



Bedfordshire, Cambridgeshire, Luton, Peterborough,

LSCB

Safeguarding Inter-Agency Procedures

June 2008



LUTON LOCAL SAFEGUARDING CHILDREN
BOARD



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PREFACE

Message from the chair of the LSCB

I am pleased to introduce the Bedfordshire Local Safeguarding Children Board procedures. They are based on the national guidance contained in 'Working Together to Safeguard Children' published in 2006 by HM Government and are intended to support and guide the practice of staff and managers working to safeguard children.

These procedures have been developed with other LSCBs and mean that they are consistent across Bedfordshire, Cambridgeshire, Peterborough, and Luton.

Bedfordshire and Luton LSCBs will continue to seek consistency in procedural arrangements for the practical advantage of those organisations which operate across the whole county.

The LSCB will make these procedures available in PDF and CD-ROM format as well as via the website. Hard copies will be made available to the voluntary sector.

If you have any comments about the procedures please bring them to the attention of the LSCB Administrator Sue Fanthorpe tel 01234 276797 or e-mail lscb@bedscc.gov.uk so that we can take them into account when the procedures are subject to their annual revision.

Best Wishes



Barbara Trevanion
Independent Chair
Cambridgeshire LSCB

Chapter One

Introduction

Aim

- 1.1 The aim of this document is to:
- Assist decision making when there are concerns about the safety or welfare of a child
 - Set out the procedures that should be followed when a child has been identified as at risk of harm
 - Give guidance to assist practice
- 1.2 It is designed for managers and practitioners in all agencies who work with vulnerable children and is published by the Local Safeguarding Children Board (LSCB).

Context

- 1.3 The overall national context for this document is set out in Fig. 1 overleaf. The contents of this document are consistent with government guidance set out in *Working Together to Safeguard Children (2006)*. *Working Together* provides detailed information about all aspects of safeguarding children and can be accessed via the LSCB website. www.bedfordshirelscb.org.uk
- 1.4 This document also draws on lessons from local case reviews and current literature relating to safeguarding practice
- 1.5 The Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board as the key statutory mechanism for agreeing how organisations in each local authority will co-operate to safeguard and promote the welfare of children and ensure that practice is effective. Agencies that are members of the LSCB are identified in the back of this document, as an appendix.

