and the placement plan should include details of the arrangements that will need to be in place to keep the child safe and minimise the risk of the child going missing from their placement. Remember:

- The Care Plan – should include strategies to avoid unauthorised absences and/or a child going missing. It should also include strategies to reduce the duration and risks associated if the child does have unauthorised absences/go missing.
- The Placement Plan – should include strategies for preventing the child from taking unauthorised absences/going missing.
- A risk assessment should be completed for all children for whom there is concern that they may run away. Distance from home, family and friends should be considered as a risk factor.
- Provide the child with advice about an independent advocate and take the child's views in to account.

[22] http://www.legislation.gov.uk/uksi/2010/2571/introduction/made

- Statutory reviews should consider any absences and revise strategies to prevent repeat absences and/or missing incidents and the care plan should be revised accordingly.

20.5.6 Where a child already has an established pattern of running away, the care plan should include a strategy to keep the child safe and minimising the likelihood of the child running away in the future. This should be discussed and agreed as far as possible with the child and with the child's carers and should include detailed information about the responsibilities of all services, the child's parents and other adults involved in the family network.

20.5.7 Independent Reviewing Officers (IROs) should be informed about missing/absent episodes and they should address these in statutory reviews. The risk assessment should be updated after missing incident and should be regularly reviewed.

20.5.8 Designated health professionals for Looked After Children [LAC] should be informed of children missing from care who are deemed to be 'high risk' how this is done will vary within each Local authority. They should be included in any multiagency strategy meetings or activity to manage the child's retrieval and any subsequent health needs.

Actions when a looked after child has gone missing

20.5.9 The carer/s should take all reasonable steps which a good parent would take, to secure the safe and speedy return of the child based on their own knowledge of the child and the information in the child's placement plan. If there is a suspected risk of harm to the child then the carer/s should liaise immediately with the police.

20.5.10 Whenever a child runs away from a placement, the foster carer or the manager on duty in the children's home is responsible for ensuring that the following individuals and agencies are informed within the timescales set out in this guidance:

- the local police;
- the school at which the child is registered;
- the authority responsible for the child's placement – if they have not already been notified prior to the police being informed; and
- The parents and any other person with parental responsibility, unless it is not reasonably practicable or to do so, or would be inconsistent with the child's welfare.
- The Independent Reviewing Officer (IRO)

20.5.11 The reporting of the child should include the details of the child as follows;

- The child's name/s; date of birth; status; responsible authority; and school:
- Where and when they went missing
- Who, if anyone, they went missing with
- What was the child wearing plus any belongings such as bags, phone etc.
- Description and recent photo
- Medical history and NHS number, if relevant
- Time and location last seen
- Circumstances or events around going missing
- Details of family, friends and associates
- Updated risk assessment

20.5.12 Following initial discussions between the allocated children's social care worker (or the Emergency Duty Service, if out of hours) and the police, they should agree an **immediate strategy** for locating the child and an action plan.

- Within 3 days, a missing from care meeting/ telephone discussion between relevant parties should take place and include the police, the child's social worker and the provider. The action plan and risk assessment should be reviewed and updated, as necessary.
- Missing from care meetings/discussions should be held at least monthly to update the action plan and share information.
- The Assistant Director or equivalent should be notified within 5 days of the child going missing. They will notify the Lead Member within 7 days of the child going missing or in line with current practice.
- Any publicity will be led by the Police, and should be balanced against the risk of harm and vulnerability of the child concerned. This is done in collaboration with those with parental responsibility eg social care, parents
- Use of harbouring notices should be discussed at the missing from care meetings this is led by the police in collaboration with those with parental responsibility.
- Recovery orders may be used when the child is looked after.
- During the investigation to find the missing/run away child, regular liaison and communication should take place between the police, the responsible local authority children's social care services and the host authority (if an out of area placement) and any other agencies involved.
- The authority responsible for the child should ensure that plans are in place to respond once the child is found and for determining if the placement remains appropriate.

Actions when a child has been found:

20.5.13 If the child is located by the Police, a vulnerability interview (see below), will be carried out, as the child is returned. When the child returns to the placement, care staff/foster carers should promptly inform the child's social worker and the independent reviewing officer that the child has returned. Arrangements should be made for a vulnerability interview and an Independent Return Interview offered.

Vulnerability Interviews:

Missing persons found and identified

20.5.14 Where a person reported missing is located, vulnerability checks will be completed as soon as possible after their return, in any case within 24 hours.

20.5.15 During this interview, the interviewing officer must consider the following;

- If they are the victim of a crime including sexual abuse
- If they are the victim of domestic abuse, forced marriage or honour based abuse
- If they are the victim of physical or mental harm
- If the missing person is a child, establish whether the child is at risk from sexual exploitation or has had contact with persons posing a risk to children
- Why the person went missing
- If they are likely to go missing again
- Details of movements during the time they were missing
- Details of where they were found

Referral to a Missing Persons Liaison Office or other specialist police department within public protection

Independent Return Home Interview

20.5.16 The independent return review is an in-depth interview and should be carried out by an independent professional (e.g. a social worker, youth worker, teacher, health professional or police officer, not involved in caring for the child and who is trained to carry out these interviews and is able).

20.5.17 The responsible local authority should ensure the return review interview takes place, working closely with the host authority where appropriate. Contact should be made with the child within 72 hours of them being located or returning from absence, to arrange an independent Return Home interview in a neutral place where they feel safe.

20.5.18 Where a looked after child has run away they should have the opportunity to talk, before they return to their placement, to a person who is independent of their placement about the reasons they went missing. The child should be offered the option of speaking to an independent representative or advocate. The Independent Reviewing Officer should be informed.

20.5.19 The interview and actions that follow from it should:

- Identify and deal with any harm the child has suffered – including harm that might not have already been disclosed as part of the 'vulnerability interview'– either before they ran away or whilst missing.
- Understand and try to address the reasons why the child ran away.
- Help the child feel 'safe'/understand that they have options, to prevent repeat instances of them running away.
- Understand what the child would like to see happen next whether short term and/or long term.
- Gather the parents or carers views of the circumstances, if appropriate.
- Provide the child with information on how to stay safe if they choose to run away again, including helpline numbers.

20.5.20 It is especially important that the Independent Return Home Interview is offered every time when a child:

- has been reported missing
- is frequently absent without authorisation
- has been hurt or harmed while they have been missing
- is at known or suspected risk of sexual exploitation or trafficking;
- is at known or suspected risk of involvement in criminal activity or drugs
- has contact with persons posing risk to children; and/or
- Has been engaged (or is believed to have engaged) in criminal activities during their absence.

Identified need for follow up:

20.5.21 The local authority children's social care services, police and other agencies involved with the child should work together to assess the child and:

- to build up a comprehensive picture of why the child went missing;
- what happened while they were missing;

- who they were missing with and where they were found; and,
- what support they require upon returning home
- whether a statutory review of the care plan is required
- share information gained from the return interview

20.5.22 Where children refuse to engage with the interviewer, parents and/or carers should be offered the opportunity to provide any relevant information and intelligence they may be aware of. This should help to prevent further instances of the child running away and identify early the support needed for them.

Repeat running away

20.5.23 If a child continually runs away, actions following earlier missing episodes should be reviewed and alternative strategies should be considered.

20.5.24 To reduce repeat running away and improve the longer-term safety of children and young people, the agencies involved may want to provide:

- better access and timely independent return interviews where possible, particularly for the most vulnerable; and
- Better access to support whilst a young person is away, which may come from the voluntary sector.

20.5.25 There may be local organisations in the area that can provide repeat runaways with an opportunity to talk about their reasons for running away, and can link runaways and their families with longer-term help if appropriate. Local authorities should work with organisations that provide these services in their area.

20.5.26 Children's homes staff and foster carers should be trained and supported to offer a consistent approach to the care of children, including being proactive about strategies to prevent children from running away; and to understand the procedures that must be followed if a child goes missing.

20.5.27 The competence and support needs of staff in children's homes and foster carers in responding to missing from care issues should be considered as part of their regular appraisal and supervision.

20.5.28 The Children's Home Regulations require providers to have explicit procedures in place to be followed whenever a child is absent without authorisation or has run away or is missing from their placement, which takes into account police and local authority protocols for managing missing person's incidents in the area where the provision is located[23].

23 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463220/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version__1.17_FINAL.pdf

20.5.29 Please also refer to the Department of Education's, 'Statutory guidance on children who run away or go missing from home or care: Flowchart to accompany the statutory guidance'[24].

20.6 Children missing from home

20.6.1 The parents' role is particularly important, when children runaway and go missing from home. They can provide invaluable information to help understand the problem and additional risks the child may face, e.g. involvement in drugs and alcohol or sexual exploitation. The family might also identify relationship difficulties as a cause of the child running away. Parents should be provided with appropriate advice and support, to help them parent effectively and contribute to minimise the risks to their children.

20.6.2 When Local Authorities and Essex Police analyse trends and patterns in relation to children, who run away or go missing from home, particular attention should be paid to repeat 'missing 'and 'absent' episodes. Each Local Authority and LSCB needs to be alert to the risk of sexual exploitation or involvement in drugs, gangs or criminal activity such as trafficking and to be aware of local "hot spots" as well as concerns about any individuals, who children runaway to be with.

20.6.3 Local authorities and LSCBs should also consider the 'hidden missing', who are children who have not been reported missing to the police, but have come to an agency's attention after accessing other services. There may also be trafficked children who have not previously come to the attention of children's services or the police. Research demonstrates that boys are less likely to be reported missing than girls[25] and children that go missing from education are less likely to be reported as missing[26]. For children who are under the supervision of youth offending teams, who have been excluded from school or who are accessing substance misuse services, boys are more likely to show up in the data[27]. Local authorities and the police should be proactive in places where they believe under reporting may be more likely because of the relationships some communities, or individuals, have with the statutory sector.

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24 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271820/Flowchart_when_a_child_goes_missing_from_care.pdf

25 Office of the Children's Commissioner: http://www.childrenscommissioner.gov.uk/force_download.php?fp=%2Fclient_assets%2Fcp%2Fpublication%2F636%2FFINAL_REPORT_FOR_WEBSITE_Child_Sexual_Exploitation_in_Gangs_and_Groups_Inquiry_Interim_Report__21_11_12.pdf

26 Office of the Children's Commissioner (*Ibid*)

27 Office of the Children's Commissioner (*Ibid*)

20.6.4 Children missing from home are subject to risks and vulnerabilities similar to those for children who are looked after. NHS designated and named professionals hold a statutory role with regards to safeguarding in the local health community, and must be included in the information sharing and management processes being put in place for children deemed to be at high risk. These arrangements will inevitably vary in each Local Authority.

Notifications

20.6.5 The police will respond to all notifications of children categorised as 'missing' as medium or high risk in accordance with the Essex Police policy and SET Child Protection Procedures.

20.6.6 The information required by the police to assist in locating and returning the child to a safe environment is as follows:

- The child's name/s; date of birth; status; responsible authority
- Where and when they went missing
- Who, if anyone, they went missing with
- What the child was wearing plus any belongings they had with them such as bags, phone etc.
- Description and recent photo
- Medical history and NHS number, if relevant
- Time and location last seen
- Circumstances or events around going missing
- Details of family, friends and associates

Actions when a child has gone missing

20.6.7 Child protection procedures must be initiated in collaboration with children's social care services whenever there are concerns that a child who is missing may be suffering, or likely to suffer, significant harm. In such cases, a Strategy Meeting should be convened and, where appropriate, a s47 investigation conducted, to assess the level of risk.

20.6.8 The risk assessment should be completed in line with this protocol and action by the police will include:

- an active and measured response by police and other agencies in order to trace the missing child and support the person reporting
- a proactive investigation and search in accordance with the circumstances to locate the missing child as soon as possible
- Family support should be put in place
- The UK Missing Persons Bureau should be notified of the case
- CEOP and children's social care services should be notified.

20.6.9 Where a child is living at home and the subject of a child protection plan or are the subject of a s47 enquiry, additional action is required. This includes:

- Ensuring that a strategy meeting is arranged as soon as practicable and in any event within 7 days. If the child has returned prior to the date of the strategy meeting, it is not a requirement for the meeting to go ahead. Representatives from both the Police Missing Persons Liaison Officer and Child Abuse Investigation Team should attend the strategy meeting, as well as other practitioners involved with the child.
- In addition, a member of the senior management team or similar command level must be involved in the examination of initial enquiry lines and approval of appropriate staffing levels.

Actions when a child has been found

20.6.10 Where the child is known to children's social care services or meets the criteria for referral to children's social care services, the Local Authority will ensure that an assessment takes place and there are a range of service options available to address the child's needs following the vulnerability interview and independent return review interview.

20.6.11 Young people who have run away and are at risk of homelessness may be placed in supported accommodation, with the provision of specialist support, for example, for those who may have been sexually exploited.

Missing children found and identified

20.6.12 Where a child who has been reported missing is located, vulnerability interviews will be completed as soon as possible after their return, in any case within 24 hours.

20.6.13 During this interview, the interviewing officer must consider the following:

- If they are the victim of a crime including sexual abuse
- If they are the victim of domestic abuse, forced marriage or honour based abuse
- If they are the victim of physical or mental harm
- If the missing person is a child, establish whether the child is at risk from sexual exploitation or has had contact with persons posing a risk to children
- Why the person went missing
- If they are likely to go missing again
- Details of movements during the time they were missing
- Details of where they were found

Referral to a Missing Persons Liaison Officer or other specialist police department within Public Protection.

Independent Return Home Interview

20.6.14 The independent Return Home Interview is an in-depth interview and should be carried out by an independent professional (e.g. a social worker, teacher, health professional or police officer, who does not usually work with the child and is trained to carry out these interviews). Children sometimes need to build up trust with a person before they will discuss in depth the reasons why they ran away.

20.6.15 Contact should be made with the child within 72 hours of them being located or returning from absence, to arrange an independent return home interview in a neutral place where they feel safe. Appropriate social care authorities should ensure that a return interview takes place.

20.6.16 The interview and actions that follow from it should:

- Identify and deal with any harm the child has suffered – including harm that might not have already been disclosed as part of the 'vulnerability interviews'– either before they ran away or whilst missing.
- Understand and try to address the reasons why the child ran away.
- help the child feel 'safe' and understand that they have options, to prevent repeat instances of them running away
- understand what the child would like to see happen next whether short term and/or long term
- gather the parents or carers views of the circumstances ,if appropriate
- Provide the child with information on how to stay safe if they choose to run away again, including helpline numbers.

20.6.17 It is ***especially*** important that the Independent Return Home Interview is offered when a child:

- has been reported missing on two or more occasions;
- is frequently absent without parental agreement
- has been hurt or harmed while they have been missing
- is at known or suspected risk of sexual exploitation or trafficking;
- is at known or suspected risk of involvement in criminal activity or drugs
- has contact with persons posing risk to children; and/or
- Has been engaged (or is believed to have engaged) in criminal activities during their absence.

20.6.18 Following the vulnerability interview and independent return home Interview where the need has been identified for a follow up, the local authority children's services, police, health and voluntary services should assess the child's needs and work together:

- to build up a comprehensive picture of why the child went missing;

- share information gained from interviews
- what happened while they were missing;
- who they were missing with and where they were found; and,
- what support they require upon returning home

20.6.19 Where children refuse to engage with the interview, parents should be offered the opportunity to provide any relevant information and intelligence they may be aware of. This should help to prevent further instances of the child running away and identify early the support needed for them.

20.6.20 Information about local help lines and agencies working with runaways should be provided to the child and family.

20.7 Children missing education [CME]

20.7.1 This section sets out the actions to be taken when a child is missing from school and may be suffering, or likely to suffer, significant harm or may be a child in need.

20.7.2 This guidance should be read in the context of the statutory duties upon local authorities and parents as set out in the Education Acts 1996 and 2002, the Children Acts 1989 and 2004. In particular the guidance provides for professionals seeking to exercise their duty under Section 175 of the Education Act 2002 and Section 11 of the Children Act 2004 to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

20.7.3 Additionally, this guidance seeks to ensure that the duty to co-operate to improve the well-being of children under section 10 of the Children Act is discharged. All schools will have a designated teacher for looked after children. These teachers are ideally placed to assist when identifying those looked after children currently in school who may be at greater risk of going missing from education.

Recognition and response

20.7.4 Enquiries into the circumstances surrounding a child who is missing from school can be effectively supported by schools adopting an admissions procedure which requires a parent/carer to provide documentary evidence of their own and the child's identity and status in the UK, and the address that they are residing at. These checks should not become delaying factors in the admissions process.

20.7.5 If a member of school/educational establishment/college staff becomes aware that a child may have run away or gone missing, they should try to establish with the parents/ carers, what has happened. If this is not possible, or the child is missing, the Designated Safeguarding teacher/advisor should, together with the class teacher, assess the child's vulnerability.

20.7.6 From the first day that a child does not attend school and there is no explanation or authorisation of the absence, the following steps should be taken:

20.7.7 A trained staff member will make contact with the parents/carers (person with parental responsibility for the child) to ascertain the reason for absence and to seek reassurance that the child is safe at home.

20.7.8 The outcome of the contact should be assessed and if there are any concerns a consultation with the school/establishment/colleges designated safeguarding adviser should take place to consider the child's vulnerability.

20.7.9 The answers to the following questions could assist a judgement whether or not to inform local authority children's social care and the police:

- The child may be the victim of a crime
- The child is subject of a Child Protection plan
- The child is subject of s47 enquiries
- The child is looked after
- There is a known person posing a risk to children in the household or in contact with the household
- There is a history of the family moving frequently
- There are serious issues of attendance (in which case a referral to the local authority attendance service can be made)
- In which age range is the child?
- Is this very sudden and unexpected behaviour?
- Have there been any past concerns about the child associating with significantly older young people or adults?
- Was there any significant incident prior to the child's unexplained absence?
- Has the child been a victim of bullying?
- Are there health reasons to believe that the child is at risk (including mental health)?
- Does the child need essential medication or health care?
- Was the child noted to be depressed prior to the child's unexplained absence?
- Are there religious or cultural reasons to believe that the child is at risk? e.g. Rites of passage, female genital mutilation or forced marriage planned for the child?
- Has the child got a disability and/or special educational needs?

- Have there been past concerns about this child and family which together with the sudden disappearance are worrying? e.g.
    - Is there any known history of drug or alcohol dependency within the family?
    - Is there any known history of domestic violence?
    - Is there concern about the parent/carer's ability to protect the child from harm?

20.7.10 The length of time that a child remains out of school could, of itself, be an alerting factor of risk of harm to the child. Accordingly if a situation is not resolved within 10 school days the local authority attendance service should be contacted by no later than the 10th day of unauthorised absence, then referrals should be made to the police and local authority children's social care, as appropriate over the next two weeks.

20.7.11 Leave of absence from school should only be authorised by the headteacher where there is evidence of exceptional circumstances. All extended leave of absence authorised by the head teacher, at which point a return date is set. In these cases where leave was authorised, the time line for enquiries starts from when the child does not attend school on the agreed return date, not from the day the extended leave started. Reference should be made to 'Children Missing Education' guidance and The Education (Pupil Registration) (England) regulations 2006 regarding any deletions from the school's admission register.

Notifications and actions

Day one

20.7.12 If the answers to any of the points set out in the previous section indicates that there are concerns about the child's safety then a referral should be made to the police and Children's social care on day one. The education welfare service should be informed and requested to assist in locating the child.

Step one:

- Contact the police (24 hour response).
- Any suspicion/evidence of crime must be clearly stated.
- The circumstances and all available information regarding the child and family will be required.

Step two:

- The missing person report will be risk assessed and the police response team will carry out immediate actions.
- The investigation will be progressed by the police, in conjunction with the police missing policy and procedure.

Step three:

- The relevant police departments will refer information to local authority children's social care, should the threshold be met.
- If threshold is met, local authority children's social care, will liaise with the CAIT in order to identify, and act upon, any suspicion of child abuse or child related crime.
- If threshold is not met, children's social care may signpost to other services.

Step four:

- The school/educational establishment/college should work in collaboration with Children's social care, police and other agencies including health; and a safeguarding education representative should participate in any strategy discussions, s47 enquiries and Child Protection Conferences which may arise.

Reasonable enquiry:

If the judgement reached on day one is that there is no reason to believe that the child is suffering, or likely to suffer, significant harm, then the school may delay making a referral. The process of 'reasonable enquiry' has not been identified in regulations, however this includes school staff checking with all members of staff whom the child may have had contact with, and with the pupil's friends and their parents, siblings and known relatives at this school and others.

School staff should also make telephone calls to any numbers held on record or identified, sending a letter to the last known address, home visits by some school based staff and consultation with local authority staff.

Days two to twenty-eight

20.7.13 If the above response was unsuccessful, the school should contact their local authority CME Officer. The local authority should make enquiries by visiting the child's home and asking for information from the family's neighbours and their local community – as appropriate.

20.7.14 The local authority Children Missing Education team should also check databases within the local authority, use agreed protocols to check local databases, e.g. local authority housing, health and the police; check with agencies known to be involved with the family, with the local authority the child moved from originally, and with any local authority to which the child may have moved.

20.7.15 The child's circumstances and vulnerability should be reviewed and reassessed regularly jointly by the school's nominated safeguarding advisor and the CME Officer in consultation with Children's social care and the police as appropriate.

Child missing from school for more than four weeks

20.7.16 A child may not be removed from the school roll before the end of 20 days and the child's Common Transfer file should then be up loaded to the Department for Education secure site for the transfer of pupil information when a pupil moves between schools or is missing. The Children Missing Education Officer in the Local Authority must also be informed

20.7.17 The Education (Pupil Information) Regulations Act 2000 (SI 2000/297) (as amended by SI 2001/1212 and SI 2002/1680) governs the transfer of such information between schools.

20.7.18 Regulation 10(3) states that 'the Head teacher of the pupil's old school shall send the information (Common Transfer File and education records) within 15 school days of the pupil ceasing to be registered at the school'.

20.7.19 If the CME team or any other agency becomes aware the child has moved to another school the service should ensure all relevant agencies are informed so that arrangements can be made to forward records from the previous school.

20.8 Children who are foreign nationals and go missing

Definitions

20.8.1 This section applies to children who are 'subject to restriction' i.e. who have?

- Proceeded through immigration control without obtaining leave to enter, or
- Left the border control area Border Force accommodation without permission; or
- Been granted temporary admission; or
- Been granted temporary release or bail; or
- Released on a restriction order; or
- Served with a 'notice of liability to deport' or is the dependant of a foreign national offender whose status in the UK is under consideration by criminal casework – these dependants could be British Citizens or have extant leave.

Action and responsibilities when a child 'subject to restrictions' goes missing

20.8.2 A missing person's referral must be made by Home Office staff to the police, the UK Missing Person Bureau and the local authority children's social care in a number of circumstances including:

- When a child 'subject to restriction' is identified as having run away from their parents,
- Where they are looked after and have gone missing from their placement
- Where they are being hidden by their parents and where there is concern for the child's safety because they are being hidden by, or have gone missing with, their family

20.8.3 A copy of the missing persons notification form must be faxed or emailed to the local authority duty desk and the UK MPB.

20.8.4 If it is believed by Home Office staff that a child is being coerced to abscond or go missing, this must be reported as a concern that the child has suffered or is likely to suffer significant harm to the local police and children's social care services.

20.8.5 Notifications will also be made where a missing child is found by Home Office staff. See Home Office Guidance: Missing Children and Vulnerable Adults Guidance[28].

20.8.6 The local authority and health are responsible for:

- Reporting any missing child who is in their care to the police;
- Notifying the Home Office when a child is reported missing to the police or is found.

20.8.7 The police are responsible for:

- Investigating all children reported missing by the Home Office - following receipt of a missing person's notification;
- Conducting joint investigations with the Home Office where necessary;
- Circulating a missing child on the Police National Computer (PNC).

20.8.8 The local authority will also notify the Home Office Evidence and Enquiry Unit when a child in their care goes missing or when a missing child returns or is found. The Home Office must maintain regular weekly contact with the local authority and the police until the child is found and record all contact with the police and local authority.

28 http://www.ukba.homeoffice.gov.uk/sitecontent/documents/policyandlaw/enforcement/oemsectiond/chapter19c?view=Binary

Action when the child 'subject to restriction' is found

Found by Home Office Staff

20.8.9 The local police and local authority must be informed immediately.

20.8.10 In consultation with the local police and local authority children's social care, a decision will be made as to where the child is to be taken, if they are not to be left at the address where they are encountered. The Home Office must follow up enquires with the local police and children/adult services in order to identify if there are any safeguarding issues.

Found by the police or local authority

20.8.11 The Home Office Command and Control Unit[29] will be the single point of contact for the local police and the Evidence and Enquiry Unit Evidence and Enquiry Unit[30] will be the single point of contact for local authorities to notify the Home Office that a child has been found.

[29] CommandandControlUnit@homeoffice.gsi.gov.uk
[30] Home Office UK Border Agency, Evidence and Enquiry Unit, 12th Floor Lunar House, 40 Wellesley Road, London, CR9 2BYhttps://www.gov.uk/government/organisations/uk-visas-and-immigration

21. Not Attending School

21.1 Introduction

21.1.1 A minimum standard of safety should be afforded to children not attending school. This includes four groups of children:

- Children who are registered with schools and who are or go missing from school, and the reason for absence cannot be ascertained (these children may be classified as missing, whereabouts unknown);
- Children who are poor attendees at school or who have interrupted school attendance;
- Children of school age who are not registered with a school and not receiving a suitable education otherwise;
- Children of school age who are educated at home but where there are concerns about their welfare.

21.1.2 This section should be read in conjunction with the supplementary procedure: Children Missing from Care, Home and School and the Children missing education - Statutory guidance for local authorities September 2016 issued by the DfE. For those in the Southend Borough Council area – the Southend-on-Sea Borough Council Children Missing Education Guidelines.

21.2 Child registered at School who goes missing

Initial response

21.2.1 On the first day a child is not in school without a valid reason (e.g. a telephone call or letter from the parent giving a valid explanation), a staff member trained to do so should telephone the child's parent/home to seek reasons for the absence and reassurance from a parent that the child is safe at home.

21.2.2 If contact is made with the parent and the child is missing, the staff member should advise the parent to contact all family and social contacts, the police and services such as the local accident and emergency departments and the child's GP.

21.2.3 If a pupil has not less than 10 or more school days of continuous absence without good reason, and the school has satisfied all avenues of enquiry and is unsuccessful at tracing the pupil the school should notify the named officer, at the local authority using the ‘Missing Pupil Referral’. On receipt of referrals the named officer will follow protocol as outlined in the Children Missing Education guidance.

21.2.4 If contact cannot be made with the parent or the staff member is concerned about the response they receive (e.g. the parent not informing the people listed above), the staff member should consider, with the school's designated safeguarding children lead, the degree of vulnerability of the child to decide on whether any further action is required at this stage (see 21.4, Children who are vulnerable or at risk of harm). Any decision not to act should be reviewed on each subsequent day the child is absent.

21.3 Children with poor, irregular or interrupted School attendance

Initial response

21.3.1 On the first day a child is not in school, the procedures outlined in 21.2, Child registered at school who goes missing should be followed.

21.3.2 If contact is made with the parent and the child is not missing from home, the member of staff will follow their school procedures for children who are absent. However, if they are concerned about the welfare of the child (and this is likely to be the case if there is any reason to doubt the reason given by the parent for the child's absence from school), the staff member should discuss the case with the school's designated safeguarding children lead.

21.3.3 Schools must have systems for monitoring attendance, and where children are attending irregularly the local authority education welfare, children missing education or school attendance service should be notified. The government threshold for persistent absentees (PA) is 10 per cent absence Most local authority education services therefore use this threshold for referral to education welfare and school attendance services. The local authority has a range of legal powers to enforce school attendance, including the prosecution of parents who fail to ensure that their children attend school regularly.

21.3.4 If a parent fails to comply with local authority efforts to ensure regular school attendance for a child, this must be viewed as a child welfare matter and a referral made to local authority children's social care in line with Part A, chapter 2, Referral and assessment.

21.4 Children who are vulnerable or at risk of harm

21.4.1 When a child is absent or missing from school, they may have suffered, or are likely to suffer, significant harm through physical or sexual abuse. The child may be absent or missing because they are suffering physical, sexual or emotional abuse and/or neglect. See Part A, chapter 2, Responding to concerns of abuse and neglect.

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of

physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful there needs to be intervention by child protection agencies into the life of the child and their family.

Children who are absent or missing from school may also be missing from care or home. See Part B, chapter 20, Children missing from care, home and school.

21.4.2 Teachers, in consultation with the designated safeguarding children lead at the school, should make an immediate referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment, if:

- There is good reason to believe the child may be the victim of a crime;
- The child is subject of a child protection plan (see Part A, chapter 4, Child protection conferences and Part B, chapter 8, Best practice for the implementation of child protection plans);
- The child is a looked after child (see Part B, chapter 36, Children living away from home, section 36.1, Foster care and 36.3, Residential care);
- The child is privately fostered child (see Part B, chapter 36, Children Living Away from Home, section 36.2, Private fostering);
- There is planned or current local authority children's social care or adult social care involvement (e.g. a child protection Section 47 Enquiry investigation);
- There is a person present in or visiting the family who poses a risk of harm to children.

21.4.3 The family may be avoiding contact and therefore the quicker the response the more likely they will be traced. Delay may increase the risk of harm to the child.

21.4.4 Additional concerns may be caused if:

- There has been local authority children's or adult's social care or criminal justice system involvement in the past;
- There is a history of mobility;
- There are immigration issues;
- The parents been subject to proceedings in relation to attendance;
- There is a history of poor attendance;
- There is information which suggests the child may be subject to:
  - A forced marriage (see Part B, section 40.2, Forced marriage of a child)
  - Honour based violence (see Part B, section 40.1, Honour based abuse)
  - Female genital mutilation (see Part B, section 40.3, Safeguarding children at risk of abuse through female genital mutilation (FGM))

- Sexual exploitation (see Part B, chapter 24, Safeguarding children from sexual exploitation) and/or trafficking (see Part B, chapter 26, Safeguarding trafficked and exploited children).

21.5 Reasonable Enquiry

Day one

21.5.1 The process of 'reasonable enquiry' - [The Education (Pupil Registration) (England) Regulations 2006, Regulation 8(h)(iii) requires schools and local authorities to make 'reasonable enquiries' to locate pupils who have been absent for 4 weeks or more before they can be deleted from the register.] - starts with the questions above as soon as the child is discovered to be missing (i.e. on the first day). After school staff have exhausted the avenues of enquiry open to them, the local authority children missing education named officer, education welfare or school attendance service should continue checking databases within the local authority and other databases (e.g. housing, health and the police) with agencies known to be involved with the family, with the local authority the child moved from originally, and with any local authority to which the child may have moved.

Days two to twenty-eight

21.5.2 If the judgement on the first day of absence is that there is no reason to believe the child is at risk of harm and the school delays further action, the process of reasonable enquiry should be repeated and enhanced, including reviewing the responses to the causes for concern listed in Part B, chapter 23, Missing families for whom there are concerns for children or unborn children, section 23.3, Strategy meeting/discussion, for up to four weeks. This should be undertaken jointly between the school and the local education welfare or school attendance service and/or the local authority designated person.

More than four weeks

21.5.3 If a child continues to be absent from school and neither the school, the local authority, the children missing education named officer, school attendance nor children's social care service has been able to confirm any reason given for absence, it is permissible under current regulations for the child's name to be removed from the school roll after 20 continuous days of unauthorised absence and for their details to be uploaded to the DfE s2s Lost Pupil Database.

21.5.4 If concerns remain in relation to the welfare of the child, the education welfare service and/or local authority children's social care should continue to pursue reasonable enquiries in accordance with Part B, chapter 20, Children missing from care, home and school.

21.5.5 If the school, education welfare, school attendance or any other service or agency becomes aware that the child has moved to another school, that service should ensure all relevant agencies are informed in writing so arrangements can be made to forward records from the previous school.

21.6 Children of school age who are not registered with a School

21.6.1 Children of school age who are not registered with a school share the same vulnerabilities as those outlined in Part B, chapter 23, Missing families for whom there are concerns for children or unborn children.

21.6.2 Educational achievement contributes significantly to children's well-being and development; all children have a right to education and young children who reach school age or children already in education who move home should be supported to enrol in a new school as seamlessly as possible. This is particularly because children who move frequently are often already vulnerable through being looked after or in temporary accommodation.

21.6.3 Where parents appear not to have taken steps to ensure their child is registered with a school or receiving an appropriate education, the local authority education welfare, children missing education named officer or school attendance service should consider issuing a School Attendance Order. If the parent fails to comply with local authority efforts to place the child in school or to receive education in some other way and there are concerns that the child is suffering or is likely to suffer significant harm, this must be referred to local authority children's social care as a child protection matter in line with Part A, chapter 2, Referral and assessment.

21.6.4 This process should be initiated for all children, including those who are likely to remain in an area only temporarily or whose stay in the UK is intended to be temporary (other than if a child is visiting for a short holiday). In particular, this process should be implemented for children whose stay may originally be temporary but where they are privately fostered. See Part B, chapter 36, Children living away from home, section 36.2, Private fostering.

21.6.5 Local authority areas with high numbers of new arrivals from abroad should ensure that parents are aware they are required to enrol their children in school or to receive education in some other way. The local authority must assist parents to do so. All authorities must maintain effective systems for monitoring that any children from abroad living in their area are attending school.

21.6.6 Any professional encountering a child of school age who does not appear to be in a school should ask the parent about this and, if the child is not on a school roll and not receiving a suitable education, or they are concerned that the parent may be evasive about this issue, they must contact their agency's designated safeguarding children lead to discuss whether to make a referral to the local authority education welfare or school

attendance service. Professionals and members of the public should report any concerns that a child is not on roll at a school or not receiving a suitable education direct to the Missing Education Officer.

21.7 Children of school age who are educated at home but where there are concerns about their welfare

21.7.1 It is the responsibility of parents to ensure their children receive a suitable education either by enrolling at a school and ensuring regular attendance or electing to educate them at home.

21.7.2 If a parent never registers their child at a school, they are not obliged by law to inform the local authority.

21.7.3 If the parent registers their child at a state maintained school, Academy, independent or Free School and then withdraws their child to educate them at home, they are not obliged to inform the local authority. However, they must inform the school, which in turn has a duty to inform the local authority as soon as they become aware of the parents intention to electively home educate.

21.7.4 If it appears that a parent is not providing a suitable education the Local Authority has a duty to intervene and if parent does not provide evidence of a suitable education School Attendance Order proceedings are used.

21.7.5 There may be circumstances where the parent is seeking to avoid agency intervention in the child's life to conceal abuse or neglect or where, however well meaning, their desire to educate their child at home may give rise to general concerns about the child's welfare.

21.7.6 In these circumstances, it may be necessary for local authority children's social care to conduct an assessment into whether the child's needs are being met or whether they have suffered, or are likely to suffer, significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect and chapter 2, Referral and assessment.

22. Socially excluded and isolated children

22.1.1 Some children's circumstances mean they are more vulnerable to abuse and/or are less able to easily access services. These children often require a high degree of awareness and co-operation between professionals in different agencies, both in recognising and identifying their needs and in acting to meet those needs.

22.1.2 This includes children whose families may be facing chronic poverty, social isolation, racism or other forms of discrimination and the problems associated with living in disadvantaged areas or in temporary accommodation. These families can become disengaged from, or have

not been able to become engaged with, health, education, social care, welfare and personal social support systems. When a family moves frequently multi-agency working must be very good in order for a child's welfare to be adequately monitored, the risk of disruption to service provision and information gathering which could happen with frequent case transfer needs to be minimised (see Part A, chapter 6, Children and families moving across local authority boundaries).

22.1.3 Recently immigrant families often have a traumatic history, and/or a disrupted family life and can need support to integrate their culture with that of the host country.

22.1.4 Recently immigrant families and children who are unaccompanied asylum seekers face the additional challenge to engaging with statutory services in that English is not their first language. When working with these children and families professionals should use professional interpreters who have a clear Disclosure and Barring Service (DBS) check; it is not acceptable to use a family member or friend. See Part B, chapter 5, Working with interpreters/communication facilitators.

22.1.5 Professionals in all agencies should be alert to the impact of the external stressors in 22.1.2 and 22.1.3 (above):

- On a family's ability to safeguard their children and promote their welfare; and
- On a child's vulnerability to neglect or harm (within their family and in the wider community).

22.1.6 Professionals considering/making a referral to local authority children's social care should do so in line with Part A, chapter 2, Referral and assessment Procedure. See also Referral and assessment section 2.2, Referral criteria.

22.1.7 For local authority children's social care to plan appropriately for the future of unaccompanied asylum seeking children it will be necessary for key information about the child to be shared between their social worker or personal adviser and the UK Border Force 'case owner' responsible for resolving the child's immigration status. This would include information:

- Relevant to the assessment of the child's identity and age (given that most unaccompanied asylum seeking children may not have reliable documentary evidence of their age and identity);
- That might be relevant to the immigration decision made in respect of the child (where, for example, the child has complex medical needs or is suffering from trauma); and
- About any efforts to trace the location of family members in the country of origin (many unaccompanied asylum seeking children will have lost contact with family members because of the circumstances of their journey to the UK).

22.1.8 Until an unaccompanied asylum seeking child has been granted British Nationality, refugee status or indefinite leave to remain, their Care Plan should also prepare for the eventuality that the child may be required to return to their country of origin.

23. Missing families for whom there are concerns for children or unborn children

23.1 Recognition and Referral

23.1.1 Professionals in local agencies should be alert to the possibility that an expectant mother/family missing appointments or repeatedly being unavailable for home visits may indicate that a child or unborn child has suffered, or is likely to suffer, significant harm. This could be physical, sexual or emotional abuse, and/or neglect. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

23.1.2 Professionals should take reasonable steps to reassure themselves as soon as possible that an expectant mother/family is not missing, whereabouts unknown.

23.1.3 Professionals should involve all the agencies with current or recent contact with the expectant mother/family to assess the child/ren's or unborn child's vulnerability. Professionals should consider questions such as:

- Is the mother a child herself? Is she subject to a child protection plan and/or is she a looked after child?
- Is there good reason to believe that the expectant mother/family may be the victim of a crime?
- Has there been a pre-birth conference for the child and is the unborn child subject to a pre-birth child protection assessment?
- Are any of the children the subject of child protection plans?
- Is the family currently subject to a s47 enquiry?
- Is there a person present in the household or visiting the mother with previous convictions for an offence against children, or other person who poses a risk of harm to children?
- Is it clear that the expectant mother/family is missing, whereabouts unknown?

23.1.4 If the answer to any of the above questions is yes, or an agency reaches the judgement that a child or unborn child is at risk of significant harm on the basis of the assessment, a referral should be made to local authority children's social care, the mother/family's social worker or duty officer (in line with Part A, chapter 2, Referral and assessment), the police force control room and, in the case of missing person's whose whereabouts are unknown, the police Missing Person's Unit.

23.1.5 If the expectant mother is a child, then Part B, chapter 20, Children missing from care, home and school should be followed.

23.1.6 The assessment may have been very brief because the degree of concern for the child/ren or unborn child may have triggered an immediate referral to local authority children's social care and the police.

23.2 Immediate Action

23.2.1 The local authority children's social care must be informed if a child subject of a child protection plan or an unborn child subject of a pre-birth child protection plan goes missing.

23.2.2 Local authority children's social care, officer dealing with missing person report (MPLO) – Missing Person Liaison Officer/local officer and Child Abuse Investigation Team should exchange information and work together.

23.2.3 Local authority children's social care must complete the assessment of risk to the child/unborn child, and of their needs. The assessment will require local authority children's social care to engage with all the agencies that have current or recent involvement with the child or expectant mother/family. Existing records in these agencies must be checked to obtain any information which may help to trace the mother/family (e.g. details of friends and relatives), and this information should be passed to the police officer undertaking enquiries to trace the mother.

23.2.4 Local authority children's social care should consider whether to notify members of the missing expectant mother/family's extended family, and if so how.

23.3 Strategy Meeting/Discussion

23.3.1 If, following the above procedures, the expectant mother/family has not been traced, a strategy meeting/discussion should be convened within five working days. See Part A, chapter 3, Child protection s47 enquiries.

23.3.2 The strategy meeting/discussion should consider whether the details of the expectant mother/family should be circulated to other local authorities. If so, then local authority children's social care should notify other local authority children's social care services. The strategy meeting/discussion should also consider whether other agencies could be notified.

23.4 When the expectant mother/family is found

23.4.1 When an expectant mother/family is found the police must be informed so that they can cancel the missing person report.

23.4.2 When an expectant mother/family is found, there should, if practicable, be a strategy meeting/discussion between previously involved agencies within one working day, to consider:

- Immediate safety issues;
- Whether to instigate a s47 enquiry and any police investigation;
- Who will interview the expectant mother/family;
- Who needs to be informed of the expectant mother/family being found (locally and nationally).

24. Safeguarding Children from Sexual Exploitation

24.1 Introduction

Definition

24.1.1 This procedure uses the HM Government 2017 definition of child sexual exploitation.

24.1.2 'Child sexual exploitation is a form of child sexual abuse. It occurs where an Individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology'.

24.1.3 A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation.

24.1..4 In all cases, those exploiting the child/young person have power over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources.

Principles

24.1.5 The principles underpinning a multi-agency response to the sexual exploitation of children and young people include:

- Sexually exploited children should be treated as victims of abuse, not as offenders;
- Sexual exploitation includes sexual, physical and emotional abuse and, in some cases, neglect;
- Children do not make informed choices to enter or remain in sexual exploitation, but do so from coercion, enticement, manipulation or desperation;
- Children under sixteen cannot consent to sexual activity;
- Children over sixteen can be victims of sexual exploitation regardless of their legal capacity to consent to sexual activity;
- Child sexual exploitation covers a range of offences which will need differing responses from a range of agencies;

- Young people who are sexually exploited or at risk of will have varying levels of need, may have multiple vulnerabilities and be caught up in different risks situations. This calls for a multi-agency response and good co-ordination;
- Many sexually exploited children have difficulty distinguishing between their own choices and the sexual activities they are coerced into;
- Law enforcement must direct resources against the coercers and sex abusers, who are often adults, but could also be the child's peers. However, it is important to recognise that these young people may also be victims themselves;
- Sexually exploited children are children in need of services under the Children Act 1989 and 2004. They may also be children in need of immediate protection;

See SET CSE Toolbox

Summary profile

24.1.6 There have been a number of national guidance documents and activities over recent years across the UK to highlight the needs of CSE victims and which enable agencies to co-ordinate and deliver a multi-agency response. The interim Children's Commissioner report 2012 suggests a complex, fragmented and partial picture of CSE with variable responses, leaving potentially thousands of young people unidentified and at risk. The University of Bedfordshire found that over half of LSCBs reported that they recorded no data on the nature and prevalence of child sexual exploitation in their areas [Jago, S et al (2011) What's going on to safeguard children and young people from sexual exploitation? University of Bedfordshire].

24.1.7 The interim report of the Children's Commissioner's enquiry into child sexual exploitation in gangs and groups identified at least 16,500 children as being at risk of child sexual exploitation across England during one year. 2,409 children were confirmed as victims of sexual exploitation in gangs and groups during the 14-month period from August 2010 to October 2011, described by the inquiry as a significant underestimate of the true numbers [''I thought I was the only one. The only one in the world". The Office of the Children's Commissioner's Inquiry into Child Sexual Exploitation In Gangs and Groups (OCC, November 2012)].

24.1.8 There are a number of models that describe the different routes through which young people are drawn into sexual exploitation, the most common of which are depicted below. However, professionals should note that these are not static, and young people are drawn in and out of them:

24.2 Identification

Vulnerability factors to sexual exploitation

24.2.1 Sexually exploited children do not always fit a specific profile, and professionals should always keep an open mind to the possibility that a child may be at risk of exploitation.

24.2.2 However, children may be more vulnerable to sexual exploitation if they have experience of one or more of the following:

- Living in a chaotic or dysfunctional household (including parental substance use, domestic abuse, parental mental health issues, parental criminality);
- History of abuse (including familial child sexual abuse, risk of forced marriage, risk of 'honour'-based violence, physical and emotional abuse and neglect);
- Recent bereavement or loss;
- Gang association either through relatives, peers or intimate relationships (in cases of gang associated CSE only);
- Attending school with young people who are sexually exploited;
- Learning disabilities;
- Unsure about their sexual orientation or unable to disclose sexual orientation to their families;
- Friends with young people who are sexually exploited;
- Homeless;
- Lacking friends from the same age group;
- Living in a gang neighbourhood;
- Living in residential care;
- Living in hostel, bed and breakfast accommodation or a foyer;
- Low self-esteem or self-confidence;
- Young carer;
- Being missing from home;
- Having been trafficked, either into or within the UK.

Professionals also need to be vigilant to 'hidden' victims such as boys, children with disabilities or from black minority ethnic communities. [“I thought I was the only one. The only one in the world”. The Office of the Children’s Commissioner’s Inquiry into Child Sexual Exploitation in Gangs and Groups (OCC, November 2012: ‘’It’s not on the radar’. The hidden diversity of children and young people at risk of sexual exploitation in England, (Carron Fox, Barnardo’s, March 2016)].

24.2.3 The following signs and behaviour are potential indicators of children/young people who may be at potential risk of being sexually exploited (or are being sexually exploited):

- Acquisition of money, clothes, mobile phones etc. without plausible explanation;

- Gang-association and/or isolation from peers/social networks;
- Exclusion or unexplained absences from school, college or work;
- Leaving home/care without explanation and persistently going missing or returning late;
- Excessive receipt of texts/phone calls;
- Returning home under the influence of drugs/alcohol;
- Inappropriate sexualised behaviour for age/sexually transmitted infections;
- Evidence of/suspicions of physical or sexual assault;
- Relationships with controlling or significantly older individuals or groups;
- Multiple callers (unknown adults or peers);
- Frequenting areas known for sex work;
- Concerning use of internet or other social media;
- Increasing secretiveness around behaviours; and
- Self-harm or significant changes in emotional well-being.

[Child sexual exploitation: Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation (DfE, February 2017)]

24.2.4 LSCBs should supplement these risk factors by mapping the needs of their own area, to identify levels of child sexual exploitation and locations or circumstances where children are particularly at risk (and repeat the exercise periodically).

24.3 Assessment

CSE Risk and Vulnerabilities Assessment

24.3.1 The CSE Risk and Vulnerability Assessment, available within the CSE Toolbox has been developed to help professionals in all agencies assess whether a child for whom they have a concern is experiencing actual CSE or is at potential risk of CSE. An assessment of 'actual' and 'potential' harm is categorised into:

- **Standard Risk**: There are no indicators that the child or young person is associating with individuals and/or groups who are either suspected of or known to engage in the sexual exploitation of children or young people, however there are specific vulnerabilities or specific aspects of the child's or young person's thinking, behaviour, appearance, possessions and/or situation that give cause for concern, and this increases their vulnerability to being targeted and groomed for sexual exploitation.

- **Medium Risk:** There are indicators that the child or young person is associating with subjects suspected of involvement with CSE and they

may be targeted for opportunistic sexual abuse as a result of this and their vulnerabilities; and

- **High Risk**: There are indicators that the child or young person is associating with subjects known to be involved in CSE (this could include, family or family friends; individuals or groups suspected of human trafficking or gang membership; peers engaged in exploitative sexual activity; an older "boyfriend" or "girlfriend", or people who make contact via the internet, telephones/mobiles and similar technologies), and they are likely to be subject to sexual abuse as a result of this.

- **Actual Indicator of CSE:** There are indicators of actual sexual abuse in the case.