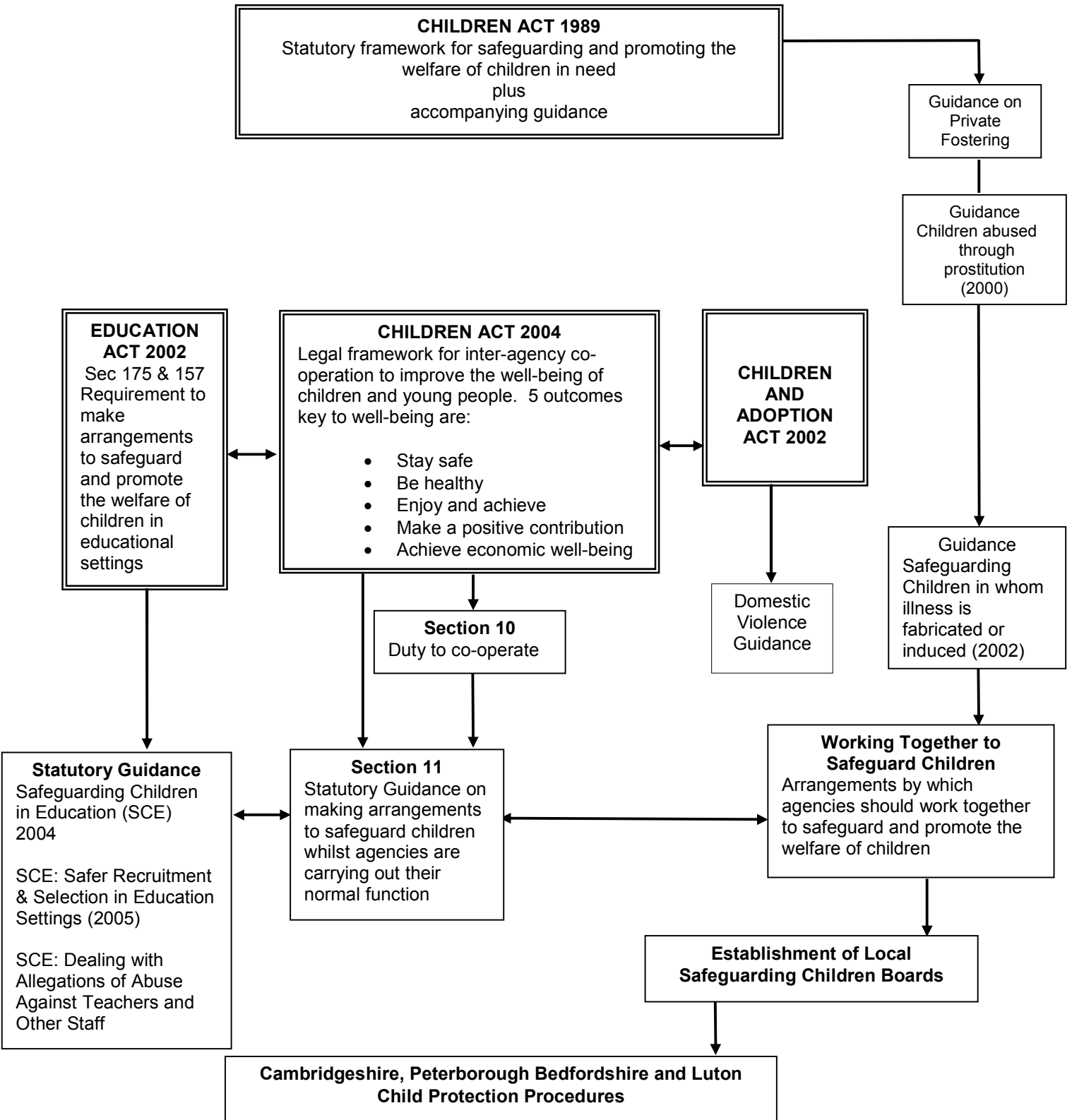
Introduction

- 1.6 The regulations governing Local Safeguarding Children Boards¹ identify the functions of the LSCB. The first function is to 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:
- The action to be taken where there are concerns about a child's safety, including thresholds for intervention
 - Training of persons who work with children or in services affecting the safety and welfare of children
 - Recruitment and supervision of persons who work with children
 - Investigations and allegations concerning persons who work with children
 - Safety and welfare of children who are privately fostered
 - Co-operation with neighbouring children's services authorities and their Board partners
- 1.7 These procedures cover all of the above and are endorsed and published by the LSCB. It is expected that **member agencies will ensure that all relevant staff have access to this document and comply with it.**
- 1.8 In some instances, the topics above will also be covered by more detailed local protocols. These will be available, and kept up to date on the LSCB website and staff should consult this as necessary.

¹ The Local Safeguarding Children Board Regulations 2006. Statutory Instrument 2006 No. 90

Fig 1

THE CONTEXT FOR THIS DOCUMENT



How to use this document

- 1.9 This document is intended to help all staff working with children and families act in a way which is most likely to promote the welfare and safety of a children. It sets out procedures that should be followed at key stages of work with children and families.
- 1.10 The contents of each chapter are set out under the following headings:
- **Procedures.** These are based on statutory guidance, endorsed by the LSCB and therefore ***should be followed unless there are exceptional reasons for not doing so***. Where procedures are not followed the reason for this should be recorded in the agency records.
 - **Practice guidance.** This to assist practitioners in making sound professional judgements.

Supplementary documents

- 1.11 Additional documents which have informed these procedures and are published by government departments can be accessed via the LSCB website. They are:
- *What to do if you are worried a child has been abused* (Department of Health 2003)
 - *Working Together to Safeguard Children* (DFES 2006)
 - *Safeguarding Children in Whom Illness is Fabricated or Induced* (Department of Health 2002)
 - *Children Abused Through Prostitution* (Department of Health & Home Office 2000)
 - Information sharing practice guidance
 - Safeguarding Children in Education 2004
 - Safer Recruitment & Selection in Education Settings (2005)
 - Dealing with Allegations of Abuse Against Teachers and Other Staff (2005)
 - Multi Agency Public Protection Arrangements (MAPPA) guidance (Home Office 2003)

Supplementary Leaflets

- 1.12 Leaflets covering a variety of topics are published by the LSCB and are available from the LSCB administrator and on the LSCB website.

Glossary

1.13 The following terms are used throughout the text:

Child	Anyone under 18 years of age
Abuse & Neglect	Forms of maltreatment of a child
Children's Social Care	The work of Local Authorities exercising their social services functions in relation to children
Safeguarding & Promoting the Welfare of Children	The process of protecting children from abuse or neglect, preventing impairment of their health or development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care which is undertaken so as to enable children to have optimum life chances and enter adulthood successfully
Well-being	Children achieving the five outcomes set by the Government. <ul style="list-style-type: none">• Stay safe• Be healthy• Enjoy and achieve• Make a positive contribution• Achieve economic well-being

Chapter Two

Recognising and Responding to Concerns about the Welfare of a Child

Members of the public

- 2.1 The LSCB knows that the abuse of children often comes to light due to members of the public being vigilant and reporting concerns to the statutory agencies. This is an important aspect of protecting children from harm and any referral from a member of the public should be responded to in line with the procedures set out in chapters three and four.
- 2.2 Government guidance *What to do if you are worried a child is being abused* sets out what should happen when anyone is concerned about the welfare of a child and will help members of the public in making a referral. This document can be accessed via the LSCB website, www.bedfordshirelscb.org.uk.

Identifying concerns – procedures to be followed by practitioners working with children and their families

- 2.3 Concerns about the welfare of a child may occur:
- In situations where there have been no previous concerns and the child has not previously received any services, other than those universal services accessed by all children
 - Where an assessment has taken place by agencies other than Children's Social Care under the *Common Assessment Framework* and a plan has been put in place in order to improve the wellbeing of the child.
 - Where the child is already allocated to a worker in Children's Social Care
 - Where there is no current involvement by Children's Social Care but there have been previous referrals

Recognition and Response

- 2.4 The concern should be discussed with a senior member of staff in order to clarify the seriousness and urgency of the situation and decide the next course of action. The senior member of staff may be:
- A manager
 - A designated member of staff with responsibility for safeguarding children, for example: designated nurse /named nurse doctor; designated person in an education setting
- 2.5 If, following this discussion, there are still concerns about the welfare of the child consideration should be given to contacting the duty officer at the local social care office for advice. This can be done by presenting a 'what if' scenario without necessarily naming the child in question. This discussion should be recorded by both parties in a retrievable form. It is the responsibility of Children's Social Care to ensure appropriate systems are in place.
- 2.6 If the practitioner with the concerns believes that a child's health or development is being impaired without the provision of services by the Local Authority (i.e. the child is a child in need), consideration should be given to making a referral to Children's Social Care. In this circumstance, a common assessment should be completed (if this has not already been done) and used as a basis for deciding whether a referral is appropriate. The parent(s) and the child (where appropriate) should be consulted prior to a referral being made.
- 2.7 If the practitioner believes that a child or young person is suffering, or is likely to be suffering significant harm they should *always* refer their concerns to Children's Social Care.
- 2.8 In most situations, concerns should be discussed with the child (as appropriate to their age and understanding), and with their parents, and their agreement sought to a referral being made. However, agreement should not be sought if doing so would place the child at risk of significant harm.