24.3.2 When making the summative assessment you should consider whether the child or young person's vulnerabilities mean that they are significantly beyond these category thresholds. If this is your judgment in cases where the indicators suggest standard or medium levels of risk then you should make your assessment at the next highest level. If the case already meets the threshold for high level risk and you consider the vulnerabilities to be significantly elevating the risk then you should act immediately and inform local authority children's services and share your concerns with Essex Police Operations Centre Triage Team.

24.3.3 The framework needs to be used flexibly to take account of each child's individuality, the uniqueness of his/her circumstances and the changes that may occur for him/her over time. Child sexual exploitation is dynamic; the young person's circumstances can change and on occasions deteriorate very rapidly. All professionals should be aware that assessments need to be continual and display vigilance.

Initial professional response

24.3.4 Professionals in all agencies should be alert to the possibility that a child they are in contact with may be being sexually exploited. The professional may already have concerns about the child e.g. that s/he is missing school, frequently missing from home, misusing substances, is depressed or self-harming etc.

24.3.5 The professional should discuss their concerns with their agency's designated safeguarding children lead/CSE Champion and, together they should use the CSE Risk and Vulnerabilities Assessment to make an assessment to determine if the child has suffered, or is likely to suffer, significant harm.

24.3.6 In cases where a child is considered to be experiencing Actual CSE, a child or young person is being abused so take immediate action, inform Essex Police Operations Centre Triage Team and the local authority children's services team. Once you have raised these alerts complete the CSE Risk and Vulnerabilities Assessment and share this with the professionals involved in the case.

24.3.7 In cases where a child is considered to be at High Risk, a plan for focused early intervention and diversion should be made to safeguard the child. Agencies should consider, in discussion with the local authority children's social care lead professional for sexually exploited children (lead professional) or the child protection/service manager, the extent to which the agency is able to meet the child's needs themselves as a single agency, and how to proceed if not.This should include recording as much information as possible about the suspected perpetrator on the file and sharing that information with the police and other appropriate authorities.

24.3.8 In cases where the risk is considered to be medium risk, the professional and/or their designated safeguarding children lead/CSE Champion should seek advice from the early help and advice hub or make a referral to local authority children's social care. This should include recording as much information as possible about the suspected perpetrator on the file and sharing that information with the police and other appropriate authorities.

24.3.9 Professionals raising concerns around CSE should evaluate and record their concerns using the CSE Risk and Vulnerabilities Assessment. Having identified the risk indicators and vulnerabilities these should be aligned with the level of need and referred onward in conjunction with that level. At level 4 – Specialist Need a referral must always be made to local authority children's social care (Actual CSE and High Risk). At lower levels of need the information should be proportionately shared with Essex Police Operations Centre Triage Team. In all cases the agency or team receiving that information must ensure that it is shared appropriately with partners and that the referrer is signposted to the correct levels of support. The reported concerns must be collated and considered in light of the information known to the multi-agency framework as opposed to a single agency.

Standard Risk

24.3.10 This child or young person requires intervention by a professional, parent or carer that has a good relationship with them to carry out some healthy relationships and rights work. Depending on the indicators they present with, they will also require some basic awareness raising work on CSE, sexual health, risk taking behaviours and consequences.

Suggested Responses

- Discuss with line manager/CSE Champion;
- Ensure that this child or young person is listed on 'internal recording systems' as at risk of CSE;
- Carry out basic intervention work with child or young person and family/carer – example below, over a 4-6 week period;
- Enhancing children's and young people's resilience and strengthening the protective factors around them;
- Consider CAF/or local assessment tool
- The child or young person is to be assessed for changes to risk status every 4-6 weeks. CSE Risk and Vulnerabilities Assessment to be monitored until the risk is removed;
- If risk is escalating consider reporting to local authority children's social care and follow procedures below for Medium or High Risk cases.

Medium Risk

24.3.11 This child or young person is likely to require a multi-agency assessment and intervention. If they present immediately with Medium Risk indicators the suggested responses may be considered in addition to more intensive work on CSE, grooming, positive choices, safety and contingency planning. Work is likely to be required on any additional vulnerability factors and with the family, siblings and peers. These cases should always be subject to a multi-agency assessment and intervention. Consideration should always be given to whether the case meets the threshold for referral to local authority children's social care or the police and if the assessment is medium risk, it is likely to need referral. If the child or young person is already open to local authority children's social care, assessment are to be updated and if required a strategy meeting convened by the Local Authority a child protection enquiry to be undertaken

Suggested Responses

- Discuss with line manager;
- Discuss with CSE Champion;
- Refer for multi-agency intervention or local authority children's social care;
- Police discussion regarding investigation needs/missing person response and trigger plan;
- Strategy meetings under SET Child Protection Procedures where appropriate;
- Seek guidance/advice and refer to CSE Specialist Voluntary Sector Services;
- Collate and share information on any perpetrators, hotspots and associations involved with the young person;
- Regular multi-agency meetings until child/young person is protected or desists from risk taking behaviours.

- Ensure that all the known information about the suspected perpetrator and location/s of concern is gathered, recorded and reported to the appropriate authorities.

High Risk and Actual CSE

Always requires immediate referral to local authority children's social care and/or police

24.3.12 Core assessment and co-ordinated intensive support of child or young person and family through a Child in Need/Child Protection Plan

Suggested Responses

- As above and;
- Referral to local authority children's social care;
- Referral to Essex Police via 101 (non-emergency) or 999 for emergency;
- Child Protection investigation;
- Regular review under Child Protection or Children in Need until child is protected from abuse;
- The police will liaise and work with the Crown Prosecution Service as appropriate to achieve positive outcomes;
- Ensure child is immediately protected e.g. use of police or other powers if required;
- Ensure that as much information about the perpetrator and where known, locations of concerns are gathered, recorded and shared with the appropriate authorities.

NOTE:
Remember local authority children's social care and the police will lead the investigation and any formal interviews.

24.3.13 The effectiveness of any current interventions should be assessed to determine whether they are sufficient to:

- Prevent the young person from going missing;
- Protect the young person from being exposed to any further risk;
- Prevent the sexual exploitation;
- Change risk taking behaviour.

Good Practice:

- Intensive support around the child, family and peers;
- Equal focus on the three pronged governmental approach to CSE, Prevention, Protection and Prosecution;
- Awareness raising with any professional, family or community;
- Note and disrupt Hot Spots, Houses, Hotels, Shopping Centres being used and report to licensing bodies where appropriate.

- If interventions are failing to change the behaviours or risks to the child or young person, it is not acceptable to carry on trying the same things. More radical interventions should be considered.

24.3.14 The Essex Police Operations Centre Triage Team is the focal point for CSE related information across Southend,Essex and Thurrock and provides a key role in the risk management process. The Essex Police Operations Centre Triage Team will review all referred concerns and apply an assessment to them to further progress case assessment and risk management. The Essex Police Operations Centre Triage Team operational framework allows for a case by case joint assessment between police and local authority children's social care to ensure that levels of need are correctly matched to the presenting issues. The Essex Police Operations Centre Triage Team process will further signpost the referring agency / individual to the available support and pass the matter to operational teams for investigation as justified and necessary. In addition to this it will promote the continued assessment of the child's welfare needs and the development of safety plans, interventions and disruptions in line with the combined priorities of Prevent, Protect and Prosecute.

24.3.15 Ensure that every action is taken to safeguard the child by inhibiting or interrupting the actions and behaviours of any suspected or known perpetrators who pose a risk/threat to the child.

24.4 Role of local authority children's social care

All Children

24.4.1 Local authority children's social care hold the key responsibility for responding to children abused through, or at risk of sexual exploitation. However, decisions on what action to take, other than emergency action, or safety planning as a response to a child being at risk, should only be taken following discussion within a multi-agency meeting.

24.4.2 On receipt of a referral, local authority children's social care must consider whether the child is at immediate risk of significant harm, and if so, child protection procedures should apply, in line with Part A, Chapter 2, Referral and assessment, Chapter 3, Child protection s47 enquiries, Chapter 4, Child protection conferences and Chapter 5, Implementation of child protection plans. Whenever possible, a discussion should be held with the local authority children's social care lead professional for safeguarding sexually exploited children (lead professional), but action should not be delayed if s/he is not available. The lead professional should be invited to any child protection conferences.

24.4.3 Local authority children's social care are encouraged to collect information to monitor prevalence, activity patterns and effectiveness of interventions

for children who are sexually abused, including sexually exploited, in their area. This information should be discussed at monthly meetings.

24.4.4 When a case is already allocated, concerns may be presented by another professional or by the child's social worker. The risk of harm to the child needs to be re-assessed in the light of the new information, a discussion held with the relevant team manager and lead professional/child protection manager, and the case progressed as in paragraph **24.4.2** above.

24.4.5 The outcome of the assessment should be discussed within a review meeting, and a safeguarding and support plan put in place. Whenever possible, the child and their parent/carer should be invited to this meeting. However, family attendance must be carefully assessed and only agreed if attendance will not compromise the child's safety or the progress of the investigation. The final decision should be taken by the child protection or team manager. This decision should be clearly recorded on the child's case file.

24.4.6 Implementing an effective safeguarding and support plan for a child may require professionals to be extremely persistent in continuing to offer support and services, including safe accommodation, to the young person. It may be that a non-local authority children's social care professional may best be able to provide a direct service. Nevertheless, the case should remain allocated to a social worker whilst a safeguarding and support plan is in place, in order to act as a point of contact for the child, family and professionals and to co-ordinate the plans.

Children in the care of local authorities

24.4.7 When a referral is received regarding a child in care, the allocated social worker must inform their team manager and the lead professional.

24.4.8 A multi-agency meeting should be considered, in accordance with the procedures in section **24.4.1** above. In addition, the following factors should be taken into account:

- The risks to other children in the placement;
- Whether the child should remain in their present placement; and
- The feasibility of controlling the child's movements, and the likely effects of doing so.

24.4.9 A safeguarding and support plan should be drawn up, which will form part of the overall care plan for the child.

24.4.10 The meeting should consider the appropriateness and method of informing the child's parents. If children are accommodated, parent/s must be informed of all significant matters. When a child is subject to a care order, generally their parent/s should be informed of such a

significant matter. A decision not to inform the parent/s should be recorded on file.

24.4.11 The child's social worker and the carer/s should put in place a written strategy which balances the need for assertive action and the need to not unduly increase the likelihood of the child running away in response to the action being taken, and possibly placing themselves at even greater risk. Any consideration of restriction of liberty or confiscation of property needs to be agreed by the team or service manager responsible for the child's case.

24.4.12 Active work should be undertaken with the child to address issues of their self-esteem, relationships, sexuality, sexual relationships and health.

24.4.13 Whether or not the child is moved from their placement, the other children in the placement should be monitored to identify whether they are also at risk of harm from, or are in some way supporting, the sexual exploitation.

24.4.14 If the child is in a residential unit, the staff should be asked to take positive action to clarify and record suspicions and minimise the child's involvement in sexual exploitation. If suspicions are confirmed, the following steps should be taken:

- Treating the child as a victim of exploitation, not a criminal;
- Ensuring that all relevant information is recorded in the child's care plan and file – concerning adults and identifying information (e.g. appearance, cars etc., telephone activity, social media activity and record names of sites / platforms used, the child's patterns of going missing, etc.) - together with decisions and clear directions for action.
- Making every effort to dissuade the child from leaving to be sexually exploited by talking to them, involving them in alternative activities, and ensuring they have the resources to attend, including escorting where necessary;
- Ensuring that the child is aware of the legal issues involved, including advice that staff cannot safeguard money which is reasonably suspected to have been gained through sexual exploitation. When staff do acquire such money, they must retain it and seek legal advice;
- Monitoring telephone calls and letters by preventing the child from receiving some incoming calls, being present when phone calls are made, confiscating a mobile phone which is being used inappropriately, opening some letters in the presence of the child and withholding letters if necessary; reasons for intercepting letters and calls should be included in the care plan;
- Monitoring callers to the home, or adults collecting children by car. This may involve turning visitors away, or passing information direct to the police, monitoring any suspicious activity in the vicinity of the home and informing the police;

- Using physical control where appropriate, in accordance with Social Service Inspectorate guidance, to prevent the child leaving home to engage in sexual exploitation;
- Where these efforts fail, and the child leaves, staff need to decide whether to follow them, to continue to make contact with them by phone and continue to encourage them to return;
- If they will not return, staff should inform the local police and pass on all relevant information, up to date photograph of the child, and descriptions;
- Liaising with outreach agencies, so they can look out for a child who has gone missing;
- Offering sensitive and welcoming responses to children returning home.

24.4.15 If the child is in foster care, the social worker and fostering link worker should meet with the foster carer to decide which of the above steps could reasonably be taken by the foster carer. This needs to take place in consultation with the fostering team manager.

24.4.16 The child's behaviour and attitude may be extremely challenging, and carers and staff will require ongoing support, advice and training in knowing how to respond. These needs must be considered and resources identified, either by the manager of the residential unit or the fostering link worker.

24.4.17 Professionals and carers should be aware of their own position in relation to the child, e.g. male carers or staff may be viewed with suspicion or contempt.

Involvement of groups of children in care

24.4.18 Where there is knowledge or strong suspicion that children are involved in sexual exploitation together, or are being controlled by the same person, particularly when that person is a child, there will need to be additional planning, including consideration of the use of child protection and/or organised abuse procedures.

24.4.19 If a strategy meeting is not appropriate; a meeting should be convened, as above. This will need to ensure that there are no inconsistencies between individual children's care plans. Where the placement is in another authority, or children from other authorities are involved, that authority's child protection manager (or equivalent) must be contacted, to discuss which authority is to take overall responsibility for convening the meeting and co-ordinating the response.

Leaving care/aftercare

24.4.20 The same procedures as above should be followed in cases where young people in the leaving care team are considered to be at medium or high risk of abuse through sexual exploitation.

24.4.21 The leaving care plan for any young person where there are concerns about sexual exploitation should specifically identify their vulnerability to sexual exploitation, and address the factors known to impede successful recovery from sexual exploitation (e.g. homelessness, poverty, lack of educational and employment opportunities and lack of supportive social contacts). Information about possible perpetrators and physical or online locations of concern need to be shared with Essex Police Operations Centre Triage Team to maximise investigative, targetting, disruption and prosecution opportunities.

24.5 Role of the police

24.5.1 There are numerous offences under the Sexual Offences Act 2003, along with the Child Abduction Act 1984 that can be used against those that exploit children. See appendix 5 for a list of offences.

24.5.2 The police will investigate and where possible, prosecute offenders who have been involved in abusing the child through sexual exploitation. This role should be undertaken in accordance with the principle of multi-agency co-operation to safeguard children.

24.5.3 Police may become aware of children being involved in sexual exploitation through normal police work on the streets, in the course of other criminal investigations, through referrals from other agencies or information direct from the public.

24.5.4 The initial police response to the discovery of a child who is being, or is at immediate risk of being, abused through sexual exploitation, must be to remove them from the source of harm and ensure that any necessary evidence is secured. This action must be followed by referral to local authority children's social care.

24.5.5 If there are suspicions that a child is at risk of sexual exploitation or is suffering sexual exploitation, but there is no immediate or direct evidence, the police officer noting the concern should follow safeguaridng procedures and complete a Child Information reporting form for reporting information to the Operations Centre Triage Team. The necessity for a Crime-Related STORM report must be considered on a case by case basis. The reporting of information to the Operations Centre Triage Team will enable an appropriate action plan to be set. If a crime has been committed, the matter will be recorded as a crime and allocated to an appropriately trained officer to investigate.

24.5.6 Referrals from local authority children's social care need to be made to the Essex Police Force Control Room. If the child is already known and has an assigned social worker, the referral will go to the social worker who will liaise with the relevant police team.

24.5.7 The police will gather evidence in accordance with Achieving Best Evidence rules and in the best interests of the young person. The benefit of an intermediary will be considered. It may take several interactions with a young person before they are able to make an evidential disclosure. The colleciton of the evidential account will be considered on a case by case basis.

24.5.8 The police will adhere to the Victims Code to support the victim and provide them with updates in regards to their investigation.

24.5.9 When made aware of cases of actual or suspected CSE, police should follow the College of Policing Authorised Professional Practice for dealing with such cases. Specialist advice and guidance from Operations Centre Triage Team and Child Abuse Investigation Team (CAIT) should also be sought and the most appropriate officer should attend any relevant meetings.

24.6 Role of leisure and community service

24.6.1 The role of leisure and community services staff in relation to children abused through sexual exploitation is in the prevention, recognition and referral stages.

24.6.2 Where staff, such as play workers, leisure centre workers or librarians, have immediate concerns they should, together with their agency's designated safeguarding children lead, make a referral to local authority children social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their designated safeguarding children lead. In any case, where activities of child sexual exploitation are suspected all information should be collated and shared with Essex Police Operations Centre Triage Team.

24.6.3 In the case of street activity being noted, including within parks, staff should contact the local police.

24.7 Role of education services

Prevention

24.7.1 Staff in schools, further education colleges and other education establishments are uniquely placed to recognise and refer children who are abused through sexual exploitation. They are also in a position to help children to avoid being sexually exploited and to support abused children to recover.

24.7.2 Personal, Social and Health Education (PHSE) programmes can help children make informed and healthy choices about issues such as sexual activity, grooming techniques, drug use and keeping themselves safe.

Recognition and referral

24.7.3 School staff should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation.

24.7.4 The nominated teacher for safeguarding children or CSE Champion (referred to as the designated safeguarding children lead in this procedure) in each school should monitor information to identify when more than one child in the school or community may be being targeted for sexual exploitation.

24.7.5 Education social workers, in their assessment and ongoing work with young people and their families and liaison with school staff, can identify children who are being or are at risk of being abused through sexual exploitation. Where the child is already known to an education social worker, s/he would also be expected to attend the multi-agency meetings and contribute to developing the child's safeguarding and support plan.

24.7.6 Where school staff have immediate concerns they should, together with their nominated adviser, make a referral to local authority children's social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their designated safeguarding children lead.

24.7.7 The designated safeguarding children lead should inform local authority children's social care and the local authority education safeguarding children lead. The designated safeguarding children lead will be expected to attend the meeting.

24.8 Role of health services

24.8.1 Government guidance on children involved in sexual exploitation, notes: 'Because of the universal nature of most health provision, health professionals may often be the first to be aware that a child may be involved, or be at risk of becoming involved, in sexual exploitation. Children involved in sexual exploitation are likely to need a range of services, including advice and counselling for harm minimisation, health promotion, advice on sexually transmitted infections and HIV'. (Guidance on Children Involved in Prostitution (HO/DfES 2000)

24.8.2 Health professionals should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through

sexual exploitation. They have a crucial role in providing support for the physical and mental health of these children.

24.8.3 The named or designated professional for safeguarding children in each health service trust should monitor information to identify when more than one child in the community may be being targeted for sexual exploitation.

24.8.4 Where health professionals have immediate concerns they should, together with their designated safeguarding children lead, make a referral to local authority children's social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their designated safeguarding children lead.

24.8.5 Health staff should offer and/or continue to provide health education, counselling, sexual health and medical intervention to the child as an appropriate part of early intervention.

24.8.6 Health professionals who may be invited to attend multi-agency meetings include:

- All current health professionals involved with the child, including school nurses, nurses working with children in care, GP's, practice nurses, health workers involved with outreach clinics, sexual health and family planning resources;
- Any previously involved health professionals (recent past) who would have a useful contribution to make to the meeting (i.e. most recent health reports and knowledge of child while at school);
- Health professionals involved in any screening or medicals involving the child who is the subject of the meeting (e.g. Clinical Medical Officer, GP); or
- When no other health person is involved, current or past, the trust's designated or named professional (designated safeguarding children professional) should attend in an advisory capacity.

24.9 Role of voluntary and community groups/agencies

Support services

24.9.1 Government guidelines on young people involved in sexual exploitation emphasise the importance of a multi-agency approach, which includes voluntary and community groups/agencies: 'The child may seek to avoid statutory services. They are more likely to respond to informal contact, for example, with health outreach workers, or local non-statutory agencies. The primary concern of all those involved must be the welfare of the child, and decisions on the sharing of concerns about a child's safety must form part of local protocols between police, local authority children's social care, health and education authorities and non-statutory agencies'

24.9.2 It is essential that voluntary and community groups/agencies operate as multi-agency partners in order to provide children with access to the widest possible range of intervention and support services.

24.9.3 Voluntary and community groups must make referrals in line with these SET procedures.

24.9.4 There is a wide range of specialist (drug misuse, HIV prevention, homelessness, counselling and advice) and other voluntary and community agencies/groups (youth clubs, counselling services, comissioned return home interview services, sport/drama groups, faith groups and churches etc.) who may be well placed to identify children who are at risk of or are experiencing abuse through sexual exploitation; because:

- Voluntary and community sector agencies often have a close relationship with their local communities;
- Children and families may be more 'trusting' of voluntary and community sector agencies;
- Voluntary and community sector agencies can develop relationships of trust with the children and maintain a link to the child if they become 'lost' to statutory services;
- Outreach agencies are often the first point of contact for children in risk situations;
- Specialist voluntary agencies often have the opportunity to provide vital health/harm minimisation/risk reduction support.

24.9.5 Voluntary and community sector agencies can provide long term specialist therapeutic support that children may need or act as coordinators for interventions from other providers.

24.9.6 Voluntary and community sector agencies can lead or support prevention work by identifying those children most at risk or those locations which may attract vulnerable young people; they can receive disseminate and contribute to awareness raising of CSE in their communities. They can lead or facilitate training and awareness work to ensure families and community groups have the information and advice required to strengthen protective factors for children. They can also provide valuable soft intelligence for statutory agencies to target their efforts to divert and safeguard children from child sexual exploitation; equally, to identify possible perpetrators and locations of concern which need to be shared with police and other relevant services to investigate.

Recognition and referral

24.9.7 Professionals and volunteers in voluntary and community groups/agencies should be alert and competent to identify and act upon concerns that a child is at risk of or experiencing abuse through sexual exploitation. They are well placed to receive and verify information about

sexual abuse and exploitation of children in the local community which might be related to the potential victim only, and or the potential perpetrator/s.

24.9.8 Each voluntary and community group or agency should have a designated safeguarding children lead.

24.9.9 Where a professional or volunteer in a voluntary or community group/ agency has immediate concerns they should, together with their designated safeguarding children lead, make a referral to local authority children social care. Where the concerns are not immediate or are unclear, staff should discuss the case with their agency's designated safeguarding children lead.

24. Information and Communication Technology (ICT) based Forms of Abuse

24.1 Introduction

24.1.1 Information and communication technology (ICT)-based forms of child physical, sexual and emotional abuse can include bullying via mobile telephones or online (internet) with verbal and visual messages. See Part B, chapter 33, Bullying.

24.1.2 ICT can be used to facilitate a wide range of abuse and exploitation however this section focuses on child sexual abuse. However, the procedure should be followed in other instances of ICT-based abuse e.g. physical abuse (such as, children being constrained to fight each other or filmed being assaulted), radicalisation, exploitation for criminal purposes etc.

24.2 Recognition and Response

24.2.1 The impact on a child of ICT-based sexual abuse is similar to that for all sexually abused children (see Part A, chapter 1, Responding to concerns of abuse and neglect). However, it has an additional dimension of there being a visual record of the abuse. Additionally, research shows that the impact of the abuse is heightened through its sharing over the internet through social media and email. Effectively each person who views the image of the abuse 're-victimises' that victim with each viewing.

24.2.2 ICT-based sexual abuse of a child constitutes significant harm through sexual and emotional abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect.

24.2.3 Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

24.2.4 Professionals in all agencies working with children, adults and families should be alert to the possibility that:

- A child may already have been/is being, abused and the images distributed on the internet or by mobile telephone;
- An adult or older child may be grooming a child for sexual abuse, including for involvement in making abusive images. This process can involve the child being shown abusive images;

- An adult or older child may be viewing and downloading child sexual abuse images.

24.3 Concern about Particular Child/ren

24.3.1 Where the concerns involve a particular child/ren, professionals considering/ making a referral to local authority children's social care should do so in line with Part A, chapter 2, Referral and assessment. See also Part A, chapter 2, Referral and assessment, section 2.2, Referral criteria.

24.3.2 Professionals should be aware that, for the reasons outlined in Impact on Children, the child may not want to acknowledge their involvement or admit its abusive nature, and may resist efforts to offer protection. This should not be a deterrent and agencies will need to work together closely in order to continue to monitor and assess the nature and degree of any risk to the child.

24.3.3 The police should ensure that checks are made with regard to the subject adult and any other suspected adults, their contact with other children and other activities involving children. This is in order to identify the existence of organised and complex abuse or abuse of children through sexual exploitation. See Part B, chapter 24, Safeguarding children from sexual exploitation and Part A, chapter 8, Organised and complex abuse.

24.3.4 The police can draw upon powers to seize communications materials only in specified circumstances where the level of evidence would support an application to do so. Essex Police now have a dedicated unit that control, carry out and co-ordinate much of this activity-the Police online Investigation Team (POLIT) In addition, due to the increasing quantity of referrals from Child Exploitation Online Protection Centre (CEOP), detectives from many other areas of Essex Police will conduct these types of investigations. With support from the National Crime Agency which includes the CEOP Command at Child Exploitation and Online Protection Centre (CEOP) as appropriate, to assist with enquiries of this kind. See Part B, chapter 2, Roles and responsibilities.

24.4 Concern about an adult

24.4.1 Professionals may identify a concern through a relationship with a child or an adult, from visits to the family home or from information shared by the victim's friends or family.

24.4.2 A professional who has a concern should discuss this with their line manager and/or their agency's designated safeguarding children lead.

24.4.3 A concern about an adult should be shared even where there is no evidence to support it. A referral should be made to the police about the adult. The police must consider the possibility that the individual might

also be involved in the active abuse of children and their access to children should be established, including family and work settings, and a referral made to local authority children's social care.

24.5 Allegations Against Colleagues

24.5.1 Professionals in all agencies should be aware of alerting indicators amongst their subordinates and colleagues, and follow the procedures in Part B, chapter 12, Safer recruitment and Part A, chapter 7, Allegations against staff or volunteers, who work with children.

24.5.2 Human resources and IT professionals should be aware of the new legal framework created by the Sexual Offences Act 2003.

24.6 Supplementary Guidance

24.6.1 The making, distribution and viewing of child sexual abuse images is instrumental in the ongoing sexual abuse of children, within organised abuse (sexual exploitation, sex rings and trafficking), within and outside the family and with adults and children, both known and unknown. Online abuse cannot be separated from offline abuse.

24.6.2 The distribution of child abuse images continues to grow (a recent UK police operation seized over 750,000 images). Research shows that in the UK, over eight million children have access to the internet and a high proportion of these children (1 in 12), have met someone offline who they initially encountered in an online environment.

24.7 Impact on Children

24.7.1 Children have great difficulty in talking about their abuse, some denying that it is their image even when there is categorical proof. The reasons for this include that children:

- Can experience intense feelings of powerlessness, knowing that there is nothing they can do about others viewing pornographic pictures/films of themselves (and sometimes their coerced sexual abuse of others) indefinitely;
- Express concerns over how pornography will be viewed (i.e. that they enjoyed it or were complicit in its production);
- Are aware that the sexual abuse they endured to produce the pornography can be distributed commercially or non-commercially for the arousal of others. They are also aware that it can be used to groom and abuse other children;
- Suffer in the knowledge that there is a permanent record of their sexual abuse and this knowledge has implications for the need for long-term support and treatment of the children to reflect the harm that indefinite circulation can cause.

24.7.2 Children may also be shown images of their own abuse by their abuser, and they typically hold a personal responsibility for not stopping their own abuse and that of others involved. All these aspects reflect the impact of the grooming process of the abusers, who endeavour to make the child feel that it is their fault and that they could have stopped the abuse.

24.8 Definition and Legislation

24.8.1 The UK legislates against the production, distribution and possession of abusive images of children (also known as child pornography). It is an offence to take, permit to be taken, make, possess, distribute or advertise indecent images (photographs or pseudo-photographs) of children (Protection of Children Act 1978 [England and Wales) as amended by the Criminal Justice and Public Order Act 1994.

24.8.2 An indecent image of a child is a visual record of the sexual abuse of a child, either through sexual acts by adults, other children (or which involves bestiality), or children posed in a sexually provocative way. https://www.iwf.org.uk/hotline/assessment-levels

24.8.3 It is an indictable offence to seek out images of child abuse. The making of (this includes the voluntary downloading of) and possession of such images carry maximum sentences of ten and five years respectively.

24.8.4 The UK laws which relate to child abuse images are:

- Protection of Children Act 1978 (England and Wales) as amended by the Criminal Justice and Public Order Act 1994;
- Racial and Religious Hatred Act 2006;
- Communications Act 2003;
- Civic Government Act, 1982 (Scotland);
- Sexual Offences Act 2003: Key Changes (England and Wales);
- Memorandum of Understanding: Section 46 Sexual Offences Act 2003.

24.9 Online Grooming and Offline Abuse

24.9.1 Grooming of children online can be a faster process and totally anonymous. The abuser develops a 'special' relationship with the child online (often adopting a false identity), which remains a secret to enable an offline meeting to occur in order for the abuser to sexually harm the child. The abuser grooms online by finding out as much as they can about their potential victim, establishes the risk and likelihood of the child telling, finds out about the child's family and social networks and, if safe enough, will isolate their victim, usually through bribes or threats, and gain control.

24.9.2 Abusers may use child sexual abuse images to break down the child's barriers to sexual behaviour (and communicate to the child the abuser's sexual fantasies). Repeated exposure to abusive images is intended to diminish the child's inhibitions and give the impression that sex between adults and children is normal, acceptable and enjoyable.

24.9.3 There is an additional dimension to the silencing of children who have been groomed in online forums. Children's behaviour on the net is far less inhibited. They will talk about things and people and use language that they wouldn't in their everyday lives and they are fearful of those close to them finding out what they have said.

24.9.4 Children who have been 'duped' into believing that their online contact is a 'friend' have a serious concern of their own peer group finding out that they have been 'foolish' enough to be conned in this way. The majority say they would have told no one about their abusive experiences.

24.10 Child Exploitation and Online Protection Centre (CEOP)

24.10.1 The National Crime Agency which has the Child Exploitation and Online Protection Centre (CEOP) Command which brings together law enforcement officers, specialists from children's charities and industry to tackle online child sexual abuse. CEOP provides a dedicated 24 hour online facility for reporting instances of online child sexual abuse.

24.11 Supporting carers/parents

24.11.1 Agencies within the LSCBs should, as appropriate, support parents to ensure the safest possible use of the internet and social media, mobile telephones for their children through public awareness campaigns.

24.11.2 The primary concern for education with regard to the online environment is the safe and effective supervision of pupils using the internet in schools. However, because many children are using the internet at home for homework, socialising, and playing games, schools need to work with parents in educating children about the positive ways in which the internet can be used but also some of the associated risks.

24.11.3 The UK Safer Internet Centre is coordinated by a partnership of three leading organisations; Child net International, the South West Grid for Learning and the Internet Watch Foundation. It is co-funded by the European Commission's Safer Internet Programme and is one of the 31 Safer Internet Centres of the Insafe network. The centre has three main functions: an Awareness Centre, a Helpline and a Hotline for advice on safer use of internet technology. The CEOP NCA Command website has additional information.

25. Safeguarding Trafficked and Exploited Children

25.1 Introduction

25.1.1 This Procedure provides guidance to professionals and volunteers from all agencies in safeguarding children who are abused and neglected by adults who traffick them into, within and out of the UK in order to exploit them.

25.1.2 The majority of migrating accompanied and unaccompanied children seek asylum at their port of entry or when they arrive in the UK. However, children who are migrated for exploitative reasons (trafficked) do not come to the attention of the authorities or disappear from contact with statutory services soon after arrival.

25.1.3 All children are rendered more vulnerable as a result of accompanied or unaccompanied migration; trafficked children are at increased risk of suffering significant harm.

25.1.4 The procedure also touches on issues for children who have migrated to the UK and present as unaccompanied asylum seeking children.

25.2 Policy and Legislation

International

25.2.1 International legislation relevant to trafficked and exploited children includes:

- The First World Congress on the Commercial Exploitation of Children (Stockholm,1996);
- The United Nations Convention on the Rights of the Child (United Nations, 1989);
- The Second World Congress on the Sexual Exploitation of Children (Yokohama, 2001).

25.2.2 In 2000 Trafficking became enshrined in international law for the first time through the Palermo Protocol (Palermo Protocol) within the United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children. The Protocol defines trafficking as:

'The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation shall be considered 'trafficking in persons' even if this does not involve any of the means set forth [elsewhere in the Palermo Protocol]'

UK

25.2.3 UK legislation and guidance relevant to trafficked and exploited children includes:

- The Children Act (1989);
- Safeguarding children who may have been trafficked: non-statutory good practice guidance issued by the Department for Education and the Home Office in October 2011;
- Working Together to Safeguard Children 2015;
- The National Plan for Safeguarding Children from Commercial Sexual Exploitation (2001-5);
- The Nationality, Immigration and Asylum Act 2002;
- The Sexual Offences Act 2003;
- ECPAT – UK Briefing Paper on Child Trafficking – Begging and Organised Crime (published in September 2010);
- ECPAT briefing 'On the Safe Side – Principles for the Safe Accommodation of child victims of trafficking'.

25.3 Definitions

Trafficking and Exploitation

25.3.1 The two most common terms for the illegal movement of people - 'trafficking' and 'smuggling', are very different. In human smuggling immigrants and asylum seekers pay people to help them enter the country illegally; after which there is no longer a relationship. Trafficked victims are coerced or deceived by the person arranging their relocation. On arrival at the destination the trafficked child or person is denied their human rights and is forced into exploitation by the trafficker or person into whose control they are delivered.

25.3.2 The Palermo Protocol establishes children as a special case - any child transported for exploitative reasons is considered to be a trafficking victim - whether or not they have been deceived. This is partly because it is not considered possible for children to give informed consent.

25.3.3 Even when a child understands what has happened they may still appear to submit willingly, to what they believe to be the will of their parents.

25.4 How does Trafficking Happen?

25.4.1 Traffickers are known to recruit their victims using a variety of methods. Some children are subject to coercion, which could take the form of abduction or kidnapping. However, the majority of children are trapped in subversive ways:

- Children are promised education or respectable work - as in restaurants, domestic servants etc.;
- Parents are persuaded that their children will have a better life elsewhere.

25.4.2 Many children travel on false documents and for those who do not, the traffickers usually throw away their identification papers.

25.5 Why do people traffick children?

25.5.1 Most children are trafficked and exploited for financial gain. This can take the form of payment from the child's parents, and in most cases the trafficker also receives payment from those wanting to exploit the child. Some trafficking is by organised gangs, in other cases individual adults traffick children for their own personal gain. Exploitation includes children being used for:

- Sex work;
- Domestic servitude;
- Sweatshop and restaurant work, drug dealing and credit card fraud;
- Begging or pickpocketing;
- Benefit fraud;
- Drug mules or decoys for adult drug traffickers;
- Forced marriage (there were 240 reported cases in the UK 2000-2, in 15% of cases the unwilling partner was male);
- Trade in human organs; and in some cases;
- Ritual killings.
- And other forms of slavery

25.5.2 Younger children are often trafficked to become beggars and thieves or for benefit fraud. Teenagers are often trafficked for domestic servitude, sexual exploitation and forced marriage.

25.6 Why is trafficking possible?

25.6.1 Factors which make children vulnerable to trafficking include:

- Poverty: this is the root cause of vulnerability to exploitation in general. The recruiter's promises of work/income is seen by families as a possible escape route from impoverished circumstances; or at the very least one less mouth to feed;
- Lack of education: attendance at school has proven to be a key means of protecting children from all forms of exploitation, including trafficking. Traffickers promise education for children whose parents cannot afford to pay school fees or where schools are difficult to access or of poor quality;
- Discrimination: this can be based both on gender and ethnicity. In some cultures girls are expected to make sacrifices in terms of education and security for the benefit of the family, they represent less

of an investment for the family because their contribution to the family will end when they leave to marry (and marriage itself may be too expensive for the family);

25.6.2 Many trafficking victims are from minority communities who are socially discriminated against and disadvantaged.

- Cultural attitudes: traditional cultural attitudes can mean that some children are more vulnerable to trafficking than others e.g. the caste system and a tradition of bonded labour in India puts tribal and low caste children at risk;
- Dysfunctional families: children may choose to leave home as a result of domestic abuse and neglect;
- Political conflict and economic transition: conflict almost inevitably leads to large scale people movements and the erosion of economic and social protection mechanisms, leaving children vulnerable;
- Inadequate local laws and regulations: trafficking involves many different events and processes and legislation has been slow to keep pace. Most countries have legislation against exploitative child labour, but not all have laws specifically against trafficking. Even where there is appropriate legislation, enforcement is often hampered by lack of prioritisation and ignorance of the law.

25.7 How are children brought to the U.K.?

25.7.1 Children enter the UK in two key ways, accompanied adult/s or as unaccompanied minors.

Accompanied children:

25.7.2 Very little is known about accompanied children, many of whom are brought in by adults either purporting to be their parents or stating that they have the parent's permission to bring the child. There are many legitimate reasons for children being brought to the UK, such as, education, re-unification with family or fleeing a war-torn country.

Unaccompanied children:

25.7.3 More is known about these children because they come to the notice of the authorities when they claim asylum. Although there appear to be some groups of children who do not seek help from the authorities, notably Chinese children who 'disappear' into the Chinese communities in the UK.

25.7.4 Many African children are referred to local authority children's social services after applying for asylum, and even register at school for up to a term, before disappearing again. It is thought that they are trafficked within and out of the UK.

25.8 Trafficking Schemes

25.8.1 There are three phases in the trafficking process; the recruitment phase, the transit phase and the destination phase. The traffickers might be part of a well organised criminal network, or they might be individuals helping out in only one of the various stages of the operation, such as the provision of false documentation, transport, or a 'safe house'.

25.8.2 To respond to trafficking Section 55 of the Borders, Citizenship and Immigration Act 2009 came into force on 2 November 2009. It requires the UK Border Force to make arrangements to safeguard and promote the welfare of children in discharging its immigration, nationality and general customs functions. On 1 April 2013 the UK Border Force was split into two separate operational units within the Home Office. The units are:

- UK Visas and Immigration - responsible for handling visa applications to come to the UK, applications to extend a stay in the UK on a temporary and permanent basis, applications for asylum, appeals, correspondence and Sponsor management.
- Immigration Enforcement - responsible for investigating immigration offences, detaining and removing individuals with no right to be in the UK, preventing abuse of the immigration system.

25.9 What happens to children before they arrive in the UK

25.9.1 Even before they travel children can be subjected to various forms of abuse and exploitation to ensure that the trafficker's control over the child continues after the child is transferred to someone else's care:

- Voodoo is used to frighten children (usually girls) into thinking that if they tell anyone about the traffickers, they and their families will die;
- Confiscation of the child's identity documents;
- Threats of reporting the child to the authorities;
- Violence, or threats of violence towards the child;
- Threats of violence towards members of the young person's family;
- Keeping the child socially isolated;
- Keeping the young person locked up;
- Some children are told that they owe large sums of money for their air fares, accommodation and food, and that they must work to pay this off - however they never earn enough to do this;
- Depriving the child of money.

25.10 The impact of trafficking on children

25.10.1 Trafficked and exploited children are not only deprived of their rights to health and freedom from exploitation and abuse - they are usually also deprived of their right to an education and the life opportunities this brings.

25.10.2 Once children have been trafficked and exploited, they are vulnerable to:

Physical Abuse and Neglect

- This can range from inappropriate chastisement, not receiving routine and emergency medical attention (partly through a lack of care about their welfare and partly because of the need for secrecy surrounding their circumstances);
- Children in the sex industry are open to sexually transmitted infections, including HIV/AIDS; and for girls there is the risk of early pregnancy and possible damage to their reproductive health (See also Part B, chapter 24, Safeguarding children from sexual exploitation);
- Children frequently suffer physical beatings and rape;
- Children also frequently suffer physical deprivations, including beatings, sensory deprivations and food deprivation;
- Some trafficked children are subdued with drugs, which they then become dependent on. They are then effectively trapped within the cycle of exploitation, continuing to work in return for a supply of drugs;
- Children often develop alcohol addictions;
- Victims can suffer physical disorders such as skin diseases, migraine, backache etc.

Psychological Harm

- Children become disorientated after leaving their family environment, however impoverished and difficult, and arriving in the Western world. This disorientation can be compounded for some children who have to assume a new identity or have no identity at all;
- Children can be isolated from the local community in the UK by being kept away from school and because they cannot speak English;
- Trafficked and exploited children are living in fear both of the adults who have control of them and of the discovery of their illegal immigration status;
- Victims lose their trust in all adults;
- Trafficked and exploited children will all suffer from a form of post-traumatic stress relating to their sense of powerlessness and the degree of violence they experienced at the hands of their traffickers, which can be extreme;
- Many trafficked and exploited children develop dependant relationships with their abusers;
- They suffer flashbacks, nightmares, anxiety attacks, irritability and other symptoms of stress, such as, nervous breakdowns;
- Trafficked and exploited children experience a loss of ability to concentrate;
- They can become anti-social, aggressive and angry, and/or fearful and nervous - finding it difficult to relate to others, including in the family and at work;

- Victims have very low self-esteem and believe that the experience has 'ruined' them for life psychologically and socially. They become depressed, and often suicidal;
- The children worry about people in their families and communities knowing what has happened to them, and become afraid to go home;
- All children who have been exploited will suffer some form of physical or mental harm, usually, the longer the exploitation, the more health problems that will be experienced. Although in some cases, such as contracting AIDS or the extreme abuse suffered by Victoria Climbié, fatal damage happens very quickly.

25.11 Identifying trafficked and exploited children

25.11.1 Children are being trafficked to and exploited in counties and cities all over the UK. All entry and exit points in the UK are potential channels for trafficking children. Children who arrive in the UK are protected under the Children Act 1989.

25.11.2 It is incumbent on all agencies to work together to safeguard and promote the welfare of children trafficked into and out of the UK, providing the same standard of care as that available to any other child in the UK.

25.11.3 All practitioners who come into contact with children and young people in their everyday work need to be able to recognise when children have been trafficked and exploited, to understand the areas of vulnerability that this can generate for a child or young person and should be competent to act to support and protect these children.

25.11.4 This may be the crucial intervention which breaks the cycle of the child being vulnerable to continuing or further exploitation.

25.12 Risk Indicators

25.12.1 There are a number of circumstances which could indicate that a child may have been trafficked to the UK, and may still be being controlled by the traffickers or receiving adults. These include situations in which the child:

- Does not appear to have money but does have a mobile phone;
- Is driven around by an older male or 'boyfriend';
- Is withdrawn and refuses to talk;
- Shows signs of sexualised behaviour or language;
- Shows signs of physical or sexual abuse, and/or has contracted a sexually transmitted infection;
- Has a history with missing links and unexplained moves;
- Is required to earn a minimum amount of money every day;
- Works in various locations;
- Has limited freedom of movement;
- Appears to be missing for periods;

- Is known to beg for money;
- Is being cared for by adult/s who are not their parents. Children in these circumstances are being privately fostered - see Part B, chapter 36, Children living away from home, section 36.1, Foster care. The quality of the relationship between the child and their adult carers is not good;
- Has not been registered with or attended a GP practice;
- Has not been enrolled in school;
- Has to pay off an exorbitant debt, perhaps for the travel costs, before being able to have control over his/her own earnings;
- Hands over a large part of their earnings to another person;
- Is excessively afraid of being deported;
- Has had their journey or visa arranged by someone other than themselves or their family;
- Does not have possession of their own travel documents;
- Has false papers, and these have been provided by another person;
- Is unable to confirm which adult is going to accept responsibility for her/him;
- Fits current profiles for those at risk of exploitation;
- Has entered the country illegally;

or, the person:

- In control of the child has applied for visas on behalf of many others, or acts as guarantor for other visa applications;
- Who guarantees the visa application has acted for other visitors who have not returned to their countries of origin on the expiry of the visa.

25.13 Children at Port of Entry

25.13.1 All aspects about immigration, visas and arrivals in to the country are addressed in the guidance to frontline staff through the UK Border Force which can be accessed here http://www.ukba.homeoffice.gov.uk/ and further information can be accessed in the Home Office document 'Victims of human trafficking: guidance to front line staff.'

25.14 Community Groups, Neighbours and the Public

25.14.1 As most children who are victims of trafficking who arrive in the UK are not aware of their rights or that they can claim asylum, once they have gained entry to the country they are unlikely to come to the notice of asylum or immigration services.

25.14.2 Trafficked and exploited children often come to the notice of any agency only when it is too late. Some are enrolled at school and concerns are only raised when they leave unexpectedly, and there is no trace of them or their 'family' at their home address. Others are never registered at school or with a GP. These children do not come into contact with the statutory services who could raise concerns about their welfare. Younger

children may be known to local Housing or benefits services. However, most trafficked children are invisible. Protecting them and promoting their welfare depends on the awareness and co-operation of community groups, neighbours and the public.

25.15 Private Fostering

25.15.1 Private fostering is defined in the Children Act 1989 as occurring when a child under 16 years (or under 18 if disabled) is living for more than 28 days in the care of someone who is not a close relative, guardian or someone with Parental Responsibility (close relatives are defined by the Act as parents, step-parents, siblings, siblings of a parent and grandparents).

25.15.2 As the current systems relies on the parents and the foster carers to notify the local authority of a private fostering arrangement (preferably before, but certainly within 48 hours, of the child arriving to stay), only a very small proportion of arrangements are notified, and private fostering remains an underground activity, ideal for people who traffick children.

25.15.3 Staff or volunteers in an agency who have concerns that a child may be trafficked and privately fostered should contact local authority children's social care, who can investigate under their regulatory duties in relation to private fostering (Children Acts 1989 & 2004). These duties are: to identify private fostering arrangements, inspect the home and assess the suitability of the arrangement in terms of the child's welfare, visit the child regularly, and monitor and keep records of the placement.

25.15.4 There is also a new requirement on local authorities to raise awareness of the notification requirements within local communities (section 7a of the Children Act 2004) and to ensure that staff or volunteers in all agencies encourage notification.

25.16 All Agencies

25.16.1 Wherever staff or volunteers in an agency come into contact with a child who has arrived unaccompanied in the country and is not in contact with children's social care or a child who is accompanied, but for whom they have concerns regarding their welfare or safety, they should consult and follow one of the following:

- The actions indicated in this Procedure;
- Their own agency's Safeguarding Children procedures;
- Local Child Protection Part A, chapter 2, Referral and assessment, Part B, chapter 7, Best practice for the implementation of child protection plans and Part B, chapter 6, Managing work with families where there are obstacles and resistance;
- All these procedures will ultimately guide practitioners and volunteers to contact their local authority children's social care if they are

concerned that a child has been, is being or could be abused through trafficking.

25.17 Local authority children's social care

25.17.1 Local authority children's social care have responsibility for assisting all unaccompanied children and children who have come to the UK with their parents for whom there are concerns regarding their welfare and safety.

25.17.2 See 26.21, Referrals regarding possible trafficking and exploitation of a child and 26.25, S.47 enquiry, below for local authority children's social care duties to undertake an assessment and, where appropriate, a S.47 enquiry. This is in line with Part A, chapter 2, Referral and assessment.

25.18 Health Services

25.18.1 Trafficked children who need healthcare are more likely to be seen at Accident and Emergency services, Walk-in Centres, minor injury units or sexual health services, than by primary care services. Reception staff need to be alert to inconsistencies in addresses, deliberate vagueness and children or carers being unable to give details of next of kin, names telephone numbers etc.

25.18.2 When children or their carers give addresses in other countries, with the information that the child is resident outside of the UK, reception staff should always record the current local address as well as the home address in the other country. Staff need to be alert to 'local' addresses in case patterns emerge that would suggest large numbers of children moving in and out of one address. Health professionals who make home visits may follow up visits to Accident and Emergency and Walk-in Centres, they should also be alert to the moving in and out and rapid turnover of different children to any one address.