- 2.9 The Government guidance on information sharing² must be used to inform the decision about what information should be shared at the point of referral. The six key points on information sharing set out in this guidance are in the practice guidance at the end of this chapter.

Deciding whether to refer

- 2.10 The definitions of abuse in *Working Together to Safeguard Children (2006)* should be used to assist decision making about when a child is at risk of significant harm. The practice guidance on page 30-33 is also designed to help professionals understand the concepts of 'need' and 'harm'.
- 2.11 *Working Together to Safeguard Children* states that LSCBs should set out the criteria that should be used when deciding whether or not to refer to Children's Social Care. These criteria are set out overleaf.
- 2.12 The table distinguishes between children who may need some support to achieve the five outcomes defined by government (children with additional needs) and those whose health or development is likely to be impaired without provision of services by the local authority (children in need).
- 2.13 Children with additional needs will be subject to the Common Assessment Framework which will be used by agencies outside Children's Social Care³, whereas it is the responsibility of Children's Social Care to assess children in need (including those at risk of harm). Where an assessment under Common Assessment Framework has been completed, this should provide a basis for referral and information sharing between agencies.
- 2.14 The table cannot provide an exhaustive list but is designed to assist decision making and develop a more consistent approach across Cambridgeshire, Peterborough, Bedfordshire and Luton. The rest of this chapter provides more

² HM Government (2006) *Information Sharing: Practitioners Guide*
www.ecm.gov.uk/informationsharing

³ See Common Assessment Framework guidance

Recognition and Response

detailed information in relation to when referrals should be made in respect of children in specific circumstances.

- 2.15 Children's Social Care should be mindful of these criteria when deciding how to respond to referral.

DECIDING WHEN TO REFER		
CHILD IN NEED WHO MAY BE IS ALSO AT RISK OF SIGNIFICANT HARM	CHILD IN NEED	CHILD WITH ADDITIONAL NEEDS
<p><i>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD ALWAYS BE MADE IN THE FOLLOWING CIRCUMSTANCES</i></p> <ul style="list-style-type: none"> • Any allegation of sexual abuse • Physical injury caused by assault or neglect which may or may not require medical attention • Incidents of physical harm that alone are unlikely to constitute significant harm but taken into consideration with other factors may do so • Children who suffer from persistent neglect • Children who live in an environment which is likely to have an adverse impact on their emotional development • Where parents' own emotional impoverishment affects their ability to meet their child's emotional and/or physical needs regardless of material / financial circumstances and assistance • Where parents' circumstances are affecting their capacity to meet the child's needs because of domestic violence, drug and/or alcohol misuse, mental health problems, previous convictions for violence against children. • A child living in a household with, or have having significant contact with, a person at risk of sexual offending • A child under 13 who is sexually active • An abandoned child • Bruising to an immobile baby • Pregnancy where children have been removed • Suspicion of fabricated illness 	<p><i>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD BE CONSIDERED IN THE FOLLOWING CIRCUMSTANCES</i></p> <ul style="list-style-type: none"> • A plan to meet the child's needs following a common assessment has not had the desired outcome • A child may become at risk of harm without the provision of services <p><i>The following is not an exhaustive list, but highlights common situations where a referral should be considered:</i></p> <ul style="list-style-type: none"> • Child not achieving milestones with no apparent physical cause • Child permanently excluded from school or temporarily excluded on a regular basis • Child who persistently runs away from home or school • Child who self harms • Child involved in offending behaviour • Child who is known to be involved in underage sexual activity and/or exploitation • Child appears over protected and unable to develop their own identity • Disabled child with complex needs that cannot be realistically met by the parent or carer • Child whose communication needs are not being met • Learning disabled parents or parents with learning difficulties whose impairment impacts on their parenting skills • Parenting skills are inadequate to meet the child's needs • Episode(s) of domestic violence • Episode(s) of mental illness which might affect the child • Substance misuse which is affecting parenting capacity • Families who are socially isolated • Families where lack of access to appropriate housing or income is adversely affecting the child 	<p>A child with needs which are currently unmet and which need to be met if the child is to achieve his/her full potential in relation to the five <i>Every Child Matters</i> outcomes:</p> <ul style="list-style-type: none"> • Stay safe • Be healthy • Enjoy and achieve • Make a positive contribution • Achieve economic well-being <p>The Common Assessment Framework checklist should be completed in order to determine whether an assessment is required.</p> <p><i>A REFERRAL TO CHILDREN'S SOCIAL CARE SHOULD NOT BE CONSIDERED IF:</i></p> <ul style="list-style-type: none"> • The common assessment has resulted in a plan that is enabling the child to achieve their full potential in relation to the five outcomes • The input of Children's Social Care is not essential to either service provision or contributing to an assessment of the wellbeing of the child <p><i>A REFERRAL SHOULD BE CONSIDERED IF:</i></p> <ul style="list-style-type: none"> • A plan has been implemented following completion of a common assessment and it is not meeting the needs of the child • Further information comes to light that indicates that either the child is at risk of significant harm or the involvement of Children's Social Care is essential to the delivery of services.

Deciding when to refer in situations of possible neglect

- 2.16 Deciding how to act in situations of neglect presents some of the greatest challenges to professionals, and may require careful, close observation of parenting, and child behaviour... Severe neglect of young children is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and development, and long-term difficulties with social functioning, relationships and educational progress. Neglect can result, in extreme cases, in death.
- 2.17 Where any of the following are present the practitioner should discuss the child's needs with a senior member of staff in order to decide the most appropriate course of action.

The basic essential needs of the child not being met. Parental factors contributing to failure to meet needs may be substance misuse, mental ill health, domestic violence or learning disability

Any of the following signs and indicators are present.

Physical signs e.g. growth not within the expected range; recurrent infections; skin conditions; unkempt dirty appearance; inadequate clothing; unmanaged/untreated health conditions; frequent accidents or injuries

Developmental signs e.g. developmental delays; poor attention/concentration; lack of self confidence/poor self esteem; educational underachievement (including erratic or non school attendance).

Behavioural signs e.g. over-active, aggressive, impulsive behaviours; indiscriminate friendliness, withdrawn with poor social relationships, wetting, soiling or destructive behaviours, substance misuse or running

away, school non-attendance, sexual promiscuity, self harm, offending behaviours.

Signs in the home environment e.g. dirty, hazardous environment, personal or environmental odour, poor state of children's bedding, inadequate ventilation or heating, lack of play opportunities, isolation of parents and children from the local community

- 2.18 If any practitioner has been working with a family for more than 3 months and they are concerned that there may be features of neglect that are not being responded to appropriately by either their own agency or others, they must take the case to supervision for discussion and record a plan of action in the child's file.
- 2.19 The significant harm threshold will have been met where there is evidence of:
- *Persistent neglect of a child's physical and/or emotional needs* i.e. occurring over a period of time and/or not likely to change within the child's timeframe
 - *Repetition of neglectful parenting* which is continuing despite interventions
 - *Severity* i.e. severe detrimental outcomes for the health or development of child(ren)
 - *Parents' own emotional impoverishment* affecting their ability to sufficiently meet the child(ren's) physical and/or emotional needs regardless of material/financial circumstances or assistance.

Deciding when to refer – underage sexual activity

- 2.20 A child under 13 is not legally capable of consenting to sexual activity. Cases involving a child under 13 who is known or suspected to be taking part in underage sexual activity should always be discussed with the child protection lead in the practitioner's agency.