25.19 Education Services

25.19.1 Children trafficked into the country may be registered at a school for a term or so, before being moved to another part of the UK or abroad again. Schools therefore need to be alert to this pattern of registration and de-registration. This pattern has been identified in schools near ports, however it could happen anywhere in the UK.

25.19.2 There is general agreement that children who have experienced certain life events are more at risk of going missing from education. Trafficked children are particularly vulnerable: see 26.10, The impact of trafficking on children, above. Schools need therefore to be alert to the possibility that a child who goes missing from school, may be, or have been, a trafficked child, who is living with or is running away from an exploitative situation.

25.20 Refugee Council Children's Panel

25.20.1 The Refugee Council Children's Panel of Advisers comprises about 15 advisers who travel all over the country to support unaccompanied asylum-seeking children. The Panel offers support to children who:

- Have applied for asylum on entering the UK;
- Have lived in the UK for some time before applying for asylum;
- Are abandoned by relatives, agents or friends;
- Have been picked up by the police;
- Are in detention centres or prisons;
- Are living on the streets or are already in the care of Children's Social Services, carers or community groups.

25.20.2 The support includes:

- Assisting children in accessing quality legal representation;
- Guiding children through the complexities of the asylum procedure;
- If necessary, accompanying children to asylum interviews, tribunal and appeal hearings, magistrates and crown court appointments;
- Building up a support network for children involving a range of statutory and non-statutory service providers;
- Accompanying children to appointments with GPs, hospitals, children's social services or other agencies.

25.20.3 The nature of the Children's Panel Advisers' work is such that they may well gather information which enables them to identify and refer children who are trafficked.

25.21 Referrals regarding possible trafficking and exploitation of a child

25.21.1 Any agency, individual practitioner or volunteer who suspects that a child is trafficked should inform the police imediately. The child is to be taken into protection until all the relevant checks have been completed, rather than doing all the checks first. The National Referral Mechanism (NRM) form which can be found here. Forms should be submitted to the UK Human Trafficking Centre (UKHTC) at UKHTC@soca.x.gsi.gov.uk. They will then assist with next steps such as safe houses, advice etc.

25.21.2 A copy of the national Referral Mechanism form should be copied to Essex Police at htms@essex.essex.pnn.police.uk so the police can build a more accurate picture of the referrals sent to UKHTC by all partners.

25.21.3 An agency or individual practitioner or volunteer who has a concern regarding possible trafficking and exploitation of a child to local authority children's social care, should contact the local authority children's social

care for the area in which the child currently resides. For immigration officers at ports of entry, this will be the address which the child is planning to reside at when s/he is allowed to enter the UK.

25.22 Referral and Information Gathering

25.22.1 This section describes in more detail the response from local authority children's social care to a referral from one of the agencies:

- The social worker should obtain as much information as possible from the referrer, including the child's name, dob, address, name of carer/guardian, address if different, phone number, country of origin, home language and whether s/he speaks English, names of any siblings or other children;
- The social worker should verify that the child is living at the address as soon as possible;
- In the case of a referral from a school or education department the list of documentation provided at admission should also be obtained;
- A Home Office check should be completed to clarify status of the child/ren and the adult/s caring for them.

25.23 Action after the Information Gathering

25.23.1 On completion of the information gathering the social worker discusses the referral with their supervising manager to agree and plan one of four ways forward:

a) An assessment to decide whether -
   - Appropriate arrangements for the child have been made by her/his parents;
   - There are grounds to accommodate the child;
   - The child is in need of immediate protection;
   - A s.47 enquiry should be initiated (see section 26.25, S47 enquiry, below).

b) Accommodation of the child under s.20 Children Act 1989 - there may be enough information at this stage to support a decision to accommodate the child. A child should be accommodated under s.20 Children Act 1989 if:

   - The child is lost or abandoned;
   - There is no person with Parental Responsibility for the child;
   - The person who has been accommodating the child is prevented, for whatever reason, from providing suitable accommodation or care.

25.23.2 If there is reasonable cause to believe that the child is suffering or likely to suffer significant harm, an Emergency Protection Order may be sought.

Consideration should be given to Police Powers of Protection in an emergency.

c) Instigation of a Child Protection Enquiry and an Assessment of need under s.47 Children Act 1989 (See section 26.25, S.47 enquiry, below), or:

d) No further action - if no concerns are identified.

25.23.3 The social worker should advise the referrer of which plan is in place.

- The discussion between the social worker and their supervising manager after completion of the information gathering, should be recorded, tasks outlined and signed off by the manager;
- If further action is needed, consideration should be given to involvement of the police, education, health services, the referring agency and other relevant bodies e.g. housing, the benefits agency and immigration service. Careful consideration should be given to the effect of any action on the outcome of any investigation;
- In undertaking any assessment and all subsequent work with the child, the social worker must ensure that they use a suitable interpreter;
- The social worker must meet with the referrer;
- The social worker must check all documentation held by the referrer and other relevant agencies. Documentation should include passport, Home Office papers, birth certificate, and proof of guardianship. The list is not exhaustive and all avenues should be looked into;

25.23.4 When assessing paperwork/documentation attention should be given to the detail. If a passport, when was it issued, how long is the visa for, does the picture resemble the child, is the name in the passport the same as the alleged mother/father, if not, why not. When assessing documentation, does it appear original, take copies to ensure further checks can be made.

- Once all papers have been checked, the social worker should clarify with the referrer what his/her concerns are again. Why did they make the referral, what led them to believe the child may be trafficked or here illegally etc.; and request that they put their concerns in writing to ensure accuracy of recording.

25.24 Decision to Interview

25.24.1 Once all possible information has been gathered, the social worker and their supervising manager, together with the police should decide whether to conduct joint interviews with the police, or the Immigration Service.

- Where it is decided that the family should be visited and interviewed, standard social work practice should be followed. The child should be seen alone, preferably in a safe environment. Ensure that the carers

are not in the proximity. Children and young people will usually stick to their account and not speak until they feel comfortable;

- Professional interpreters, who have been DBS checked, should be used, it is not acceptable to use a family member.
- Questions should focus on the following:
  - Family composition, brothers, sisters, ages;
  - Parents' employment;
  - Task they do around the house;
  - Length of time in this country;
  - Where they lived in their country of origin;
  - Where they went to school in their country of origin;
  - Who cared for them in their country of origin.

25.24.2 The adults in the family should be interviewed (separately if possible) on the same basis, using the same questions, a comparison can then be made between the answers to ensure they match.

- All documentation should be seen and checked. This includes Home Office documentation, passports, visas, utility bills, tenancy agreements, and birth certificates. Particular attention should be given to the documentation presented to the school at point of admission. It is not acceptable to be told 'the passport is missing' or 'I can't find the paperwork right now'. It is extremely unlikely that a person does not know where their paperwork/official documentation is kept;
- This interview should be conducted as fully and complete as possible to ensure accuracy and to avoid intrusion on the family over a longer period than is absolutely necessary;
- On completion of the assessment a meeting should be held with the social worker, their supervising manager, the referring agency as appropriate, the police and any other professionals involved to decide on future action. Further action should not be taken until this meeting has been held and multi-agency agreement obtained;
- Where it is found that the child is not a family member and is not related to any other person in this country, consideration should be given to establishing status and assisting the child as an unaccompanied minor;
- Any action regarding fraud, trafficking, deception and illegal entry to this country is the remit of the police and the Home Office. The local authority should assist in any way possible, however, the responsibility for legal action usually remains with the other agencies (exceptions include benefit fraud, the responsibility of the Department of Work and Pensions, and Education offences, pursued by the LEA).

25.25 S.47 Enquiry

25.25.1 Whenever a practitioner or volunteer becomes concerned that a child has suffered, or is likely to suffer, significant harm, a referral must be made to local authority children's social care, (verbal referral, followed by a written referral within 48 hours) in accordance with Part A, chapter 1, Responding

to concerns of abuse and neglect, and Part A, chapter 2, Referral and assessment.

25.25.2 If the concern is raised at a port of entry, then immigration service should without delay, contact the local authority children's social care for the local area serving the port of entry. If the child is already in the country, the referral must be made to the local authority children's social care for the area in which the child resides.

25.25.3 Local authority children's social care must convene a Strategy Meeting within two working days of:

- The child becoming looked after; or
- Arrival in the local authority area where they are intending to reside, if a s.47 enquiry is appropriate.
- The strategy meeting must:
- Share information - this will involve Immigration, the police, children's social services and any other relevant professionals;
- Develop a strategy for making enquiries into the child's circumstances, including consideration of a video interview;
- Develop a plan for the child's immediate protection, including the supervision and monitoring of arrangements (for Looked After children this will form part of the care plan);
- Agree what information can be given about the child to any enquirers; and
- Agree what support the child requires

25.26 Looked After Children

25.26.1 An Assessment of the child's needs must be undertaken immediately by the social worker and residential worker/carer to include:

- Establishing relevant information about the child's background;
- Understanding the reasons the child has come to the UK; and
- Assessing the child's vulnerability to the continuing influence/control of the traffickers.

25.26.2 Planning and actions to support the child must minimise the risk of the traffickers being able to re-involve a child exploitative activities. Thus:

- The location of the child must not be divulged to any enquirers until they have been interviewed by a social worker and their identity and relationship/connection with the child established, with the help of police and immigration services, if required;
- Foster carers/residential workers must be vigilant about anything unusual e.g. waiting cars outside the premises and telephone enquiries;

- The social worker must immediately pass to the police any information on the child (concerning risks to her/his safety or any other aspect of the law pertaining either to child protection or immigration or other matters), which emerges during the placement.

25.26.3 The child's social worker must try to make contact with the child's parents in the country of origin (immigration services may be able to help), to find out the plans they have made for their child and to seek their views. The social worker must take steps to verify the relationship between the child and those thought to be her/his parent/s.

25.26.4 Anyone approaching the local authority and claiming to be a potential carer, friend, member of the family etc. of the child, should be investigated by the social worker, the police and immigration service. If the supervising manager is satisfied that all agencies have completed satisfactory identification checks and risk assessments the child may transfer to their care.

25.27 Support for trafficked and exploited children

25.27.1 Children who have been trafficked and exploited are likely to need some of the following services:

- Appropriately trained interpreting;
- Counselling;
- Emotional Wellbeing and Mental Health Service (EWMHS);
- Independent legal advice;
- Medical services (including, for victims of torture);
- Education;
- Repatriation.

25.28 Issues for professionals to consider when working with trafficked and exploited children

25.28.1 Children who have been trafficked and exploited need:

- Practitioners to be informed and competent in matters relating to trafficking and exploitation;
- Someone to spend time with them to build up a level of trust;
- A 'safe house' if they are victims of an organised trafficking operation;
- Legal advice about their rights and immigration status;
- Their whereabouts to be kept confidential;
- Discretion and caution to be used in tracing their families;
- A risk assessment to be made into the danger they face if they are repatriated;
- Accommodating - for those who meet the criteria;
- To be interviewed separately. Children and young people will usually stick to their account and not speak until they feel comfortable;

- Consider talking to children and young people using the phone, e mail, text;
- Consider interviewing children in school as they may feel more able to talk;
- Ensure that carers are not in the proximity;
- Ensure that interpreters are DBS checked;
- Contact with further education establishments.

25.29 Issues for the prosecution of traffickers

25.29.1 Attempting to persuade a child victim to testify against a trafficker is complicated. The child usually fears reprisal from the traffickers and/or the adults whom the child was living with in the UK if they co-operate with the police. This includes reprisals against their family in their home country. Children who might agree to testify, fear that they will be discredited because they were coerced into lying on their visa applications/immigration papers.

25.30 Repatriation and Deportation

25.30.1 Trafficked and exploited children who eventually return home can suffer discrimination from the community - particularly girls who have been sexually exploited. A risk assessment needs to be undertaken into the danger a child may face if they are repatriated.

26. Safeguarding Sexually Active Children

26.1 Introduction

26.1.1 This Procedure is designed to assist professionals to identify where children and young people's sexual relationships may be abusive and the children and young people may need the provision of protection or additional services. It is based on the core principle that the welfare of the child is paramount (See Inquiry into Child Sexual Exploitation in Gangs and Groups). The Procedure emphasises the need to accurately assess the risk of significant harm when a child or young person is engaged in a sexually active relationship and acknowledges that cases of underage sexual activity which present cause for concern are likely to raise difficult issues and should be handled particularly sensitively.

26.2 Responding to Children

26.2.1 A child under 13 is not legally capable of consenting to sexual activity. Any offence under the Sexual Offences Act 2003 involving a child under 13 is very serious and should be taken to indicate significant harm to the child.

26.2.2 Cases involving under 13s should always be discussed with a designated child protection lead in the organisation. Under the Sexual Offences Act, penetrative sex with a child under 13 is classed as rape. Where a practitioner is concerned that a child is involved with penetrative sex, or other intimate sexual activity, there will always be reasonable cause to suspect that a child, whether girl or boy, is suffering or is likely to suffer Significant Harm. There is a presumption that the case will be referred to local authority children's social care and that a strategy discussion will be held to discuss appropriate next steps (see sections 27.6.2 and 27.6.3 below).

26.2.3 Sexual activity with a child under 16 is also an offence. Where it is consensual it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the young person. Consideration should be given in every case of sexual activity involving a child aged 13-15 as to whether there should be a discussion with other agencies and whether a referral should be made to children's social care. The professional should make this assessment using the considerations in Risk Indicators below.

26.2.4 Within this age range, the younger the child, the stronger the presumption must be that sexual activity will be a matter for concern. Practitioners should discuss their concerns with their designated safeguarding children lead and subsequently with other agencies as required. Where confidentiality needs to be preserved, a discussion can still take place without identifying the child.

26.2.5 Where there is reasonable cause to suspect that significant harm to a child has occurred or might occur, as in section 27.2.2 above, there is a presumption that the case will be referred to local authority children's social care and a strategy discussion should be held to discuss appropriate next steps (see sections 27.6.2 and 27.6.3 below). Again, all cases should be carefully documented including where a decision is taken not to share information.

26.3 Assessment

Assessing young people's needs

26.3.1 When a professional becomes aware that a young person is, or is likely to be, sexually active considerations in the checklist in section 27.2.2 should be taken into account when assessing the extent to which a child (or other children) may have suffered, or be likely to suffer, significant harm, and therefore the need to hold a strategy discussion in order to share information. The assessment should be holistic in nature and based on appropriate assessment frameworks. The assessment should be supervised by the professional or a colleague with relevant expertise, within their agency.

Risk Indicators

26.3.2 In order to determine whether a relationship presents a risk of significant 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 (children under 13 are not legally capable of consenting to sexual activity);
- What the child or young person in the relationship's living circumstances are, whether they are attending school, whether they or their siblings are receiving services from local authority children's social care or another social care agency etc.;
- The nature of the relationship between those involved, particularly if there are age or power imbalances as outlined below (See 27.3.3, Power imbalances);
- Whether overt aggression, coercion or bribery was or is involved including misuse of alcohol or other substances as a disinhibition;
- 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);
  - In situations where asking the police for information is deemed inappropriate due to the confidential nature of an agency's relationship with the client, the agency making the decision not to check with the police must take responsibility for conducting a risk assessment without relevant police information. This decision must be made within the agency's supervision arrangements and at first line manager level or above. (See also Disabled Children and Young People);
- Whether the child/young person denies, minimises or accepts the concerns held by professionals.

Power Imbalances

26.3.3 Sexual abuse and exploitation of a child or young person involves an imbalance of power. The assessment should seek to identify possible power imbalances within a relationship. These can result from differences in size, age, material wealth and/or psychological, social and physical development. In addition gender, sexuality, race and levels of sexual knowledge can be used to exert power.

26.3.4 Whilst a large age differential could be a key indicator e.g. 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.

26.3.5 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.

26.3.6 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 trust or is a family member as defined by the Sexual Offences Act 2003; and/or any pre-existing legislation.

Assessing Risk using Police Information

26.3.7 In cases of concern, when sufficient information is known about the sexual partner/s the agency concerned should check with other agencies,

including the police, to establish whatever information is known about that person/s. Essex Police will normally share the required information without beginning a full investigation if the agency making the check requests this.

26.4 Disabled Children and Young People

26.4.1 Disabled children and young people are more likely to be abused 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 a learning disability or a communication difficulty means that it is not easy for them to communicate their wishes to another person. This increases the risk that a sexual relationship may not be consensual.

26.4.2 In assessing whether a relationship presents a risk of significant harm to a disabled child or young person, professionals need to consider the indicators listed in section 27.2.2 above in the light of these potential additional vulnerabilities.

26.4.3 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 risks accordingly.

26.4.4 Where professionals in local authority children's social care have concerns that a relationship may present a risk of harm to an older disabled young person, they should begin work with the local authority safeguarding adult with care or support needs team 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 18th birthday onwards, under the local Safeguarding Vulnerable Adult Procedures.

26.5 Information Sharing

26.5.1 The welfare of the child/young person is paramount

26.5.2 The first duty of every practitioner is to safeguard and promote the welfare of the child or young person and other children and young people. 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 other children and young people, can only be safeguarded by sharing information with others. (See Sharing Information Procedure).

26.5.3 This discussion with the child or young person should include asking them their thoughts, feelings and wishes. The discussion can be useful as a means of emphasising the gravity of some situations.

Confidentiality

26.5.4 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 13 to 16 years old. 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 it involves abuse or exploitation.

26.5.5 Decisions to share information with parents require staff to use their professional judgement and should be informed by the Sharing Information Procedure. Decisions by health, and other professionals not to share information should be informed by the Fraser Guidelines (note: The Fraser Guidelines, also known as the Gillick Competency test. In 1980's the House of Lords ruled that young people under 16, who are fully able to understand what is proposed, and its implications, are competent to consent to medical treatment regardless of age) - that the child or young person ('s):

- Understands the professional advice;
- Cannot be persuaded to inform his/her parents;
- Is likely to have intercourse without contraception;
- Physical and/or mental health is likely to suffer without advice and support;
- Best interests require advice and support without parental consent.

Reviewing Needs

26.5.6 On each occasion that a practitioner has contact with a young person (by telephone or a meeting) 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 local authority children's social care and the police.

26.6 Thresholds for Referring to Local Authority Children's Social Care and the Police

When there are no Concerns

26.6.1 The decision whether or not to make a formal referral to local authority children's social care and the police must be made within the supervision arrangements within an agency for making such a decision.

26.6.2 Where an agency involved knows that a young person 13 or over, is sexually active but the practitioner's assessment does not raise concerns that the young person's sexual relationship is abusive, then that agency should continue to make arrangements for the young person to receive confidential advice and support from appropriate sexual health and other services.

26.6.3 Dealing with individual cases of concern of possible abuse or neglect (Part A, chapter 2, Referral and assessment); see also Part B, Appendix 17, Police Information Request/Referral Process.

26.6.4 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm (based on the checklist in sections 27.2.2 and 27.2.3 above), there should be a strategy discussion involving local authority children's social care and the police, and other bodies as appropriate and the referring agency. The strategy discussion should be convened by local authority children's social care and those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies.

26.7 A Strategy Discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation;
- Decide whether an Assessment under s47 of the children act 1989 (s47 enquiries) should be initiated, or continued if it has already begun;
- Plan how the s47 enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- Agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- Determine what information from the strategy discussion will be shared with the family, unless such information sharing may place a child at increased risk of significant harm or jeopardise police investigations into any alleged offence(s);
- Determine if legal action is required.

26.7.1 See Part A, chapter 1, Responding to concerns of abuse and neglect and chapter 2, Referral and assessment.

Abuse through Sexual Exploitation

26.7.2 If there are concerns that the child or young person may be at risk of abuse through sexual exploitation (Definition of CSE), a referral to local

authority children's social care and Essex Police must be made in accordance with Part A, chapter 2, Referral and assessment.

26.7.3 See also Part B, chapter 24, Safeguarding children from sexual exploitation.

Children under the age of 13 years

26.7.4 All cases of children under the age of 13 years believed to be engaged in penetrative sexual relationships or activity must be referred to local authority children's social care and the police. (see section 27.2.2)

26.7.5 Local authority children's social care will discuss the case with Essex Police and will carry out either an assessment or a s47 enquiry, in respect of every young person under 13 years old. This recognises the particular vulnerability of children of this age engaging in sexual behaviours; and the position that, whilst sexual activity for young people under the age of 16 remains illegal, 13 - 16 year olds are deemed competent to give consent, whereas children under the age of 13 are deemed too young to give their consent to sexual activity (Sexual Offences Act 2003 [HMSO 2004]).

Children/Young people 13 up to their 18th Birthday

26.7.6 In all cases relating to possible abuse or neglect, local authority children's social care will respond in one of three ways and will advise the referrer of which plan is in place:

- An assessment will be undertaken to identify the child or young person's level of need and service provision;
- The assessment may identify the child or young person as having suffered, or being likely to suffer significant harm and being in need of protection. This will necessitate a child protection enquiry and an assessment of need under section 47 of the Children Act 1989;
- Where no concerns are identified, there will be no further action. In these cases local authority children's social care will advise the referrer verbally and in writing as to why the agency is to take this position.

26.7.7 In cases where local authority children's social care 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 with the police (which may include the referrer), who will check their records about the children/young people and/or adults involved and share information with local authority children's social care. The local authority children's social care and CAIT will, together with other involved agencies determine the need or otherwise for child protection enquiries to be made.

26.7.8 In any cases where local authority children's social care staff receive a referral or become aware of a sexually active young person 13 or over, and under the age of 16 and decide not to make a formal referral to the

police, this decision must be made by a first line manager or above; and only after police indices have been checked. A decision not to make a formal referral to the police will usually only be made by local authority children's social care after an assessment, when there is clear evidence that the young person is not being abused or exploited through the sexual relationship. The decision and the reasons for it, must be recorded contemporaneously in the local authority social care record for the young person.

26.7.9 In some cases planned immediate protection will take place following a strategy discussion. In most cases where a practitioner has concerns that a relationship presents a risk of harm to a young person, there will be a process of interagency information sharing and discussion in order to formulate an appropriate plan. Immediate or ongoing support should be offered to the young person whilst an appropriate single or multi-agency plan is put in place.

26.7.10 Where a young person has lived outside the particular local authority area, the social worker and police officer must obtain relevant social, education and health and police information respectively. Where a young person has lived for some of his/her life outside the UK, the social worker and police officer must use agencies such as embassies and International Social Services, or Interpol to gather relevant information from that country in order to develop as wide a picture of the young person's history and circumstances as possible.

26.8 Criminal Investigation

26.8.1 It is an offence for any young person to engage in a sexual relationship under the age of 16. Nevertheless, in the majority of cases, it will not be in the best interests of the young person for criminal proceedings to be instigated against them.

26.8.2 The decision as to whether or not to proceed with criminal action against a young person who has been referred to Essex Police will be made and considered against the CPS guidelines. The best interests of the young person concerned will be one factor in informing this decision.

26.8.3 All agencies hold responsibilities under the Crime and Disorder Act 1998 to assist with the prosecution of criminal actions in their local area. In some cases, the police may hold information about a young person or an adult involved with a young person and this may be critical in achieving the protection of a young person. When the police service is advised of a likely criminal offence, it will record the information it receives but will investigate according to whether or not the individual circumstances of the case warrant it. The police will liaise with children's social care about an investigation, unless the urgency to act to protect an individual or secure arrests precludes them from so doing.

26.9 Safeguarding young people 16 and 17 years

26.9.1 Sexual activity involving a 16 or 17 year old, though unlikely to involve an offence, may still involve significant harm. Professionals should still bear in mind the considerations and processes outlined in this guidance in assessing that risk, and should share information as appropriate. It is an offence for a person to have a sexual relationship with a 16 or 17 year old if they hold a position of trust or authority in relation to them (Sexual Offences Act 2003 [HMSO 2004] and pre-existing legislation).

26.9.2 See Sexual Offences Act 2003:

Abuse of children through prostitution and pornography Section 47 Paying for sexual services of a child

Causing or inciting child prostitution or pornography section 48

Controlling a child prostitute or a child involved in pornography section 49

Arranging or facilitating child prostitution or pornography section 50

Sections 48 to 50: interpretation

27. Young Parents (19 years old and under)

27.1 Introduction

27.1.1 This section should be read in conjunction with Part B, chapter 27, Safeguarding sexually active children and chapter 24, Safeguarding children from sexual exploitation.

27.1.2 Professionals have a responsibility to consider the welfare of both the prospective mother, father and the baby and should consider early help and support services, particularly where the mother/father is a Looked After child or Care leaver themselves. However, the paramount concern must be for the welfare of the baby, and there should be no circumstances in which concerns about the baby are not shared and investigated for fear of damaging a relationship with a young parent.

27.1.3 Where a parent is a child, in the absence of support for their needs and responsibilities, the baby could be at risk of significant harm, primarily through neglect or emotional abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect.

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

27.2 Mother under 16 years

27.2.1 Professionals in all agencies should be alert to situations where a teenage mother is not in contact with local authority children's social care. If she is under 16, then a referral should be made to local authority children's social care at the earliest opportunity, in line with Part A, chapter 2, Referral and assessment (see also section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment). See also Part B, chapter 27, Safeguarding sexually active children. Health and education professionals are most likely to have contact with pregnant teenagers.

27.2.2 Local authority children's social care should undertake an assessment of the unborn child's needs (see Part A, chapter 2, Referral and assessment, section 2.6, Pre-birth referral and assessment) and any potential risk of harm posed to them from the mother's needs and circumstances, including the mother's relationship with the father/current partner and the parenting capacity of both (including using the indicators in Part B, chapter 27, Safeguarding sexually active children). As with any assessment this will need to include the wider family and environmental factors.

27.3 Mother over 16 years

27.3.1 If a young mother is over 16, professionals should:

- Make an assessment of the risk of harm to the baby, consulting their agency's designated child protection lead as appropriate;
- Assess the risk of harm to the mother through her relationship with the father/current partner.

27.3.2 If, on the basis of these assessments, a professional has concerns about the ability of a young mother over the age of 16 to care for her baby without additional support services, then a referral should be made to local authority children's social care in line with the Referral and Assessment Procedure.

27.3.3 The Family Nurse Partnership (FNP) is an evidence based preventative programme offered to first time mothers (and fathers/partners) aged 19 years or under.

The FNP is a targeted service which aims to enable young mothers to:

- Have a healthy pregnancy
- Improve their child's health and development
- Plan their own futures and achieve their aspirations

Where the service is available in the locality where the mother lives, referral should be made in early pregnancy before 28 weeks gestation.

27.4 Young fathers

27.4.1 In any assessment undertaken this should include the needs, risks or strengths of the father in relation to their parenting capacity as well as themselves.

28. Safeguarding children affected by gang activity/serious youth violence

28.1 Introduction

28.1.1 There are a number of areas in which young people are put at risk by gang activity, both through participation in and as victims of gang violence which can be in relation to their peers or to a gang-involved adult in their household.

28.1.2 A child who is affected by gang activity or serious youth violence may have suffered, or may be likely to suffer, significant harm through physical, sexual and emotional abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection services.

28.1.3 Professionals should be encouraged to ask a young person about who they associate with and their experiences of youth violence.

28.2 Definition of a gang (serious youth violence)

28.2.1 Groups of children often gather together in public places to socialise, and peer association is an essential feature of most children's transition to adulthood. Groups of children can be disorderly and/or anti-social without engaging in criminal activity.

28.2.2 Defining a gang is difficult, however it can be broadly described as a relatively durable, predominantly street-based group of children who see themselves (and are seen by others) as a discernible group for whom crime and violence is integral to the group's identity.

29.2.3 Children may be involved in more than one 'gang', with some cross-border movement, and may not stay in a 'gang' for significant periods of time. Children rarely use the term 'gang', instead they use terms such as 'family', 'breddrin', 'crews', 'cuz' (cousins), 'my boys' or simply 'the people I grew up with'.

29.2.4 Definitions may need to be highly specific to particular areas or neighbourhoods if they are to be useful. Furthermore, professionals should not seek to apply this or any other definition of a gang too rigorously; if a child or others think s/he is involved with or affected by 'a gang', then a professional should act accordingly.

29.2.5 Violence is a way for gang members to gain recognition and respect by asserting their power and authority in the street, with a large proportion of street crime perpetrated against members of other gangs or the relatives of gang members.

29.2.6 Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances.

29.2.7 The police service defines serious youth violence as 'any offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

29.2.8 The factors which influence a child's propensity to initiate violence include:

- Parenting which is cold/uncaring, non-nurturing and neglectful;
- Parenting which includes harsh disciplining;
- Maltreatment, such as physical or sexual abuse in childhood (abuse by adults and peers within and outside of the family); and/or
- Trauma such as domestic abuse or involvement in or witnessing conflict violence (see also Safeguarding children abused through domestic abuse).

29.2.9 One factor which influences a child's propensity to imitate violence is:

- Parenting which is permissive and neglectful, resulting in a lack of guidance and creating ineffectiveness and poor self-control for a child. The child is then not equipped to resist an environment or group which instigates violence.

28.3 Community and Family Circumstances

28.3.1 Circumstances which can foster the emergence of gangs include:

- Areas with a high level of social and economic exclusion and mobility (which weakens the ties of kinship and friendship and the established mechanisms of informal control and social support);
- Areas made up of predominantly social housing, and especially where it is high rise/high density social housing;
- Areas with poor performing schools - in terms of leadership, positive ethos, managing behaviour and partnership working;
- Lack of access to pro-social activities (e.g. youth service) and to vocational training and opportunities;
- Communities who have experienced war situations prior to arrival in the UK;

- Areas with a high level of gang activity/peer pressure and intimidation, particularly if the family is denying this or is in fear of the gangs; and
- Family members involved in gang activity and criminality.

Weapons

28.3.2 Fear and a need for self-protection is a key motivation for children to carry a weapon - it affords a child a feeling of power. Neighbourhoods with high levels of deprivation and social exclusion generally have the highest rates of gun and knife crime. Children are more likely to carry knives and other weapons than guns.

28.3.3 Professionals working with children who may have reason to be fearful in their neighbourhood or school/FE college should be alert to the possibility that a child may carry a weapon.

Girls and sexual exploitation

28.3.4 There is evidence of a high incidence of rape of girls who are involved with gangs. Some senior gang members pass their girlfriends around to lower ranking members and sometimes to the whole group at the same time. Very few rapes by gang members are reported.

28.3.5 Gang members often groom girls at school using drugs and alcohol, which act as disinhibitors and also create dependency , and encourage/coerce them to recruit other girls through school / social networks.

28.3.6 See also Part B, chapter 24, Safeguarding children from sexual exploitation; and chapter 26, Safeguarding trafficked and sexually exploited children.

28.4 Professional Response

28.4.1 See also Part B, chapter 32, Children harming others and chapter 13, Risk management of known offenders.

28.4.2 Professionals should always take what the child tells them seriously. They should assess this together with the child's presenting behaviours in the context of whatever information they know or can gather from the child about the risk factors described in the risk assessment framework for children affected by gangs and serious youth violence.

28.4.3 Potentially a child involved with a gang or with serious violence could be both a victim and a perpetrator. This requires professionals to assess and support his/her welfare and well-being needs at the same time as assessing and responding in a criminal justice capacity.

28.4.4 Local authorities may have a local professional who can develop specialist knowledge in relation to gangs and serious youth violence to act as an adviser to other professionals in cases where there are concerns that a child is/could be affected by gangs and/or serious youth violence.

28.4.5 If a professional is concerned that a child is at risk of harm as a victim or a perpetrator of serious youth violence, gang-related or not, the professional should:

- Wherever possible, consult with their agency's designated safeguarding children lead, their manager and, if available, a professional with specialist knowledge in relation to gangs;
- Consider Part B, chapter 32, Children harming others; and
- If the threshold is met for significant harm, then a referral must be made to local authority children's social care, in line with the Referral and Assessment Procedure.
- Consider that services may need to be delivered in a way that minimises the risk to young people in conflict e.g. rival gangs.

Looked after children

28.4.6 Looked after children are particularly vulnerable to being affected by gangs and serious youth violence as they may have low self-esteem, low resilience, attachment issues and the fact that they are often isolated from family and friends. Looked after children say that bullies, gangs and the risk of serious youth violence are the worst thing about where they live.

28.5 Agency Responses

28.5.1 Local authority children's social care professionals need to be alert to the possibility that a child referred to them or a child they are already working with may, in addition to any of the child's other presenting issues, be or become vulnerable to/involved with, a gang or serious youth violence.

28.5.2 A high proportion of gang-involved children are known to YOS and a recent UK study findings were that almost two thirds of a sample of active gang members interviewed had been permanently excluded from school.

28.5.3 The police, especially local policing teams, should be aware of siblings or other children living in households which are affected by gang activity and/or serious youth violence, including parents as adult gang members, and should share this information internally with child abuse investigation teams and externally with local authority children's social care at the earliest opportunity.

28.5.4 If the police give a Threat to Life Warning then a positive obligation is placed on the authorities to take preventive measures to protect an individual whose life is at risk from the criminal acts of another individual

e.g. where a gang member threatens to kill another gang member] - to a child they should inform local authority children's social care at the earliest opportunity.

28.5.5 Schools affected by gang issues and potential or actual serious youth violence will need to work in partnership with the police, YOS and local authority children's social care.

28.5.6 Community groups/third sector agencies can be well placed to know the profile and location of local gang activity and potential or actual serious youth violence through their community links.

28.5.7 See also: Safeguarding Children and young people who may be affected by Gang Activity (DCSF, 2010)

28.6 Violent Extremism

28.6.1 Particularly from their teenage years onwards children can be vulnerable to getting involved with radical groups through direct contact with members or, increasingly, through the internet. This can put the child at risk of being drawn in to criminal activity and has the potential to cause significant harm.

Prevention

28.6.2 Local strategic partnerships, children's partnerships or equivalent and crime and disorder partnerships, advised by local LSCBs, should have agreed processes in place for safeguarding children vulnerable to gangs, serious youth violence and violent extremism. Local safeguarding strategies should:

- Promote awareness of the relationship between 'good enough' parenting and aggression in children; and
- Promote early years service led parenting support;
- Promote capacity-building in the community for parental self-help groups to educate and support 'good enough' parenting; and
- Promote targeted youth support, re-engagement and participation.

28.7 Radicalisation

Introduction

28.7.1 Radicalisation is defined as the process by which people come to support terrorism and violent extremism and, in some cases, to then participate in terrorist groups.

28.7.2 There is no obvious profile of a person likely to become involved in extremism or a single indicator of when a person might move to adopt violence in support of extremist ideas. The process of radicalisation is different for every individual and can take place over an extended period or within a very short time frame.

28.7.3 Three main areas of concern have been identified for initial attention in developing the awareness and understanding of how to recognise and respond to the increasing threat of children/young people being radicalised.

- Increasing understanding of radicalisation and the various forms it might take, thereby enhancing the skills and abilities to recognise signs and indicators amongst all staff working with children and young people;
- Identifying a range of interventions – universal, targeted and specialist – and the expertise to apply these proportionately and appropriately;
- Taking appropriate measures to safeguard the well-being of children living with or in direct contact with known extremists.

Understanding and recognising risks and vulnerabilities of radicalisation

28.7.4 Children and young people can be drawn into violence or they can be exposed to the messages of extremist groups by many means.

28.7.5 These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet. This can put a young person at risk of being drawn into criminal activity and has the potential to cause significant harm.

28.7.6 The risk of radicalisation is the product of a number of factors and identifying this risk requires that staff exercise their professional judgement, seeking further advice as necessary. It may be combined with other vulnerabilities or may be the only risk identified.

28.7.7 Potential indicators include:

- Use of inappropriate language;
- Possession of violent extremist literature;
- Behavioural changes;
- The expression of extremist views;
- Advocating violent actions and means;
- Association with known extremists;
- Seeking to recruit others to an extremist ideology

Local guidance and policies

29.7.8 Southend, Essex and Thurrock have a joint adults and children's Prevent policy and guidance, it is available here

National guidance and strategies

29.7.9 A copy of the government Prevent Strategy is available at Prevent Strategy: A Guide for Local Partners in England

29. Safeguarding children policy for licensed premises

Context

29.1.1 The protection of children from harm is a national licensing objective. The term 'children' refers to all babies, children and teenagers i.e. from birth to their 18th birthday. The words 'child protection' are included in the term safeguarding children. The statutory guidance Working Together to Safeguard Children 2015 sets out the roles and responsibilities of agencies in relation to children and what should happen when there are concerns.

29.1.2 This safeguarding children policy is for all staff (paid or unpaid) involved in premises which have been licensed under The Licensing Act 2003. This policy will give some basic information about what to do if you are concerned about a child and how your local authority children's social care and police team will respond to and deal with reports about children whose welfare is causing concern. This guidance should be read in conjunction with the Licensing Act 2003. In SET the Local Authority Designated Officer has oversight of licencing applications in respect of safeguarding children.

Government Guidance

29.1.3 The government position is that everyone working in an environment where there may be children present should safeguard and promote the wellbeing of children. All adults (owner/license holders, staff and the wider community) must follow the Government Guidance "What To Do If You're Worried A Child is Being Abused". The guidance describes the national framework within which local agencies and professionals should work and take action where there are concerns about the welfare of a child. Advice can also be obtained during office hours from your local police station or local authority children's social care, and the social care emergency duty team and police (24 hour cover) during out of office hours.

Training and Competence

29.1.4 All owners/licence holders and their staff should have a basic awareness of child protection issues. This includes:

- Being alert to the possibility of child abuse and neglect, i.e. the definition, prevalence, identifying features in a child or adult, legal parameters and social consequences;
- Having enough knowledge to recognise an abusive or potentially abusive event or set of circumstances;
- Knowing who in the organisation to raise your concerns with;

- Being competent in taking the appropriate immediate or emergency action, and;
- Knowing how to make a referral to local authority children's social care and/or the police.

Information about this is included in this Child Protection Policy and in the "What To Do If You're Worried A Child is Being Abused 2015" publication.

The licensee is responsible for ensuring that they and their staff are familiar with, and competent in following both this Safeguarding Children Policy and the Government Guidance.

Basic Principles

29.1.5 If anyone involved with premises which have been licensed has any concerns about a child, then they must discuss these with the local police and the local authority children's social care at the earliest possible opportunity. These may include concerns about a member of staff or a suspicion that an activity taking place in the establishment could place children at risk.

29.1.6 In any situation where there is a suspicion that there may be abuse the welfare needs of the child must come first (see Children Act 1989) even where there may be a conflict in interest e.g. where the suspected perpetrator may be a customer, client or employee/employer.

Protection for all

29.1.7 All children must be safeguarded from harm and exploitation whatever their:

- Race, religion, first language or ethnicity;
- Gender or sexuality;
- Age;
- Health, ill-health or disability;
- Location or placement (e.g. living alone in a hostel or residential unit, with their family or a foster family, as a tourist in an hotel etc.);
- Criminal or offensive behaviour;
- Wealth or lack of it; and
- Political or immigration status.

29.2 Definition of child abuse and neglect

Child abuse and neglect

29.2.1 'Child abuse and neglect' is a generic term encompassing all maltreatment of children. Children may be abused or neglected through the infliction of harm, or through the failure of the adults around them to act to prevent harm.

29.2.2 The term 'child abuse and neglect' therefore includes the impact on children from serious physical and sexual assaults through to situations where the standard of care for the child from their parent or carer does not adequately support the child's health or development.

29.2.3 Abuse and neglect can occur in a family or an institutional or community setting. The perpetrator of abuse may or may not be known to the child.

29.2.4 Working Together to Safeguard Children 2015 has defined four broad categories of abuse which are used by professional working in child protection. These are: neglect, physical abuse, sexual abuse and emotional abuse. These categories overlap and a child may suffer more than one type of abuse.

Physical abuse

29.2.5 Physical abuse may take many forms, such as, hitting (including, with an object) or punching, shaking, throwing, poisoning, burning or scalding, drowning or suffocating a child or young person. It may also be caused when a parent or carer fabricates the symptoms of, or deliberately causes ill health to, a child or young person.

Emotional abuse

29.2.6 Emotional abuse is the maltreatment of a child which has a severe and negative effect on the child's emotional development. It may involve conveying to a child or young person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may involve:

- Imposing expectations on a child or young person which are not appropriate for their age and/or development;
- Causing children or young people to frequently feel frightened or in danger e.g. witnessing domestic or other violence; and/or
- Exploitation or corruption of children or young people.

Some level of emotional abuse is involved in all types of maltreatment of children, though emotional abuse may occur alone.

Sexual abuse

29.2.7 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. Sexual abuse includes penetrative (i.e. vaginal or anal rape or buggery) or non-penetrative acts. Sexual abuse includes sexual exploitation of children.

29.2.8 Sexual abuse also includes non-contact activities, such as involving children in looking at, or in the production of, pornographic materials, watching sexual activities, or encouraging children to behave in sexually inappropriate ways including online abuse.

29.2.9 The fact that it is abusive to children to allow or coerce them into witnessing acts of a sexual nature between adults, may be particularly relevant where children are exposed to adult focussed activities such as premises where sexual themes are prevalent.

Neglect

29.2.10 Neglect involves the persistent failure to meet a child or young person's basic physical and/or psychological needs, likely to result in the serious impairment of the child or young person's health and development:

29.2.11 This may involve failure to provide a child or young person with adequate food, shelter or clothing, failure to protect them from physical harm or danger or failure to ensure access to appropriate medical care or treatment. It may also include neglect of a child's basic emotional needs. This includes children or young people being present - with or without their parents, at venues unsuitable for their age e.g. venues with an 'adult only' activities such as;

- Events of a sexual nature;
- Where there are convictions of current members of staff for serving alcohol to minors;
- Premises where gambling is the main activity; and/or
- Premises where the supply of alcohol is the main activity.

29.2.12 Children need to be protected even when it appears that they are not aware that the physical abuse, sexual activity they are involved in or witness, or the neglect they experience, is harmful to them.

29.3 Safeguarding children procedures to be followed by owners and staff of licensed premises

Action to be taken

29.3.1 Local authority children's social care, the police (and the children's charity NSPCC) are the only agencies which have a legal obligation to investigate child abuse.

29.3.2 If you suspect that a child under the age of eighteen years or an unborn baby is being harmed by:

- Experiencing or already has, experienced abuse or neglect; and/or is;
- Likely to suffer significant harm in the future.

You must talk to your designated safeguarding children lead and make a referral to local authority children's social care and the police.

Who to contact

29.3.3 In Office Hours: local authority children's social care, or Essex Police. Out of Office Hours: local authority children's social care Emergency Duty Team, or Essex Police (24 hour cover).

What local authority children's social care and the police will want to know

29.3.4 When you contact the duty officer you should provide the following details:

- Your name;
- Your address and a telephone number at which you can be contacted in case they require other information or to follow up;
- The child or young person's name, and any other details, if known (parent's name, address, school etc.);
- Relevant information about the circumstances of your concerns – what you see, hear or suspect to be happening about an individual child and young person;
- Also concerns relating to activities you see, hear or suspect to be happening about the premises or linked to the premises e.g. if you suspect that a member of staff is selling alcohol to young people who are underage or you believe that children are at risk of sexual exploitation or abuse via the internet. You may not have all the details about a child or young person, or the activity but you should still refer.

29.3.5 You will be expected to put in writing within 48 hours the information which you have given verbally (telephone or face-to-face).

29.3.6 Local authority children's social care and the police should tell you how to respond to the situation in a way that supports their plan of action.

29.3.7 You may be in breach of your licence if you do not disclose information where child abuse is suspected.

29.4 Designated safeguarding children lead

29.4.1 Recommended best practice is for the owner/license holder to designate themselves or a senior staff member to have the following responsibilities* in relation to safeguarding children for the licensed premises - to:

- Arrange safeguarding children training for all staff;
- Monitor and report on whether all staff have received the minimum (initial and refresher) safeguarding children training;

- Ensure that all staff have read and know where to find this policy and the Government Guidance: "What To Do If You're Worried A Child is Being Abused 2015"
- Ensure that up-to-date safeguarding children information is displayed for all staff at all times;
- Provide advice and support to staff when they have a concern about safeguarding a child;
- Record all concerns raised by staff; and
- Be the contact person for the local authority children's social care and the police in relation to all incidents or concerns related to the safeguarding of children on or linked to the premises.

*This list is not exhaustive

29.4.2 All staff should know that they can call the local authority children's social care and the police if the person they suspect is senior to them in the licensed premises staff hierarchy.

30. Young Carers

30.1.1 A young carer is anyone under the age of 18 whose life is restricted in some way because of the need to take responsibility for the care of a person who is ill, has a disability, is experiencing mental distress or is affected by substance use or H.I.V./Aids.

30.1.2 In many families, children contribute to family care and well-being as a part of normal family life. A young carer is a child who is responsible for caring on a regular basis for a relative (usually a parent, grandparent, sometimes a sibling or very occasionally a friend) who has an illness or disability. This can be primary or secondary caring.

30.1.3 Caring responsibilities can significantly impact upon a child's health and development. Many young carers experience:

- Social isolation;
- A low level of school attendance;
- Some educational difficulties;
- Impaired development of their identity and potential;
- Low self-esteem;
- Emotional and physical neglect;
- Conflict between loyalty to their family and their wish to have their own needs met.

30.1.4 Professionals in all agencies should be alert to a child being a young carer. Where a young carer is identified, professionals should consider the child's support by making a referral to a targeted youth advisor.

30.1.5 There are circumstances in which a young carer is suffering, or is likely to be suffering, significant harm through emotional abuse and/or neglect. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful there needs to be intervention by child protection agencies into the life of the child and their family.

30.1.6 A referral should be made to local authority children's social care, in line with Referral and Assessment Procedure, where a young carer is:

- Unlikely to achieve or maintain a reasonable standard of health or development because of their caring responsibilities;
- Is likely to be suffering significant harm through abuse or neglect;
- Providing intimate body care. The nature and level of this would need to be assessed.

30.1.7 Unless there is reason to believe that it would put the child at risk of harm, young carers should be told if there is a need to make a referral, in order that their trust in a professional is retained.

30.1.8 Wherever possible, the young carer's consent and the consent of their parent should be sought, through a discussion of why the referral must be made and the possible outcomes.

30.1.9 Where a young carer or parent does not give consent, but it is still considered necessary to initiate a child protection enquiry, both the child and parent should be kept informed of all decisions made and offered support throughout (see Part A, chapter 2, Referral and assessment).

30.1.10 Professionals in all agencies should enquire, from local authority adult social care, whether the family is receiving all their entitlements under the provisions of the Carers (Recognition and Services) Act 1995.

30.1.11 Where a young carer is caring for another child, each individual child should be assessed using the local assessment process, except if the child/ren are suffering, or are likely to be suffering, significant harm. Professionals should consult with their agency's designated safeguarding children lead and make referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment, for an assessment of each child's needs using the Assessment Framework (see Part A, chapter 2, Referral and assessment and Appendix 4: Triangle chart for the Assessment of Children in Need and their Families for a summary and diagram of the Assessment Framework).

30.1.12 Agencies that work with young carers such as schools, should outline the support services available to these children within their policy framework.

30.1.13 Young carers may not meet some agencies thresholds for referral and may need to be referred to young carers' projects where appropriate.

30.1.14 See the National Strategy for Carers (chapter 8 Young Carers) (DH, 1999), available at www.dh.gov.uk.

31. Children Harming Others

31.1 Introduction

31.1.1 The harm caused to children by the harmful and bullying behaviour of other children can be significant (see Part A, chapter 1, Responding to concerns of abuse and neglect). This may involve single incidents or ongoing physical, sexual or emotional (including verbal) harm perpetrated by a single child or by groups/gangs of children. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

31.1.2 In addition, children of both genders can direct physical, sexual or emotional violence towards their parents, siblings and/or partner.

31.1.3 Such abuse should be subject to the same safeguarding children procedures as apply in respect of children being abused by an adult. Children who harm others should be held responsible for their harmful behaviour and professionals responding to them should be alert to the fact that they are likely to pose a risk to children other than the current victim.

31.1.4 Children who harm others are likely to have considerable needs themselves. Evidence suggests these children may have suffered significant disruption in their lives, been exposed to violence within the family, may have witnessed or been subject to physical or sexual abuse, have problems in their educational development and may have committed other offences. See also Part B, chapter 33, Bullying, and chapter 2, Roles and responsibilities, section 2.11.29, Screening and searching pupils.

31.2 Recognition and referral of abuse

31.2.1 Professionals must base their decision on whether behaviour directed at another child should be categorised as harmful or not on the circumstances of each case. It will be helpful to consider the following factors:

- The relative chronological and developmental age of the two children (the greater the difference, the more likely the behaviour should be defined as abusive);
- Whether the alleged abuser is supported or joined by other children;
- A differential in power or authority (e.g. related to race, gender, physical, emotional or intellectual vulnerability of the victim);

- The actual behaviour (both physical and verbal factors must be considered);
- Whether the behaviour could be described as age appropriate or involves inappropriate sexual knowledge or motivation;
- The degree of physical aggression, intimidation or bribery;
- The victim's experience of the behaviour and the impact it is having on their routines and lifestyle (e.g. not attending school, see Not Attending School Procedure;
- Attempts to ensure secrecy;
- Duration and frequency of behaviour.

31.2.2 All professionals should make a referral to local authority children's social care and/or police in line with Referral and Assessment Procedure when there is a suspicion or an allegation of a child:

- Having been seriously physically abused or being likely to seriously physically abuse another child or an adult;
- Having been seriously emotionally abused or being likely to seriously emotionally abuse another child or an adult;
- Having seriously harmed another child or an adult.

31.3 Sexual abuse and serious physical and emotional abuse

31.3.1 These procedures are written with particular reference to sexually harmful behaviour, though when there are serious child protection concerns as a result of serious non-sexual violence or serious emotional abuse by a child or children, these procedures should also be followed.

31.3.2 Whenever a child may have harmed another, all agencies must be aware of their responsibilities to both children and multi-agency management of both cases must reflect this.

31.3.3 The interests of the identified victim must always be the paramount consideration.

31.3.4 It is possible that the child with harmful behaviours may pose a significant risk of harm to their own siblings, other children and / or adults. The child will have considerable needs themselves, and may also be or have been the victim of abuse.

31.4 Strategy meeting/discussion

31.4.1 When any agency makes a referral to local authority children's social care about a child who has been or is a victim of abuse, an initial strategy meeting/discussion must take place between local authority children's social care, the police and other relevant agencies to share the information and determine whether the threshold for s47 enquiries has been reached. See Part A, chapter 2, Referral and assessment, including section 2.2, Referral criteria, which provides guidance on the difference in

local authority children's social care between s47/assessment; and Part A, chapter 3, Child protection s47 enquiries.

31.4.2 Where the suspected abuser is a child, a similar strategy meeting/ discussion (usually meeting) should be convened within the appropriate government prescribed timescales, involving the police and local authority children's social care. See Referral and Assessment Procedure and Child Protection Enquiries Procedure.

31.4.3 When the children concerned are the responsibility of different local authority children's social care services, each local authority service must be represented at the strategy meeting/discussion, which will usually be convened and chaired by the local authority children's social care for the local authority in which the victim lives.

31.4.4 Different social workers should be allocated for the child who is the victim and the child who has harmed, even when they remain living in the same household, to ensure both are supported through the process of the enquiry and that each child's needs are fully assessed and met.

31.4.5 The strategy meeting/discussion should be convened and chaired by local authority children's social care and a record made. The following individuals should be invited to the meeting:

- Social worker for the child who is suspected or alleged to have harmed another child/adult;
- Social worker for the child/ren alleged to have been abused;
- Social workers' first line manager;
- Police;
- Youth Offending Service representative, where the child who is alleged to have caused the harm is aged eight or over;
- School representative/s (particularly if the concerns suggest that other children in the school setting have been or may be at risk of being abused);
- School nurse or other health services staff, as required;
- Emotional Well-being and Mental Health Service (EWMHS) representative;
- Representatives of fostering or residential care, as applicable;
- Consideration should also be given to inviting a local specialist third sector agency and any other professional or agency involved with the child alleged to have caused the harm.

31.4.6 The meeting must plan in detail the respective roles of those involved in the enquiries and ensure the following objectives are met:

- The safety of all children concerned, with particular attention needing to be paid to living and contact arrangements while concerns are being investigated;

- Information relevant to the protection needs of the alleged victim is gathered;
- Any criminal aspects of the abuse are investigated;
- Any information relevant to abusive experiences and protection needs of the child who has harmed is gathered.

31.4.7 In planning the investigation, the following factors should be considered:

- Age of all children and adults who may be involved (both victims and children who have harmed);
- Whether the child who harmed was/is supported by other children;
- Seriousness of the alleged incident;
- Effect on the victim/s and their own view of their safety;
- The victim's parents' attitude and ability to protect their child/ren;
- The abuser's parents' response to their child's behaviour;
- Whether there is a suspicion that the child who is alleged to have harmed has also been abused;
- Whether there is reason to suspect that adults are also involved;
- The likelihood and desirability of criminal prosecutions taking place;
- The level of ability of the child and any communication problems that they may have;
- The mental state of the child and their capacity to be interviewed.

31.4.8 Where there is a suspicion that the child is both an abuser and a victim of abuse, the strategy meeting/discussion must decide the order in which any interviews will take place.

31.5 Criminal Investigation

31.5.1 The police will decide whether an alleged offence should be subject to criminal investigation. Such allegations may not be the responsibility of the police child abuse investigation team (CAIT) but where they are, the police CAIT manager will decide whether or not to investigate. The police CAIT will maintain responsibility in cases where there is a familial connection between the young people or children concerned.

31.5.2 From the perspective of the criminal investigation, when a child aged ten or over is alleged to have committed an offence, the first interview with them must be undertaken by the police (i.e. it will be a recorded interview held in a police station, under caution and with parent or another appropriate adult present).

31.5.3 On occasion, this approach may not be in the best interests of the overall management of the investigation or of the welfare of the children involved. In these circumstances, the police may agree that it would be preferable for a local authority children's social worker (and other professionals as appropriate) to interview the child as a potential victim of abuse. This should only be the case where explicit police agreement has been obtained to this course of action.

31.5.4 Where police decide to conduct a separate 'offender' interview, a social worker or other agency professional (subject to local arrangements) should be involved in the interview, to perform the statutory responsibility to the child/ren of an appropriate adult.

31.5.5 If during the course of being interviewed as a victim of, or witness to, alleged abuse, a child discloses offences that they have committed or been subjected to, these incidents should normally be the subject of a separate interview as detailed in Achieving Best Evidence.

31.5.6 Throughout the enquiry, the immediate protection of all child/ren involved must be ensured.

31.5.7 Where a decision is reached that the alleged behaviour does not constitute abuse and there is no need for further enquiry or criminal investigation, the details of the referral and the reasons for the decision must be recorded. In each case and in respect of each child involved or potentially involved, local authority children's social care will determine whether or not an assessment of need is warranted.

31.6 Outcome of Enquiries

31.6.1 The outcome of enquiries is as described in Part A, chapter 3, Child protection s47 enquiries. However, the position of the alleged victim and the alleged abuser must be considered separately.

31.6.2 If the information gathered in the course of the enquiries suggests that the abuser is also a victim or potential victim of abuse (including neglect), a separate child protection conference must be convened for him or her.

31.6.3 Where there are no grounds for a child protection conference, but concerns remain regarding the child's sexually/physically/emotionally harmful behaviour, they should be considered as a child in need. In such cases, a multi-agency planning meeting should be held and a plan for the provision of services for the child and his/her family agreed. Service provision should:

- Be informed by an assessment of the child's needs and the risk they pose to others;
- Set out who will have responsibility for what actions, including what course of action should be followed if the plan is not being successfully implemented; and
- Include a timescale for review of progress against planned outcomes.
- Family Group Conferences may have a role to play in fulfilling these tasks.

31.7 Child Protection Conference

31.7.1 Consideration should be given to inviting a Youth Offending Service (YOS) representative to the conference of any child/ren aged eight or over presenting harmful behaviours, and informing the local YOS of the meeting in cases of younger children.

31.7.2 In addition to carrying out the usual functions, the child protection conference must consider how to respond to the child's needs as a possible abuser.

31.7.3 Where the alleged abuser is not deemed to require a protection plan to protect them, consideration should be given to the need for services to address any abusive behaviour and the multi-agency responsibility to manage any risk, through the use of appropriate multi-agency meetings.

31.8 Criminal proceedings

31.8.1 The decision as to how to proceed with the criminal aspects of a case will be made by the police and the Crown Prosecution Service. The police must operate in accordance with the duty to seek to investigate and prosecute all crimes. Agencies working with young offenders should ensure that actions by staff do not undermine the need to ensure a criminal conviction if the substance of the allegation so warrants it.

31.9 Multi-agency meetings

31.9.1 Children who are victims and those who are abusers are likely to have complex needs requiring a multi-agency response. Therefore, in cases where there are no grounds for holding a child protection conference, or where one has been held but a protection plan did not result, a multi-agency meeting should be convened to plan multi-agency services in line with existing processes e.g. child in need.

31.9.2 These multi-agency meetings should not be confused with the local Multi-Agency Public Protection Arrangements (MAPPA), in which arrangements are made to protect the community from known potentially dangerous offenders. However, the local co-ordinator for the MAPPA in either the police or probation service must be advised of concerns posed by young abusers, especially where the abuser has been cautioned or convicted, in which latter case the local Youth Offending Service (YOS) will also become involved. See Part B, chapter 13, Risk management of known offenders for risk management of adult sexual and violent offenders under the MAPPA.

31.9.3 For each child (the victim and the child with harmful behaviours), a multi-agency meeting should be convened by local authority children's social care to:

- Share information;
- Agree to undertake:
  - An assessment of the needs of the victim/s;
  - An assessment of the needs and risks posed by the child with harmful behaviours.
- Agree to refer for a specialist assessment for either child, as required;
- Set a timetable for both assessments;
- Co-ordinate interim:
  - Support for the victim/s;
  - Risk management for the child with harmful behaviours;
- Allocate agency and professional roles, including which agency will take responsibility for the interim risk management plan.

31.9.4 Those invited should include participants of the strategy meeting/discussion and representatives from health, including the emotional well-being and mental health service (EWMHS), the school and any other professionals with relevant knowledge of the child and their parent/s.

31.9.5 On completion of the assessments, the multi-agency meeting should be reconvened for each child to consider the outcome, and to review and co-ordinate the roles of relevant agencies in providing identified interventions, including a risk management plan and specialist input for children with special needs.

31.9.6 It should be clear which agency is responsible for the risk management plan for a child with harmful behaviours. The plan should always address the risk to other children wherever the child spends time, including at school and within or near to the home address or placement whenever a child is looked after by a local authority. A plan must be in place to minimise risk of future offending.

31.9.7 Both the risk management plan and support for a child who is the victim should be reviewed at regular multi-agency meetings. The Chair of the multi-agency meeting should decide the frequency of the review meetings according to each child's needs/risk. At the point of closure, the review must consider the possible need for long term monitoring and the availability of advice and other services.

31.10 Children moving into or re-entering a local authority area

31.10.1 Children with inappropriate sexual or very violent behaviour who are re-entering the community following a custodial sentence or time in secure accommodation, or who move into an area from another local authority, require the multi-agency response (assessment / intervention) described in Multi-agency Meetings. The response should be initiated at the earliest opportunity.

31.10.2 Where a child who has been convicted of sexual offences involving the abuse of other children is released into the community, the Multi-Agency Public Protection Arrangements (MAPPA) must be invoked to ensure the safety of the community, in line with Risk Management of Known Offenders Procedure for risk management of adult sexual and violent offenders under the MAPPA. Referrals to MAPPA will usually be made by Youth Offending Service or Probation.

31.11 Carrying of offensive weapons and gangs

31.11.1 Offensive weapons are defined in the Prevention of Crime Act 1953 as 'any article made or adapted for causing injury to the person; or intended by the person having it with him for such use by him'. S139 and s139A of the Criminal Justice Act 1988 refer to 'any article which has a blade or point or is sharply pointed'. The only exceptions are small folding pocket knives where the blade is less than 3 inches long. But this exception does not of course prevent schools from imposing their own bans on pupils carrying such weapons. There are three categories of offensive weapons:

- 'Made' could include a dagger or gun;
- 'Adapted' could include a broken bottle; and
- 'Intended' for such use could include a rock or stone.

Clearly many articles are capable of being an offensive weapon, but in the latter category there would need to be evidence of an intention to use that particular article as a weapon.

31.11.2 Behavioural problems by a group of young people can impact upon a neighbourhood but does not necessarily mean that they are a gang. It is common practice for groups of young people to gather together in public places to socialise. Groups of young people can be disorderly and/or anti-social but not engage in criminal activity.

31.11.3 There are specific organised gangs who engage in criminal activity. Problems between gangs can be further enhanced by the use of 'gangs' websites where they publicise themselves.

31.11.4 Children who carry offensive weapons and/or are members of specific gangs (who engage in criminal activities) could place themselves and others is into situations where they are suffering, or are likely to suffering, significant harm.

31.11.5 Preventative work in relation to offensive weapons and gangs should be a key part of each LSCB's strategy, establishing safer environments by engaging with young people, challenging unacceptable behaviour, and helping young people develop respect for themselves and their community. Police, schools, Youth Offending Service and other appropriate local agencies should mutually establish and develop strong partnerships and policies.

31.11.6 In 2007, the Department for Education and Skills (DfES) provided new guidance to schools on screening for offensive weapons, following the enactment of s45 of the Violent Crime Reduction Act 2006. See Searching, Screening and Confiscation Advice - DfE 2014

32. Bullying

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

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

32.1.3 Bullying can include emotional and/or physical harm to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

32.1.4 The four main types of bullying are:

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

See also Part B, chapter 25, Information and communication technology (ICT) based forms of abuse.

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

32.1.6 Bullying outside the home can be an indication that a child (who appears to be the bully) could be experiencing abuse at home.

32.1.7 Bullying can be present within families where there is a child with special needs. There can be aggression directed towards the child with special needs or by the child towards another family member, sometimes a sibling. This can be physical, emotional or sexual abuse. See Part B, chapter 18, Disabled children.

32.1.8 Bullying can rapidly escalate into sexual or serious physical or emotional abuse. See Part B, chapter 32, Children harming others.

32.1.9 Professionals in all agencies should be alert to bullying and competent to support and manage both the victim and the abuser.

32.1.10 Staff should be supported by locally agreed thresholds and single agency policies to combat bullying. In the more serious cases, these should include discussion with the agency's designated safeguarding children lead and making a referral to local authority children's social care. Separate referrals for assessment and support should be made, one for the child victim and the other for the child abuser in line with Part B, chapter 32, Children harming others and Part A, chapter 2, Referral and assessment.

32.1.11 See also Part A, chapter 2, Referral and assessment, section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment.

32.1.12 Where the bullying may involve an allegation of crime (assault, theft, harassment) a referral should be made to the police at the earliest opportunity.

32.1.13 See DfE information about good practice in anti-bullying strategies for schools.

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

33. Fire Setting

33.1.1 Fireplay and firesetting behaviour by a child must always be taken seriously, because it can lead to them suffering significant harm:

- There is a very real risk of possible death and injury; and
- When a child sets fires, it may indicate that they are at risk of, or experiencing, serious mental or emotional harm (see Part A, chapter 1, Responding to concerns of abuse and neglect).

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

33.1.2 Consideration should be given to undertaking an assessment and/or making a referral to local authority children's social care and the police, in line with Part A, chapter 2, Referral and assessment, depending on the seriousness of the firesetting incident/s.

33.1.3 Several factors may lead to firesetting:

- Curiosity;
- A cry for help;
- Lack of parental control;
- Serious emotional disturbance, which may be related to abuse and neglect.

33.1.4 Issues for consideration in an assessment include the child's development needs, stressful environment factors, the degree of guidance and boundaries the child is receiving or is willing to accept, basic care and ensuring safety (e.g. where a young child can access matches and lighters).

33.1.5 All professionals should discuss their concerns with their line manager and their agency's designated safeguarding children lead.

33.1.6 The Essex County Fire & Rescue Service’s Juvenile Firesetters Scheme is available by referral from the family or professionals. The visit takes an educational approach with children and aims to highlight the potential consequences of firesetting behaviour.

34. Self-harming and Suicidal Behaviour

34.1 Introduction

34.1.1 Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay.

34.2 Definition

34.2.1 Self harm happens when someone hurts or harms themselves (National CAMHS Support Service, 2011) as a way of coping with, or expressing, overwhelming emotional distress (NHS Choices, 2014). Some people who self harm are at high risk of ending their lives, either intentionally or unintentionally, although for many self harm is a means of coping with the emotional distress.

34.2.2 Self-harm can be described as a wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them.

34.3 Indicators

34.3.1 The indicators that a child or young person may be at risk of taking actions to harm themselves or attempt suicide can cover a wide range of life events such as bereavement, bullying at school or a variety of forms of cyber bullying, often via mobile phones, homophobic bullying, mental health problems including eating disorders, family problems such as domestic abuse or any form of child abuse as well as conflict between the child and parents.

34.3.2 The signs of the distress the child may be under can take many forms and can include:

- Cutting behaviours;
- Other forms of self-harm, such as burning, scalding, banging, hair pulling;
- Self-poisoning;
- Not looking after their needs properly emotionally or physically;
- Direct injury such as scratching, cutting, burning, hitting yourself, swallowing or putting things inside;

- Staying in an abusive relationship;
- Taking risks too easily;
- Eating distress (anorexia and bulimia);
- Addiction for example, to alcohol or drugs;
- Low self-esteem and expressions of hopelessness.

34.4 Risks

34.4.1 An assessment of risk should be undertaken at the earliest stage and should consider the child or young person's:

- level of planning and intent;
- frequency of thoughts and actions;
- signs of depression;
- signs of substance misuse;
- previous history of self-harm or suicide in the wider family or peer group;
- delusional thoughts and behaviours;
- feeling overwhelmed and without any control of their situation.

34.4.2 Any assessment of risks should be talked through with the child or young person and regularly updated as some risks may remain static whilst others may be more dynamic such as sudden changes in circumstances within the family or school setting.

34.4.3 The level of risk may fluctuate and a point of contact with a backup should be agreed to allow the child or young person to make contact if they need to.

34.4.4 The research indicates that many children and young people have expressed their thoughts prior to taking action but the signs have not been recognised by those around them or have not been taken seriously. In many cases the means to self-harm may be easily accessible such as medication or drugs in the immediate environment and this may increase the risk for impulsive actions.

34.4.5 If the young person is caring for a child or pregnant the welfare of the child or unborn baby should also be considered in the assessment.

34.5 Protective and supportive action

34.5.1 A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability will find it more difficult to express their thoughts.

34.5.2 Practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves;

- Explore where possible what the young person is feeling and what is troubling them;
- Explore how imminent or likely self-harm might be;
- Find out what help or support the child or young person would wish to have;
- Find out who else may be aware of their feelings.

34.5.3 And explore the following in a private environment, not in the presence of other pupils or patients depending on the setting:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

34.5.4 Do not:

- Panic or try quick solutions;
- Dismiss what the child or young person says;
- Believe that a young person who has threatened to harm themselves in the past will not carry it out in the future;
- Disempower the child or young person;
- Ignore or dismiss the feelings or behaviour;
- See it as attention seeking or manipulative;
- Trust appearances, as many children and young people learn to cover up their distress.

34.5.5 Following assessment of risk practitioners should consider referring the child or young person for further support or treatment. This could be accessed by referring for local authority early help and support or for mental health assessment via the Single Point of Access Team.

Referral to local authority children's social care

34.5.6 The child or young person may be a Child in Need of services (s17 of the Children Act 1989), which could take the form of an early help assessment or equivalent support service or they may be likely to suffer significant harm, which requires child protection services under s47 of the Children Act 1989.

34.5.7 The referral should include information about the background history and family circumstances, the community context and the specific concerns about the current circumstances, if available.

Where hospital care is needed

34.5.8 Where a child or young person requires hospital treatment in relation to physical self-harm, practice should be as follows, in line with the National Institute of Health and Clinical Excellence (NICE) June 2013.

- Triage, assessment and treatment for under 16's should take place in a separate area of the Accident and Emergency Department
- There should be overnight admission to a Paediatric or Adolescent ward with detailed assessment the following day, with input from the Emotional Well-being and Mental Health Service (EWMHS)
- Assessment should be undertaken by healthcare practitioners experienced in this field
- Assessment should follow the same principles as for adults who self-harm, but should also include a full assessment of the family, their social situation, family history and child protection issues
- Initial management should include advising carers of the need to remove all medications or other means of self-harm available to the child or young person who has self-harmed

34.5.9 Any child or young person who refuses admission should be reviewed by a senior paediatrician in Accident and Emergency and, if necessary, their management discussed with the on-call child and adolescent psychiatrist.

34.6 Issues – information sharing and consent

34.6.1 The best assessment of the child or young person's needs and the risks, they may be exposed to, requires useful information to be gathered in order to analyse and plan the support services. In order to share and access information from the relevant professionals the child or young person's consent will be needed.

34.6.2 Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension and the Fraser guidelines should be used.

34.6.3 Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and there is not time to seek consent;

- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime.

34.6.4 If consent to information sharing is refused, or can/should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime, and;
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing, and;
- There is a pressing need to share the information.

34.6.5 Professionals should keep parents informed and involve them in the information sharing decision even if a child is competent or over 16. However, if a competent child wants to limit the information given to their parents or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.

34.6.6 Where a child is not competent, a parent with parental responsibility should give consent unless the circumstances for sharing without consent apply.

34.7 Further information

34.7.1 The links relate to publications about self-harm and suicide with sections about children and young people as in the latest national strategy:

- 'Preventing suicide in England: a cross government outcomes strategy to save lives' September 2012.
- Mental Health Foundation (2003) Suicide amongst children and young people
- Truth Hurts: Report of the National Inquiry into Self-harm among Young People. Mental Health Foundation 2006
- NSPCC Inform. Dealing with Self Harm. Services for Children and Young People (2008)
- Hawton, K, Rodham, K and Evans, E (2006), By Their Own Hand: Deliberate Self-harm and Suicidal Ideas in Adolescents. London: Jessica Kingsley
- National CAMHS Support Service: National Workforce Programme. Self-harm in children and young people handbook, 2011
- Websites:
  - www.selfharm.co.uk
  - www.nshn.co.uk
  - www.papyrus-uk.org
  - www.getconnected.org.uk
  - www.minded.org.uk

35. Children Living Away from Home

35.1 Foster Care

35.1.1 Revelations of widespread abuse and neglect of children living away from home has raised the awareness of the particular vulnerability of children in these circumstances. A child in foster care is vulnerable to physical, sexual or emotional abuse and/or neglect. If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

35.1.2 Children who are placed in local authority foster care should not be confused with children placed by their parents or carers in private foster care. These children are not looked after by a local authority, although the local authority does have duties to assess the care they are receiving and if there are concerns about their welfare to consider what action to take. See Part B, section 36.1, Private fostering.

Good quality care

35.1.3 The welfare and safety of children living in foster care should be promoted in accordance with the relevant National Minimum Standards (see www.gov.uk/childrens-services.

35.1.4 All commissioners and providers of services for children living in foster care are responsible for ensuring children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

35.1.5 The standards for children living in foster care include that:

- Children feel valued and respected and their self-esteem is promoted;
- There is an openness on the part of the fostering service and the foster carers to the external world and external scrutiny, including contact with birth families and the wider community;
- Foster carers are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and are knowledgeable about how to implement safeguarding children procedures;

- Children who live in foster care are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the foster care setting (e.g. a family member, the child's social worker, independent visitor, children's advocate). Children should be made aware of the help they could receive from independent advocacy services, external mentors, and ChildLine (see Part B, chapter 2, Roles and responsibilities, section 2.25.11, NSPCC);
- Foster carers recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- The foster carer is aware of the procedures for referring safeguarding concerns about a child to the relevant local authority children's social care service;
- In relation to complaints:
  - Complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language;
  - Procedures should address all expressions of concern, including formal complaints. systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed;
  - Records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
  - Children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously.
- Bullying is effectively countered (see Part B, chapter 33, Bullying);
- Recruitment and selection procedures for local authority foster carers are rigorous and create a high threshold of entry to deter potential abusers (see Part B, chapter 12, Safer recruitment);
- There is effective supervision and support, which extends to temporary or back-up carers, fostering service staff and volunteers;
- Clear procedures and support systems are in place for dealing with expressions of concern by foster carers and fostering service staff about other staff or carers (see Part A, chapter 7, Allegations against staff or volunteers, who work with children);
- Organisations should have a code of conduct instructing foster carers and fostering service staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;

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

Promoting and protecting a child's welfare

35.1.6 Foster care is undertaken in the private domain of carers' own homes. It is important that children have a voice outside the family. Social workers are required to see children in foster care on their own (taking appropriate account of the child's wishes and feelings) at regular intervals and evidence of this should be recorded.

35.1.7 Foster carers should be provided with full information about the foster child and their family, including details of abuse or possible abuse and whether the child has harmed others, both in the interests of the child and of the foster family.

35.1.8 Foster carers should monitor the whereabouts of their foster children, including their patterns of absence and contacts. Foster carers should follow the recognised procedure of their agency on sharing general concerns about a child, and whenever a foster child is missing from their home. This will involve notifying the placing authority and, where necessary, the police of any unauthorised absence by a child. (See Part B, chapter 20, Children missing from care, home and school.)

35.1.9 Foster carers should have guidance on sharing more general concerns (e.g. alerting other professionals, considering child behaviour around contact, absences, school, moods etc.).

35.1.10 The local authority's duty to undertake s47 enquiries, when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, applies on the same basis to children in foster care as it does to children who live with their own families.

35.1.11 Such enquiries will consider the safety of any other children living in the household, including the foster carers' own children. If child protection concerns are raised about the care that a foster carer is giving to a child, the local authority in which the child is living has the responsibility to convene a strategy meeting/discussion, which should include representatives from the responsible local authority that placed the child; a representative from Ofsted should also be invited. At the strategy meeting/discussion, it should be decided which local authority should take responsibility for the next steps, which may include a s47 investigation. For further details on this see Part A, chapter 7, Allegations against staff or volunteers, who work with children, chapter 2, Referral and assessment, including section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment; and chapter 3, Child protection s47 enquiries.

35.1.12 See Part A, chapter 4, Child protection conferences.

35.2 Private fostering

35.2.1 A private fostering arrangement is essentially an arrangement between families/households, without the involvement of a local authority, for the care of a child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative (close relatives are parents, step-parents, siblings, siblings of a parent and grandparents) for 28 days or more. This could be an arrangement by mutual agreement between parents and the carers or a situation where a child has left home against their parent's wishes and is living with a friend and the friend's family. The period for which the child is cared for and accommodated by the private foster carer should be continuous, but that continuity is not broken by the occasional short break.

35.2.2 Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include:

- Children sent from abroad to stay with another family, usually to improve their educational opportunities;
- Asylum seeking and refugee children;
- Teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives;
- Children of prisoners placed with distant relatives;
- Language students living with host families;
- Trafficked children (see also Part B, chapter 26, Safeguarding trafficked and exploited children).

35.2.3 Private foster carers and those with parental responsibility are required to notify local authority children's social care of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

35.2.4 There will be circumstances in which a privately fostered child experiences physical, sexual or emotional abuse and/or neglect to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect.

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

35.2.5 Teachers, health and other staff working with children should make a referral to local authority children's social care and the police if:

- They become aware of a private fostering arrangement which is not likely to be notified to the local authority; or
- They have doubts about whether a child's carers are actually their parents, and there is any evidence to support these doubts (including concerns about the child/ren's welfare (see also Part B, chapter 26, Safeguarding trafficked and exploited children).

It is likely that local authority children's social care will not have been notified of most private fostering arrangements. See also Part A, chapter 2, Referral and assessment and chapter 3, Child protection s47 enquiries.

35.2.6 When local authority children's social care become aware of a privately fostered child, they must assess the suitability of the arrangement. They must make regular visits to the child and the private foster carer.

35.2.7 Local authority children's social care should visit and see the child alone unless this is inappropriate; they must visit the parent of the child when reasonably requested to do so. The child should be given contact details of the social worker who will be visiting him/her while s/he is being privately fostered.

35.2.8 The Children (Private Arrangements for Fostering) Regulations 2005 and the amended s67 of the Children Act 1989 strengthens the duties upon local authorities in relation to private fostering by requiring them to:

- Satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted;
- Ensure that such advice as appears to be required is given to private foster carers;
- Visit privately fostered children at regular six weekly intervals in the first year and 12 weekly in subsequent years;
- Satisfy themselves as to the suitability of the private foster carer, and the private foster carer's household and accommodation. The local authority has the power to impose requirements on the foster carer or, if there are serious concerns about the arrangement, to prohibit it;
- Promote awareness in the local authority area of the requirement to notify, advertise services to private foster carers and ensure that relevant advice is given to privately fostered children and their carers;
- Monitor their own compliance with all the duties and functions in relation to private fostering, and to appoint an officer for this purpose.

35.2.9 Private fostering can place a child in a vulnerable position because checks as to the safety of the placement will not have been carried out if the local authority is not advised in advance of a proposed placement. The carer may not provide the child with the protection that an ordinary parent might provide. In many cases, the child is also looked after away from a familiar environment in terms of region or country.

35.3 Residential care

35.3.1 A child in residential care is vulnerable to physical, sexual or emotional abuse and/or neglect. If there are lapses in the care provided, the child can suffer to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and / or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Good quality planning and care

35.3.2 The welfare and safety of children living in residential care should be promoted and provided for at a minimum, in line with the relevant National Minimum Standards (see www.ofsted.gov.uk), in all residential care settings.

35.3.3 All commissioners and providers of residential care services for children are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

35.3.4 Local authorities placing children in another local authority area must notify the host authority prior to placement.

35.3.5 As part of their statutory responsibilities for planning children's care, social workers are required to maintain a regular up to date assessment of child's needs, see looked after children in foster care on their own and take appropriate account of the child's wishes and feelings. Evidence of their engagement with the child must be recorded so that the plan for the child's care is kept up to date, with the child being offered the right services to respond to the full range of their needs.

35.3.6 Independent Reviewing Officers (IROs) are responsible for chairing meetings that must be scheduled at prescribed intervals to review the child's care plan. IROs have specific responsibilities to ensure that the plan has taken the child's wishes and feelings into account and that their care plan remains appropriate in view of the child's overall needs, including their need to be effectively safeguarded.

35.3.7 The standards for children living in residential care include that:

- Children feel valued and respected and their self-esteem is promoted;

- There is an openness on the part of the residential care service to the external world and external scrutiny, including contact with families and the wider community;
- Residential care and support staff are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and are knowledgeable about how to implement safeguarding children procedures;
- Children who live in residential care are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the residential care setting (e.g. a family member, the child's social worker, independent visitor, children's advocate). Children should be made aware of the help they could receive from independent advocacy services, external mentors, and ChildLine (see Part B, chapter 2, Roles and responsibilities, section 2.25.11, NSPCC);
- Residential care and support staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant local authority children's social care service;
- In relation to complaints:
  - Complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language;
  - Procedures should address all expressions of concern, including formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed;
  - Records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
  - Children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously;
- Bullying is effectively countered (see Part B, chapter 33, Bullying);
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter potential abusers (see Part B, chapter 12, Safer recruitment);
- There is effective supervision and support, which extends to temporary staff and volunteers;
- The residential care service contract staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by residential care and support staff about

other staff or carers (see Allegations against staff or volunteers, who work with children);

- Organisations have a code of conduct instructing residential care and support staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Residential care and support staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

Promoting and protecting a child's welfare

35.3.8 It is important that children have a voice outside the residential unit. Social workers are required to see children in residential units on their own (taking appropriate account of the child's wishes and feelings) at regular intervals and evidence of this should be recorded.

35.3.9 Residential carers should be provided with full information about the child and their family, including details of abuse or possible abuse and whether the child has harmed others, both in the interests of the child and of the staff and other children in the residential unit.

35.3.10 Residential carers should monitor the whereabouts of the children, including their patterns of absence and contacts. Residential carers should follow the recognised procedure of their agency on sharing general concerns about a child, and whenever a child is missing from the unit. This will involve notifying the placing authority and, where necessary, the police of any unauthorised absence by a child. See Part B, chapter 20, Children missing from care, home and school. See also Part B, chapter 24, Safeguarding children from sexual exploitation.

35.3.11 Residential carers should have guidance on sharing more general concerns (e.g. alerting other professionals, considering child behaviour around contact, absences, school, moods etc.).

35.3.12 The local authority's duty to undertake s47 enquiries, when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, applies on the same basis to children in residential care as it does to children who live with their own families.

35.3.13 Such enquiries will consider the safety of any other children living in the residential unit. If child protection concerns are raised about the care in a residential unit, the local authority in which the child is living has the responsibility to convene a strategy meeting/discussion, which should include representatives from the responsible local authority which placed the child; a representative from Ofsted should also be invited. At the

strategy meeting/discussion, it should be decided which local authority should take responsibility for the next steps, which may include a s47 investigation. If the case appears to be a complex one, see Part A, chapter 8, Organised and complex abuse. For further details on this see Part A, chapter 7, Allegations against staff or volunteers, who work with children, chapter 2, Referral and Assessment, including section 2.2, Referral criteria which provides guidance on the difference in local authority children's social care between s47/assessment; and chapter 3, Child protection s47 enquiries.

35.3.14 See also Part A, chapter 4, Child protection conferences.

35.4 Adoption

35.4.1 A child in care for whom the plan is adoption may divulge when s/he is in the adoptive placement, that they have been abused at some time in their previous history. A child in care can also be vulnerable to physical, sexual or emotional abuse and/or neglect whilst they are placed for adoption and even after they are adopted. The child may thus already have suffered, or can suffer, to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Good quality care

35.4.2 All commissioners and providers of services for children who have a care plan of adoption are responsible for ensuring that each child is safeguarded. Commissioner contracts and provider procedures should reflect the provisions and guidance relating to the Adoption and Children Act 2002. They should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

35.4.3 Key provisions in the Adoption and Children Act 2002 include:

- Aligning adoption law with the relevant provisions of the Children Act 1989 to ensure that the child's welfare is the paramount consideration in all decisions relating to adoption;
- Placing a duty on local authorities to maintain an adoption service, including arrangements for the provision of adoption support services and an inter-country adoption service;
- Providing a right to an assessment of needs for adoption support services for adoptive families and others;
- Setting out a regulatory structure for adoption support agencies;

- Providing additional restrictions on bringing a child into the UK in connection with adoption; and
- Providing for restrictions on arranging adoptions and advertising children for adoption, other than through adoption agencies.

35.4.4 Adoption guidance, based on the Adoption and Children Act 2002, outlines the following essential characteristics of adoption services:

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

35.4.5 See Statutory Guidance on Adoption, for local authorities, voluntary adoption agencies and adoption support agencies. DfE, July 2013. (www.gov.uk/childrens-services/adoption)

National minimum standards

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

- 'Allegations and suspicions of harm are handled in a way that provides effective protection and support for children, the person making the allegation, and at the same time supports the person who is the subject of the allegation'. NMS 22
- The adoption agency's service users are safeguarded from any form of abuse, exploitation and discrimination including physical, financial, psychological and sexual, through deliberate intent, negligence or ignorance in accordance with the agency's written policies and procedures;
- Where the adoption agency provides adoption support services to children:
  - There is a detailed written child protection policy, including the management of and reporting plan for child protection issues;
  - There are procedures for responding to suspicion or evidence of abuse and neglect which are in line with the SET Child Protection Procedures to ensure the safety and protection of service users. This includes the involvement of the local authority and police and

passing on concerns to the regulatory authority (where appropriate);
    - All staff and volunteers are trained in child protection and are aware of and access to, the agency's child protection policy;
    - All allegations and incidents of abuse in relation to the agency's staff or volunteers are followed up promptly and the details and action taken are recorded on a file, kept especially for the purpose, and on the service user's record; and
- The adoption agency has written procedures for dealing with allegations of historical abuse which may be made by service users during the course of service provision.
- The Agency has a designated person (the Service Manager Adoption) who is a senior manager, responsible for managing allegations. The designated person has responsibility for liaising with the LADO and for keeping the subject of the allegation informed of progress during and after the investigation.
- Allegations against people that work with children, prospective adopters or adult members of their household, are reported by the agency to the LADO. This includes allegations that on the face of it may appear relatively insignificant or that have also been reported directly to the police or children's and family services.

See The Adoption National minimum Standards

Promoting and protecting a child's welfare

35.4.7 Children are placed with a prospective adopter for at least 10 weeks before the prospective adopter can apply for an Adoption Order. The child may make allegations during this period, before or after the making of an Adoption Order. The period prior to the transfer of full Parental Responsibility on the making of an Adoption Order can be very challenging and prospective parent/s can under-report worrying behaviours seen with their new children. In addition it is possible for these children to be placed at a significant distance from their home local authority, making close monitoring of the placement more challenging.

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

- Placements are visited and reviewed regularly;
- Children are seen alone;
- All those who use adoption services are aware that they are entitled to an assessment for support services (including therapy for the child), to meet their needs;
- There are effective processes in place to address, challenge and monitor the quality of practice - [Adoption: messages from inspections of adoption agencies (CSCI, 2006) at www.ofsted.gov.uk]

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

- Where a child is placed with prospective adopters and any allegation of past or current abuse or neglect is received, a referral must be made, in line with Part A, chapter 2, Referral and assessment, to the local authority children's social care where the child is placed (the host authority);
- Where child protection enquiries are made in respect of a child by the host authority, full co-operation must be given by any other local authority with information about that child;
- Where the child is not placed with prospective adopters and any allegation of past or current abuse or neglect is received, a referral must be made, in line with Part A, chapter 2, Referral and assessment, to the local authority children's social care where the principle office of the adoption agency concerned is based;
- The registration authority must be notified of the instigation and outcome of any child protection enquiry;
- Consideration must be given as to the implications of the outcome of any allegation, and any necessary measures taken in order to protect children placed with prospective adopters. Consideration should also be given to holding a disruption meeting in line with the Disruptions Procedure;
- Adoption agencies must ensure that appropriate individuals working for the purposes of the agency, prospective adopters and children placed by the agency all have access to information to enable them to contact the host local authority children's social care, plus the registration authority in respect of any concern about child welfare or safety relating to an adoptive placement.
- There is a duty of care to the prospective adopters and if there are allegations made about them the responsible authority is required to offer them independent support, therefore the Post Adoption Service should be notified in all cases where an allegation is made in relation to an adopter.
- The Service Manager Adoption has responsibility for liaising with the LADO and keeping the subject of the allegation informed of progress during and after the investigation. A clear and comprehensive summary of any allegations made against a prospective adopter or member of the prospective adopters' household, or staff member or volunteer, including details of how the allegation was followed up and resolved, a record of any action taken and the decisions reached, is kept on the prospective adopter's or person's confidential file. A copy is provided to the person as soon as the investigation is concluded. The information is retained on the confidential file, even after someone leaves the organisation, until the person reaches normal retirement age or for ten years if this is longer. In respect of prospective adopters or adult members of their household, the information is retained on their case record for 100 years from the date of the adoption order or,

if the prospective adopter does not adopt a child, for a period of time according to local policies.
- The adoption panel that dealt with the case is informed of any allegations made and outcomes of investigations.

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

35.5 Boarding School

35.5.1 A child in boarding school is vulnerable to physical, sexual or emotional abuse and/or neglect. If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Good quality care

35.5.2 The welfare and safety of children living in boarding school should be promoted and provided for at a minimum, in line with the Boarding schools National Minimum Standards January 2013, DfE.

35.5.3 All commissioners and providers of services for children living in boarding school are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

35.5.4 The standards for children living in boarding school include that:

- Children feel valued and respected and their self-esteem is promoted;
- There is an openness on the part of the boarding school to the external world and external scrutiny, including contact with families and the wider community;
- Boarding school staff are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm, and knowledgeable about how to implement safeguarding children procedures;
- Children who live in boarding school are listened to and their views and concerns responded to;
- Children have ready access to a trusted adult outside the boarding school setting (e.g. a family member, the child's social worker,

independent visitor, children's advocate). Children should be made aware of the help they could receive from independent advocacy services, external mentors, and ChildLine (see Part B, chapter 2, Roles and responsibilities, section 2.25.11, NSPCC);

- Boarding school staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant local authority children's social care service;
- In relation to complaints:
  - Complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language;
  - Procedures should address all expressions of concern, including formal complaints. systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed;
  - Records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
  - Children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously.
- Bullying is effectively countered (see Part B, chapter 33, Bullying);
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter potential abusers (see Part B, chapter 12, Safer recruitment);
- There is effective supervision and support, which extends to temporary staff and volunteers;
- The boarding school's contractor staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by boarding school staff about other staff or carers (see Part A, chapter 7, Allegations against staff or volunteers, who work with children);
- Organisations should have a code of conduct instructing boarding school staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;

- Boarding school staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living in boarding school.

See also Part A, chapter 4, Child protection conferences.

35.6 Custodial Settings for Children

35.6.1 Settings in which children may be held in custody include Young Offender Institutions (YOIs), Secure Training Centres (STCs) and secure children's homes provided by local authorities, adult prison settings or immigration detention centres.

35.6.2 A child in a custodial setting is vulnerable to physical, sexual or emotional abuse. If there are lapses in the care provided for him/her, the child can suffer to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect.

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

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

35.6.4 All commissioners and providers of custodial services for children are responsible for ensuring that children are safeguarded. Commissioner contracts and provider procedures should be comprehensive and unambiguous in setting out the responsibilities and processes for safeguarding and promoting children's welfare.

Good quality care

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

- Children feel valued and respected and their self-esteem is promoted;
- There is an openness on the part of the custodial setting to the external world and external scrutiny, including contact with families and the wider community;
- Custodial settings and support staff are trained in all aspects of safeguarding children, are alert to children's vulnerabilities and risks of harm and are knowledgeable about how to implement safeguarding children procedures;

- Children who live in custodial settings are listened to and their views and concerns responded to;
- Children have regular access to a trusted adult from outside the custodial setting (e.g. a family member, the child's social worker, independent visitor, children's advocate). Children should be made aware of the help they could receive from independent advocacy services, external mentors, and ChildLine (see Part B, chapter 2, Roles and responsibilities, section 2.25.11, NSPCC);
- Custodial service staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- There are clear procedures for referring safeguarding concerns about a child to the relevant local authority children's social care service;
- In relation to complaints:
  - Complaints procedures should be clear, effective, user friendly and readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language;
  - Procedures should address all expressions of concern, including formal complaints. systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed;
  - Records of complaints should be kept by providers of children's services (e.g. there should be a complaints register in every boarding school which records all representations including complaints, the action taken to address them, and the outcomes);
  - Children should be genuinely able to raise concerns and make suggestions for changes and improvements, which are taken seriously.
- Bullying is effectively countered - this is especially important in any institution providing accommodation and care for groups of young people (see Part B, chapter 33, Bullying);
- Recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers (see Part B, chapter 12, Safer recruitment);
- There is effective supervision and support, which extends to temporary staff and volunteers;
- The custodial service contractor staff are effectively checked and supervised when on site or in contact with children;
- Clear procedures and support systems are in place for dealing with expressions of concern by custodial service staff about other staff or carers (see Part A, chapter 7, Allegations against staff or volunteers, who work with children);
- Organisations should have a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways

which do not prejudice the 'whistle-blower's' own position and prospects;
- There is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- Custodial service staff are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

35.6.6 See also Part A, chapter 2, Referral and assessment, section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47 and an assessment.

Local authority children's social care

35.6.7 Children living in custodial settings should be assessed as potential children in need under section 17 of the Children Act 1989 and all children subject to a court ordered secure remand (COSR) automatically acquire the status of a looked after child. See Part B, section 36.3, Residential care.

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

35.6.9 Local authority children's social care in areas where there is a Young Offender Institution, prison, Secure Training Centre or detention and deportation centre should:

- Have agreed local protocols for referral, assessment and the provision of services to children in custody, including child protection and allegations against staff procedures;
- Ensure that there are effective protocols to support links with a child's home authority, which, together with the home YOS, has continuing responsibility for the child;
- Ensure that the governor of the custodial establishment is invited to be a member of the Local Safeguarding Children Board (LSCB);
- Ensure, through the LSCB, that arrangements are in place to safeguard the welfare of children in custody (e.g. liaison arrangements for undertaking s47 enquiries, holding strategy meetings/discussions and undertaking serious case reviews) and that local authority children's social care is represented on the Young Offender Institution's safeguarding committee;

- Have local protocols in place in the event of the death of a child in custody, taking into account national guidelines.

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

35.6.10 Local authority children's social care should ensure they fulfil their statutory responsibilities for contact with any children placed in custody for whom they have parental responsibility.

35.6.11 Children remanded by family proceedings or criminal courts to secure accommodation are looked after children within the meaning of s22 of the Children Act 1989. The responsibilities on the local authority are those set out in Part 3 and Schedule 2 of the Children Act 1989; the local authority does not acquire parental responsibility. These responsibilities fall on the local authority where the child is ordinarily resident, not on the authority where the secure accommodation is located. The safeguarding duties are the same as those for other looked after children in terms of promoting and safeguarding the child's welfare, taking account of the child's wishes, producing and reviewing care plans and consulting with other agencies.

35.6.12 Any situation in which there is reason to suspect a looked after child is suffering or is likely to suffer significant harm, child protection enquiries must be initiated.

Looked after children and custody

35.6.13 Where a looked after child who is the subject of a care order, meaning that their responsible authority shares parental responsibility for them, enters a Young Offender Institution (YOI), either on sentence or on remand, the responsible authority has continuing responsibilities as a corporate parent to visit and continue to assess their needs. The responsible authority must make arrangements for regular contact with the looked after child, continue to ensure that reviews of their care plan take place at the prescribed intervals and facilitate ongoing contact with parents and siblings where that is part of the care plan. These responsibilities will mean that the responsible authority must be closely involved in making plans for resettling the child in their community once they are able to be released from custody. For some children this will involve them returning to foster care or other kind of supported placement.

35.6.14 Where a child under 16 who has previously been accommodated as a result of a third sector agreement under section 20 of the Children Act enters custody they do not remain a looked after child. However, regulations to be enacted as a result of section 15 of the Children and Young Persons Act 2008 will require a responsible local authority to ensure that they appoint a representative to visit all children and young people who have ceased to be accommodated. The representative will

be responsible for assessing the child's needs in order to make recommendations about the support they will need whilst detained, and, in particular, the support necessary on release which could include planning for the child to become looked after again.

35.6.15 Children aged 16+ who were looked after prior to being sentenced may well be 'relevant children' as defined by section 23A of the Children Act 1989. Their responsible authority must appoint a personal adviser and prepare a pathway plan setting out the support that they will provide to prepare the child for the responsibilities of adulthood. The pathway plan must include information about where the child will live on release and the support they will receive to re-establish themselves in their communities with positive plan for their futures, to minimise the possibility of their re-offending.