Recognition and Response

- 2.21 Under the Sexual offences Act 2003 penetrative sex with a child under the age of 13 is classed as rape, regardless of the age of the perpetrator(s).
- 2.22 Where the allegation is of penetrative sex or other intimate sexual activity, with a child under 13, there would always be reasonable cause to suspect that they are suffering or are likely to suffer significant harm. In this situation there should be a presumption that the child will be referred to Children's Social Care.
- 2.23 Sexual activity with a child under 16 is also an offence. Where the child is aged 13 and up to their 16th birthday, the practitioner should discuss their concerns with their nominated child protection lead and consideration should be given in every case as to whether there should be a discussion with other agencies and whether a referral should be made to Children's Social Care.
- 2.24 When an agency has decided that they do have concerns about a child involved in underage sexual activity and they have information about the partner/s, they should check with other agencies, including the police, to establish what else is known. The police should normally share the required information without beginning a full investigation, if the agency making the check requests this.
- 2.25 The following checklist should be used to assess the extent to which a child may be suffering or at risk of harm:
- The age of the child. The younger the age the greater the likelihood of cause for concern;
 - The level of maturity and understanding of the child;
 - What is known about the child's living circumstances or background;
 - Age imbalance – particularly where there is a significant age difference;
 - Overt aggression or power imbalance;
 - Coercion or bribery;
 - Familial child sex offences;
 - Behaviour of the child (e.g. withdrawn or anxious);

- The misuse of substances as a disinhibitor;
- Whether the child's own behaviour, because of the misuse of substances, places him/her at risk of harm so that he/she is unable to make an informed choice about any activity;
- Whether any attempts to secure secrecy have been made by the sexual partner, beyond what would be considered usual in a teenage relationship
- Where the child denies, minimises or accepts concerns;
- Whether the methods used are consistent with grooming;
- Whether the sexual partner/s is known to one of the agencies;

2.26 Where a child is aged 16-17, sexual activity may still involve harm or risk of harm. The above checklist should be used to inform decisions. Concerns and requests for information sharing should be treated in the same way as for those from 13 years up to their sixteenth birthdays.

2.27 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. If any professional is aware of such activity they should pass the information to their local police child protection team. Decisions not to refer must be fully documented, with detailed reasons given. Such a decision must be supported by a manager and follow a full and thorough assessment using the checklist in para. 2.25.

Deciding when to refer - domestic violence

2.28 The Inter Ministerial Domestic Violence Group defines domestic violence as "Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality"

2.29 An intimate relationship can refer to relationships involving:

Partners

- Sibling
- Parents in law
- Other adult relatives
- Parents and Child(ren)

- 2.30 Most reported cases of domestic violence involve the abuse of women by men, although violence does occur in same sex relationships and men can also be victims. Information currently shows that 81% of victims are women and 19% are men (British Crime Survey 2002).
- 2.31 Domestic Violence is one indicator of risk of harm to children. Children experiencing domestic violence are seen as children in need and a referral to Children's Social Care (Specialist Services) must be considered.
- 2.32 Prolonged and/or regular exposure to domestic violence can have a serious impact on a child(ren)'s development and emotional well-being, despite the best efforts of the non-abusing parent to protect the child(ren). This can include witnessing or over hearing incidents of domestic violence.
- 2.33 Domestic violence episodes can begin or escalate during pregnancy. Domestic violence can pose a threat to an unborn child(ren), because assaults on pregnant women frequently involve punches or kicks directed to the abdomen, risking injury to both mother and unborn child(ren).
- 2.34 Violence and /or threats of violence may continue after separation. Research suggests that victims maybe at greater risk when preparing or attempting to leave, or through contact arrangements.
- 2.35 Everyone working with women and children should be alert to the possible inter-relationship between domestic violence and the abuse and neglect of children. Where there is evidence of domestic violence, the implications for any children in the household should be considered, including the possibility that the children may themselves be subject to violence or other harm. Conversely, where it is believed that a child(ren) is being abused, workers should be alert to the possibility of domestic violence within the family.
- 2.36 Children's behaviours may indicate that they live with domestic violence. Such indicators may include:
- Refusal or reluctance to discuss own or parents injuries
 - Withdrawal from physical contact
 - Child(ren) shows fear of returning home or leaving home
 - School refusal or a reluctance to leave school
 - Self-destructive tendencies in children
 - Aggression towards others
 - Running away from home
 - Excessive tiredness
 - Frequent accidental injuries
 - Low self esteem
 - Lack of social relationships
 - Physical, mental and emotional developmental delay
 - Over reaction to mistakes
 - Sudden speech disorders