Young Offender Institutions, Secure Training Centres and secure children's homes

35.6.16 The Governors of Young Offenders Institutes (YOIs), Secure Training Centres (STCs) and secure children's homes have obligations set out in PSO 4950 - Regimes for juveniles with respect to child protection (see Part B, chapter 2, Roles and responsibilities, section 2.20. The secure estate for children). The same measures should apply to children in other custodial settings, such as children in adult prison settings (e.g. women's establishments which have mother and baby units) or immigration detention centres.

35.6.17 All custodial settings which accommodate children should have internal policies and procedures, in line with these SET Child Protection Procedures, to safeguard and promote the welfare of children. Accordingly, if information comes to light, from whatever source, that a young person has suffered or is likely to suffer significant harm, the professional who receives the information or has a concern must report this immediately to the safeguards manager or equivalent designated safeguarding children lead, and the Governor.

35.6.18 The Governor must ensure an assessment is undertaken by the safeguards manager or equivalent designated safeguarding children lead as soon as possible (but in any case within 12 hours) and overseen by the setting's safeguards committee. Local authority children's social care should be consulted for expert advice as required.

35.6.19 A referral to local authority children's social care should be made in line with Part A, chapter 2, Referral and assessment. The Governor or the safeguards manager/equivalent designated safeguarding children lead should participate in the strategy meeting/discussion. If the child is involved with the Youth Offending Service, their supervising officer should also participate. See Part A, chapter 3, Child protection s47 enquiries.

Transition into adult services or the community

35.6.20 Good safeguarding practice and resettlement planning requires that all the agencies involved with a child must work together to provide continuity of services when the child transfers into and out of the secure estate. This includes ensuring that the child has suitable supported accommodation, help with mental health and substance misuse issues and with identifying appropriate education, training or employment.

35.6.21 Transition to adult services for children in the youth justice system can be challenging due to the different thresholds for children's and adult services and the complexity of need posed by many young people in the youth justice system.

35.6.22 See Healthy Children, Safer Communities: a strategy and action plan to promote the health and wellbeing of those in contact with the youth justice system. See also Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system (April 2009).

35.7 Hospitals

35.7.1 This section should be read in conjunction with 36.8 Hospitals (specialist) below and, as appropriate, Psychiatric Care for Children (document currently under review).

35.7.2 Care must be provided in a safe environment which is child-friendly, healthy and well suited to the age and stage of development of the child/ren. Children should not be cared for on adult wards. Wherever possible, children should be consulted about where they would prefer to stay in hospital and their views should be taken into account and respected. Hospital admission data should include the age of children so hospitals can monitor whether they are being given appropriate care in appropriate wards.

35.7.3 Hospitals are required to ensure their facilities are secure and that security arrangements are regularly reviewed.

35.7.4 For a child receiving a service from local authority children's social care or Youth Offending Services prior to/during their stay in hospital, a lead professional, or lead social worker as appropriate, should be nominated to co-ordinate services for him/her.

35.7.5 When a child has been or is planned to be in hospital or accommodated for more than three months, s85 of the Children Act 1989 requires notification to the child's home authority, that is, the local authority for the area where the child is ordinarily resident, (see Part A, chapter 6, Children and families moving across local authority boundaries). If it is unclear which authority that is, then the hospital should inform their own local authority.

35.7.6 Local authority children's social care in the home authority (see Part A, chapter 6, Children and families moving across local authority boundaries) must assess the child's needs using the agreed Assessment Framework (see Part A, chapter 2, Referral and assessment).

Discharging children from hospital

35.7.7 Where professionals have concerns about a possible child protection issue, a multi-agency plan to safeguard the child must be agreed and recorded before the child leaves hospital.

35.7.8 These plans must be informed by the most up to date observations and assessments of the family in circumstances current to the discharge.

35.7.9 As part of the plan:

- Local authority children's social care must assess and establish that the child's home environment is safe;
- The health professionals must ensure their concerns have been fully addressed and any plan for discharge of the child must be authorised by the child's consultant;
- The plan must provide for the ongoing promotion and safeguarding of that child's welfare;
- There must be follow-up arrangements to monitor compliance with the plan.

35.7.10 Particular attention is required in the discharge planning of new born babies from neonatal intensive care units, since these babies are at high risk of re-admission to hospital. They need a properly co-ordinated programme of follow-up, with special attention to vision, hearing and developmental progress, as well as the co-ordinated input of services such as genetics.

Transition for children with long term conditions

35.7.11 Children with long term conditions need preparation for the move from children's to adult services. All children with on-going health needs should have a plan developed with them for the transition of their care to adult services, which is coordinated by a named person. If there are child protection concerns for such a child, the local authority adult with care or support needs service should be informed as part of the transition planning.

35.8 Hospitals (specialist)

35.8.1 This section should be read in conjunction with 36.7 Hospitals above and, as appropriate, Psychiatric care for children (document currently under review).

35.8.2 Children admitted to hospital for mental health concerns can present with complex safeguarding and child protection issues. They may have sustained serious and life threatening non-accidental injuries or there may be concerns related to fabricated or induced illness (see Part B, chapter 19, Fabricated or induced illness). These children may have suffered, or are likely to suffer, significant harm through physical, sexual and emotional abuse and/ or neglect (see Part A, chapter 1, Responding to concerns of abuse and neglect).

35.8.3 Most specialist hospitals have links with their local authority children's social care, who may be able, dependent upon local arrangements, to liaise with the child's home authority. In child protection cases, their role is to act as liaison with the home authority, except where they would be the lead agency - such as, when:

- The child is resident in the hospital's local authority area;
- Incidents occur on the specialist hospital site;
- There are allegations against members of staff of the hospital's trust.

35.8.4 All hospital trusts should have in place protocols (which are in line with these SET Child Protection Procedures), and which set out staff roles and responsibilities where child protection concerns are raised either prior to or subsequent to a child being admitted. Children in hospital must have appropriate protection, with referrals being made to local authority children's social care in line with Part A, chapter 2, Referral and assessment. Failure to put immediate and appropriate safeguarding plans in place may leave a child at risk of harm.

35.8.5 Protocols should outline responsibilities and necessary actions in accordance with legal duties, procedures and accepted good practice:

- Case responsibility for the child rests with the home authority (see Part A, chapter 6, Children and families moving across local authority boundaries), and the home authority should work in partnership with the Trust and with the host authority children's social care service. If a difference of opinion occurs, this should be resolved by discussion between managers;
- Where the child is already known to the home authority, and child protection concerns exist, the child should have an allocated social worker who should make contact with the relevant hospital manager or social worker;
- Where a child protection concern which is already known to the home authority exists, relevant child protection plans (which also detail any action the relevant hospital trust staff may need to take to protect the child) should be immediately passed to the unit manager or, if out of hours, the Trust's out of hours lead for inclusion in hospital and social work records;

- Where a child protection concern arises, or a pre-existing concern changes on or after admission, the home authority should act immediately, in line with procedures for a s47 enquiry, to ensure the child is appropriately protected. Where necessary, a strategy meeting/ discussion should be held in line with procedural timescales. This may be held at the hospital and chaired by a local authority children's social care manager from the home authority;
- To ensure the safety of the child, members of the strategy meeting/ discussion must consider and agree, in discussion with relevant Trust safeguarding team, the need for a legal framework to be put in place by the home authority. Any dispute should immediately be referred to senior management within the home authority and the Trust;
- A written care plan for the child must be immediately sent securely to the hospital safeguarding department. Similarly, strategy meeting/ discussion minutes, any decisions (which must be in writing) and a copy of any legal orders must be sent to the relevant hospital trust, or the trust out-of-hours lead if out of hours) for inclusion in the child's records at the hospital;
- The care plan should be regularly reviewed, as appropriate, in a multi-agency/disciplinary meeting usually held at the hospital and chaired by the relevant person from the home authority;
- Where there are concerns about unauthorised removal of the child or unsupervised visiting by the parents to a child with injuries of a non-accidental nature, the senior hospital staff and senior staff from the home authority should discuss whether an immediate legal order is required to protect the child. If an order is required, the senior hospital staff and senior staff from the home authority should decide whether the home or host authority will make the application and on what grounds. If the risk to the child is potentially life threatening and the need for protection is immediate, the local police should be contacted to consider using their powers of police protection to ensure that the child is not removed from the hospital;
- The home authority and the specialist hospital needs to work in partnership;

35.9 Serious case reviews

35.9.1 Specialist hospital trusts may be involved in serious case reviews because of the nature of the services they offer. Such hospitals should contribute to serious case reviews in line with Part B, chapter 15, Serious case reviews and Psychiatric Care for Children (document currently under review).

35.9.2 This section provides additional guidance to hospitals and hospitals (specialist), and the sections should be read in conjunction with each other. See also the National Service Framework for children, young people and maternity services (Children's NSF) which sets out standards for hospital services in respect of individual children's safety and well-being.

35.9.3 Children who require treatment as an in-patient in a psychiatric setting will usually be admitted on a voluntary basis, otherwise the Mental Health Act 1983 or the Children Act 1989 will apply. Age ranges can vary from 13 years to 18 years.

35.9.4 Where consent for treatment is required, it should be clarified by the lead professional whether this is being carried out under the Mental Health Act 1983 or the Children Act 1989. This would be the ward doctor/nurse.

35.9.5 If any child who is considered to be Fraser competent is unwilling to remain as an informal patient consideration should be given to use the Mental Health Act 1983 if required. For children under 16 where a Fraser competent child wishes to discharge him or herself as an informal patient from hospital, the contrary wishes of those with parental responsibility will ordinarily prevail. Where there is dispute consideration should be given to use the Act. Similarly if a 16 or 17 year old in unwilling to remain in hospital as an in-patient, consideration may need to be given whether he or she should be detained under the Act.

35.9.6 Children in psychiatric settings may need to be isolated from other patients or require control and restraint on occasions, and staff should be appropriately trained to meet their needs and safeguard their welfare.

35.9.7 Children admitted to psychiatric settings may disclose information about abuse or neglect concerning themselves or others. Disclosures may be made when the child feels it is safe to talk or when the child is angry, distressed or anxious. All allegations should be treated seriously and usual safeguarding procedures followed.

35.10 Foreign Exchange Visits

35.10.1 Children on foreign exchange visits and in some language schools stay with families selected by the school (or hosting organisation) in the host country and are vulnerable for reasons comparable to others living away from home (see 36.1, Foster care above). If there are lapses in the care provided for them, the child can suffer to such a degree that it constitutes significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

35.10.2 Children may be at additional risk as the assessment and supervision that would apply if the child was privately fostered are not applicable because most exchanges last less than 28 days. It is unlikely the school (or

hosting organisation) selecting the host family will have been able to conduct a thorough assessment of the suitability of the host family.

35.10.3 Advice and assistance can be given by the local authority children's social care to schools wishing to conduct more thorough assessments, for example the host family could be asked to give consent for checks of the local children and family social care service database, and also for checks with other local agencies (for example with GPs).

35.10.4 In the event that a pupil's host family has been the subject of s47 enquiries, unless or until there is a satisfactory resolution of concerns, the family should be regarded by the UK school as unsuitable to receive or continue hosting a pupil from an overseas school.

35.10.5 UK schools and agencies should take reasonable steps to ensure that a comparable approach is taken by relevant schools abroad.

36. Historical Abuse

36.1 Introduction

36.1.1 It is not unusual for people to disclose experiences of physical, sexual and/ or emotional abuse and/or neglect which constitute significant harm (see Part A, chapter 1, Responding to concerns of abuse and neglect) only when they reach adulthood. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where as a child the person suffered a degree of physical, sexual and/or emotional harm (through abuse or neglect), which was so harmful that there should have been compulsory intervention by child protection agencies into the life of the child and their family.

36.1.2 Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:

- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so;
- Criminal prosecution may be possible if sufficient evidence can be carefully collated.

36.1.3 Wherever historical abuse enquiries relate to alleged abuse such as the recent enquiries and investigations involving high profile celebrities and people who work within institutions as paid staff and/or volunteers or patrons in for example children's homes, hospitals or residential/boarding schools, professionals should follow the processes in Part A, chapter 8, Organised and complex abuse.

36.2 Required Response

36.2.1 When an adult discloses childhood abuse, the professional receiving the information should record the discussion in detail. If possible, the professional should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.

36.2.2 In view of the potential continuing risk the alleged abuser may pose to children, the professional should make a referral promptly to local authority children's social care, in line with Part A, chapter 2, Referral and assessment.

36.2.3 The local authority children's social worker receiving the referral should seek sufficient information to develop a chronology, and identify the sources of information.

36.2.4 If information about the current whereabouts of the alleged abuser has not yet been gathered, local authority children's social care should establish this as a matter of urgency.

36.2.5 The adult who has disclosed should be asked whether they want a police investigation and must be reassured that the police are able and willing to progress an investigation even for those adults who are vulnerable as a result of mental ill health or learning disabilities.

36.2.6 Local authority children's social care should reassure the adult that, even without their direct involvement, all reasonable efforts will be made to investigate the alleged abuse. Local authority children's social care should support the adult to access therapeutic or other services, as appropriate.

36.2.7 The local authority children's social worker should:

- Inform the police at the earliest opportunity and establish if there is any information regarding the alleged abuser's current contact with children, irrespective of the wishes of the victim as to whether a police prosecution should take place; The police will decide whether a police investigation is required, this will depend on a number of factors, including the victim's wishes and the public interest;
- Inform the Local Authority Designated Officer (LADO), if the alleged abuser is in any kind of work, paid or unpaid, related to children,
- Initiate a child protection enquiry if the alleged abuser is known to be currently caring for children or has access to children. This must include making a referral to local authority children's social care in the area where the alleged abuser is currently living.

36.2.8 Where an adult alleges abuse in childhood in a different local authority area, the case should be transferred to agencies in the area where the abuse is alleged to have taken place. Parallel enquiries may be needed if the alleged abuser has contact with children elsewhere. The co-ordinating local authority children's social care should be the one responsible for the geographical area where the abuse is alleged to have taken place.

36.2.9 Where the abuse is alleged in a former children's home, residential school or other institution, the responsible local authority children's social care should be the one relating to the local authority responsible for the establishment concerned at the time, irrespective of where the children's home or residential/boarding school is/was located. It is important that there is effective communication about roles and responsibilities between agencies in such circumstances. See Part A, chapter 8, Organised and complex abuse.

36.2.10 The responsible police service for investigation will be the one covering the area where the alleged abuse is said to have taken place. Where it relates to several different geographical areas and police forces co-ordination and lines of communications must be agreed.

37. Children Visiting Custodial Settings

37.1 Definition of contact

37.1.1 Contact with a child includes correspondence, prisoner's telephones (PinPhones) or social visits. Telephone contact will include any access to office telephones where permission has been granted. It will also include any contact with children who have been invited to visit the prison as part of a group.

37.1.2 When a child visits a custodial setting s/he could be likely to suffer significant harm through physical, sexual and/or emotional harm from the adult s/he is visiting or from others in the prison establishment. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

37.2 Contact requests and registers

37.2.1 If a prisoner wishes to apply to have child contact, the enquiring prison officer must provide an application form for the prisoner to complete. A separate request must be made for contact with each individual child.

37.2.2 It is possible that a request for contact could be made by a parent or from the child directly. If such a request is received, the prisoner will be informed and asked if they wish to submit a request for contact.

37.2.3 A register providing a record of applications must be held on file. This record will become part of the prisoner's main record and will follow the prisoner on transfer. Each prison establishment should maintain a central record indicating which prisoners are subject to restrictions due to the risk they represent to children, details of prisoners allowed child visits, or other contact and details of prisoners who have been refused child visits or other contact.

37.3 Parental support for contact

37.3.1 The prison establishment should ask the parent of the child whether they support contact. The prison establishment should contact the local authority children's social care for the area where the child is living where the prison establishment believes there could be a safeguarding concern in relation to the contact. Local authority children’s services should ascertain the wishes and feelings of the child during a home visit and also confirm that the person who has parental responsibility and is currently caring for the child supports the contact. The local authority will inform

the prison establishment the outcome of the visit. The prison establishment will make the final decision in relation to the contact and inform the local authority children's social care. See Multi-agency Assessment below.

37.4 Looked After Children

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

37.5 Multi-agency assessment

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

- The police in the child's home authority (see Part A, chapter 6, Children and families moving across local authority boundaries):
  - The prison establishment police liaison/intelligence officer must be provided with the details of the prisoner and the child/ren (including photographs of the child/ren);
  - The police liaison/intelligence officer will then make contact with the police in the child's home authority requesting any information about the risk of harm to the child or further information about the prisoner.
- Local authority children's social care in the child's home authority (see Part A, chapter 6, Children and families moving across local authority boundaries):
  - The first approach by the prison establishment should be by letter (with a photograph of the child) to the local authority children's social care, followed by a telephone call to the local authority children's services (local authority children's social care should reply within two working days);
  - Local authority children's social care should undertake an assessment and provide a written report with recommendations within three weeks;
  - The views of the child should be an important element of the assessment.
- The prison establishment's probation officer should be provided with the details of the prisoner's application for contact;
  - Where a prisoner will be subject to licence supervision on release or has been recalled for breach of licence for the current offence. In these cases, the probation officer should contact the relevant home probation area with a request for information and comments concerning the prisoner's application for contact;

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

37.6 Prison establishment operational manager's decision

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

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

37.7 Level of contact decided

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

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

37.8 Monitoring

37.8.1 The level and frequency of monitoring will be proportionate to the risk of harm identified. Monitoring should focus on whether the prisoner is attempting to contact children inappropriately and what references about children are made in general correspondence (i.e. grooming or manipulation of a child or a parent).

37.8.2 Monitoring of prisoners who present a risk of harm to children in the visiting area is required to establish if appropriate contact is taking place between an offender and a child, where child visits have been permitted. Other prisoners who present a risk of harm to children and have not been permitted contact with a child must be supervised in such a way that contact is not possible.

37.8.3 Recorded and electronic information needs to be monitored because it affords an easy disguise for inappropriate information.

37.9 Ensuring correct identification of children

37.9.1 It is necessary to take steps to prevent a child with whom a prisoner may have contact being substituted with another, possibly more vulnerable child. Prison staff monitoring letters and telephone calls and visiting areas need to be vigilant and prevent inappropriate contact where identified. Children entering the establishment for social visits must be identified from photographs by prison staff.

37.9.2 Four passport-style photographs of each child will be required from the parent. Prison staff at the establishment may take the photos where arrangements to do so are in place. The first and second photographs will be sent to the police and local authority children's social care, attached to the written request for information. Staff who are required to identify the child when entering the prison will use the third, and the fourth will be retained on file. Photographs should be returned to the parent if contact is not supported.

37.9.3 Photographs should be updated annually or earlier if there is a significant change in a child's appearance.

37.10 Reviewing contact decisions

37.10.1 Where a decision has been made to restrict contact, the decision will be reviewed when there is reason to believe that circumstances have changed. Reviews can be made at any time on the initiative of prison staff or at the request of the prisoner. It is good practice to review decisions every six months.

37.10.2 Any decision to change the level of contact permitted must be based on what is best for the child. The child's welfare is paramount at all times.

The decision must take into account the views of the police, probation and local authority children's social care.

37.10.3 Reviews may take the form of a child protection conference (see Part A, chapter 4, Child protection conferences). The prison establishment public protection lead is responsible for liaising with local authority children's social care with regard to arranging a child protection conference.

37.11 Appeals process

37.11.1 All prison establishments have procedures for prisoners who wish to appeal about a decision not to permit or to restrict contact with a child. If the prisoner wishes to challenge the information held on file, the information provided by other agencies should only be disclosed to the prisoner with the agreement of the other agency.

38. Children Visiting Mental Health Wards and Facilities

38.1 Introduction

38.1.1 Visits by children to adult mental health wards or hospitals should be undertaken to maintain a positive relationship for the child with the patient, who will usually be their parent or more rarely a family member such as a sibling. A visit by a child should only take place if it is in their best interest. Staff should follow their trust Child Visiting Mental Health Services policy.

When a child visits a mental health ward or hospital consideration needs to be given to their safeguarding and welfare within that particular setting.

38.1.2 This section applies to children visiting all patients receiving in-patient treatment and care from specialist psychiatric services, whether or not they are detained under the Mental Health Act 1983. This includes children visiting detained adolescent patients.

This section only relates to visits but it is essential that when a person with caring responsibilities is admitted to hospital that the hospital make an immediate assessment of the safety and/or caring arrangements of any child/ren and make a referral to local authority children's services as appropriate.

38.2 Visiting patients in psychiatric wards

38.2.1 When children visit adult patients, all psychiatric in-patient settings should:

- Place child welfare at the heart of professional practice for all staff involved in the assessment, treatment and care of patients;
- Take account of the needs and wishes of children as well as patients;
- Address the whole process, including pre-admission assessment, admission, care planning, discharge and aftercare;
- Assess the desirability of contact between the child and patient, identify concerns and assess the potential risks of harm to the child in a timely way;
- Establish an efficient procedure for dealing with requests for child visits in those cases where concerns exist;
- Establish a process for child visits which is:
  - Not bureaucratic;
  - Supportive of both the child and the adult;
  - Does not cause delay in arranging contact;
  - Maximises the therapeutic value of the visit;
  - Ensures the child's welfare is safeguarded.
- Set and maintain standards for the provision of facilities for child visiting;
- Ensure that staff are competent to manage the process of child visits.

38.2.2 See the Mental Health Act 1983 Code of Practice - [The Guidance on the Visiting of Psychiatric Patients by Children HSC 1999/222; and LAC (99) 32: Mental Health Act 1983 code of practice : guidance on the visiting of psychiatric patients by children].

38.3 Pre-visit arrangements

Compulsory admission

38.3.1 When a compulsory admission is planned for an adult who is a parent, the approved social worker must assess the child/ren's needs and the suitability of arrangements for their care. If there are concerns about the safety or care arrangements of the child/ren, the approved social worker must request that local authority children's social care undertakes an assessment (see Part A, chapter 2, Referral and assessment). Local authority children's social care should make a recommendation to the hospital about the suitability of the children visiting their parent.

38.3.2 The approved social worker should, wherever possible, provide the hospital with the child/ren's assessment information. This may, as appropriate, include the recommendation made by local authority children's social care when the patient was admitted, together with the views of those with parental responsibility about the child/ren visiting the patient in hospital.

Expected visit by a child

38.3.3 The ward manager/nurse in charge is responsible for the decision to allow a visit by a child. When a visit by a child is expected, the ward manager/nurse in charge should consider the available information about the child (as outlined in Pre-visit Arrangements), alongside the assessment of the patient's needs for treatment and care and an assessment of the current state of the patient's mental health. The ward manager/nurse in charge should then make the decision in consultation with other members of the multi-disciplinary hospital team.

38.3.4 The ward manager/nurse in charge must make their decision on the basis of the interests of the child being paramount, superseding those of the adult patient.

Unexpected visit by a child

38.3.5 If a child visits unexpectedly, the ward manager/nurse in charge is responsible for deciding whether it is feasible, whilst they wait, to consider the available information about the child (as outlined in Pre-visit Arrangements), alongside the assessment of the patient's needs for treatment and care and an assessment of the current state of the patient's mental health. The ward manager/nurse in charge should then make the

decision in consultation with other members of the multi-disciplinary hospital team. If this is not feasible, the visit must be refused.

Patients admitted informally

38.3.6 Most patients are admitted informally. When a patient has been admitted on an informal basis, nursing staff should seek out information about children who may be visiting. When nursing staff are aware that a patient has a child, and there is a local authority children's social worker or adult mental health care co-ordinator working with the patient, nursing staff should check with the social worker/care co-ordinator about the desirability of children visiting and the arrangements which have been made. Such discussions should be clearly documented.

38.3.7 If there are concerns about the safety or care arrangements of the child/ren (see Identifying concerns below, and Part B, section 41.2, Parenting capacity and mental illness) and there is no local authority children's social worker involved, the ward manager/nurse in charge must request that local authority children's social care undertake an assessment (see Part A, chapter 2, Referral and assessment). Local authority children's social care should make a recommendation to the hospital about the suitability of the child/ren visiting the patient.

38.3.8 Where local authority children's social care has been asked to undertake such an assessment, their report should be sent back within two weeks of receipt of the written request/referral from the ward manager/nurse in charge (see section 39.3.7, above) in order to avoid delay in arrangements for the child.

38.3.9 The ward manager/nurse in charge is responsible for the decision to allow a visit by a child, and must follow the same decision making process for informal admissions and for compulsory admission (see expected visit by a child above).

38.3.10 In the vast majority of cases where no concerns have been identified, arrangements should be made to support the patient and child and to facilitate contact.

Identifying concerns

38.3.11 Concerns about the desirability of a child visiting may arise in a number of areas. These could relate to:

- Consideration of the child's best interests;
- The patient's history and family situation;
- The patient's current mental state (which may differ from an assessment made immediately prior to or on admission);
- The response by the child to the patient's illness;
- The wishes and feelings of the child;

- The developmental age and emotional needs of the child;
- The views of those with parental responsibility;
- The nature of the service and the patient population as a whole;
- Availability of a suitable environment for contact.

See also Part B, section 41.2, Parenting capacity and mental illness.

38.3.12 The hospital multi-disciplinary team may use the Framework for Assessing Children in Need and their Families (see Appendix 4: Triangle chart for the Assessment of Children in Need and their Families for a summary of the Assessment Framework) to consider the best interests of the child in these situations.

38.3.13 A range of options may present themselves when concerns are identified in any of the areas above, and the concerns need not automatically result in a refusal of visiting. The hospital multi-disciplinary team must obtain a balance between the management of risk of harm and the interests of the child/ren and patients.

38.3.14 It may be helpful for the Hospital Trust to consider whether or not to provide a service to facilitate contact. Research has highlighted the dangers of loss of contact with children for people who are psychiatric in-patients in hospital.

Decisions to refuse a child's visits

38.3.15 The ward manager/nurse in charge may refuse to allow a child to visit if they have reason to believe it is not in the best interest of the child or patient.

38.3.16 The decision to prohibit a visit should be regarded as a serious interference with the rights of the patient and should only be taken in exceptional circumstances.

38.3.17 Decisions to refuse visits should be given verbally and confirmed in writing. They must be supported by clear evidence of concerns and the difficulties of managing them.

38.3.18 Policies should clearly set out the steps to be taken in making the decision to refuse visiting, including the process for:

- Consulting with the patient, the child (depending on age and understanding), those with parental responsibility and, if different, person/s with day to day care for the child, advocates and, where relevant, the local authority children's social care;
- Communicating the decision to the patient, other family members, the child and those with parental responsibility;
- Reviewing any decision and the means of communicating this to the patient, advocate or other person or agency involved in the decision;

- Enabling a patient and others with parental responsibility to make representation against any decision not to visit, including access to assistance and independent advocacy. Such a system should be consistent with the Trust's overall complaints procedure and should contain an independent element.

Making arrangements for visits

38.3.19 The hospital or mental health trust providing the service must ensure that the hospital contains facilities for all patients to have contact with their children in a venue which is conducive to the child's safety and good quality contact for both child and patient.

38.3.20 Children should have appropriate supervision according to their age and need when they are visiting mental health service users. They should normally be accompanied by someone who has parental responsibility for their care and wellbeing.

38.3.21 In some cases, it may be better for arrangements to be made for visiting away from the hospital. In the case of detained patients, this will require due consideration of the need for leave. Staff must be aware of the child protection and child welfare issues in granting leave of absence under s.17 of the Mental Health Act 1983.

38.4 Visiting Patients in the Special Hospitals: Ashworth, Broadmoor and Rampton

38.4.1 The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities (HSC 1999/160) sets out the assessment process to be followed when deciding whether a child can visit a named patient in these hospitals; and LAC(99)23 sets out local authority duties and responsibilities assist the hospital by assessing whether it is in the interests of the child to visit the patient

39. Child Abuse linked to faith or culture

39.1 Honour based abuse

Accurate record keeping in all cases of violence/abuse in the name of honour is important. Records should:

- Be accurate, detailed, clear and include the date;
- Use the person's own words in quotation marks;
- Document any injuries – include photographs, body maps or pictures of their injuries;
- Only be available to those directly involved in the person's case.

The minimum response from all agencies should also involve, wherever possible, the following first steps:

- See the child immediately in a secure and private place where the conversation cannot be overheard;
- See them on their own – even if they attend with others;
- Recognise and respect their wishes;
- Perform a risk assessment;
- Reassure them about confidentiality i.e. practitioners will not inform their family;
- Establish a way of contacting them discreetly in the future;
- Obtain full details to pass on to local authority social care and the police;
- Consider the need for immediate protection and placement away from the family.

Under no circumstances should the practitioner:

- Send them away;
- Underestimate or minimise what the victim is telling them;
- Approach members of their family or the community unless they expressly ask you to do so;
- Share information with anyone without their express consent;
- Breach confidentiality;
- Assume it is a 'cultural' issue: it is an abuse of human rights;
- Attempt to be a mediator.

Introduction

This section should be considered in conjunction with the Southend, Essex and Thurrock Safeguarding Adults Guidelines (2015) Section 6.3 where an adult with care or support needs is identified as being at risk of honour based abuse.

39.1.1 The National Police Chiefs Council definition (2015) of honour based abuse is:

39.1.2 'an incident or crime involvingviolence, threats of violence, intimidation, coercion or abuse (including psychological, physical, sexual, financial or emotional abuse) , which has or may been committed to protect or defend the honour of an individual, family and or community for alledged or perceived breaches of the famly and/or community's code of behaviour'
This term can be used to describe murders in the name of so-called honour, sometimes called 'honour killings'. These are murders in which predominantly women are killed for perceived immoral behaviour, which is deemed to have breached the honour code of a family or community, causing shame.

39.1.3 Professionals should respond in a similar way to cases of honour based abuse as with domestic abuse and forced marriage (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc.). See Part B, chapter 17, Safeguarding children affected by domestic abuse and violence and seciton 40.2, Forced marriage of a child.

Recognition

39.1.4 A child who is at risk of honour based abuse is at significant risk of physical harm (including being murdered) and/or neglect, and may also suffer significant emotional harm through the threat of violence or witnessing violence directed towards a sibling or other family member. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

39.1.5 Honour based abuse cuts across all cultures and communities, and cases encountered in the UK have involved families from Turkish, Kurdish, Afghani, South Asian, African, Middle Eastern, South and Eastern European communities, and Gypsy, Romany and Traveller communities. This is not an exhaustive list.

39.1.6 The perceived behaviour which could precipitate Honour Based Abuse, including murder, include:

- Inappropriate make-up or dress;
- The existence of a boyfriend;
- Kissing or intimacy in a public place;
- Rejecting a forced marriage;
- Pregnancy outside of marriage;
- Being a victim of rape;
- Inter-faith relationships;
- Leaving a spouse or seeking divorce.

39.1.7 Murders in the name of 'so-called honour' are often the culmination of a series of events over a period of time and are planned. There tends to be a degree of premeditation, family conspiracy and a belief that the victim deserved to die.

39.1.8 Incidents, in addition to those listed in 40.1.5 above, which may precede a murder include:

- Physical abuse;
- Emotional abuse, including:
  - House arrest and excessive restrictions;
  - Denial of access to the telephone, internet, passport and friends;
  - Threats to kill.
- Pressure to go abroad. Victims are sometimes persuaded to return to their country of origin under false pretences, when in fact the intention could be to kill them.

39.1.9 Children sometimes truant from school to obtain relief from being policed at home by relatives. They can feel isolated from their family and social networks and become depressed, which can on some occasions lead to self-harm or suicide.

39.1.10 Families may feel shame long after the incident that brought about dishonour occurred, and therefore the risk of harm to a child can persist. This means that the young person's new boy/girlfriend, baby (if pregnancy caused the family to feel 'shame'), associates or siblings may be at risk of harm.

Disclosure and Response

39.1.11 When receiving a disclosure from a child, professionals should recognise the seriousness/immediacy of the risk of harm. There may be only one opportunity to effectively intervene.

39.1.12 For a child to report to any agency that they have fears of honour based abuse in respect of themselves or a family member requires a lot of courage, and trust that the professional/agency they disclose to will

respond appropriately. Specifically, under no circumstances should the agency allow the child's family or social network to find out about the disclosure, so as not to put the child at further risk of harm.

39.1.13 Authorities in some countries may support the practice of honour-based abuse, and the child may be concerned that other agencies share this view, or that they will be returned to their family. The child may be carrying guilt about their rejection of cultural/family expectations. Furthermore, their immigration status may be dependent on their family, which could be used to dissuade them from seeking assistance.

39.1.14 Where a child discloses fear of honour based abuse, professionals in all agencies should respond in line with safeguarding children affected by domestic abuse and violence procedure and forced marriage of a child procedure; and the safeguarding children affected by domestic abuse and violence procedure. The professional response should include:

- Seeing the child immediately in a secure and private place;
- Seeing the child on their own;
- Explaining to the child the limits of confidentiality;
- Asking direct questions to gather enough information to make a referral to local authority children's social care and the police, including recording the child's wishes;
- Encouraging and/or helping the child to complete a personal risk assessment
- Developing an emergency safety plan with the child;
- Agreeing a means of discreet future contact with the child;
- Explaining that a referral to local authority children's social care and the police will be made (see Part A, chapter 2, Referral and assessment);
- Record all discussions and decisions (including rationale if no decision is made to refer to local authority children's social care).

See also Part A, chapter 2, Referral and assessment, section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment.

39.1.15 Local authority children's social care should incorporate into their assessments the safety planning, self-assessment and risk assessment processes in safeguarding children affected by domestic abuse and violence.

39.1.16 Professionals should not approach the family or community leaders, share any information with them or attempt any form of mediation. In particular, members of the local community should not be used as interpreters.

39.1.17 All multi-agency discussions should recognise the police responsibility to initiate and undertake a criminal investigation as appropriate.

39.1.18 Multi-agency planning should consider the need for providing suitable safe accommodation for the child, as appropriate.

39.1.19 If a child is taken abroad, the Foreign and Commonwealth Office may assist in repatriating them to the UK. See also Accessing information from abroad Procedure.

39.2 Forced marriage of a child

Accurate record keeping in all cases of violence/abuse in the name of honour is important. Records should:

- Be accurate, detailed, clear and include the date;
- Use the person's own words in quotation marks;
- Document any injuries – include photographs, body maps or pictures of their injuries;
- Only be available to those directly involved in the person's case.

The minimum response from all agencies should also involve, wherever possible, the following first steps:

- See the child immediately in a secure and private place where the conversation cannot be overheard;
- See them on their own – even if they attend with others;
- Recognise and respect their wishes;
- Perform a risk assessment;
- Reassure them about confidentiality i.e. practitioners will not inform their family;
- Establish a way of contacting them discreetly in the future;
- Obtain full details to pass on to local authority social care and the police;
- Consider the need for immediate protection and placement away from the family.

Under no circumstances should the practitioner:

- Send them away;
- Underestimate or minimise what the victim is telling them;
- Approach members of their family or the community unless they expressly ask you to do so;
- Share information with anyone without their express consent;
- Breach confidentiality;
- Assume it is a 'cultural' issue: it is an abuse of human rights;
- Attempt to be a mediator.

Introduction

39.2.1 Hundreds of people in the UK (particularly girls and young women), some as young as nine, are forced into marriage each year. A 'forced' marriage, as distinct from a consensual 'arranged' one, is a marriage conducted without the full informed consent of both parties with capacity to consent and where duress is a factor. Duress is not justifiable on religious or cultural grounds.

39.2.2 In 2013, the Government's definition of domestic abuse was updated and is now any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members' regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse:

- psychological;
- physical;
- sexual;
- financial;
- emotional

Consequently, acts such as forced marriage and so-called 'honour crimes' (which can include abduction and homicide) now come under the definition of domestic violence and abuse and in June 2014 it became a specific criminal offence to force someone to marry.

Recognition

39.2.3 A child who is being forced into marriage is at risk of significant harm from physical, sexual and emotional abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

39.2.4 Forced marriages reported to date in the UK have involved families from South Asia; Europe, East Asia, the Middle East and Africa. Some forced marriages take place in the UK with no overseas element, while others involve a partner coming from overseas or a British national being taken abroad.

39.2.5 The reasons given by parents who force their children to marry include protecting their children, building stronger families, strengthening family links, protecting family honour (e.g. promiscuity or homosexuality), retaining or acquiring wealth, appeasement etc.

39.2.6 Suspicions that a child may be forced into marriage may arise in a number of ways, including:

- A family history of older siblings leaving education early and leaving the country suddenly without returning or marrying early;
- Depressive behaviour including self-harming and attempted suicide;
- Unreasonable restrictions such as being kept at home by their parents ('house arrest') or being unable to complete their education;
- A child being in conflict with their parents;
- A child going missing/running away;
- A child always being accompanied including to school and doctors' appointments;
- A child talking about an upcoming family holiday that they are worried about, fears that they will be taken out of education and kept abroad; or
- A child directly disclosing that they are worried s/he will be forced to marry.

39.2.7 Information about a forced marriage may come from one of the child's peer group, a relative or member of the child's local community, from another professional or when other family issues are addressed, such as domestic abuse between parents.

Response

39.2.8 Situations where a child fears being forced into marriage have similarities with both domestic abuse and honour based abuse. Forced marriage may involve the child being taken out of the country (trafficked) for the ceremony, is likely to involve non-consensual and/or underage sex, and refusal to go through with a forced marriage has sometimes been linked to so-called 'honour killing'.

39.2.9 Professionals should respond in a similar way to forced marriage as with honour based abuse (i.e. in facilitating disclosure, developing individual safety plans, ensuring the child's safety by according them confidentiality in relation to the rest of the family, completing individual risk assessments etc.). There may be only one opportunity to effectively intervene. See Part B, chapter 17, Safeguarding children affected by domestic abuse and violence and section 40.1 Honour based abuse above.

39.2.10 The needs of victims of forced marriage will vary widely. The child may need help avoiding a threatened forced marriage, or help dealing with the consequences of a forced marriage that has already taken place.

39.2.11 Where a suspicion or allegation of forced marriage or intended forced marriage is raised, there may be only one opportunity to speak to a potential victim, so an appropriate initial response is vital. The professional should:

- See the child immediately in a secure and private place;
- See the child on their own;
- Explain to the child the limits of confidentiality;
- Tailor their approach according to whether the child is already married or is at risk of being married;
- Gather as much information as possible (e.g. the details of a the plan to force the child to marry, including a traceable address overseas) as a victim may never be seen again;
- Encourage and/or help the child to complete a personal risk assessment
- Develop an emergency safety plan with the child;
- Explain all the options to the child (starting with the fact that forced marriage is illegal and that it is a crime in the UK) and recognise and respect the child's wishes. If the child does not want local authority children's social care to intervene, the professional will need to consider whether the child's wishes should be respected or whether the child's safety requires that further action be taken. This requires the professional to make an assessment of the risk of harm facing the child;
- Agree a means of discreet future contact with the child;
- Contact, as soon as possible, the agency's designated safeguarding children professional, who should be involved in the assessment of risk;
- Record all discussions and decisions (including rationale if no decision is made to refer to local authority children's social care).

39.2.12 The professional or their agency's designated safeguarding children lead should contact the Forced Marriage Unit where experienced caseworkers will be able to offer support and guidance, on 020 7008 0151 or through https://www.gov.uk/guidance/forced-marriage

39.2.13 Professionals should not:

- Minimise the potential risk of harm;
- Approach or inform the child's family, friends or members of the community that the victim has sought help as this is likely to increase the risk to the victim significantly;
- Share information outside child protection information-sharing protocols without the express consent of the child;
- Attempt to be a mediator. This has in the past resulted in the victim being removed from the country and not traced /or murdered.

39.2.14 Where a conclusion is reached that a child is at risk of harm, the professional should make a referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment and, if the situation is acute, the appropriate police force control room. See also Part A, chapter 2, Referral and assessment, section 2.2, Referral criteria which provides guidance on the difference in local authority children's social care between s47/assessment.

Considerations for all agencies

39.2.15 When dealing with allegations of forced marriage, all professionals should:

- Keep information from case files and databases strictly confidential, and preferably restricted to named members of staff only;
- Consider, with their managers, staff safety when visiting the family home and any other settings (see Part B, chapter 6, Managing work with families where there are obstacles and resistance);
- Get as much information as possible when a case is first reported, as there may not be another opportunity for the individual reporting to make contact - particularly if the child is going overseas;
- When referring a case of forced marriage to other agencies, ensure they are capable of handling the case appropriately. If in doubt, consider approaching established women's groups who have a history of working with survivors of domestic abuse and forced marriage and ask these groups to refer them to reputable agencies;
- Recognise the police responsibility to initiate and undertake a criminal investigation as appropriate.

Action by local authority children's social care

39.2.16 Local authority children's social care should respond in line with the relevant sections of these procedures (see Part A, chapter 2, Referral and assessment, including section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment). In an acute situation, local authority children's social care should convene an immediate strategy meeting/discussion and proceed accordingly. See Part A, chapter 3, Child protection s47 enquiries.

Action by LSCB

39.2.17 Local Safeguarding Children Boards should promote awareness in the local third sector agencies and faith communities that forced marriage is abusive to children; it is not legal; it is a crime in the UK. Where a case of forced marriage has resulted in the serious harm of a child or young person, practitioners should also consider undertaking a serious case review.

Criminal Justice Disposals

39.2.18 The Anti-social Behaviour, Crime and Policing Act 2014 made it a specific criminal offence in England and Wales from June 2014 to force someone to marry, and the offence includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place);
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not);
- Breaching a Forced Marriage Protection Order

39.2.19 Additional criminal offences can be committed and perpetrators - usually parents or family members - could also be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, theft (of passport), threats to kill, imprisonment and murder. Sexual intercourse without consent is rape, regardless of whether this occurs within a marriage or not. A woman who is forced into marriage is likely to be raped and may be raped until she becomes pregnant.

39.2.20 The civil remedy of obtaining a Forced Marriage Protection Order through the family courts will continue to exist alongside the new criminal offence, so victims can choose how they wish to be assisted.

39.2.21 Anyone threatened with forced marriage or forced to marry against their will can apply for a Forced Marriage Protection Order. Third parties, such as relatives, friends, voluntary workers and police officers, can also apply for a protection order with the leave of the court. Fifteen county courts deal with applications and make orders to prevent forced marriages. Local authorities can now seek a protection order for adult with care or support needs and children without leave of the court. Guidance published by the Ministry of Justice explains how local authorities can apply for protection orders and provides information for other agencies.

National Guidelines

39.2.22 Government guidelines for responding to forced marriage situations are available at: Multi-agency Forced Marriage Guidelines

39.2.23 The National Police Chiefs Council (NPCC) 'Honour Based Abuse, Forced Marriage and Female Genital Mutilation: a Policing strategy for England, Wales and Northern Ireland- Erradicating Honour Based Abuse, Forced Marriage and Female Genital Mutilation together is available here

39.2.24 Local authority children's social care should report details of the case, with full family history, to the Community Liaison Unit at the Foreign and Commonwealth Office.

39.2.25 The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage. This statutory guidance sets out the responsibilities of Chief Executives, directors and senior managers. In addition, all practitioners working with children should have access to Multi-agency practice guidelines: Handling cases of Forced Marriage, published in 2009. There is also Guidance for local authorities on applying for forced marriage protection orders and information for other agencies at: Forced marriage guidance for local authorities and relevant third parties.

39.2.26 Local Safeguarding Children Boards should promote awareness in the local third sector agencies and faith communities that forced marriage is abusive to children; it is not legal and it is a crime in the UK. Where a case of forced marriage has resulted in the serious harm of a child or young person, the LSCB should also consider undertaking a Serious Case Review.

40.3 Safeguarding children at risk of abuse through female genital mutilation (FGM)

Legal Status

This chapter has been updated to reflect the amendment in the 2003 Act by the Serious Crime Act 2015.

40.3.1 The World Health Organisation (WHO) defines female genital mutilation (FGM) as: "all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons" (WHO, 1996).

40.3.2 FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 extended the prohibition making it also illegal to take a child abroad to undergo FGM, whether or not it is lawful in that country. It is illegal to aid, abet, counsel or procure the carrying out of FGM. In Scotland FGM is illegal under the Prohibition of FGM (Scotland) Act 2005. (See 4.03.12 and 40.3.13 for further offences relating to FGM, following amendments introduced by The Serious Crime Act 2015)

40.3.3 A child for whom FGM is planned is likely to suffer significant harm through physical abuse and emotional abuse, which is categorised by some also as sexual abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Cultural Underpinnings

40.3.4 FGM practice can be found in communities around the world. It is much more common than people realise. It is a complex issue because despite the harm it causes, many women from FGM practising communities consider FGM normal to protect their cultural identity.

40.3.5 Although FGM is practiced by secular communities, it is most often claimed to be carried out in accordance with religious/cultural beliefs. However, neither the Bible nor the Koran support the practice of FGM. In addition to giving religious reasons for subjecting their daughters to FGM, parents say they are acting in a child's best interests because it:

- Brings status and respect to the girl;
- Preserves a girl's virginity / chastity;

- Is a rite of passage;
- Gives a girl social acceptance, especially for marriage;
- Upholds the family honour;
- Helps girls and women to be clean and hygienic.

See Safeguarding children at risk of abuse through female genital mutilation (FGM) for a fuller list of reasons.

40.3.6 The age at which girls are subjected to female genital mutilation varies greatly, from shortly after birth to any time up to adulthood. The average age is 4 to 13 years, in some cases it is performed on new born infants or on young women before marriage or pregnancy.

Types of FGM

40.3.7 Female genital mutilation has been classified by the WHO into four types:

- Type 1: Circumcision - Excision of the prepuce with or without excision of all or part of the clitoris;
- Type 2: Excision (Clitoridectomy) - Excision of the clitoris with partial or total excision of the labia minora. After the healing process has taken place, scar tissue forms to cover the upper part of the vulva region;
- Type 3: Infibulation (also called Pharaonic Circumcision) -This is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora;
- Type 4: Unclassified - This includes all other procedures on the female genitalia, and any other procedure that falls under the definition of female genital mutilation given above.

Implications of FGM for a child's health and welfare

40.3.8 Short-term health implications can range from severe pain and emotional/ psychological trauma to death from blood loss or infection.

40.3.9 The health problems caused by FGM Type 3 are severe - urinary problems, difficulty with menstruation, pain during sex, lack of pleasurable sensation, psychological problems, infertility, vaginal infections, specific problems during pregnancy and childbirth, including flashbacks. Women with FGM Type 3 require special care during pregnancy and childbirth.

Identifying a child who has been subjected to FGM or who is at risk of being abused through FGM

40.3.10 Indications that FGM may be about to take place include:

- The family comes from a community that is known to practise FGM;
- A female elder is around
- A professional may hear reference to FGM

- A child may talk about a long holiday to her country of origin or another country where the practice is prevalent, including the Middle East;
- A child may confide to a professional that she is to have a 'special procedure' or to attend a special occasion/ceremony, or to ‘become a woman’; child may request help from a teacher or another adult;
- A child may be taken abroad at the start/before the school holidays
- Any female child born to a woman who has been subjected to FGM must be considered to be at risk, as must other female children in the extended family;
- Any female child who has a sister who has already have undergone FGM must be considered to be at risk, as must other female children in the extended family.

40.3.11 Indications that FGM may have already taken place include:

- A child may spend long or frequent periods of time away from the classroom during the day with bladder or menstrual problems if she has undergone Type 3 FGM;
- A prolonged absence from school with noticeable behaviour changes on the girl's return could be an indication that a girl has recently undergone FGM;
- A child may have broken/dislocated limbs, or have difficulty walking/sitting
- Professionals also need to be vigilant to the emotional and psychological needs of children who may/are suffering the adverse consequence of the practice (e.g. withdrawal, depression etc.);
- A child requiring to be excused from physical exercise lessons without the support of her GP;
- A child is reluctant to undergo examinations
- A child may ask for help. or confides in a professional what has happened.

Responding to FGM - Referral to local authority children's social care

40.3.12 Any information or concern that a child is at immediate risk of, or has undergone, female genital mutilation should result in a child protection referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment. See also section 2.2, Referral criteria, which provides guidance on the difference in local authority children's social care between s47/assessment. See also section 40.3, Safeguarding children at risk of abuse through female genital mutilation (FGM) above.

40.3.13 Where a child is thought to be at risk of FGM, practitioners should be alert to the need to act quickly - before the child is abused through the FGM procedure in the UK or taken abroad to undergo the procedure.

40.3.14 On receipt of a referral, a strategy meeting/discussion must be convened within two working days, and should involve representatives from the police, local authority children's social care, education, health and third

sector services. Health providers or third sector organisations with specific expertise (e.g. FGM, domestic abuse and/or sexual abuse) must be invited, and consideration may also be given to inviting a legal advisor.

40.3.15 Every attempt should be made to work with parents on a voluntary basis to prevent the abuse. It is the duty of the investigating team to look at every possible way that parental co-operation can be achieved, including the use of community organisations and/or community leaders to facilitate the work with parents/family. However, the child's interest is always paramount.

40.3.16 If no agreement is reached, the first priority is protection of the child and the least intrusive legal action should be taken to ensure the child's safety.

40.3.17 If the strategy meeting/discussion decides that the child is in immediate danger of mutilation and parents cannot satisfactorily guarantee that they will not proceed with it, then an emergency protection order should be sought.

40.3.18 If the child has already undergone FGM, the strategy meeting/discussion will need to consider carefully whether to continue enquiries or whether to assess the need for support services. If any legal action is being considered, legal advice must be sought.

40.3.19 A child protection conference should only be considered necessary if there are unresolved child protection issues once the initial investigation and assessment have been completed.

40.3.20 Where FGM has been practiced; the police child abuse investigation team (CAIT) will take a lead role in the investigation of this serious crime, working to common joint investigative practices and in line with strategy agreements.

Responding to FGM - the role of health

40.3.21 Health professionals in GP surgeries, sexual health clinics and maternity services are the most likely to encounter a girl or woman who has been subjected to FGM.

40.3.22 Health professionals encountering a girl or woman who has undergone FGM should be alert to the risk of FGM in relation to her:

- Younger siblings;
- Daughters or daughters she may have in the future;
- Extended family members.

40.3.23 All girls/women who have undergone FGM (and their boyfriends/partners or husbands) must be told that re-infibulation is against the law and will

not be done under any circumstances. Each woman should be offered counselling to address how things will be different for her afterwards.

40.3.24 After childbirth, a girl/woman who has been de-infibulated may request and continue to request re-infibulation. This should be treated as a child protection concern, as the girl/woman's apparent reluctance to comply with UK law and/or consider that the process is harmful raises concerns in relation to girl child/ren she may already have or may have in the future. Professionals should consult with their agency's designated safeguarding children lead and with local authority children's social care about making a referral to them (see Responding to FGM - Referral to Local Authority Children's Social Care).

40.3.25 All NHS hospitals are required to record and report the following data centrally to the Department of Health on a monthly basis:

- If a patient has had FGM;
- If there is a family history of FGM;
- If an FGM-related procedure has been carried out on a woman – (deinfibulation)

Reducing the prevalence of FGM

40.3.26 Local Safeguarding Children Boards should promote awareness in the local area, particularly amongst local communities which practice FGM, that female genital mutilation is abusive to children and not legal in the UK.

40.3.27 See also Part B, chapter 4, Accessing information from abroad.

40.3.28 With effect from 3 May 2015, the law was extended in the following way:

- A non-UK national who is ‘habitually resident’ in the UK and commits an offence relating to FGM abroad can now face a maximum penalty of 14 years imprisonment.
- It is also an offence to assist a non-UK resident to carry out FGM overseas on a female
- A new offence is created of failing to protect a girl from the risk of FGM. Anyone convicted of this offence can face imprisonment for up to seven years and/or an unlimited fine;
- To preserve the anonymity of victims of FGM. Anyone identifying a victim can be subject to an unlimited fine.

40.3.29 On 17 July 2015, Female Genital Mutilation Protection Orders came into force. They can be obtained in the Family Court (High Court) in the same way as Forced Marriage Protection Orders. If you are concerned that someone may be taken abroad for FGM you can apply for a Protection Order. The terms of the order can be flexible and the court can include

whatever terms it considers necessary and appropriate to protect the girl or woman.

40.3.30 From October 2015, there is a new mandatory reporting duty requiring specified regulated professionals in England and Wales to report FGM to the police. The duty applies where, in the course of their professional duties, a professional discovers that FGM appears to have been carried out on a girl aged under 18 (at the time of the discovery).

40.3.31 The duty applies where the professional either:

- is informed by the girl that an act of FGM has been carried out on her, or
- observes physical signs which appear to show an act of FGM has been carried out and has no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

40.3.32 The duty applies to professionals working within healthcare or social care, and teachers. It therefore covers:

- Professionals regulated by a body overseen by the Professional Standards Authority (with the exception of the Pharmaceutical Society of Northern Ireland). This includes doctors, nurses, midwives, and, in England, social workers,
- Teachers,
- Social care workers in Wales.

40.3.33 The duty does not apply where a professional has reason to believe that another individual working in the same profession has previously made a report to the police in connection with the same act of FGM. For these purposes, professionals regulated by a body which belongs to the Professional Standards Authority are considered as belonging to the same profession

40.3.34 Practice guidance for agencies can be found in:

Multi-Agency Practice Guidelines: Female Genital Mutilation (HM Gov. 2018)

https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation?utm_source=5306875d-7bd8-4856-afe3-6fbec7cf943f&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Home Office statutory guidance (2015) 'Mandatory Reporting of Female Genital Mutilation'

Flow chart published by DH / NHSE 'FGM Mandatory reporting duty

Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording, and reporting. (Royal College of Midwives 2013) Female Genital Mutilation: Caring for patients and safeguarding children. (British Medical Association 2011)

Traditional and local terms for FGM in different languages: http://www.bardaglscb.co.uk/Documents/Traditional%20and%20local%20terms%20for%20FGM.PDF

The process of applying for Female Genital Mutilation Protection Orders and ancillary orders for the protection of women at risk of FGM

40.3.35 Applications for an FGM Order can be made by:

- the girl or women to be protected (in person or with legal representation);
- a Relevant Third Party (RTP) (a person or organisation appointed by the Lord
- Chancellor. Currently, only local authorities have been classified as relevant third
- parties); or
- any other person with the permission of the court (for example, this could be the police a voluntary sector support service, a healthcare professional, a teacher, a friend or family member).

40.3.36 The court's powers to protect from FGM are extremely broad. It can make an FGM Protection Order without an application being made to it if the court considers that there is evidence on the balance of probabilities that this should be done to protect a female that the court is aware of. For example during current family proceedings or in the criminal courts dealing with a genital mutilation offence if the defendant in the criminal proceedings would be the named respondent in the application for a FGM Protection Order. The court can also make an order to protect a sibling of a female known by the court to already have been victim to the FGM procedure.

Applications should be lodged with one of the designated FGM courts. The most local being the East London Family Court

40.3.37 **Application for Female Genital Mutilation Protection Orders should be made on FGM**001. "Female Genital Mutilation (FGM) Protection Order" This can be found via the link http://hmctsformfinder.justice.gov.uk/HMCTS/FormFinder.do

40.3.38 The court can be asked to hear the application and make the order without notice to the respondents. The court will hear the application without notice if it believes that a) there is a risk of the FGM procedure being carried out if the order is not made immediately b) the applicant will be deterred from making the application unless it is heard without notice

to the respondent and c) where the respondent is aware of the proceedings but is deliberately avoiding service and that the person to be protected would be seriously prejudiced by the delay in giving notice.

Ancillary applications

40.3.39 In the event that the alleged victim of FGM has been removed from the jurisdiction. It is possible to apply for leave to apply for an order under the inherent jurisdiction of the High Court for the female to be returned. This application is made on form C66 “Application for inherent jurisdiction order in relation to children” accompanied by the form C1a “allegations of harm and Domestic Violence (supplemental information form)”

40.3.40 In addition to the application form(s) the bundle should include all the evidence which the Local Authority seeks to rely upon. At a minimum the evidence sent in should include sworn evidence from the allocated social worker or professional with whom the female to be protected has had contact and the strategy meeting minutes.

The Hearing

40.3.41 The Judge will consider the sworn evidence of the allocated social worker who should attend to testify to the truth of their statement and to answer any additional questions that arise. The burden remains with the applicant to prove on the balance of probabilities that FGM has been carried out or that the female to be protected is at risk of FGM from the respondent’s actions.

The Order

40.3.42 The court has the authority to make the order in broad terms to achieve the protection of the female(s) concerned. Given below are a few examples of real terms used:

1. [Respondent’s name] is prohibited from carrying out or arranging the genital mutilation of [name and date of birth of female to be protected] and from aiding, abetting, counselling or procuring or asking any other person to carry out the act of genital mutilation of [name and date of birth of female to be protected]
2. [Respondent’s name] shall upon the service of this order by [Essex] Police or a representative of [the applicant] surrender his/her passports, both British and [other nationality] and any travel documents in his/her name.
3. [Respondent’s name] shall produce [name and date of birth of female to be protected] and their passport to the court at the next hearing of this matter on [date].
4. [Respondent’ name] shall produce [name and date of birth of female to be protected] to [name of nominated medical professional] together with their passport at the appointment booked for [location, date and time] to enable an examination of [name and date of birth of female to be protected] to determine if [name of female to be protected] has been subject to the FGM procedure.

5. Leave to [name of applicant] to file and serve report of [name of nominated medical professional] to include confirmation that the identity of [name and date of birth of female to be protected] was checked and confirmation as to whether [name and date of birth of female to be protected] has been subject to any form of FGM procedure.

40.3.43 In the event that the order is made without notice to the responding party(ies) then an order will be made to secure the safety of the female concerned and directions given for the filing of statements in response. The case will then be listed after a short period of time which the court considers reasonable to allow the respondents to be served, seek legal advice, file evidence in response and attend at court.

40.3.44 Useful contacts:

East London Family Court
6th and 7th Floor
11 Westferry Circus
London
E14 4HD
Tel: 020 3197 2886
eastlondonfamilyenquiries@hmcts.gsi.gov.uk

Home Office
FGMEnquiries@homeoffice.gsi.gov.uk

Foreign Commonwealth Office
info@fco.gov.uk
+44 (0) 20 7008 1500.

Useful guidance
Female Genital Mutilation (FGM) Protection Orders: A guide to the court process (2015)

40.4 Male Circumcision

Introduction

40.4.1 Male circumcision is the surgical removal of the foreskin of the penis. The procedure is usually requested for social, cultural or religious reasons (e.g. by families who practice Judaism or Islam). There are parents who request circumcision for assumed medical benefits.

40.4.2 There is no requirement in law for professionals undertaking male circumcision to be medically trained or to have proven expertise. Traditionally, religious leaders or respected elders may conduct this practice.

Circumcision for therapeutic/medical purposes

40.4.3 The British Association of Paediatric Surgeons advises that there is rarely a clinical reason for circumcision.

40.4.4 Where parents request circumcision for their son for assumed medical reasons, it is recommended that circumcision should be performed by or under the supervision of doctors trained in children's surgery in premises suitable for surgical procedures.

40.4.5 Doctors/health professionals should ensure that any parents seeking circumcision for their son in the belief that it confers health benefits are fully informed that there is a lack of professional consensus as to current evidence demonstrating any benefits. The risks/benefits to the child must be fully explained to the parents and to the young man himself, if Fraser competent.

40.4.6 The medical harms or benefits have not been unequivocally proven except to the extent that there are clear risks of harm if the procedure is done inexpertly.

Non-therapeutic circumcision

40.4.7 Male circumcision that is performed for any reason other than physical clinical need is termed non-therapeutic circumcision.

Legal Position

40.4.8 The legal position on male circumcision is untested and therefore remains unclear. Nevertheless, professionals may assume that the procedure is lawful provided that:

- It is performed competently, in a suitable environment, reducing risks of infection, cross infection and contamination;
- It is believed to be in the child's best interests;
- There is valid consent from family/parents and the child, if old enough, is Fraser competent.

40.4.9 If doctors or other professionals are in any doubt about the legality of their actions, they should seek legal advice.

Principles of Good Practice

40.4.10 The welfare of the child should be paramount, and all professionals must act in the child's best interests. Children who are able to express views about circumcision should always be involved in the decision-making process:

- Even where they do not decide for themselves, the views that children express are important in determining what is in their best interests;
- Parental preference alone does not constitute sufficient grounds for performing a surgical procedure on a child unable to express his own view. Parental preference must be weighed in terms of the child's interests;
- When the courts have confirmed that the child's lifestyle and likely upbringing are relevant factors to take into account. Each individual case needs to be considered on its own merits.

40.4.11 An assessment of best interests in relation to non-therapeutic circumcision should include consideration of:

- The child's own ascertainable wishes, feelings and values;
- The child's ability to understand what is proposed and weigh up the alternatives;
- The child's potential to participate in the decision, if provided with additional support or explanations;
- The child's physical and emotional needs;
- The risk of harm or suffering for the child;
- The views of parents and family;
- The implications for the child and family of performing, and not performing, the procedure;
- Relevant information about the child and family's religious or cultural background.

40.4.12 Consent for circumcision is valid only where the people (or person) giving consent have the authority to do so and understand the implications (including that it is a non-reversible procedure) and risks. Where people with parental responsibility for a child disagree about whether he should be circumcised, the child should not be circumcised without the leave of a court.

Doctors' response

40.4.13 Doctors are under no obligation to comply with a request to circumcise a child and circumcision is not a service which is provided free of charge. Nevertheless, some doctors and hospitals are willing to provide circumcision without charge rather than risk the procedure being carried out in unhygienic conditions.

40.4.14 Poorly performed circumcisions have legal implications for the doctor responsible. In responding to requests to perform male circumcision, doctors should follow the guidance issued by the:

- General Medical Council: Guidance for doctors;
- British Medical Association: in respect of responding to requests to perform male circumcision;

- Royal College of Surgeons: Statement on Male Circumcision. Male Circumcision

Recognition of harm

40.4.15 Circumcision may constitute significant harm to a child if the procedure was undertaken in such a way that he:

- Acquires an infection as a result of neglect;
- Sustains physical functional or cosmetic damage;
- Suffers emotional, physical or sexual harm from the way in which the procedure was carried out;
- Suffers emotional harm from not having been sufficiently informed and consulted, or not having his wishes taken into account.

See Part A, chapter 1, Responding to concerns of abuse and neglect.

Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful there needs to be compulsory intervention by child protection agencies in the life of the child and their family.

40.4.16 Harm may stem from the fact that clinical practice was incompetent (including lack of anaesthesia) and/or that clinical equipment and facilities are inadequate, not hygienic etc.

40.4.17 The professionals most likely to become aware that a boy is at risk of, or has already suffered, harm from circumcision are health professionals (GPs, health visitors, A&E staff or school nurses) and childminding, day care and teaching staff.

Multi-agency response

40.4.18 If a professional in any agency becomes aware, through something a child discloses or another means, that the child has been or may be harmed through male circumcision, a referral must be made to local authority children's social care in line with Referral and Assessment Procedure. Local authority children's social care should assess the risk of harm to other male children in the same family, including unborn children.

Role of community/religious leaders

40.4.19 Community and religious leaders should take a lead in the absence of approved professionals and develop safeguards in practice. This could include setting standards around hygiene, advocating and promoting the practice in a medically controlled environment and outlining best practice if complications arise during the procedures.

40.5 Spirit Possession or Witchcraft

Introduction

40.5.1 Current guidelines for praying for children and engaging with them in a faith context are available in the 'Safe and Secure' booklet, available at: www.ccpas.co.uk, produced by the Churches' Child Protection Advisory Service (CCPAS) and the Metropolitan Police. Whilst the booklet is specifically for Christian communities, the principles it sets out for safeguarding children are the same across all faith communities and can be adapted accordingly. See also Part B, chapter 2, Roles and responsibilities, section 2.25.21, Churches, other places of worship and faith communities.

40.5.2 Where parents, families and the child themselves believe that an evil force has entered a child and is controlling them, the belief includes the child being able to use the evil force to harm others. This evil is variously known as black magic, kindoki, ndoki, the evil eye, djinns, voodoo, obeah. Children are called witches or sorcerers.

40.5.3 Parents can be initiated into and/or supported in the belief that their child is possessed by an evil spirit by a privately contacted spiritualist/indigenous healer or by a local community faith leader. The task of exorcism or deliverance is often undertaken by a faith leader, or by the parents or other family members.

40.5.4 A child may suffer emotional abuse if they are labelled and treated as being possessed with an evil spirit. In addition, significant harm to a child may occur when an attempt is made to 'exorcise' or 'deliver' the evil spirit from the child. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

40.5.5 The forms the abuse can take include:

- Physical abuse: beating, burning, cutting, stabbing, semi-strangulating, tying up the child, or rubbing chilli peppers or other substances on the child's genitals or eyes;
- Emotional abuse: in the form of isolation (e.g. not allowing a child to eat or share a room with family members or threatening to abandon them). The child may also be persuaded that they are possessed;
- Neglect: failure to ensure appropriate medical care, supervision, school attendance, good hygiene, nourishment, clothing or warmth;

- Sexual abuse: within the family or community, children abused in this way may be particularly vulnerable to sexual exploitation.

Reasons for the Abuse

40.5.6 A belief in spirit possession is not confined to particular countries, cultures, religions or communities. Common factors that put a child at risk of harm include:

- Belief in evil spirits: this is commonly accompanied by a belief that the child could 'infect' others with such 'evil'. The explanation for how a child becomes possessed varies widely, but includes through food that they have been given or through spirits that have flown around them;
- Scapegoating because of a difference: it may be that the child is being looked after by adults who are not their parents (i.e. privately fostered), and who do not have the same affection for the child as their own children;
- Rationalising misfortune by attributing it to spiritual forces and when a carer views a child as being 'different' because of disobedience, rebelliousness, over-independence, bedwetting, nightmares, illness or because they have a perceived or physical abnormality or a disability;

Disabilities involved in documented cases included learning disabilities, mental ill health, epilepsy, autism, a stammer and deafness;

- Changes and/or complexity in family structure or dynamics: there is research evidence (see Stobart, Child Abuse linked to Accusations of Spirit Possession [DfES 2006]) that children become more vulnerable to accusations of spirit possession following a change in family structure (e.g. a parent or carer having a new partner or transient or several partners). The family structure also tended to be complex so that exact relationships to the child were not immediately apparent. This may mean the child is living with extended family or in a private fostering arrangement (see Part B, chapter 36, Children living away from home, section 36.2, Private fostering). In some cases, this may even take on a form of servitude;
- Change of family circumstances for the worse: a spiritual explanation is sought in order to rationalise misfortune and the child is identified as the source of the problem because they have become possessed by evil spirits. Research evidence is that the family's disillusionment very often had its roots in negative experiences of migration:
    - In the vast majority of identified cases in the UK to date, the families were first or second generation migrants suffering from isolation from extended family, a sense of not belonging or feeling threatened or misunderstood. These families can also have significantly unfulfilled expectations of quality of life in the UK;
- Parental difficulties: a parent's mental ill health appears to be attributed to a child being possessed in a significant minority of cases. Illnesses

typically involved include post-traumatic stress disorder, depression and schizophrenia.

Recognising child abuse or neglect linked to spirit possession

40.5.7 Indicators of abuse include:

- A child's body showing signs or marks, such as bruises or burns, from physical abuse;
- A child becoming noticeably confused, withdrawn, disorientated or isolated and appearing alone amongst other children;
- A child's personal care deteriorating, for example through a loss of weight, being hungry, turning up to school without food or food money or being unkempt with dirty clothes and even faeces smeared on to them;
- It may also be directly evident that the child's parent does not show concern for or a close bond with them;
- A child's attendance at school becoming irregular, or being taken out of school all together without another school place having been organised;
- A child reporting that they are or have been accused of being evil, and/ or that they are having the devil beaten out of them.

40.5.8 Professionals who are best placed to recognise when a child has been labelled as spirit possessed are those who have regular contact with children - teachers and school nurses, health professionals, community groups and churches, and in some instances local authority children's social care professionals. Professionals working with parents may also become aware that a parent has come to believe that an evil spirit has entered their child.

Professional Response

40.5.9 Faith based abuse may challenge a professional's own faith and/or belief, or the professional may have little or no knowledge on the issues that may arise. This makes it difficult for the professional to identify what they might be dealing with and affect their judgement. It will often take a number of contacts with the child or pieces of information to recognise the abuse.

40.5.10 Professionals should consider:

- How to build a relationship of trust with the child, and whether there is another professional who already has a trusting relationship with the child;
- Whether to involve the family. A belief that the child is possessed may mean they are stigmatised in their family. If the child has been labelled as possessed, professionals should find out how this affects

the child's relationship with others in the extended family and community;

- What the beliefs of the family are;
- Where to obtain expert advice about cultures or beliefs that are not their own;
- What pressures the family are under. These cases of abuse will sometimes relate to blaming the child for something that has gone wrong in the family. Professionals should consider whether there is anything that can or should be done to address relevant pressures on the family;
- That the abuser may have a deeply held belief that they are delivering the child of evil spirits and that they are not harming the child but actually helping them. Holding such a belief is no defence or mitigation should a child be abused.
- Professionals should consider:
- Whether these beliefs are supported by others in the family or in the community, and whether this is an isolated case or if other children from the same community are being treated in a similar manner;
- Whether there is a faith community and leader which the family and the child adhere to:
  - As a minimum, the full details of the faith leader and faith community to which the family and child adhere to should be obtained;
  - The exact address of the premises where worship or meetings take place should be obtained;
  - Further information should be obtained about the belief of the adherents and whether they are aligned to a larger organisation in the UK or abroad (websites are particularly revealing in terms of statements of faith and organisational structures).
- The family structure:
  - The roles of the adults in the household should be clarified (e.g. who the child's main carer is, whether the child is being privately fostered);
  - Whether the abuse relates to the arrival of a new adult into the household or the arrival of the child, perhaps from abroad;
  - If the child has recently arrived, what their care structure in their country of origin was. What the child's immigration status is;
  - The identities and relationships of all members of the household. These should be confirmed with documentation; it may be appropriate to consider DNA testing.
- Whether there are reasons for the child to be scapegoated (e.g. the child's behaviour or physical appearance may be different from other children in the family or community, the child may be disabled or their parents labelled as possessed);
- Whether an interpreter is required. If working with a very small community, the professional should assure themselves that the interpreter and the family are not part of the same social network.

40.5.11 Professionals should ensure that all the agencies in the child's network understand the situation so that they are in a position to support the child appropriately. The child can themselves come to hold the belief that they are possessed and this can significantly complicate their rehabilitation.

40.5.12 To dismiss the belief may be harmful to the child involved. With careful and appropriate engagement and adequate support, harm can be reduced or in some cases totally removed.

Working with Places of Worship and Faith Organisations

40.5.13 In some circumstances, it may be appropriate to work in partnership with a responsible leader/s from a faith community or to assist a community in terms of safeguarding children through education and training. Such training provides preventative and parenting opportunities.

40.5.14 Before embarking on this course of action, a risk assessment should be conducted to ensure that the child/ren, professionals and others involved in the engagement can do so safely. This strategy is best conducted utilising agencies such as the police and trusted community partners. There are charities and statutory bodies who can access faith communities to assist in this training.

40.5.15 Concerns about a place of worship may emerge where:

- A lack of priority is given to the protection of children and there is a reluctance of some leaders to get to grips with the challenges of implementing sound safeguarding policies or practices;
- Assumptions exist that 'people in our community' would not abuse children or that a display of repentance for an act of abuse is seen to mean that an adult no longer poses a risk of harm;
- There is a denial or minimisation of the rights of the child or the demonisation of individuals;
- There is a promotion of mistrust of secular authorities.

40.5.16 Professionals should consult with their agency's designated safeguarding children lead and make a referral to local authority children's social care, in line with the Referral and Assessment Procedure.

Children being taken out of the UK

40.5.17 If a professional is concerned that a child who is being abused or neglected is being taken out of the country, it is relevant to consider:

- Why the child is being taken out of the UK;
- Whether the care arrangements for the child in the UK allow the local authority to discharge its safeguarding duties;

- What the child's immigration status is. Professionals should also consider whether the child recently arrived in the UK, and how they arrived;
- What the proposed arrangements are for the child in their country of destination, and whether it is possible to check these arrangements;
- Whether the arrangements appear likely to safeguard and promote the child's welfare;
- That taking a child outside of the UK for exorcism or deliverance type procedures is likely to cause significant harm.

See Part B, chapter 26, Safeguarding trafficked and exploited children.

40.5.18 See also Safeguarding Children from Abuse Linked to a Belief in Spirit Possession (DfES, 2007)

40. Parents where there are specific or multiple issues

40.1 Parents who Misuse Substances

Introduction

40.1.1 Although there are some parents who are able to care for and safeguard their child/ren despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

40.1.2 Where a parent has enduring and/or severe substance misuse problems, children in the household are likely to suffer significant harm primarily through emotional abuse and neglect. The child/ren may also not be well protected from physical or sexual abuse. See Part A., chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of physical harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

Maternal substance misuse in pregnancy

40.1.3 Maternal substance misuse in pregnancy can have serious effects on the health and development of the child before and after birth. Many factors affect pregnancy outcomes, including poverty, poor housing, poor maternal health and nutrition, domestic abuse and mental health. Assessing the impact of parental substance misuse must take account of such factors. Pregnant women (and their partners) must be encouraged to seek early antenatal care and treatment to minimise the risks to themselves and their unborn child. See Part A, chapter 2, Referral and Assessment, section 2.6, Pre-birth referral and assessment.

Newborn babies and children

40.1.4 Newborn babies may experience withdrawal symptoms (e.g. high pitched crying and difficulties feeding), which may interfere with the parent/child bonding process. Babies may also experience a lack of basic health care, poor stimulation and be at risk of accidental injury.

40.1.5 The risk to child/ren may arise from:

- Substance misuse affecting their parent/s' practical caring skills: perceptions, attention to basic physical needs and supervision which may place the child in danger (e.g. getting out of the home unsupervised);

- Substance misuse may also affect control of emotion, judgement and quality of attachment to, or separation from, the child;
- Parents experiencing mental states or behaviour that put children at risk of injury, psychological distress (e.g. absence of consistent emotional and physical availability), inappropriate sexual and / or aggressive behaviour, or neglect (e.g. no stability and routine, lack of medical treatment or irregular school attendance);
- Children are particularly vulnerable when parents are withdrawing from drugs;
- The risk is also greater where there is evidence of mental ill health, domestic abuse and when both parents are misusing substances;
- There being reduced money available to the household to meet basic needs (e.g. inadequate food, heat and clothing, problems with paying rent [that may lead to household instability and mobility of the family from one temporary home to another]);
- Exposing children to unsuitable friends, customers or dealers;
- Normalising substance use and offending behaviour, including children being introduced to using substances themselves;
- Unsafe storage of injecting equipment, drugs and alcohol (e.g. methadone stored in a fridge or in an infant feeding bottle). Where a child has been exposed to contaminated needles and syringes (see also Part B, section 42.6, Blood-borne viruses);
- Children having caring responsibilities inappropriate to their years placed upon them (see Part B, chapter 31, Young carers);
- Parents becoming involved in criminal activities, and children at possible risk of separation (e.g. parents receiving custodial sentences);
- Children experiencing loss and bereavement associated with parental ill health and death, parents attending inpatient hospital treatment and rehab programmes;
- Children being socially isolated (e.g. impact on friendships), and at risk of increased social exclusion (e.g. living in a drug using community);
- Children may be in danger if they are a passenger in a car whilst a drug / alcohol misusing carer is driving.

40.1.6 Children whose parent/s are misusing substances may suffer impaired growth and development or problems in terms of behaviour and/or mental/ physical health, including alcohol/substance misuse and self-harming behaviour.

40.1.7 See the National Patient Safety Alert (November 2009) Preventing harm to children from parents with mental health needs. www.nrls.npsa.nhs.uk/resources/?entryid45=59898

Importance of working in partnership

40.1.8 Substance misuse professionals must identify those adults who are parents, or who have regular care giving responsibilities for or access to

children, and share the information with local authority children's social care as early as possible.

40.1.9 Local authoritychildren's social care, substance misuse services and other agency services must undertake a multi-disciplinary assessment using an Assessment Framework (see Part A, chapter 2, Referral and assessment and Appendix 4 for a summary and diagram of the Assessment Framework), including specialist substance misuse and other assessments, to determine whether or not parents with substance misuse problems can care adequately for their child/ren. Such assessment should include whether they are willing and able to lower or cease their substance misuse, and what support they need to achieve this.

40.1.10 Professionals in all agencies must recognise that their primary duty is to safeguard and promote the welfare of the child/ren.

40.1.11 All care programme meetings for adults who are a parent must include ongoing assessment of the needs or risk factors for the child/ren concerned. Local authority children's social care should be invited to such meetings if appropriate and contribute.

40.1.12 Strategy meetings/discussions, child protection conferences and core group meetings, must include professionals from any drug and alcohol service involved with the subject child and their family.

40.1.13 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-disciplinary/agency protocols and training are in place for the co-ordination of assessment and support and for close collaboration between all local authority children's and adult's services.

40.2 Parenting Capacity and Mental Illness

Introduction

40.2.1 Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have mental ill health may be seen as children with additional needs requiring professional support, and in these circumstances the need for a common assessment should be considered.

40.2.2 Where a parent has enduring and/or severe mental ill-health, children in the household are more likely to suffer significant harm. This could be through physical, sexual or emotional abuse, and/or neglect. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of physical harm which is such that it

requires a compulsory intervention by child protection agencies into the life of the child and their family.

40.2.3 A child likely to suffer significant harm or whose well-being is affected, could be a child:

- Who features within parental delusions;
- Who is involved in his/her parent's obsessional compulsive behaviours;
- Who becomes a target for parental aggression or rejection;
- Who has caring responsibilities inappropriate to his/her age (see Part B, chapter 31, Young carers);
- Who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide);
- Who may be part of suicidal plans;
- Who is neglected physically and/or emotionally by an unwell parent;
- Who does not live with the unwell parent, but has contact (e.g. formal unsupervised contact sessions or the parent sees the child in visits to the home or on overnight stays);
- Who is at risk of severe injury, profound neglect or death;
- Or s/he could be an unborn child:
- Of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also, severe personality disorders involving known risk of harm to self and/or others.

40.2.4 The following factors may impact upon parenting capacity and increase concerns that a child may be suffering, or likely to suffer, significant harm:

- History of mental health problems with an impact on the sufferer's functioning;
- Unmanaged mental health problems with an impact on the sufferer's functioning;
- Maladaptive coping strategies;
- Misuse of drugs, alcohol, or medication;
- Severe eating disorders;
- Self-harming and suicidal behaviour;
- Lack of insight into illness and impact on child, or insight not applied;
- Non-compliance with treatment;
- Poor engagement with services;
- Previous or current compulsory admissions to mental health hospital;
- Disorder deemed long term 'untreatable', or untreatable within time scales compatible with child's best interests;
- Mental health problems combined with domestic abuse and/or relationship difficulties;
- Mental health problems combined with isolation and / or poor support networks;
- Mental health problems combined with criminal offending (forensic);

- Non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems);
- Previous referrals to local authority children's social care for other children.

40.2.5 Adult mental health services should have access to named nurses/doctors/professionals for safeguarding children within their agency and seek advice from them if necessary.

Importance of working in partnership

40.2.6 Adult mental health professionals must identify those service users who are pregnant and those who are parents or who have regular access to children, whether they reside with children or not. Professionals should consider the needs of all children as part of their Care Programme Approach (CPA) assessments.

40.2.7 When adult mental health services and local authority children's social care are both involved with a family, joint assessments should be carried out to assess the support parents need and the risk of harm to the child/ren, in line with Part A, chapter 2, Referral and assessment (section 2.2,. Referral criteria, provides guidance on the difference in local authority children's social care between s47 / assessment). Other agencies/services should be involved as appropriate (e.g. primary care).

40.2.8 Where appropriate, children should be given an opportunity to contribute to assessments as they often have good insight into the patterns and manifestations of their parent's mental ill-health.

40.2.9 CPA assessments and meetings for any adult who is a parent must include ongoing monitoring of the needs and risk factors for the children concerned. Local authority children's social care should be invited to contribute if they are involved with a family or where risks and needs have been identified that justify their involvement.

40.2.10 Mental health professionals must be included in strategy meetings, child protection conferences or associated meetings if a mental health service user is involved.

40.2.11 Mental health inpatient services should have written policies regarding the welfare of children and particularly the visiting of inpatients by children. See Part B, chapter 39, Children visiting psychiatric wards and facilities.

40.2.12 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring that inter-agency/disciplinary protocols are in place to clarify arrangements for co-ordination of assessment, support and collaboration.

40.3 Parenting capacity and learning disabilities

40.3.1 Parental learning disabilities do not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess the implications for each child in the family. Learning disabled parents may need support to develop the understanding, resources, skills and experience to meet the needs of their children. Such support is particularly necessary where the parent/s experience the additional stressors of:

- Social exclusion;
- Having a disabled child (see Part B, chapter 18, Disabled children);
- Experiencing domestic abuse (see Part B, chapter 17, Safeguarding children affected by domestic abuse and violence);
- Having poor mental health (see Part B, section 41.2, Parenting capacity and mental illness);
- Having substance misuse problems (see Part B, section 41.1, Parents who misuse substances);
- Having grown up in care (see Part B, chapter 36, Children living away from home, section 36.1, Foster care and section 36.3, Residential care).

40.3.2 In most cases it is these additional stressors, when combined with a parent's learning disability, that are most likely to lead to concerns about the care their child/ren may receive. If a parent with learning difficulties appears to have difficulty meeting their child/ren's needs, a referral should be made to local authority children's social care, who have a responsibility to assess the child's needs and offer supportive and protective services as appropriate.

40.3.3 Where a parent has enduring and/or severe learning disabilities, children in the household are more likely to suffer significant harm through emotional abuse, and/or neglect, but also through physical and/or sexual abuse. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

40.3.4 The following factors may contribute to a child having suffered, or being more likely to suffer, significant harm:

- Children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems, including alcohol/substance misuse and self- harming behaviour;

- Children having caring responsibilities inappropriate to their years placed upon them, including looking after siblings (see Part B, chapter 31, Young carers);
- Neglect leading to impaired growth and development, physical ill health or problems in terms of being out of parental control;
- Mothers with learning disabilities may be targets for men who wish to gain access to children for the purpose of sexually abusing them.

40.3.5 Local authority children's social care, adult with care or support needs services and other agency services must undertake a multi-disciplinary assessment using an Assessment Framework (see Part A, chapter 2, Referral and assessment and Appendix 4: Triangle chart for the Assessment of Children in Need and their Families for a summary and diagram of the Assessment Framework), including specialist learning disability and other assessments, to determine whether or not parents with learning disabilities require support to enable them to care for their children. Such assessment will also assist in considering whether the level of learning disability is such that it may impair the health or development of the child for an adult with learning disabilities to be the primary carer.

40.3.6 All agencies must recognise that their primary duty is to ensure the promotion of the child's welfare, including their protection from any risk of harm.

40.3.7 Local Safeguarding Children Boards are responsible for taking full account of the challenges and complexities of work in this area by ensuring inter-disciplinary/agency protocols are in place for the co-ordination of assessment and support, and for close collaboration between all local children's and adult's services.

40.3.8 Local authority adult with care or support needs services should ensure eligibility criteria for service provision is such that parents with learning disabilities who need help in order to be able to care for their children can benefit from support provided under the NHS and Community Care Act 1990.

40.3.9 Group education combined with home-based support increases parenting capacity. Supported parenting should include:

- Accessible information;
- Advocacy;
- Peer support;
- Multi-agency and multi-disciplinary re/assessments;
- Long-term home-based and other support.

40.3.10 For further information see Good practice guidance on working with parents with a learning disability (DH / DfES, 2007), available at www.dh.gov.uk

41. Further safeguarding information

41.1 Lack of Parental Control

41.1.1 When children are brought to the attention of the police or the wider community because of their anti-social behaviour, this may reflect vulnerability due to their parents experiencing difficulties or being neglectful. These children may be suffering, or likely to suffer, significant harm. This could be through physical, sexual or emotional abuse, and/or neglect. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is likely to suffer a degree of harm which is such that it requires a compulsory intervention by child protection agencies into the life of the child and their family.

41.1.2 These children's needs should be assessed and they should receive an appropriate multi-agency response. A range of powers should be used to engage families to improve the child's behaviour where engagement cannot be secured on a voluntary basis:

- A parenting order can be made - this provides an effective means of engaging with and supporting parents, while helping them develop their ability to undertake their parental responsibilities. A parenting order consists of two elements:
  - A requirement on the parent to attend counselling or guidance sessions (for example, parenting education or parenting support classes). This is the core of the parenting order and lasts for three months;
  - A requirement on the parent to comply with such requirements as are determined necessary by the court. This element can last up to 12 months; and
- An education related parenting order - this is a civil court order which consists of the same two elements as standard parenting orders, except that they focus specifically on improving the behaviour and attendance of the child. Parent Support Advisers can be used instead of or as support for, an education related parenting order.

41.1.3 Arrangements should be in place for local community safety teams to seek help or advice about when antisocial behaviour by children should be regarded as evidence of need.

41.1.4 Children may participate in the neglect or mistreatment of a adult with care or support needs within their family. Professionals in safeguarding adults' and children's teams should work together to protect both adult with care or support needs and children.

41.2 Child left alone

Introduction

41.2.1 The law is not clear because it does not state an age when children can be left alone. However, parents can be prosecuted for wilful neglect if they leave a child unsupervised 'in a manner likely to cause unnecessary suffering or injury to health' (Children and Young Persons Act, 1933).

41.2.2 Nor does the law state an age when young people can baby-sit. However, where a baby-sitter is under the age of 16 years, parents remain legally responsible to ensure that their child comes to no harm.

41.2.3 This is, in part, in recognition that all children are different and demonstrate different levels of maturity and responsibility.

41.2.4 In any situation where a child is left alone, consideration should be given to the context (e.g. the ages, needs and maturity of the children, the length of time involved, the frequency of such incidents, the safety of the location and any other relevant factors). Having taken into account the circumstances above, the key question to ask is was the child left to their own fate?

Responses to children left alone

41.2.5 If the child is already known to local authority children's social care, professionals should check whether the case record indicates a plan of action to take if the child is found alone. It may be that the file indicates the need for police protection or an application for an emergency protection order in these circumstances.

41.2.6 In any case, if immediate protection of the child is assessed to be necessary, professionals should:

- Either under police protection or EPO, take the child to a suitable place and arrange a placement;
- If entry cannot be gained to an unsupervised child, obtain police assistance by contacting Essex Police:
  - When an emergency protection order is made, a warrant authorising any constable to assist in entering and searching the named premises can be obtained (Children Act 1989, s48);
  - In dire emergencies, the police can exercise their powers under s17(1)e of the Police and Criminal Evidence Act 1984 to enter and search premises without a warrant for the purposes of saving life and limb. If this action is taken, the police may consider it appropriate for the child/ren to be placed in police protection (Children Act 1989, s46).
- Leave a note for the parent or responsible adult, giving all information regarding the action to be taken and the reason, and advising them of

what to do. If English is not the first language the note should be translated;
- Collect the child's immediate necessities and familiar toys. Ensure the child understands as far as is possible what is happening, recognising that being taken away from home by unknown adults (one of whom may be in uniform) may be understandably more frightening to the child than being left alone.

41.2.7 If immediate protection is assessed as not necessary, professionals should:

- Establish the child's understanding of the whereabouts of the parent or responsible person and of the arrangements made;
- If the parent can be located, reunite parent and child and advise the parent of the dangers of leaving children alone;
- If the parent or responsible person seems likely to return shortly, wait with the child;
- If the parent or responsible adult has not returned within 30 minutes, either arrange for another responsible person to take responsibility for the child, or remove the child. A suitably responsible person could be a neighbour, relatives, someone with parental responsibility or a residence order, or friends known to and trusted by the child and professionals.

Subsequent Action

41.2.8 On finding that a child has been left alone, it will be appropriate for consideration to be given to whether there needs to be further involvement with the family. An assessment of need, including the need for protection, should always be undertaken to see if there are identifiable needs within the family and for the child. The decision made and the reasons for this must be recorded.

Child left alone in a public place

41.2.9 A child inappropriately left alone in a public place will normally be dealt with in the first instance by the police.

Bed and breakfast accommodation

41.2.10 A child left alone in a room in bed and breakfast accommodation, where no suitable arrangements have been made by the parent/s to supervise the child, will be treated the same as a child left alone in a household, even where there are other adults present in the accommodation.

Information for parents

41.2.11 For further information and advice for parents, see the NSPCC leaflet Home alone: your guide to keeping your child safe, available at www.nspcc.org.uk

41.3 Animal abuse and links to abuse of children and adult with care or support needs

41.3.1 Animal abuse is defined as intentional harm of animals, including wilful neglect, inflicting injury, pain or distress or malicious killing of animals. There is increasing evidence of links between abuse of children, adult with care or support needs and animals.

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

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

41.3.4 Professionals in all agencies should be aware that if serious animal abuse occurs within a household there may be an increased likelihood of family violence, and increased risk of abuse to children within the family such that it could constitute significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

Professionals working with children should:

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

Professionals working with animals should:

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

41.3.5 When a referral is made to local authority children's social care (see Part A, chapter 2, Referral and assessment) the name of the RSPCA inspector

should not be given to the family unless this has been agreed between the two agencies as essential for evidential reasons. The reason for this is that the RSPCA inspector may need to do repeat visits to the household to monitor an animal's welfare.

41.3.6 To report animal cruelty, request assistance or express a concern about animal welfare, call the RSPCA's national cruelty and advice line: 0300 1234 999.

41.4 Begging

41.4.1 An adult begging for money may seek to invoke public sympathy by having their own or someone else's child with them. A child may also beg alone or with adult support or coercion.

41.4.2 The presence of a child on the streets or on public transport raises concerns for their welfare and development (e.g. the child should be at safe at home, in an early years setting or school, or participating in out of school activities).

41.4.3 Begging is an offence, and the police are responsible for:

- Dealing with the offence of begging;
- Establishing the identity and address of any involved child;
- Referring the child to the local authority children's social care for the area in which they live.

41.4.4 If there is an immediate likelihood of the child suffering significant harm, professionals in all agencies and the public should make a referral to children's social care where the child is found in line with Referral and Assessment Procedure.

41.4.5 Children involved in begging are likely to be exposed to emotional abuse and/or neglect to such a degree that it constitutes significant harm, if their parents are unable or unwilling to refocus their lifestyle around the child's needs. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

41.4.6 Local authority children's social care should respond in line with Referral and Assessment Procedure; co-ordinating a multi-agency strategy meeting/discussion and initiating a s47 investigation if information available indicates that the begging:

- Presents immediate likelihood of the child suffering significant harm; or
- Is an ongoing activity and presents as a continuing likelihood of the child suffering significant harm.

41.4.7 If this threshold is not met, an assessment should be undertaken and advice offered to the parent about the inappropriate use of children for begging and the risks involved.

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

41.5 Surrogacy

41.5.1 Surrogacy is legal in the UK, with reasonable expenses only being paid to the surrogate mother. Surrogacy arrangements are not legally enforceable.

41.5.2 It is illegal to advertise for a surrogate in the UK. Most people have a family member or friend willing to carry the child, others join a surrogacy organisation.

41.5.3 Partial surrogacy uses the egg of the surrogate mother and the sperm of the intended father, thus the baby is biologically related to the intended father and the surrogate mother. This can make it difficult for the surrogate mother to give up her own biological child, but also for the intended mother to accept a child which her husband has fathered with another woman.

41.5.4 Total surrogacy uses the egg of the intended mother combined with the sperm of her husband or donor sperm. A baby conceived by this method has no biological connection to the surrogate mother, making it easier for her to give up the child she is carrying.

41.5.5 A professional in any agency may become aware of the surrogacy arrangement and have concerns about:

- The suitability of the intended parents to care for the child;
- Conflict between the adults in a surrogacy arrangement e.g. that the surrogate mother is under pressure to relinquish the child against her will (see, as appropriate, Part B, chapter 17, Safeguarding children affected by domestic abuse and violence); and/or
- The amount being paid for the child.

41.5.6 An unborn or newborn child in these circumstances could be at risk of physical and emotional abuse and/or neglect. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and

neglect, section 1.1, Concept of significant harm, as a situation where a child is suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

41.5.7 In these circumstances, all staff have a responsibility to safeguard and promote the welfare of the unborn or newborn child, and professionals should follow the procedures for referral to local authority children's social care set out in Referral and Assessment Procedure.

41.5.8 If hospital staff become aware that a baby who is about to be, or has just been born is the product of 'commissioning' and have grounds to doubt the commissioner/s' identify, suitability to care for the baby, or suspect any coercion, they should make a referral to local authority children's social care. Payment beyond reasonable expenses is unlawful and where it is believed an offence might be or has been committed CAIT should be alerted.

41.5.9 Local authority children's social care responses should be proportionate to what are likely to be very individual circumstances, and legal advice should be sought.

41.6 Blood-borne Viruses

Blood-borne viruses (BBVs) are viruses that some people carry in their blood and can be spread from one person to another. Those infected with a BBV may show little or no symptoms of serious disease, but other infected people may be severely ill. You can become infected with a virus whether the person who infects you appears to be ill or not – indeed, they may be unaware they are ill as some persistent viral infections do not cause symptoms. An infected person can transmit (spread) blood-borne viruses from one person to another by various routes and over a prolonged time period.

The most prevalent BBVs are:

- Human immunodeficiency virus (HIV) – a virus which causes acquired immunodeficiency virus (AIDS), a disease affecting the body's immune system;
- Hepatitis B (HBV) and hepatitis C; BBVs causing hepatitis, a disease affecting the liver.

As well as through blood, these viruses can also be found and transmitted through other body fluids, for example;

- vaginal secretions;
- semen; and
- breast milk

Introduction

41.6.1 A child exposed to blood-borne viruses has the potential to suffer significant harm. See Part A, chapter 1, Responding to concerns of abuse and neglect. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child as suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect), which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

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

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

Responding to the risks

41.6.3 In circumstances where children and parents share concerns about blood-borne viruses such as hepatitis and HIV, the reasons should be sensitively explored. If a child's concerns arise because they have suffered abuse, they may need time to make a full disclosure. Counselling should be provided as appropriate to anyone deciding whether or not to be tested for blood-borne viruses such as HIV.

41.6.4 Where a professional is concerned that a child may have been placed at risk of HIV, Hepatitis B or Hepatitis C, an informed decision must be made about whether to raise this with the child or parent/s.

41.6.5 Post Exposure Prophylactic treatment (PEP) may be available to children who have been exposed to HIV or hepatitis B (e.g. through a needle stick

injury or sexual assault). This treatment minimises the risk of infection. However, treatment needs to commence within hours of a child being placed at risk. Professionals should seek urgent specialist advice about treatment.

Testing and Treatment

41.6.6 It takes approximately three months for antibodies to develop when someone has been infected with HIV, and differing periods for other blood-borne viruses. The appropriate test will usually show whether antibodies have developed.

41.6.7 A child aged 18 months and over who has been infected with HIV will have developed their own antibodies. Under that age, specialist tests (known as PCR) can identify whether the child is infected in their own right. In almost all cases, the child's positive result will also identify the mother as being infected. For other blood-borne viruses, different testing may apply.

41.6.8 When a test for a blood-borne virus is being considered, advice should be sought from a paediatrician with specialist knowledge i.e. a paediatric centre with experience of management of children infected with a BBV is strongly recommended. In the case of sexually active adolescents, it may be appropriate to involve the local genitourinary clinic. Full information must be given to individuals/families before testing (paying particular regard to their first language or disability if it impairs communication), and examinations should be carried out with due consideration of the needs of a potentially traumatised child.

41.6.9 Authorisation for consent to testing is the same as for any form of medical treatment. Particular care should be given to whether a child under 16 is Fraser competent.

41.6.10 The testing of any abuser requires their consent.

41.6.11 Where the views of the parents conflict with the child's health needs, the welfare of the child is paramount. Parents' views should be considered fully and every effort made to work in partnership. However, if the child is considered likely to suffer significant harm, advice should be sought about legal action.

Confidentiality

41.6.12 Agencies have a duty to ensure the confidentiality of all parties. However, they also have a duty to safeguard and promote the welfare of children.

41.6.13 Exceptionally, information may be shared with other agencies and only if:

- The disclosure of information would be in the best interests of the child or protect an individual at risk of infection;

- The professionals/agencies receiving the information are aware of its confidential nature and able to maintain the confidence.

42.6.14 The child or family's wishes with regard to confidentiality may only be overruled if:

- The child is likely to suffer significant harm if disclosure is not made;
- There is a legal requirement for information to be disclosed;
- There is an ongoing police investigation, which makes disclosure important in order to prevent others being put at risk. In these circumstances, legal advice should be sought.

42.6.15 If it is considered necessary to go against the wishes of the child or parents, the worker must:

- Consult with their manager;
- Have the decision authorised by the senior manager chairing a legal planning meeting;
- Provide the child and/or family with a full written explanation of the reason for overruling their wishes.

42.6.16 Sometimes an abuser may be known to be HIV positive or to be suffering from, or a carrier of, hepatitis B or hepatitis C. If the welfare of the child could benefit, it may be appropriate to consider sharing this information even if the abuser will not give consent.

42.6.17 In the above circumstances, professionals must seek specialist and legal advice without initially revealing the person concerned. If the final decision is to reveal the person's status, this should be recorded in the child's case record and a full written explanation should be given to the abuser, explaining what is to be shared and why.

Advice, Support and Guidance

42.6.18 For specialist medical advice and support consider contacting local paediatricians or GUM consultants.

See also
Guidelines for the use of post-exposure prophylaxis for HIV following sexual exposure (BASHH 2015)
Guidelines for the management of HIV infection in pregnant women (BHIVA 2014)

42.7 Pre-trial therapy (criminal proceedings)

Introduction

42.7.1 One or more assessment interview should be conducted in order to determine whether and in what way the child is emotionally disturbed, and

also whether therapy treatment is needed. This could be as part of an assessment undertaken using the Assessment Framework (see Referral and Assessment Procedure and Appendix 4: Triangle chart for the Assessment of Children in Need and their Families for a summary and diagram of the Assessment Framework).

42.7.2 The decision about the need for therapeutic support (separate from formal court preparation of a child witness) should be considered:

- Keeping the child's interests paramount;
- Taking the child's wishes and feelings into account;
- On a multi-agency basis;
- In consultation with the child's parent/s;
- Taking the potential impact on criminal proceedings into account.

42.7.3 The decision should normally be made following a professional assessment of the child's need for therapy, and may be taken as part of a strategy meeting/discussion or in a child protection conference, or, if the child is not subject to child protection processes, in a multi-agency meeting arranged for this purpose.

42.7.4 If there is a demonstrable need for the provision of therapy and it is possible that the therapy will prejudice the criminal proceedings, consideration may need to be given to abandoning those proceedings in the interests of the child's wellbeing.

42.7.5 Alternatively, there may be some children for whom it will be preferable to delay therapy until after the criminal case has been heard, to avoid the benefits of the therapy being undone.

42.7.6 While some forms of therapy may undermine the evidence given by the witness, this will not automatically be the case. Multi-agency advice must be sought on the likely impact on the evidence of the child receiving therapy.

42.7.7 An assessment may be needed to inform a decision on whether a child with special needs (e.g. disabled children and those with learning disabilities, hearing and speech impairments etc.) can, with the appropriate assistance, be a competent witness.

42.7.8 Therapeutic support may be sought/offered through a number of routes. Professionals who provide therapeutic support to children must be aware of the guidance Provision of Therapy for Child Witnesses (Home Office/CPS/ DoH 2001, available at www.cps.gov.uk and the implications for the criminal process in terms of both disclosure and contamination of evidence.

42.7.9 The initial joint investigative interview with the child, including any visually recorded interview, should be undertaken prior to any new therapeutic work in order that the original disclosure is not undermined.

42.7.10 Where it becomes apparent that a child is already receiving therapeutic support at the point of the criminal investigations and child protection enquiries, there must be discussion as to how the work should proceed. The fact that therapeutic work is already underway will not necessarily prevent a case proceeding before a criminal court.

42.7.11 Prosecutors may need to be made aware of the contents of the therapy sessions, as well as other details specified in the above paragraph, when considering whether or not to prosecute and their duties of disclosure.

Crown Prosecution Service

42.7.12 The police should inform the Crown Prosecution Service as soon as therapeutic support is recommended, using a named contact point for the case relating to the child. Direct consultation between the professionals may be advisable in some cases and should be arranged through the police officer in the case.

42.7.13 The Crown Prosecution Service should advise the police of the potential impact of any proposed therapeutic support on criminal proceedings in each individual case.

42.7.14 It is the responsibility of the reviewing crown prosecution lawyer to seek confirmation from the police as to:

- Whether therapeutic work has been undertaken;
- If so, whether the witness said anything inconsistent with the disclosure to the police;
- What sort of therapeutic work was undertaken.

Therapeutic services

42.7.15 Professionals who provide therapeutic support to children must have appropriate training according to the level of work to be undertaken, as well as a thorough understanding of the effects of abuse. They must be a member of an appropriate professional body or have other recognised competence. They must also have a good understanding of how the rules of evidence for witnesses in criminal proceedings may require modification of techniques.

Pre-trial planning meeting

42.7.16 Where it is considered that therapeutic intervention is appropriate and has been commissioned, a pre-trial planning meeting should be convened.

42.7.17 Where local authority children's social care is involved with the child, the team manager or service manager should convene and chair the meeting, and arrange for a formal record of it to be made.

42.7.18 Where local authority children's social care is not involved, the therapeutic service commissioned to undertake work, or already involved with the child, should convene the meeting.

42.7.19 A formal record of the meeting should be made, and it should be noted that this may be disclosed in criminal proceedings.

42.7.20 Pre-trial planning meetings will involve relevant professionals from local authority children's social care, police and the service offering therapeutic work. They may also include:

- Parents (unless implicated in the alleged abuse);
- The child, if of sufficient age and understanding;
- Other relevant professionals.

Considerations at the pre-trial therapy meeting

42.7.21 The purpose of the pre-trial meeting is to:

- Confirm that therapeutic intervention is in the best interests of the child (including taking into account the child's right to justice);
- Agree the parameters and nature of any proposed therapeutic support, ensuring that the process is subject to regular review;
- Agree lines of communication between the professional who will undertake the work and other professionals.
    - In deciding on what therapeutic support is appropriate to pursue pre-trial, the following considerations apply:
- Therapeutic support is on an individual basis (i.e. no joint or group sessions are normally acceptable because of the increased risk of contamination of evidence);
- Where joint or group sessions are already in progress, the implications for continuing must be considered, and in addition the particular implications for recording what takes place;
- Therapeutic support may be subject to challenge at court. Therefore, it is better that only one worker provides the support.

Therapy

42.7.22 The professional providing therapeutic support must be able to demonstrate professional competence or a sufficient level of supervision if called in a subsequent trial.

42.7.23 If, during a therapeutic session, a child refers to the abuse they have suffered, the worker should:

- Listen and acknowledge what has been said;
- Not seek clarification or ask probing or investigative questions;
- Consider whether there is new or additional allegations or information which require urgent discussion with the police/social worker.

42.7.24 The professional who will provide therapeutic support should be given sufficient information about the nature of the abuse alleged by the child to be able to judge if the child begins to make new or additional allegations within a session.

42.7.25 Care should be taken in the recording of therapeutic sessions (videos, tapes and written records). Immediate, factual, concise and accurate notes must be made for each session, which must be retained in their original format so that they can be produced at a later date if required. Any notes, visual or audio recordings, pictures etc. used during the therapeutic sessions must be similarly maintained.

42.7.26 A pro-forma document will be completed following each session and will include:

- Date and location of session;
- Duration of session;
- Details of the professional undertaking the work with the child;
- Details of child;
- Details of other professionals present;
- Confirmation that records of the therapy sessions have been made.

42.7.27 The pro-forma documents will be copied prior to any criminal trial and the original document forwarded to the Crown Prosecution Service via the police.

Confidentiality not guaranteed

42.7.28 The professional undertaking therapeutic work needs to ensure that parents and any child of sufficient age and understanding are told that records are kept and that confidentiality cannot be guaranteed.

42.7.29 Any disclosure of new allegations by the child, or any material departure from or inconsistency with the original allegations, should be reported to the detective inspector of the police Child Abuse Investigation Team (CAIT) and to the social worker allocated to the child.

42.7.30 In newly arising allegations, therapy should not usually take place before a witness has provided a statement or, if appropriate, before a video-recorded interview has taken place. A further pre-trial planning meeting will be convened at the earliest opportunity to determine and agree the best course of action in the light of the new information or allegations.

Problem resolution

42.7.31 Any dissatisfaction should be resolved as simply as possible. This would normally be via discussion between the social worker, the professional providing the therapeutic support and the police officer in the criminal case.

42.7.32 Where disputes remain, a further pre-trial planning meeting should be convened with the Crown Prosecution Service, and involving appropriately senior agency representatives.

See also Provision of Therapy for Child Witnesses (Home Office/ CPS/ DoH 2001).

42.8 Criminal Injuries Compensation

Eligibility

42.8.1 All children who are victims of violent crime, committed within or outside the family, may be entitled to criminal injuries compensation, whether or not there has been a prosecution or conviction, although all incidents must have been reported to the police. This includes physical attacks, threats causing fear of immediate violence and sexual assault.

Criminal Injuries Compensation Authority (CICA)

42.8.2 The Criminal Injuries Compensation Authority (CICA) has a duty to compensate fairly all those who suffer personal injuries directly attributable to a crime of violence (legal aid may be available to assist in submitting applications and deciding whether or not to accept awards).

42.8.3 Conditions CICA operates are:

- There is a minimum award and the injury must be serious enough to award this minimum compensation payment, this is currently £1,000;
- The incident should have been reported to the police. CICA may withhold or reduce compensation if an applicant did not take, without delay, all reasonable steps to inform the police or another appropriate authority of the circumstances of the injury;
- There is a two year limitation period on making a claim after the incident, unless CICA exercises its discretion to 'allow an application out of time' (in the case of child abuse, CICA may be sympathetic to applications no matter how long ago the incident occurred);
- CICA is concerned always to make awards which take into account the best interests of the victim. Where a lump sum payment may not be in the victims best interests the money may be paid into a trust or annuity;

- Where a child and the person causing the injuries are living in the same household (e.g. as members of the same family) at the time of the injuries, compensation will only be paid where the person responsible has been prosecuted (unless there are good reasons why not), and CICA is assured that the offender will not benefit from the award;
- Following from this, CICA may appoint trustees to hold the compensation for the benefit of the child making such provisions for maintenance and education as necessary.

Conducting claims by children

Looked after children

42.8.4 Where the local authority holds parental responsibility, local authority children's social care should help the child make the claim or should initiate the claim on the child's behalf. The form should be completed by the child's social worker and approved by the local authority children's social care manager.

42.8.5 The local authority's power to make a claim on behalf of a child is limited to children who are subject to a care order.

42.8.6 Where a child is looked after but the local authority does not have parental responsibility, the child's social worker should approach the person with parental responsibility, if it is appropriate to do so, and inform them of their right to make a claim for the child and assist them in doing so.

42.8.7 If this is inappropriate (e.g. because the person with parental responsibility caused the injuries, or is cohabiting with the person who did, or the person with parental responsibility does not initiate the claim), local authority children's social care should refer the child to a solicitor or to Victim Support.

42.8.8 A child who has been the subject of a child protection conference may be eligible to apply. Local authority children's social care should give the child and/or their parent/s advice and guidance about criminal injuries compensation.

Children not looked after

42.8.9 When a child is not looked after or where the offence did not give rise to a child protection conference, the police are responsible for advising the child and/or their parents that they can make a criminal injuries compensation claim.

42.8.10 Further information about CICA and an application form can be obtained from www.cica.gov.uk, or on 0300 003 3601 (freephone). Alternatively,

write to the Criminal Injuries Compensation Authority, Tay House, 300 Bath Street, Glasgow G2 4LN.

42.9 Diplomats families

Introduction

42.9.1 Professionals may be concerned that a child who is a member of a diplomat's family is likely to suffer significant harm through physical, sexual and/or emotional harm (see Part A, chapter 1, Responding to concerns of abuse and neglect), or that a child in a diplomatic family has abused another person. Significant harm is defined in Part A, chapter 1, Responding to concerns of abuse and neglect, section 1.1, Concept of significant harm, as a situation where a child as suffering, or is likely to suffer, a degree of physical, sexual and/or emotional harm (through abuse or neglect) which is so harmful that there needs to be compulsory intervention by child protection agencies into the life of the child and their family.

42.9.2 Professionals in all agencies should make a referral to local authority children's social care in line with Part A, chapter 2, Referral and assessment. See also Part B, chapter 32, Children harming others. However, all professionals should be aware that legal advice about the diplomatic immunity of the particular child and family must be sought from the outset, including before attempting to remove a child in emergency (in most instances, it will be advisable to consider removing the child from school or another place outside the diplomatic residence).

Diplomatic immunity

42.9.3 Diplomats, members of their household and their residences have immunity from civil, criminal and administrative jurisdiction. They cannot be detained or arrested and their homes cannot be entered without consent.

42.9.4 Different categories of staff of the service are entitled to different forms of immunity, so the rank of the person in question must therefore be established as a priority.

42.9.5 The head of the service is entitled to full criminal and civil immunity.

42.9.6 Technical, administrative and general (e.g. domestic service) members of staff are only entitled to full criminal and civil immunity for acts within the course of their duties (e.g. a chauffeur is subject to the Children Act 1989 for acts that fall outside of the course of his duties).

42.9.7 All agencies should be aware that they may be unable to enforce any order should the child return to the diplomat's residence and refuse to surrender. This does not deprive local authority children's social care, the

police and other agencies of the power or duty to take action as appropriate.

Action by local authority children's social care and the police

42.9.8 Where local authority children's social care and/or the police need to respond to a concern that a child in a diplomatic family is being harmed, professionals must immediately establish the extent to which the particular family may claim diplomatic immunity.

42.9.9 The local authority children's social care manager should contact the Foreign and Commonwealth Office.

42.9.10 Out of office hours, the Police should be requested to determine the status of an individual or family by consulting the central index of privileged persons maintained by the Metropolitan Police Diplomatic Protection Group.

42.9.11 In all cases, the chief legal officer for the local authority should be consulted prior to action being taken.

42.9.12 Local authority children's social care must be notified of all enquiries which may involve diplomatic families and s/he, in consultation with the local authority's legal department, is responsible for co-ordinating any necessary action via the Foreign Office.

42.9.13 As far as possible, children from diplomatic backgrounds should be subject to ordinary processes, including information transfer (preferably at a child protection conference) should the family move to a new area.

Working with foreign authorities

42.9.14 Where the child has links to a foreign country, a social worker may also need to work with colleagues abroad. Further guidance can be found in Working with foreign authorities on child protection cases and care orders (2014)

PART B4: Appendices

1. Appendix 1: Links to relevant legislation

1.1.1 All agencies that work with children and families share a commitment to safeguard and promote their welfare, and for many agencies that is underpinned by a statutory duty or duties.

1.1.2 This appendix briefly explains the legislation most relevant to work to safeguard and promote the welfare of children.

1.2 Children Act 2004

1.2.1 Section 10 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners (see the table below) and such other persons or bodies working with children in the local authority's area, as the authority consider appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area - which includes protection from harm or neglect, alongside other outcomes. This section of the Children Act 2004 is the legislative basis for children's trust arrangements.

1.2.2 Section 11 requires a range of agencies (see table below) to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged with regard to the need to safeguard and promote the welfare of children.

1.2.3 Section 12 enables the Secretary of State to require local authorities to establish and operate databases relating to the s10 or s11 duties (above) or the s175 duty (below), or to establish and operate databases nationally. The section limits the information that may be included in those databases and sets out which agencies can be required to, and which can be enabled to, disclose information to be included in the databases.

1.2.4 Section 12a was inserted by section 194 of the Apprenticeships, Skills, Children and Learning Act 2009 and requires the co-operation arrangements made under section 10 to include the establishment of a Children's Trusts Board.

1.2.5 Section 13 of the Children Act 2004 requires a range of agencies (see table) to take part in Local Safeguarding Children Boards. Sections 13-16 set out the framework for LSCBs, and the LSCB regulations, issued for consultation alongside this document, set out the requirements in more detail in particular on LSCB functions.

1.3 Education Act 2002

1.3.1 Section 175 puts a duty on local education authorities, maintained (state) schools, and further education institutions, including sixth form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children - children who are pupils, and students under 18 years of age, in the case of schools and colleges.

1.3.2 The same duty is put on independent schools, including academies, by regulations made under s157 of that Act.

Table: Bodies covered by key duties

Body	CA 2004 Section 10 – duty to cooperate	CA 2004 Section 11 – duty to safeguard & promote welfare	Ed Act 2002 Section 175 – duty to safeguard & promote welfare and regulations	CA 2004 Section 13 – statutory partners in LSCBs	CA 1989 Section 27 – help with children in need	CA 1989 Section 47 – help with enquiries about significant harm
Local Authorities and District Councils	X	X	In relation to their education functions	X	X	X
Local policing body	X	X				X
Chief officer of police	X	X		X		X
Local probation board	X	X		X		
SoS re probation services' functions under s2 and 3 of the Offender Management Act (OMA) 2007	X	X		X		
Providers of probation services required under s3(2) OMA 2007 to act as relevant partner of a local authority	X	X		X		
British Transport Police		X				

APPENDIX 1: LINKS TO RELEVANT LEGISLATION

Body	CA 2004 Section 10 – duty to cooperate	CA 2004 Section 11 – duty to safeguard & promote welfare	Ed Act 2002 Section 175 – duty to safeguard & promote welfare and regulations	CA 2004 Section 13 – statutory partners in LSCBs	CA 1989 Section 27 – help with children in need	CA 1989 Section 47 – help with enquiries about significant harm
United Kingdom Border Agency		X Under section 55 of the Borders, Citizenship and Immigration Act 2009				
Prison or secure training centre		X		X (which ordinarily detains children)		
Youth offending services	X	X		X		
NHS Commissioning Board	X	X		X	X	X
Clinical commissioning groups	X	X		X	X	X
NHS Trusts and NHS Foundation Trusts		X		X	X	X
Cafcass				X		
Maintained schools	X (includes non-maintained special schools)		X			
FE colleges	X		X			
Independent schools	X		X Via regulations made under section 157 of the Education			

Body	CA 2004 Section 10 – duty to cooperate	CA 2004 Section 11 – duty to safeguard & promote welfare	Ed Act 2002 Section 175 – duty to safeguard & promote welfare and regulations	CA 2004 Section 13 – statutory partners in LSCBs	CA 1989 Section 27 – help with children in need	CA 1989 Section 47 – help with enquiries about significant harm
			Act 2002			
Academies and Free Schools	X		X Via regulations made under section 157 of the Education Act 2002			
Contracted services including those provided by voluntary organisations		X				

1.4 Children Act 1989

Children Act 1989 s17 (1) and (10)

1.4.1 The Children Act 1989 places a duty on councils with social services responsibilities to promote and safeguard the welfare of children in need in their area.

1.4.2 Section 17(1) of the Children Act 1989 states that:

It shall be the general duty of every local authority –

- To safeguard and promote the welfare of children within their area who are in need; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.

1.4.3 Section 17 (10) states that a child shall be taken to be in need if:

a. S/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
b. His/her heath or development is likely to be significantly impaired, or further impaired, without the provision or such services, or
c. S/he is disabled.

1.4.4 The primary focus of legislation about children in need is on how well they are progressing and whether their development will be impaired without the provision of services.

Children Act 1989 s27

1.4.5 Section 27 places a specific duty on other local authority services and health bodies to co-operate in the interests of children in need. It states that: Where it appears to a local authority that any authority or other person mentioned in sub-section (3) could, by taking any specified action, help in the exercise of any of their functions under this Part, they may request the help of that other authority or persons, specifying the action in question. An authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.

1.4.6 The persons are –

a. Any local authority;
b. Local authority education;
c. Any local housing authority;
d. Any health authority, special health authority, Primary Care Trust or National Health Services Trust; and
e. Any person authorised by the Secretary of State for the purpose of this section.

1.4.7 In addition Section 322 of the Education Act 1996 places a duty on local authority children's social care to assist local authority education where any child has special educational needs.

Children Act 1989 s47

1.4.8 Under section 47 of the Children Act 1989, the same agencies are placed under a similar duty to assist local authorities in carrying out enquiries into whether or not a child has suffered, or is likely to suffer, significant harm.

1.4.9 Section 47 also sets out duties for the local authority itself, around making enquiries in certain circumstances to decide whether they should take any action to safeguard or promote the welfare of a child.

1.4.10 Section 47(1) of the Children Act 1989 states that:

Where a local authority:

a. Are informed that a child who lives, or is found, in their area is the subject of:
   i. An emergency protection order; or
   ii. Is in police protection; or

iii. Has contravened a ban imposed by a curfew notice imposed within the meaning of Chapter I of Part I of the Crime and Disorder Act 1998; or

b. Have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm: The authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

1.4.11 In the case of a child falling within paragraph (a) (iii) above, the enquiries shall be commenced as soon as practicable and in any event, within 48 hours of the authority receiving the information.

Children Act 1989 s17 and (5)

1.4.12 Under section 17 of the Children Act 1989, councils with social services responsibilities carry lead responsibility for establishing whether a child is in need and for ensuring services are provided to that child as appropriate. This does not require councils with social services responsibilities themselves necessarily to be the provider of such services.

1.4.13 Section 17(5) of the Children Act 1989 enables the councils with social services responsibilities to make arrangements with others to provide services on their behalf.

Every local authority:

a. Shall facilitate the provision by others (including in particular voluntary agencies) of services which the authority have power to provide by virtue of this section, or s18, s20, s23 or s24; and
b. May make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.

Children Act 1989 s53

1.4.14 Section 53 of the Children Act 2004 amends both s17 and s47 of the Children Act 1989, to require in each case that before determining what services to provide or what action to take, the local authority shall, so far as is reasonably practicable and consistent with the child's welfare:

a. Ascertain the child's wishes and feelings regarding the provision of those services; and
b. Give due consideration (having regard to his / her age and understanding) to such wishes and feelings of the child as they have been able to ascertain.

Emergency protection powers

1.4.15 There are a range of powers available to local authorities and their statutory partners to take emergency action to safeguard children.

Emergency Protection Orders

1.4.16 The court may make an emergency protection order under s44 of the Children Act 1989 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:

- S/he is not removed to accommodation; or
- S/he does not remain in the place in which he is then being accommodated.

1.4.17 An emergency protection order may also be made if s47 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

- An emergency protection order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of eight days (with a possible extension of up to seven days).

Exclusion requirement

1.4.18 The Court may include an exclusion requirement in an emergency protection order or an interim care order (s38A and s44A of the Children Act 1989).

1.4.19 This allows a perpetrator to be removed from the home instead of having to remove the child. The Court must be satisfied that:

- There is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm or that enquires will cease to be frustrated; and
- Another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

Police protection powers

1.4.20 Under s46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, s/he may:

- Remove the child to suitable accommodation and keep him or her there; or

- Take reasonable steps to ensure that the child's removal from any hospital or other place in which the child is then being accommodated is prevented.

1.4.21 No child may be kept in police protection for more than 72 hours

1.5 Homelessness Act 2002

1.5.1 Under s12, housing authorities are required to refer homeless persons with dependent children who are ineligible for homelessness assistance or are intentionally homeless to local authority children's social care, as long as the person consents.

1.5.2 If homelessness persists, any child in the family could be in need. In such cases, if local authority children's social care decides the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable assistance in this and the housing authority must respond.

1.6 Sexual Offences Act 2003

1.6.1 Sections 5-8 makes clear that sexual activity with a child under 13 is never acceptable and that regardless of circumstances children of this age can never legally give their consent. Any sexual intercourse with a child under 13 will be treated as rape.

1.6.2 Sections 9-14 introduces new offences of sexual activity with a child under 16, these include, causing or inciting a child to engage in sexual activity (s 10), engaging in sexual activity in the presence of a child (s 11), causing a child to watch a sexual act (s 12). As children and young person's commit sexual crimes on other children, these offences apply to persons under 18.

1.6.3 Section 15 creates a new offence of meeting a child following sexual grooming. This made it a crime to befriend a child on the internet or by other means and meet or intend to meet the child with the intention of abusing them.

1.6.4 Sections 16-24 concerns 'abuse of a position of trust' and protects vulnerable 16 and 17 year olds by prohibiting sexual contact between adults and children under 18 in schools, colleges and residential care.

1.6.5 Section 47 concerns the abuse of children under 18 from prostitution and pornography. Offences include buying the sexual services of a child, causing, encouraging, arranging or facilitating child prostitution or pornography and controlling any of the activities of a child involved in prostitution or pornography.

1.7 Protection of Freedoms Act 2012

1.7.1 PFA 2012 has made changes to the CRB checking process. The effect of the Act is to scale back the criminal records and barring systems to more proportionate levels whilst ensuring that they continue to provide effective protection. The minimum age for someone to apply for a CRB check is now 16 years. The Criminal Records Bureau and the Independent Safeguarding Authority have now been merged to create the Disclosure and Barring Service and as a result CRB checks will now be known as DBS checks.

1.8 The Hague Convention 1996

1.8.1 The Convention came into force on the 1st November 2012 when it was ratified by the UK. The aim of the Convention is to improve the protection of children in international situations and to avoid conflict between the legal systems of member states.

1.9 Children and Families Act 2014

1.9.1 Section 10 embodies in statute the requirement for parties in private law proceedings to attend a Mediation and Assessment Meeting (MIAM)

1.9.2 Section 11 provides for the presumption (unless the contrary is shown) that the involvement of each parent in the life of a child will benefit the child's welfare.

1.9.3 Section 12 of the CFA 2014 replaces Contact and Residence Orders (under S8 CA1989) with new Child Arrangement Orders.

1.9.4 Section 14 sets out the time limit for Care and Supervision Order proceedings under the CA 89 at 26 weeks from application to disposal at the final hearing.

1.9.5 Section 37 introduces Education, Health and Care Plans (EHC Plans), these replace the previous Special Education Needs, Statements of Need. There is a new requirement on Health Commissioners to deliver the health care services specified in EHC plans.

1.9.6 Sections 91-95 are designed to protect children and young people from tobacco and nicotine addiction.

1.9.7 Section 96 provides for the Local Authority to assess young carers and to consider whether any identified needs may be met under s 17 CA 89 (comes into force April 2015).

1.9.8 Section 98 enables former looked after children to continue to live with their former foster parents until they are 21 years old. This is called a 'staying put' arrangement but can only work if all parties are in agreement.

1.9.9 Section 100 creates a duty on educational establishments to support pupils with medical conditions.

1.9.10 Sections 102-105 support the reform of Childrens Homes, particularly by enabling the development of a regulation and inspection framework that sets high standards for children in residential care. (Not in force yet – no date for commencement)

2. Appendix 2: Third sector agencies or community groups keeping children safe

2.1.1 Where an agency or community group is responsible for bringing together children and adults, that agency/group must exercise its responsibilities to ensure that the children are safe and protected from avoidable harm.

2.1.2 To achieve this all such agencies and community groups should have in place the following:

Child protection policies

2.1.3 Each agency/group should develop and publish internal policies, which recognise the agency/group's responsibilities to the children with whom it works and be consistent with the SET Child Protection Procedures. These policies should:

- Express the agency/group's commitment to protecting and promoting the welfare of the children with whom it works;
- Recognise the necessity of working with those agencies charged with statutory child protection duties;
- Confirm its commitment to ensure that recruitment and working practices reflect these ambitions.

Child protection procedures

2.1.4 Each agency/group is expected to develop and publish internal procedures for all of its professional, paid and volunteer staff detailing actions to be taken whenever there is a concern that a child's welfare might be at risk. Such procedures must be consistent with:

- The SET Child Protection Procedures;
- Relevant legislation;
- Good practice guidance for the area of activity.

Code of good practice

2.1.5 Each agency/group should develop and publish guidance for all of its staff and/or volunteers based upon existing codes and practice guidance for the specified area of activity. A code of good practice should:

- Identify the expected behaviours of responsible adults when supervising, teaching, coaching or providing support to children, in both formal and informal settings;
- Specify desirable staff and gender ratios and how these may be achieved;

- Recognise and address issues of power, gender, sexuality and sexual orientation and place emphasis on practice that both protects children and promotes their self-esteem and development.

2.1.6 Adherence to the code of good practice by all staff/volunteers should be compulsory. Failure to follow the code of good practice without prior authorisation from senior personnel must result in an immediate enquiry.

Recruitment selection and vetting procedures

2.1.7 See Part B, chapter 12, Safer recruitment and Part A, chapter 7, Allegations against staff or volunteers, who work with children.

2.1.8 Each agency/group is expected to develop and publish its selection and recruitment policies and practices which are designed to identify and exclude any persons who may present a risk to children. Such policies and practices must be consistent with all relevant legislation.

2.1.9 Designated Child Care Agencies (Protection of Children Act 1999) have statutory responsibilities where staff or volunteers are specifically recruited to have direct contact with children. They qualify for access to the Disclosure and Barring Service.

2.1.10 Other agencies, i.e. those which are not regulated by the Act but which also care for children, should provide for the vetting of all potential staff and volunteers and will arrange for access to the Disclosure and Barring Service through a registered agency/group.

2.1.11 All agencies should ensure that a minimum of two character/employment references are sought for anyone seeking to work in direct contact with children. References should not be received directly from potential employees or volunteers without active checking of their authenticity.

2.1.12 In addition all agencies must have in place routine systems for continually monitoring the performance of employees and volunteers ensuring compliance to both child protection procedures and the codes of good practice.

Staff/volunteer training strategy and implementation

2.1.13 Each agency/group should develop and promote a written strategy for ensuring that all staff receive appropriate training in the recognition and response to potential child protection concerns and the operation of their child protection policies and procedures.

Designated safeguarding children lead

2.1.14 Each agency/group is expected to nominate and train a leader/senior manager/volunteer co-ordinator to the position of designated safeguarding

children lead, with specific responsibility for all matters in relation to child protection.

- To provide a single point of contact between the child protection agencies (the police and local authority children's social care);
- To provide internal expert consultation to staff with concerns.

2.1.15 It is likely that this person will also have responsibilities for an overview of all of the Local Safeguarding Children Board requirements. However the nomination of such a person should not diminish the corporate responsibilities of all leaders/managers/governing bodies in such agencies to ensure that child protection and child welfare issues are regularly revisited and reviewed.

Equality and Diversity policy/Equal opportunities policy

2.1.16 Each agency/group should develop and publish a statement of its equal opportunities policy. Such a policy should ensure that no child is discriminated against on the grounds of race, gender, culture, sexual orientation, economic status or ability (other than where such a distinction is an inherent part of the activity e.g. gender specific activities, religious observance or competitive sports). The policy should address both the corporate and personal responsibilities of agencies and staff, to ensure that all children are treated with respect and encourage to treat their peers similarly.

Complaints and grievance policies

2.1.17 Each agency/group should develop and publish a procedure by which aggrieved children, parents may make representations should they believe that they have been subject to discriminatory, abusive or inappropriate treatment. The procedures must provide for an element of independent review and for adequate redress where a complaint is substantiated.

Confidentiality policy

2.1.18 See Part B, chapter 3, Sharing information.

2.1.19 Each agency/group should develop and publish a confidentiality policy which details how any information regarding children and their families will be held and under what circumstances such information may be shared with other agencies. The policies must be in accordance with the requirements of the Data Protection Act 1998 and the Human Rights Act 1998.

Whistle-blowing policy

2.1.20 Each agency/group should develop and publish a whistle-blowing policy which provides a method for staff, volunteers or service users to make

known any concerns that they may have about the behaviour of any other person within the agency/group. Such policies will detail how such matters will be handled and investigated. Such policies must be framed in accordance with the Human Rights Act 1998, Data Protection Act 1998 and Public Interest Disclosure Act 1998.

Information for parents

2.1.21 See Part B, chapter 3, Sharing information.

2.1.22 Each agency/group should publish information for the parents of children with whom it has contact. This information should include:

- Details of the child protection policies and procedures of the agency / group;
- Advice to parents about how any concerns about children will be dealt with;
- Advice to parents about how they may make representations of complaints if they have any concerns about the treatment of their children.

Monitoring and review strategy

2.1.23 Each agency/group should put into place a strategy for the routine monitoring of its child protection policies and practices. As a minimum this may take the form of an annual review of the child protection policies (relevance, compliance and outcomes) by the senior management team of the agency/group reporting to either the chief executive or management committee/governing body.

Guidance - Home Office and Charity Commission

2.1.24 In 1993 the Home Office produced Safe from Harm - a Code of Practice for Safeguarding the Welfare of Children in Voluntary Organisations in England and Wales. This continues to be the only Home Office guidance that is available to voluntary agencies in England and Wales and as such, its 13 key recommendations are listed here. It is appropriate to re-visit this guidance, nevertheless agencies should keep in mind it needs updating in the light of all the developments over the past ten years.

2.1.25 Safe from Harm recommends that agencies and community groups:

1. Adopt a policy statement on safeguarding and the welfare of children;
2. Plan the work of the organisation so as to minimise situations where the abuse of children may occur;
3. Introduce a system whereby children may talk with an independent adult;
4. Apply agreed procedures for protecting children to all paid staff and volunteers;
5. Give all paid staff and volunteers clear roles;

6. Use supervision as a means of protecting children;
7. Treat all would-be paid staff and volunteers as job applicants for any position involving contact with children;
8. Gain at least one reference from a person who has experience of the applicants paid work or volunteering with children;
9. Explore all applicants' experience of working or contact with children in an interview before appointment;
10. Find out whether an applicant has any convictions for criminal offences against children;
11. Make paid and voluntary appointments conditional on the successful completion of a probationary period;
12. Issue guidelines on how to deal with the disclosure or discovery of abuse;
13. Train paid staff and volunteers, their line managers or supervisors and policy makers in the prevention of child abuse.

2.1.26 See also the Charity Commission guidance: Safeguarding Children: Protecting children in your organisation (March 2009) at the Charity Commission website. The Guidance sets out best practice for charities in relation to child protection policy, procedures and systems.

3. Appendix 3: Faith Community contacts

Organisation	Telephone Number	Website
Baptist Church	01235 517 700	www.baptist.org.uk
Catholic Church - CSAS	0121 237 6076	www.csas.uk.net
Church in Wales	0292 034 8234	www.churchinwales.org.uk
Church of Jesus Christ and the Latter-day Saints	0121 712 1251	http://www.lds.org.uk/
Methodist and Church of England	020 7467 5189	www.methodist.org.uk .org.uk
Mosques and Imams National Advisory Board (MINAB)	0208 993 7141	www.minab.org.uk
Movement for Reform Judaism	020 8349 5656	www.reformjudaism.org.uk
Muslim Council of Britain	0845 2626 786	www.mcb.org.uk
Religious Society of Friends	0207 663 1023	www.quaker.org.uk
Salvation Army	0207 367 4772	www.salvationarmy.org.uk
United Reform Church	0207 916 2020	www.urc.org.uk
United Synagogue	0208 343 8989	www.theus.org.uk

3.1.1 For those from Hindu or Sikh faith, please contact the local temple.

3.1.2 For other faiths including independent Christian churches, please contact the Churches' Child Protection Advisory Service (CCPAS) who are an independent christian child care charity working across the faith sector. Please ring 0845 120 4550, visit www.ccpas.co.uk or email info@ccpas.co.uk

Community resources

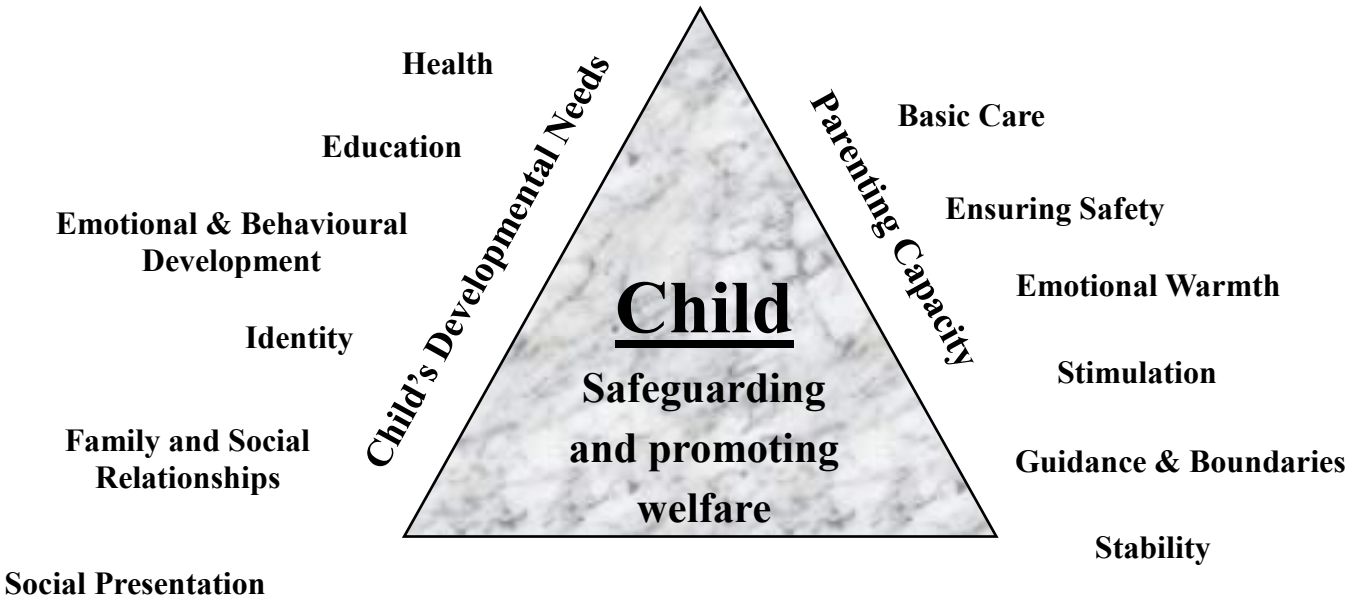
3.1.3 CCPAS, together with the Lucy Faithful Foundation, have produced materials to assist faith communities in working with offenders, including a DVD, SOS Supporting Offenders Safely, and a booklet, Help... a sex offender has joined my church.

3.1.4 CCPAS has also produced Safe and Secure, ten safeguarding standards for faith communities, which contains both policies and procedures, as well as a 60 minute safeguarding DVD drama documentary set around the 10 standards.

3.1.5 Faith communities should also refer to Spirit Possession or Witchcraft Procedure of these SET Safeguarding Children Procedures and the national good practice guidance Safeguarding Children from Abuse

Linked to a belief in Spirit Possession (DCSF, 2007). Further information is also available on 'Good Practice for Working with Faith Communities - Spirit Possession & Abuse' from CCPAS.

4. Appendix 4: Triangle chart for the Assessment of Children in Need and their Families



4.1 Dimensions of child's developmental needs

Health

4.1.1 Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

4.1.2 Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and behavioural development

4.1.3 Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self-control.

Identity

4.1.4 Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self-image and self-esteem, and having a positive sense of individuality. Race religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and social relationships

4.1.5 Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social presentation

4.1.6 Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self-care skills

4.1.7 Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the

family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self-care skills.

4.2 Dimensions of parenting capacity

Basic care

4.2.1 Providing for the child's physical needs, and appropriate medical and dental care. Includes provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring safety

4.2.2 Ensuring the child is adequately protected from harm or danger. Includes protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional warmth

4.2.3 Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. Includes ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

4.2.4 Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. Includes facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and boundaries

4.2.5 Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the

child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. Includes social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

4.2.6 Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver/s in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition, ensuring children keep in contact with important family members and significant others.

4.3 Family and environmental factors

Family history and functioning

4.3.1 Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider family

4.3.2 Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

4.3.3 Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

4.3.4 Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

4.3.5 Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's social integration

4.3.6 Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community resources

4.3.7 Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

5. Appendix 5: Use of questionnaires and scales to evidence assessment and decision making

There are a range of questionnaires and scales used to evidence assessment and decision making tools, below are examples.

HOME Inventory and the Family Pack of Questionnaires and Scales which accompany the Assessment Framework

HOME Inventory

5.1.1 The HOME Inventory (Cox and Walker, 2002) assessment through interview and observation provides an extensive profile of the context of care provided for the child and is a reliable approach to assessment of parenting. It gives a reliable account of the parents' capacities to provide learning materials, language stimulation, and appropriate physical environment, to be responsive, stimulating, providing adequate modelling variety and acceptance. A profile of needs can be constructed in these areas, and an analysis of how considerable the changes would need to be to meet the specific needs of the significantly harmed child; and the contribution of the environment provided by the parents to the harm suffered. The HOME Inventory has been used extensively to demonstrate change in the family context as a result of intervention, and can be used to assess whether intervention has been successful.

Questionnaires and Scales

5.1.2 The Questionnaires and Scales provide an economical and effective way of gathering information about key personal and parenting issues. The Questionnaires and Scales are invaluable for screening for emotional and behavioural difficulties in both children and adults, parenting problems and other family and environmental factors including recent life events, mental health difficulties and alcohol problems as well as the quality of family life.

Strengths and Difficulties Questionnaires

5.1.3 The Strengths and Difficulties Questionnaires (Goodman et al, 1997; Goodman et al, 1998). These scales are a modification of the very widely used instruments to screen for emotional and behavioural problems in children and adolescents – the Rutter A + B scales for parents and teachers. Although similar to Rutter's, the Strengths and Difficulties Questionnaire's wording was re-framed to focus on a child's emotional and behavioural strengths as well as difficulties. The actual questionnaire incorporates five scales: pro-social, hyperactivity, emotional problems, conduct (behavioural) problems, and peer problems. In the pack, there are versions of the scale to be completed by adult caregivers, or teachers for children from age 3 to 16, and children between the ages of 11–16.

Parenting Daily Hassles Scale

5.1.4 The Parenting Daily Hassles Scale (Crinic and Greenberg, 1990; Crinic and Booth, 1991). This scale aims to assess the frequency and intensity/impact of 20 potential parenting 'daily' hassles experienced by adults caring for children. It has been used in a wide variety of research studies concerned with children and families – particularly families with young children. It has been found that parents (or caregivers) generally like filling it out, because it touches on many aspects of being a parent that are important to them.

Recent Life Events Questionnaire

5.1.5 The Recent Life Events Questionnaire (Taken from Brugha et al, 1985) helps to define negative life events over the last 12 months, but could be used over a longer time-scale, and significantly whether the respondent thought they have a continuing influence. Respondents are asked to identify which of the events still affects them. It was hoped that use of the scale will:

- Result in a fuller picture of a family's history and contribute to greater contextual understanding of the family's current situation;
- Help practitioners explore how particular recent life events have affected the carer and the family;
- In some situations, identify life events which family members have not reported earlier.

Home Conditions Assessment

5.1.6 The Home Conditions Assessment (Davie et al, 1984) helps make judgements about the context in which the child was living, dealing with questions of safety, order and cleanliness which have an important bearing where issues of neglect are the focus of concern. The total score has been found to correlate highly with indices of the development of children.

Family Activity Scale

5.1.7 The Family Activity Scale (Derived from The Child-Centredness Scale. Smith, 1985) gives practitioners an opportunity to explore with carers the environment provided for their children, through joint activities and support for independent activities. This includes information about the cultural and ideological environment in which children live, as well as how their carers respond to their children's actions (for example, concerning play and independence). They aim to be independent of socio-economic resources. There are two separate scales; one for children aged 2–6, and one for children aged 7–12.

Alcohol Scale

5.1.8 This scale was developed by Piccinelli et al (1997). Alcohol abuse is estimated to be present in about six per cent of primary carers, ranking it third in frequency behind major depression and generalised anxiety. Higher rates are found in certain localities, and particularly amongst those parents known to local authority children's social care. Drinking alcohol affects different individuals in different ways. For example, some people may be relatively unaffected by the same amount of alcohol that incapacitates others. The primary concern therefore is not the amount of alcohol consumed, but how it impacts on the individual and, more particularly, on their role as a parent. This questionnaire has been found to be effective in detecting individuals with alcohol disorders and those with hazardous drinking habits.

Adult Wellbeing Scale

5.1.9 Adult Wellbeing Scale (Irritability, Depression, Anxiety – IDA Scale. Snaith et al, 1978). This scale, which was based on the Irritability, Depression and Anxiety Scale, was devised by a social worker involved in the pilot. The questions are framed in a 'personal' fashion (that is, I feel, my appetite is…). This scale looks at how an adult is feeling in terms of their depression, anxiety and irritability. The scale allows the adult to respond from four possible answers, which enables the adult some choice, and therefore less restriction. This could enable the adult to feel more empowered.

Adolescent Wellbeing Scale

5.1.10 The Adolescent Wellbeing Scale (Self-rating Scale for Depression in Young People. Birleson, 1980). It was originally validated for children aged between 7–16. It involves 18 questions each relating to different aspects of a child or adolescent's life, and how they feel about these. As a result of the pilot the wording of some questions was altered in order to be more appropriate to adolescents. Although children as young as seven and eight have used it, older children's thoughts and beliefs about themselves are more stable. The scale is intended to enable practitioners to gain more insight and understanding into how an adolescent feels about their life.

Family Assessment

5.1.11 The Family Assessment (Bentovim and Bingley Miller, 2001). The various modules of the Family Assessment which include an exploration of family and professional views of the current situation, the adaptability to the child' needs, and quality of parenting, various aspects of family relationships and the impact of history provides a standardised evidence based approach to current family strengths and difficulties which have played a role in the significant harm of the child, and also in assessing the capacity for change, resources in the family to achieve a safe context for

the child, and the reversal of family factors which may have played a role in significant harm, and aiding the recovery and future health of the child. The Family Assessment profile provides it by its qualitative and quantitative information on the parents' understanding of the child's state, and the level of responsibility they take for the significant harm, the capacity of the parents to adapt to the children's changing needs in the past and future, their abilities to promote development, provide adequate guidance, care and manage conflict, to make decisions and relate to the wider family and community. Strengths and difficulties in all these areas are delineated, the influence of history, areas of change to be achieved, and the capacities of the family to make such changes.

6. Appendix 6: MOD contacts

6.1.1 Points of contact for the relevant Service agencies in child protection matters are:

Royal Navy

6.1.2 All child protection matters within the Royal Navy are managed by the Naval Personal and Family Service (NPFS), the Royal Navy's social work department. This provides a confidential and professional social work service to all Naval personnel and their families, liaising as appropriate with local authority children's social care services.

Child protection issues involving the family of a member of the Royal Navy should be referred to the relevant Area Officer, NPFS:

- NPFS Eastern Area Portsmouth
  - (02392) 722712
  - Fax: 725803
- NPFS Northern Area Helensburgh
  - (01436) 672798
  - Fax: 674965
- NPFS Western Area Plymouth
  - (01752) 555041
  - Fax: 555647

Royal Marines

6.1.3 The Royal Marines Welfare Service is staffed by trained but unqualified Royal Marine senior non-commissioned officers (NCOs). They are accountable to a qualified social work manager at Headquarters Royal Marines, Portsmouth. For child protection matters involving Royal Marines families, social services departments should notify SO3 (WFS) at Portsmouth. Tel: (02392) 547542.

Army

6.1.4 Staffed by qualified civilian Social Workers and trained and supervised Army Welfare Workers, the Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families. AWS also liaises with local authorities where appropriate, particularly where a child is subject to child protection concerns. Local Authorities who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an Army Family should contact the Senior Army Welfare Worker in the nearest AWS team location or:

Chief Personal Support Officer
HQ AWS
HQ Land Command

Erskine Barracks
Wilton
Salisbury
SP2 0AG

Tel: 01722 436564
Fax: 01722 436307
e-mail: LF-AWS-CPSO@mod.uk

Royal Air Force

6.1.5 Welfare Support for families in the RAF is managed as a normal function of Command and co-ordinated by each Station's Personnel Officer, the Officer Commanding Personnel Management Squadron (OCPMS) or the Officer Commanding Administrative Squadron (OCA), depending on the size of the Station.

6.1.6 A number of qualified SSAFA Forces Help Social Workers and trained professionally supervised Personal and Family Support Workers are located throughout the UK to assist the chain of Command in providing welfare support.

6.1.7 Any Local Authority who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an RAF family should contact the parent's unit, or if this is not known, contact the OC PMS/OCA of the nearest RAF Unit.

Additionally, the SSAFA Forces Help Head of Service RAF can be contacted at:
Head of Service
SSAFA-Forces Help
HQ Air Command
RAF High Wycombe
Buckinghamshire
HP14 4UE

Tel: 01494 496477
Fax: 01494 497971
e-mail: AirPersPol-SSAFAForcesHelpHd@mod.uk
or
Director of Social Work SSAFA-Forces Help
19 Queen Elizabeth Street
London SE1 2LP

Tel: 020 7403 8783
Fax: 020 7403 8815
e-mail: directorofsocialwork@ssafa.org.uk

Overseas

6.1.8 The following should be consulted:

Royal Navy
Area Officer (NPFS) Eastern
HMS Nelson
Queen Street
Portsmouth
PO1 3HH

Tel: (02392) 722712
Fax: (02392) 725083
Army and Royal Air Force
Director of Social Work SSAFA-Forces Help
Contact details shown above.
For any child being taken abroad and subject to child protection procedures or the subject of a child protection plan, the Director of Social Work SSAFA-Forces Help must be consulted, using the same contact details shown above.

7. Appendix 7: Key facts about domestic violence

- The majority of domestic violence involves heterosexual males abusing their female partners or ex-partners (i) (British Crime Surveys 2003/04, 2004/05, 2005/06);
- 16% of violent crimes reported to the British Crime Survey (2005/06) were classified as domestic abuse, with similar figures for the previous years (ii);
- Of all the violent crimes investigated by the British Crime Survey (which excludes some categories such as child sexual assault and trafficking) domestic abuse is consistently the violent crime least likely to be reported to the police (iii);
- On average over the years between 1995 and 2006, two women per week in England and Wales were killed by a partner or ex-partner (iv);
- Women are at greatest risk of being killed at the point of separation or after leaving a violent partner, and 76% of domestic homicides occur after separation (v);
- Non-fatal domestic abuse and stalking also continue or increase after separation for many women. According to the British Crime Survey, about 20% of domestic abuse incidents are experienced after the relationship has ended (vi);
- 30% domestic abuse begins or escalates during pregnancy (vii);
- 16 - 24 year olds are at greatest risk of suffering domestic abuse (viii);
- A significant proportion of perpetrators are also misusing drugs and/or alcohol, although research suggests that most perpetrators are not drug addicts or alcoholics. Of those who are, there is evidence that they use abusive behaviour as much when sober if not more than when under the influence of drugs or alcohol (ix);
- In 2002, nearly three quarters of children on the subject of a Child Protection Plan lived in households where domestic abuse occurs (x);
- In relationships where there is domestic abuse, children witness about three-quarters of incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and Emotional Abuse are also more likely to happen in these families (xi);
- Where there is abuse of a woman by a male partner there is sometimes also child physical and sexual abuse involving the same abusive partner. Estimates of the overlap vary but range from 40-60% (xii);
- Domestic abuse causes 16% of homelessness (xiii);
- An audit in Greenwich found that 60% of mental health service users had experienced domestic abuse, and a separate survey of women using mental health services in Leeds found that half of them had experienced domestic abuse (xiv);
- A 2003 survey from the BBC found that 29% of men and 22% of women felt that domestic abuse was acceptable in some circumstances (xv);
- One third of all female suicide attempts can be attributed to current or past experience of domestic abuse (xvi), and 50% of women of Asian origin who have attempted suicide or self-harm are domestic abuse survivors (xvii).

References

- British Crime Surveys (2003/04, 2004/05, 2005/06), Home Office website;
- Homicide statistics for England and Wales, from K. Coleman, K. Jansson, P. Kaiza, E. Reed, Homicides, Firearm Offences and Intimate Violence 2005/2006 (2007) - Supplementary Volume 1 to Crime in England and Wales 2005/2006;
- Metropolitan Police, Findings from the Multi-agency Domestic Violence Murder Reviews in London (2003);
- S. Walby and A. Myhil, 'Assessing and managing risk', in J. Taylor-Browne, What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals (London: Whiting Birch, 2001);
- Gynneth Lewis and James Drife, Why Mothers Die 2000-2002 - Report on confidential enquiries into maternal deaths in the United Kingdom (CEMACH, 2005);
- British Crime Surveys (2003/04, 2004/05, 2005/06);
- C. Humphreys, L. Regan, and R.K. Thiara, Domestic Violence and Substance Use: Overlapping Issues / Separate (Home Office and Greater London Authority, London, 2005);
- Department of Health, 2002;
- Royal College of Psychiatrists, 2004;
- S. Walby and A. Myhil, 'Assessing and managing risk', in J. Taylor-Browne, What Works in Reducing Domestic Violence? A Comprehensive Guide for Professionals (London: Whiting Birch, 2001); J. L. Edleson, The overlap between child maltreatment and woman battering. Violence Against Women, 5(2), pp. 134 to 154 (1999); C. Humphreys and R. Thiara, Routes to Safety: Protection issues facing abused women and children and the role of outreach services (Women's Aid Federation of England: Bristol, 2002);
- Homelessness Statistics: September 2002 and domestic violence (Department for Communities and Local Government, 2002);
- Janet Bowstead, Mental health and domestic violence: Audit 1999 (Greenwich Multi-agency Domestic Violence Forum Mental Health Working Group, 2000);
- ReSisters, Women speak out (Leeds: ReSisters, 2002);
- Hitting home: domestic violence survey (BBC, 2003), BBC News website;
- Stark and Flitcraft Women at risk: Domestic Violence and Women's Health (London: Sage, 1996); Audrey Mullender, Rethinking domestic violence: The Social Work and Probation Response (London: Routledge, 1996);
- Department of Health (2011) 'Commissioning services for women and children who are victims of violence – a guide for health commissioners', gateway 15911
- K. Chantler et al., Attempted suicide and self-harm: South Asian women (Manchester: Women's Studies Research Centre, Manchester Metropolitan University, 2001); Newham Asian Women's Project, Young Asian Women and Self-harm: A mental health needs assessment of young Asian women in East London (London: Newham Inner City Multifund and NAWP, 1998).

8. Appendix 8: Communicating with a child

When talking with and listening to a child about domestic abuse professionals should:

- Make sure the child is seen along;
- Use an interpreter if required;
- Never promise complete confidentiality - explain your responsibilities;
- Do promise to keep the child informed of what is happening;
- Give the child time to talk and yourself time to understand the situation from the child's perspective;
- Create opportunities for the child to disclose whether in addition to the domestic abuse they are also being, or at risk of being, directly physically or sexually abused by the abusive partner;
- Be straightforward and clear, use age appropriate language;
- Encourage the child to talk to their mother about his/her experience - as appropriate;
- Emphasise that the abuse is not the child's fault;
- Let the child know that s/he is not the only children experiencing this;
- Make sure that the child understands it is not his/her responsibility to protect his/her mother, whilst validating the child's concern and any action s/he may have taken to protect their mother;
- Do not assume that the child will hate the abuser, it is likely that s/he may simply hate the behaviour;
- Allow the child to express their feelings about what s/he has experienced;
- Check with the child whether they know what to do to keep themselves safe and have a network of adults who they trust. If not, work on this with them or ensure that any work done with the child by other practitioners includes safety planning. See Safety Planning;
- Recognise that children will have developed their own coping strategies to deal with the impact of violence and abuse. Some of these may be negative in the longer term for the child, but where they are positive they should be drawn on to develop safety strategies for the future;
- Do not assume that the child will consider themselves as being abused
- Do not minimise the violence;
- Offer the child support with any difficulties in school or ensure that any work done with the child by other practitioners includes support in school;
- Give the child information about sources of advice and support s/he may want to use; and
- Give the message that the child can come back to you again.

Clarification question for a child

In order to obtain accurate and reliable information from a child regarding a domestic abuse situation, it is critical that the language and questions are appropriate for the child's age and developmental stage.

1. Types and frequency of exposure to domestic abuse

- What kinds of things do mum and dad (or their girlfriend or boyfriend) fight about?
- What happens when they argue?
- Do they shout at each other or call each other bad names?
- Does anyone break or smash things when they get angry? Who?
- Do they hit one another? What do they hit with?
- How does the hitting usually start?
- How often do your mum and dad argue or hit?
- Have the police ever come to your home? Why?
- Have you ever seen your mum or dad get hurt? What happened?

2. Risks posed by the domestic abuse

- Have you ever been hit or hurt when mum and dad (or their girlfriend or boyfriend) are fighting?
- Has your brother or sister ever been hit or hurt during a fight?
- What do you do when they start arguing or when someone starts hitting?
- Has either your mum or dad hurt your pet?

3. Impact of exposure to domestic abuse

- Do you think about mum and dad (or their girlfriend or boyfriend) fighting a lot?
- Do you think about it when you are at school, while you're playing, when you're by yourself?
- How does the fighting make you feel?
- Do you ever have trouble sleeping at night? Why? Do you have nightmares? If so, what are they about?
- Why do you think they fight?
- What would you like them to do to make it better?
- Are you afraid to be at home? To leave home?
- What or who makes you afraid?
- Do you think it's okay to hit when you're angry? When is it okay to hit someone?
- How would you describe your mum? How would you describe your dad? (or their girlfriend or boyfriend)

4. Protective factors

- What do you do when mum and dad (or their girlfriend or boyfriend) are fighting?
- If the child has difficulty responding to an open-ended question, the worker can ask if the child has:
  - Stayed in the room;

  - Left or hidden his/herself;
  - Gone for help;
  - Gone to an older sibling;
  - Asked their parents/the girlfriend or boyfriend to stop;
  - Tried to stop the fighting.
- Have you ever called the police when your parents (or their girlfriend or boyfriend) are fighting?
- Have you ever talked to anyone about your parents (or their girlfriend or boyfriend) fighting?
- Is there an adult you can talk to about what's happening at home?
- What makes you feel better when you think about your parents (or their girlfriend or boyfriend) fighting?
- Does anybody else know about the fighting?
- Do you have a mobile telephone that you could use in an emergency?

9. Appendix 9: Clarification questions for a mother

Mothers are usually too afraid or uncomfortable to raise the issue of violence and abuse themselves. Make sure she is seen alone. This includes without children/friends/family members. Use a registered interpreter if required. So be prepared to ask sensitively, but directly:

- Can you tell me what's been happening?
- You seem upset, is everything all right at home?
- Are you frightened of someone/something?
- Did someone hurt you?
- Did you get those injuries by being hit?
- Are you in a relationship in which you have been physically hurt or threatened by your partner?
- Have you ever been in such a relationship?
- Do you ever feel frightened by your partner or other people at home?
- Are you (or have you ever been) in a relationship in which you felt you were badly treated? In what ways?
- Has your partner destroyed things that you care about?
- Has your partner ever threatened to harm your family? Do you believe that he would?
- What happens when you and your partner disagree?
- Has your partner ever prevented you from leaving the house, seeing friends, getting a job or continuing in education?
- Does your partner restrict your access to money or access your Child Benefit or allowances?
- Has your partner ever hit, punched, pushed, shoved or slapped you?
- Has your partner ever threatened you with a weapon?
- Does your partner use drugs or alcohol excessively? If so, how does he behave at this time?
- Do you ever feel you have to walk on eggshells around your partner?
- Have the police ever been involved?
- Have you ever been physically hurt in any way when you were pregnant?
- Has your partner ever threatened to harm the children? Or to take them away from you?

10. Appendix 10: Legal and housing options

Practitioners inform mothers of these options, but should also always refer mothers to specialist advice services, such as a solicitor, Citizen Advice Bureau, a Law Centre, Women's Aid or Independent Domestic Violence Advisors.

Please note that this list is not an exhaustive one and professionals should contact their borough domestic abuse co-ordinators for a local list of specialist agencies.

Domestic abuse is a crime under both civil and criminal law. The legislation is summarised below.

1. Civil action

1.1 Family Law Act 1996 Part IV

1.1.1 The Act provides for a single set of remedies to deal with domestic violence and to regulate occupation of the family home, through two specific types of order, the non-molestation order and the occupation order.

1.1.2 Non-molestation orders/injunctions

1.1.3 It is possible to take out an injunction against anyone: e.g. father, husband, son, partner, other family member or other household member. An order can prohibit a perpetrator from molesting any named person including any children. The molestation can take the form of physical violence but can also include other forms of violence and harassment. It can include specific orders such as instructing a perpetrator to stay away from the home.

1.2 Occupation orders

1.2.1 This may take a number of forms (e.g. enforcing the victim's right to remain in the home or restricting the perpetrator's right to occupy it, even if they are a tenant or owner occupier). The court has power to order someone to live only in a certain part of the house or to allow someone back into the house, etc. The court has wide powers to order someone not to surrender a tenancy or remove or destroy the contents of the home.

1.2.2 In most cases such orders are made for short periods of time and do not affect long term rights in the property. In the longer term an application can be made to the court for a tenancy to be transferred. An order may be for a specified period, usually six months, or for open-ended period or until a different order is made if further provisions are needed.

1.2.3 Anyone who is a person associated with the respondent may apply for an order and an application may be made on behalf of a relevant child. Associated persons are people who:

- Are or have been married;
- Are or have been civil partners;
- Are or have been co-habitees;

- Have lived in the same household (other than one of them being the other's tenant, lodger, boarder or employee);
- Have agreed to marry;
- In relation to a child, they are both parents or have Parental Responsibility.

This list is not exhaustive.

1.3 Power of arrest

1.3.1 In order to provide better protection, the powers of arrest in relation to the above orders have been strengthened. Where the court makes an occupation or non-molestation order and it appears to the court that the abuser has used or threatened to use violence against the applicant or a relevant child, the court must attach a power of arrest unless it is satisfied that the applicant or child will be adequately protected without such a power. If a power of arrest is attached a person in breach of the order may be arrested without a warrant.

1.4 Court procedure and privacy

1.4.1The victim can be reassured that the court process takes place in a private room at the court, which is not open to members of the public. The victim's solicitor will prepare a written statement for them to sign in support of their application for an injunction and/or occupation order. The victim will need to attend court when their application is heard. The victim's solicitor or barrister will put their case to the judge. Getting an injunction will involve at least one court hearing. Unlike a criminal case, there is no obligation on the alleged perpetrator to attend - if they do not turn up, an order will be made in their absence.

1.4.2 In a dire emergency and/or if it is not safe to give the perpetrator prior warning of the application to the court, a court hearing will go ahead without notice to the opponent. Usually an order is granted to the victim. Sometimes the order will provide temporary protection until a further hearing of which the opponent has notice. Otherwise applications are made and the opponent is given prior notice of the court hearing.

1.5 Standard of proof

1.5.1The standard of proof is lower than in a criminal case. The court has to decide whether the allegations of violence and abuse are true on the balance of probabilities (in a criminal case, it must be beyond reasonable doubt.) In some cases, perpetrators do not even go to court or contest cases, so evidence such as reports to the police may not be required. However, if the perpetrator does fight the case, it helps if there is medical evidence and incidents have been reported to the police or witnessed by others.

1.6 Housing Acts 1985 and 1996

1.6.1 Under ground 1 Schedule 2 of the Housing Act 1985, a possession order can be granted where an obligation of the tenancy has been broken or not performed. Tenancy agreements should have a clause such as the following, which can be used in relation to domestic abuse: 'you or any member of your family must not use or threaten to use violence by using physical, mental, emotional or sexual abuse against anyone legally entitled to live either in your home or in another of our properties'

1.6.2 The Housing Act 1996 added Ground 2A of Schedule 2 to the Housing Act 1985. Under the Act, possession action can be taken against a remaining tenant where their partner has left the family home because of violence or threats of violence and does not intend to return. This ground can be considered when the partner (whether or not they are a tenant) has been rehoused because of violence and the perpetrator is left in occupation (particularly as they may be under-occupying a family sized unit).

1.6.3 In such cases, sufficient evidence of violence having occurred is required, which can include evidence provided by any professional the survivor is working with. In addition, housing authorities can take injunctive action against a tenant if they are in breach of the terms of their tenancy agreement.

1.6.4 Other anti-social behaviour legislation also allows housing powers to act against perpetrators in respect of their tenancies. Practitioners should always seek advice from housing services when considering what options are available to the victim in securing protection for their self and the children. It is good practice to invite housing to meetings arranged to draw up safety plans around victims.

2. Criminal action

2.1 Essex Police officers are under a duty to take positive action when investigating domestic abuse offences. There is an expectation that a domestic abuse perpetrator will be arrested in all criminal investigations where there are reasonable grounds to suspect a crime has taken place. Where a criminal offence has not been disclosed it should be noted that an arrest generally cannot be made.

2.2 The power to arrest comes from Section 110 of the Serious Organised Crime and Police Act 2005, which amended the powers of arrest available to a constable under section 24 of the Police and Criminal Evidence Act 1984.This has made all offences potentially arrestable in certain circumstances.

2.3 The exercise of arrest powers will be subject to a test of necessity based around the nature and circumstances of the offence and the interests of the criminal justice system.

2.4 An arrest will only be justified if the constable believes it is necessary for any of the reasons set out below:

a. To enable the name of the person in question to be ascertained (in the case where the constable does not know, and cannot readily ascertain,

the person's name, or has reasonable grounds for doubting whether a name given by the person as their name is their real name);

b. Correspondingly as regards the person's address (in the case where the constable does not know, and cannot readily ascertain, the person's address, or has reasonable grounds for doubting whether an address given by the person as their name is their real name);

c. To prevent the person in question:

i. Causing physical injury to them self or any other person;
ii. Suffering physical injury;
iii. Causing loss of or damage to property;
iv. Committing an offence against public decency; or
v. Causing an unlawful obstruction of the highway;

d. To protect a child or other vulnerable person from the person in question;
e. To allow the prompt and effective investigation of the offence or of the conduct of the person in question;
f. To prevent any prosecution for the offence from being hindered by the disappearance of the person in question.

2.5 When considering the need to arrest, the officer should take the following into account;

- The situation of the victim;
- The nature of the offence;
- The circumstances of the offender; and
- The needs of the investigation.

2.6 The Operation JUNO Teams (Domestic Abuse Investigations) in the majority of cases will be the primary unit to investigate domestic abuse offences. The decision to caution for a domestic abuse offence lies with either the police or the Crown Prosecution Service (CPS). If a police officer decides to caution a domestic abuse perpetrator, they must be at least a substantive Inspector. The guidance is that the officer making the cautioning decision should not be involved in the investigation for both subjectivity and integrity reasons.
2.7 It is the role of the CPS to decide on whether a perpetrator should be charged with a criminal offence and what criminal offence(s) should be charged. If there is a disagreement between police and CPS, there is a dispute resolution process to review charging decisions - although ultimately it is the CPS who has the final decision.
2.8 The typical offences (though this is not exhaustive) likely to be charged in domestic abuse cases are:

Legislation	Offences
Offences Against the Person Act, 1861 Section 47 Section 20 Section 18	Actual bodily harm (may be physical or psychological injuries.) Unintentional GBH or wounding GBH with intent
Protection from Harassment Act, 1997 Section 2 / 4	Harassment, fear of violence
Public Order Act, 1986 Section 3	Affray
Offences Against the Person Act, 1861 Section 21 Section 23	Attempted choking, strangulation, and suffocation with intent to commit an indictable offence. Administer poisonous / noxious substances with intent to endanger life.
Common Law Offences	Kidnap, unlawful imprisonment Breach of the peace
Criminal Law Act, 1977 Section 6	Use / threaten violence to secure entry to premises.
Criminal Justice and Public Order Act, 1994 Section 51	Intimidating / harm / threat to harm witness
Civil Law Court Order Section 7 Bail Act, 1976	Breach of injunction. Breach of bail.
Offences Against the Person Section 16	Threats to kill
Sexual Offences Act 2003	Including rape and other sexual offences

2.9 Once charged and at court there are numerous orders that can be applied for post sentence (NB. some can be applied for as stand-alone orders, though the process is more difficult) to manage the future behaviour of an offender. These include:

- ASBOs: Anti-Social Behaviour Orders, as long as perpetrator and victim do not live in the same household.
- Restraining Orders can be applied for on successful conviction of Protection of Harassment Act offences.
- Sexual Offences Protection Orders (SOPOs). These are similar to ASBOs and can be imposed to prevent serious sexual harm. Officers need to liaise with the CPS and remind the Court of its power to impose SOPOs on conviction for specified sexual or violent offences (Sexual Offences Act 2003, Schedules 3 and 5) where the offender poses a risk of serious sexual harm. NB. Committing an Offence W/I to Commit a Sexual Offence (s.62 SOA 2003) means the offender will have to register on the sex offences register (formally known as 'the notification requirements'). It should be noted that these Orders cannot be applied for by police on conviction, but can be imposed by the Courts. The IO should liaise with the MPS' Jigsaw Team to determine what restrictions would be helpful. A SOPO cannot require an offender to do anything; it can only restrict certain conduct.

- RoSHOs Risk of Sexual Harm Orders. There is no need for any conviction. These are only for persons over 18 who are deemed to pose a risk of harm to under-16s. Breaching a RoSHO will result in registration on the sex offences register. Essentially these can be used to tackle 'grooming' behaviour.
- Disqualification Orders (Criminal Justice and Court Services Act 2000). Can be imposed on conviction at Crown Court for offences against children and prohibit any kind of work with children.

2.10 It should also be noted that if offenders are classed as: - violent offenders; or potentially dangerous; or convicted of sexual offences and have to register as registered sex offenders (RSO) on the Sexual Offences Register; they will be managed by the MAPPA (Multi Agency Public Protection Arrangements).

3. Housing options

Victims of domestic abuse need to consider their housing options for both the short and longer term. If a victim feels they are unable to remain at the family home at least temporarily, the following options could be considered. Note the options of removing the perpetrator as outlined above should always be made known to the victim. Independent Domestic Violence Advisors are a good source of advice and support regarding housing options.

3.1 Refuges

3.1.1 Refuges provide safe, emergency temporary accommodation for victims and children who need protection from abuse. The workers in the refuges can provide information, advice and support. They can give practical assistance with benefit claims, court appearance etc. However, facilities such as kitchens, bathrooms, and sitting rooms are shared and many refuges will not accept victims with boys aged 12 or over.

3.1.2 The 24 hour national domestic abuse helpline (0808 2000 247) is run in partnership by Refuge and Women's Aid. As well as providing general advice and support, these agencies refer victims to refuges around the country.

3.2 Staying with family and friends

3.2.1 Depending on the circumstances, this may be an appropriate short term option. The victim may get more support and it is quick and cheap. However, it may also mean that they are easy for the abuser to find.

3.3 Making a homelessness application

3.3.1 The housing options service will decide whether it is reasonable to expect a victim of domestic abuse to continue to occupy their present accommodation, whether the victim is in priority need and whether the local authority has a duty to provide temporary accommodation. Each case will be assessed on an individual basis.

3.3.2 The local authority may offer temporary accommodation while the case is being investigated. If the local authority then decides that the victim is homeless, has a priority need and there is a duty, self-contained stage 2 accommodation may be offered. However, in many cases this may be out of the local authority area.

3.3.3 Waiting times in temporary accommodation are lengthy. It may be over two years before an offer of permanent family sized accommodation can be made. It is therefore important to try and get as much information as possible about the situation.

3.3.4 To prevent victims of domestic abuse being asked to visit housing options immediately, a senior case worker can be contacted and details of the case given. A homeless application can be completed and faxed to the caseworker. However, if there is an immediate threat of violence, an appointment must be made with the assessment team that day.

3.5 Management transfers

3.5.1 A management transfer may be an option if the victim is a sole tenant and the perpetrator lives elsewhere. Each case will need to be considered on an individual basis. Advice about legal remedies and specialist support agencies, as outlined above, should be given to enable the victim to take any necessary steps to protect them self and their family while they are waiting for a transfer (it must be noted that the target for rehousing management transfer cases is 12 weeks).

3.6 Out of the local authority area

3.6.1 If a sole tenant is experiencing domestic abuse and wishes to move out of the local authority area, it may be possible to nominate to another council or housing association. It may be possible to offer permanent rehousing quickly out of the area.

4. Immigration issues

Professionals need to ensure that they have a firm understanding of issues around families with no recourse to public funds and how they can work with these victims, especially in relation to access to Legal Aid and Housing.

4.1 Domestic violence and the two year rule

4.1.1 People from abroad who enter or stay in the UK on the basis of marriage or relationship to a spouse/partner who is settled in the UK or is a British citizen are initially given limited leave to remain. They are subjected to a probationary period, at the end of which, with the support of their spouse or partner who is settled in UK, they can apply for indefinite leave to remain. This probationary period was extended to two years in 2003.

4.1.2 During the two year period, the partner from abroad is restricted from recourse to public funds. If the relationship breaks down, the partner from abroad becomes liable to be removed from the UK unless they can show the required evidence of domestic abuse under the domestic abuse concession to the rule. Fear that they will be deported is a factor that may

inhibit victims in such situations disclosing. Perpetrators often use this fear as a tool of control.

4.1.3 In such situations, practitioners should seek advice from support agencies as to any victim's eligibility to apply under the domestic abuse concessions to the rule.

11. Appendix 11: Safety planning with women

(Note: Adapted from the Stella Project's Domestic Violence, Drugs and Alcohol Toolkit)

By raising the issue of domestic abuse, we create opportunities to explore ways in which women and children can be safe. A safety plan is a semi-structured way to think about steps that can be taken to reduce risk, before, during and after any violent or abusive incidents. It is important to stress that although a safety plan can reduce the risks of violence they cannot completely guarantee women and children's safety.

Women should not keep the safety plan where it may be discovered by the abusive partner.

Developing a safety plan

Women experiencing abuse will already have survival strategies they find effective. It is essential to acknowledge these and use them as guidance for your work. A safety plan is about allowing women to identify the options available to them within the context of their current circumstances. Some questions to ask in drawing up a safety plan:

- Who can you tell about the abuse who will not tell your partner/ex-partner?
- Do you have important phone numbers available e.g. family, friends, refuges, police? Do your children know how to contact these people?
- If you left, where could you go?
- Do you ever suspect when your partner is going to be violent? e.g. after drinking, when he gets paid, after relatives visit
- When you suspect he is going to be violent can you go elsewhere?
- Can you keep a bag of spare clothes at a friend's or family member's house?
- Are you able to keep copies of any important papers with anyone else? e.g. passport, birth certificates, benefits book.
- Which part of the house do you feel safest in?
- Is there somewhere for your children to go when he is being violent and abusive (don't run to where your children are as your partner may harm them as well)?
- What is the most dangerous part of your house to be in when he is violent?
- Have you discussed with your children a safety plan for what they need to do during an incident (do not intervene, get away and get help)?

12. Appendix 12: Safety planning with children and young people

For a definition of 'Fraser competency' see SET procedure Part B, chapter 27, Safeguarding sexually active children.

For additional guidance in dealing with situations where forced marriage may be an issue, see Part B, section 40.2, Forced marriage of a child.

- This safety plan should not be kept by the child;
- Professionals should give the child no written material except telephone numbers, children can use mobile phone and text messaging to seek help;
- The child needs to rehearse this safety plan with you as part of safety planning intervention.

13. Appendix 13: Working with abusive partners

See also Part B, chapter 6, Managing work with families where there are obstacles and resistance.

13.1 Asking questions

13.1.1 Practitioner's responses to any disclosure, however indirect, could be significant for encouraging responsibility and motivating a man towards change.

13.1.2 If the man presents with a problem such as drinking, stress or depression, for example, but does not refer to his abusive behaviour, these are useful questions to ask:

- How is this drinking/stress at work/depression affecting how you are with your family?
- When you feel like that what do you do?
- When you feel like that, how do you behave?
- Do you find yourself shouting/smashing things?
- Do you ever feel violent towards a particular person?
- It sounds like you want to make some changes for your benefit and for your partner/children. What choices do you have? What can you do about it? What help would you like to assist you to make these changes?

13.1.3 If a man responds openly to these prompting questions, more direct questions relating to heightened risk factors may be appropriate:

- It sounds like your behaviour can be frightening. What happens when you get angry with your partner or your family? Do you ever shout at her? Have you ever frightened your partner and your children?
- Have you ever hit her or pushed her around? What (specific) violence and abuse have you used? When did you first lay a hand on her in anger? What's the worst thing you've done in anger? Have you ever assaulted or threatened your partner with a knife or other weapon? What has been the most recent violence?
- How are the children affected? Have you abused/assaulted your partner in front of the children?
- Have the police ever been called to the house because of your behaviour?
- Do you feel unhappy about your partner seeing friends or family - do you ever try to stop her? Did/has your behaviour changed towards your partner during pregnancy?
- What worries you most about your behaviour? Are you aware of any patterns - is the abuse getting worse or more frequent? How do you think alcohol or drugs affect your behaviour?
- The information you gather will be the basis for your decision about how best to engage and what kind of specialist help is required - either for the man or to manage risk.

13.2. Responding to disclosures from abusive partners

13.2.1 Practitioners can make a difference and influence a family's situation and a child's wellbeing, by following good practice response guidance, such as:

- Be clear that abuse is always unacceptable;
- Be clear that abusive behaviour is a choice;
- Affirm any accountability shown by the man;
- Be respectful and empathic but do not collude;
- Be positive, men can change;
- Do not allow your feelings about the man's behaviour to interfere with your provision of a supportive service;
- Be straightforward; avoid jargon;
- Be clear about the judgement of risk to the children and the consequences of this, including what actions he is expected to take;
- Whatever he says, be aware that on some level he is unhappy about his behaviour;
- Be aware, and tell the man, that children are always affected by living with domestic abuse, whether or not they witness it directly;
- Be aware, and convey to the man, that domestic abuse is about a range of behaviours, not just physical violence (see definition);
- Do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse;
- Be aware of the barriers to him acknowledging his abuse and seeking help (i.e. shame, fear of child protection process, self-justifying anger);
- Be aware of the likely costs to the man himself of continued abuse and assist him to see these.

13.3. Risk management with abusive partners

13.3.1 Where the mother is indicating she wishes the abusive partner to be involved in her and the child's life, he should be referred to an appropriate perpetrator programme.

13.3.2 When the abusive partner indicates that he is worried about his behaviour, and is ready to take responsibility for his need to change, it may be appropriate to start to discuss plans for keeping his partner safe from his abusive behaviour, prior to work on the programme beginning. This might occur in situations where there is likely to be a delay in starting such work; it should only be undertaken after consultation with the agency offering the perpetrator programme.

13.3.3 Additionally, before undertaking any safety planning/risk management work with an abusive partner, professionals should ensure that the mother is aware of what is being proposed, and that there is confidence that such work will not compromise her safety.

13.3.4 Abuser programmes should always be integrated with associated women's services and with specialist child protection services. Abusive partners may also be referred to specialist child protection services (e.g. working with children subject of child protection plans and their families.

APPENDIX 13: WORKING WITH ABUSIVE PARTNERS

Adapted from the Westminster Domestic Violence forum guidelines for working with perpetrators of domestic violence.

14. Appendix 14: Risk Assessment Toolkit

Please click here to view the SET CSE toolbox. This Toolbox provides access to the CSE risk and vulnerabilities assessment and offers a range of guidance notes and support in relation to working with victims and suspects. It also provides guidance on sharing information with Essex Police.

15. Appendix 15: Essex Police Child Information Sharing Form

Please click here to view the Essex Police Child Information Sharing Form and guidance.

16. Appendix 16: The Sexual Offences Act 2003

Abuse of children through prostitution and pornography;

47.Paying for sexual services of a child

1. A person (A) commits an offence if -

(a) He intentionally obtains for himself the sexual services of another person (B);
(b) Before obtaining those services, he has made or promised payment for those services to B or a third person, or knows that another person has made or promised such a payment; and
(c) Either -
   i. B is under 18, and A does not reasonably believe that B is 18 or over; or
   ii. B is under 13.

2. In this section, "payment" means any financial advantage, including the discharge of an obligation to pay or the provision of goods or services (including sexual services) gratuitously or at a discount.
3. A person guilty of an offence under this section against a person under 13, where subsection (6) applies, is liable on conviction on indictment to imprisonment for life.
4. Unless subsection (3) applies, a person guilty of an offence under this section against a person under 16 is liable -
   (a) Where subsection (6) applies, on conviction on indictment, to imprisonment for a term not exceeding 14 years;
   (b) In any other case –
      i. On summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
      ii. On conviction on indictment, to imprisonment for a term not exceeding 14 years.

5. Unless subsection (3) or (4) applies, a person guilty of an offence under this section is liable -
   a. On summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
   b. On conviction on indictment, to imprisonment for a term not exceeding 7 years.
6. This subsection applies where the offence involved -
   a. Penetration of B's anus or vagina with a part of A's body or anything else;
   b. Penetration of B's mouth with A's penis;
   c. Penetration of A's anus or vagina with a part of B's body or by B with anything else; or
   d. Penetration of A's mouth with B's penis.
7. In the application of this section to Northern Ireland, subsection (4) has effect with the substitution of "17" for "16".

48. Causing or inciting child prostitution or pornography

1. A person (A) commits an offence if -
   a. He intentionally causes or incites another person (B) to become a prostitute, or to be involved in pornography, in any part of the world, and
   b. Either -
      i. B is under 18, and A does not reasonably believe that B is 18 or over; or
      ii. B is under 13.
2. A person guilty of an offence under this section is liable -
   a. On summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
   b. On conviction on indictment, to imprisonment for a term not exceeding 14 years.

49. Controlling a child prostitute or a child involved in pornography

1. A person (A) commits an offence if -
   a. He intentionally controls any of the activities of another person (B) relating to B's prostitution or involvement in pornography in any part of the world, and
   b. Either -
      i. B is under 18, and A does not reasonably believe that B is 18 or over; or
      ii. B is under 13.
2. A person guilty of an offence under this section is liable -
   a. On summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;

b. On conviction on indictment, to imprisonment for a term not exceeding 14 years.

50. Arranging or facilitating child prostitution or pornography

1. A person (A) commits an offence if -
   a. He intentionally arranges or facilitates the prostitution or involvement in pornography in any part of the world of another person (B), and
   b. Either -
      i. B is under 18, and A does not reasonably believe that B is 18 or over; or
      ii. B is under 13.
2. A person guilty of an offence under this section is liable -
   a. On summary conviction, to imprisonment for a term not exceeding 6 months or a fine not exceeding the statutory maximum or both;
   b. On conviction on indictment, to imprisonment for a term not exceeding 14 years.

51. Sections 48 to 50: interpretation

1. For the purposes of sections 48 to 50, a person is involved in pornography if an indecent image of that person is recorded; and similar expressions, and "pornography", are to be interpreted accordingly.
2. In those sections "prostitute" means a person (A) who, on at least one occasion and whether or not compelled to do so, offers or provides sexual services to another person in return for payment or a promise of payment to A or a third person; and "prostitution" is to be interpreted accordingly.
3. In subsection (2), "payment" means any financial advantage, including the discharge of an obligation to pay or the provision of goods or services (including sexual services) gratuitously or at a discount.

17. Appendix 17: Police Information Request/Referral Process

Principles

- The need to safeguard and promote the welfare of children and young people is paramount;
- Children and young people have a right to protection, and a right to access the criminal justice system;
- Positive outcomes for children and young people are maximised when agencies work together and co-ordinate their activity.

Requests for police information

In cases where an agency requests information from the police for the purposes of a risk assessment, the police will:

1. Receive the information;
2. Search relevant indices and pass the results to legitimate enquirers;
3. Fact of the request and details provided will be recorded for intelligence purposes only. Such requests will not be treated as allegations of crime referrals;
4. Depending on the result, the enquirer may then make a subsequent referral.

Referrals to police

In cases where an agency contacts the police with an allegation of crime or potential crime (a child under 13 who has engaged in penetrative sexual activity or a child/young person 13 or over who is assessed to be at risk following an assessment as outlined in Responding to Children and Assessment), the Police will:

1. Receive the information and create allegation of crime report;
2. Pass to relevant investigating unit;
3. Assess the need for emergency action to protect a child or young person;
4. Research information held internally;
5. Make a s.47 (note: Section 47 of the Children Act 19 - an enquiry undertaken by the local authority to enable them to decide what action they should take to safeguard or promote a child's welfare) referral to the local authority children's social care;
6. Share relevant information and have a strategy discussion with local authority children's social care, a consultant paediatrician and the referring professional;
7. Confirm the need for a criminal investigation and s.47 enquiry and agree any fast-track actions;

8. Attend strategy meeting (or hold a more detailed strategy discussion) and plan the investigation, making sure the interests of the child/ren remain paramount;
9. Conduct investigative activities as agreed and, if relevant, ensure the co-ordination of s.47 enquiries;
10. Conclude the investigation and decide, in consultation with the Crown Prosecution Service guidelines, an appropriate criminal justice disposal, taking into account the wishes of the victim, the public interest, and the views of relevant professionals who are working with the child or young person.

18. Appendix 18: Protocol for Joint Working between Child Death Review Rapid Response Team and Coroners Service

18.1 The Coroners and Justice Act 2009 and Coroners (Investigations) Regulations 2013

i) Place a duty on coroners to inform the LSCB, for the area in which the child died, of the fact of an inquest or post mortem. It also gives coroners powers to share information with LSCBs for the purposes of carrying out their functions, which include reviewing child deaths and undertaking SCRs.

ii) Rule 57A allows coroners to supply information, at an appropriate time, that will enable LSCBs to meet their obligation to conduct child death reviews and to fulfil their statutory obligations more generally.

This process is outlined in the statutory guidance document Working Together to Safeguard Children 2015.

This procedure is an appendix of the Southend Essex and Thurrock Procedure for responding to deaths in childhood and should be followed in conjunction with this guidance.

18.2 The Paediatrician or GP contacts the Coroners Office to report the child's death. Based on the information provided by the Paediatrician or GP the Coroners Officer completes the Form A. In most cases the deaths reported to the Coroner will be unexpected and relates to the rapid response procedures. However, there are circumstances where the Coroners Officer will become aware of deaths that are expected. The Coroners Officer completes the Form A for all deaths of children. This should be provided to the CDR Manager at the earliest opportunity within 24 hours of the child's death.

18.3 A decision will be made between the rapid response team paediatrician and police representative whether a rapid response will be triggered and if a home visit will be undertaken. A rapid response team member is tasked with informing the assigned Coroners Officer to provide their contact details and inform them of the intention to undertake a rapid response and home visit. The rapid response team must also inform the Coroners Officer if a home visit is not considered appropriate and provide the reasoning for this decision.

18.4 During the initial case discussion the rapid response team explicitly considers whether abuse or neglect is a factor in the child's death. If

considered to be a factor the rapid response team will relay this information to the Coroners Officer.

18.5 If the death is being treated as suspicious the rapid response team will form but the progress of the rapid response will be under the direction of the rapid response team police officer. The rapid response team police officer will maintain communication with the Coroners Officer in relation to the progress of the rapid response.

18.6 When the Scene Visit is undertaken the Form G or Form H is completed by the rapid response team. This is then provided to the Coroners Officer usually by the Police Officer. This must be provided to the Coroners Officer within 24 hours of the home visit because it is provided to the pathologist.

18.7 On receipt of the Form G or Form H the Coroners Officer should inform the CDR Manager that it has been received and inform the CDR Manager of when the post mortem is planned and where this will be undertaken.

18.8 The Coroners Officer will ensure that the Form G and any other additional information provided from the Rapid Response team is forwarded to the pathologist before the post mortem.

18.9 It is expected that the Coroners Officer will be in close contact with the family. It is necessary for the rapid response team to be aware of any relevant information such as cultural needs and burial arrangements, if known at this stage. The link member of the rapid response team may make contact with the Coroners Officer prior to the scene visit to check whether this is known.

18.10 The initial post mortem results become available. The Coroners Officer provides the results to the CDR Manager via the B13. The CDR Manager then circulates the results to the rapid response team. On receipt of the initial post mortem findings the rapid response team will arrange the intermediate case discussion.

18.11 The Coroners Officer informs the CDR Manager if the parents have requested a copy of the post mortem and the intention to hold an inquest. This information is then provided to the rapid response team.

18.12 When the post mortem report is available this is sent immediately to the DR Manager and the CDR Manager circulates the post mortem report to the Rapid Response Teams. The final case discussion is arranged. In situations where the child died in Essex but resided in another authority area, the other authority area will make requests for post mortem reports and information directly with the Coroners Officer. The CDR Manager will

only provide the post mortem report to the rapid response team and CDR panel members.

18.13 The rapid response team contacts the Coroners Officer to identify if there is any information that is relevant for the final case discussion including whether the post mortem has been discussed with the parents, how this information was delivered and whether there are any needs or issues that the rapid response should consider.

18.14 The Form F is completed by the rapid response team at the final case discussion. The Form F is provided to the CDR Manager. The CDR Manager sends this form to the Coroners Officer. The rapid response team will also feedback to the Coroners Officer any significant information and respond to any queries.

18.15 The case is listed for discussion at the Local Child Death Review Panel Meeting. The Form C is completed.

18.16 Following the Child Death Review Panel discussion of cases where an inquest is being held, the CDR Manager will provide a copy of the Form C to the Coroner. This will not be disclosed by the Coroner to any other party, including the parents without permission.

18.17 Once the date for inquest is arranged the Coroners Officer informs the CDR Manager of the date. The CDR Manager provides this date to the rapid response team, as there may be circumstances in which a member of the rapid response team may wish to attend Inquest.

18.18 Once the Inquest is heard the Coroners Officer provides the conclusion to the CDR Manager. Agreement with the Coroner has been reached that the Local Child Death Review panel may review child deaths prior to completion of the inquest. There are some circumstances where it will not be possible for a review to be undertaken prior to the inquest. The outcome of the Local Child Death Review Panel will not be deemed final until the outcome of the inquest is known.

18.19 The CDR Manager will check that the outcomes of the local child death review are consistent with the inquest findings and if there are inconsistencies these will be referred to the Chair of the Panel who will advise on the action to be taken. To avoid delays these deaths will however be included in statistical reports with amendments being made later should the outcome of the panel discussion be altered.

18.20 Information that would be useful for the purposes of the child death review includes special examination reports, investigative reports and any notes of evidence or documents put in evidence at inquest. The CDR Manager will request additional information from the Coroners Officer under the

instruction of the Paediatrician and the Coroners Officer may request additional information under the instruction of the Coroner. These requests will be made and responded to on a case by case basis.

19. Appendix 19: A guide to the acronyms used in these procedures

A&E	Accident and Emergency Department
ACPO	Association of Chief Police Officers
APA	Annual Performance Assessment
ASSET	Youth Justice Assessment Tool
AWS	Army Welfare Service
BECTA	British Educational Communications and Technology Agency
CAIT	Child Abuse Investigation Team
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CCPAS	Churches Child Protection Advisory Service
CDOP	Child Death Overview Panel
CDRP	Crime and Disorder Reduction Partnership
CEOP	Child Exploitation and On-line Protection Centre
CPS	The Crown Prosecution Service
CPSU	Child Protection in Sport Unit
CQC	Care Quality Commission
CRB	Criminal Records Bureau
CRC	Community Rehabilitation Company
CSAS	Catholic Safeguarding Advisory Service
CSO	Child Safety Order
CRU	Central Referral Unit
CWD	Children with Disabilities
CYPP	Children and Young Peoples Plan
DASH	Domestic, abuse, stalking and harassment and honour based violence
DATs	Drug Action Teams
DCPs	Dental practitioner and dental care professionals
DCS	Director of Children's Services
DfE	Department for Education (previously the DCSF & DfES)
DH	The Department of Health
DPA	Data Protection Act
EPO	Emergency Protection Order
EWMHS	Emotional Well-being and Mental Health Service
EYFS	Early years foundation stage
FCO	Foreign and Commonwealth Office
FE	Further Education
FGC	Family Group Conference
FGM	Female Genital Mutilation
FII	Fabricated and induced illness
FIP	Family Intervention Project
GMC	General Medical Council
GP	General Practitioner
HMI Probation	Her Majesty's Inspectorate of Probation
HMIC	Her Majesty's Inspectorate of Constabulary

APPENDIX 19: A GUIDE TO THE ACRONYMS USED IN THESE PROCEDURES

ICS	Integrated Children's System
ICT	Information and Communication Technology
INI	IMPACT Nominal Index
IRO	Independent Reviewing Officer
ISA	Independent Safeguarding Authority
JAR	Joint Area Review
JIT	Joint Investigation Team
JSP	Joint Service Publication
LA	Local authority
LADO	Local authority designated officer
LASSL	Local Authority Social Services Letter
LL/LT	Life limiting / life threatening
LSCB	Local Safeguarding Children Board
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-agency Risk Assessment Conference
MARAT	Multi-agency Risk Assessment Team
ME	Medical Examiner
NICE	National Institute for Health and Clinical Excellence
NOMS	National Offender Management Service
NPFS	Naval Personal and Family Service
NPIA	National Police Improvement Agency
NPS	National Probation Service
NRM	National Referral Mechanism
NSF	National Service Framework
OFSTED	Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
ONSET	Youth Justice Prevention Assessment Tool
OSSys	Offender Assessment Sytem
PACE	Police and Criminal Evidence Act
PND	Police National Database
POLIT	Police On Line Investigation Team
PPO	Probation and Prisons Ombudsman
PSA	Parenting Support Advisor
PSHE	Personal Social and Health Education
RN	Royal Navy
RSHO	Risk of Sexual Harm Order
RSL	Registered Social Landlord
SARC	Sexual Assault Referral Centre
SARS	Sexual Assault Referral Service
SCH	Secure Children's Home
SCR	Serious Case Review
SEN	Special Educational Needs
SFO	Serious Further Offence
SMB	Strategic Management Board
SMG	Strategic Management Group
SOPO	Sexual Offence Prevention Order
SOIT	Sexual Offences Investigation Team
STC	Secure Training Centre
SUDI	Sudden unexpected death in infancy

APPENDIX 19: A GUIDE TO THE ACRONYMS USED IN THESE PROCEDURES

TAC	Team around the child
TSA	Tenant Services Authority
UASC	Unaccompanied asylum seeking child
UKBA	UK Borders Agency
UKHTC	UK Human Trafficking Centre
VBS	Vetting and Barring Scheme
VISOR	The Violent and Sexual Offenders Register
VOO	Violent Offender Order
YCW	Youth and community worker
YJB	Youth Justice Board
YJS	Youth Justice System
YOI	Young Offender Institution
YOS	Youth Offending Service