Recognition and Response

- Sudden changes of demeanour
- Neurotic behaviour (e.g. rocking, hair twisting, thumb sucking)
- Extremes of passivity or aggression
- Drug/solvent abuse
- Eating disorders

This list is not exhaustive; it should also be noted that these might also be indicators of other forms of abuse or situations in the family, not only domestic violence

2.37 Behaviours in adults may indicate that they live with domestic violence. Such indicators may include:

- Failure to keep appointments
 - Alleged abuse of children in the household
 - Poor health, disability, drug and alcohol abuse
 - Anxiety over timekeeping
 - Lack of eye contact
 - Inconsistent injuries
 - Untreated injuries
 - Low self esteem
 - Living with a known abuser
 - Always accompanied by partner
 - Isolation
 - Constantly deferring to partner
 - Abuse of pets in household
- This is not exhaustive and some of these indicators could also relate to depression, stress, mental illness and being a victim of abuse when younger.

2.38 The significant harm threshold is likely to have been reached, when there is evidence that any of the following are present:

- Parental domestic violence is adversely impacting on the child(ren)'s health and development
- The non abusing parent is not able to provide a safe and secure environment for the child(ren).

2.39 The diagram in the practice guidance at the end of this chapter should be referred to when deciding whether a referral to Children's Social Care is appropriate ⁴

⁴ Adapted from Hardiker, Exton & Barker (1991) in *Vision for Services for Children and Young People affected by Domestic Violence- guidance for local commissioners of children's services*. (2005) Local Government Association; CAF/CASS: Women's Aid.

Deciding when to refer – parental drug and alcohol use

- 2.40 Misuse of drugs and/or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.
- 2.41 Anyone who is aware of a parent who uses alcohol or drugs should be alert to the following factors and, if any are present, should refer to Children's Social Care:
- Use of the family resources to finance the parent's dependency, characterised by inadequate food, heat and clothing for the children
 - Children exposed to unsuitable caregivers or visitors, e.g. customers or dealers
 - The effects of alcohol leading to an inappropriate display of sexual and/or aggressive behaviour
 - Chaotic drug and alcohol use leading to emotional unavailability, irrational behaviour and reduced parental vigilance
 - Disturbed moods as a result of withdrawal symptoms or dependency
 - Unsafe storage of drugs and/or alcohol or injecting equipment
 - Drugs and/or alcohol having an adverse impact on the growth and development of the unborn child
- 2.42 The significant harm threshold is likely to have been reached, when there is evidence that any of the following are present:
- Parental drug and alcohol use is adversely impacting on the child's health and development
 - There is no one parental figure able to provide a stable secure environment for the child
 - There is no evidence that parental behaviour will change within a timeframe congruent with the needs of the child

Deciding when to refer – parental mental illness

- 2.43 The majority of parents who experience significant mental ill-health are able to care for and safeguard their children and/or unborn child.
- 2.44 However, in some cases, enduring and/or severe parental mental ill health will seriously affect the safety, health and development of children. Where professionals believe that this may be the case a referral must be made to Children's Social Care.
- 2.45 Where any of the following are present in an adult carer a referral should be made for an assessment to be carried out in order to determine how the child's needs can be met and the likelihood of significant harm.
- History of severe mental illness
 - Delusional thinking involving the child
 - Threats to harm a child
 - Self-harming behaviour and suicide attempts
 - Altered states of consciousness e.g. splitting/dissociation, misuse of drugs, alcohol, medication
 - Obsessional compulsive behaviours involving the child
 - Non-compliance with treatment, reluctance or difficulty in engaging with necessary services, lack of insight into illness or impact on the child
 - Disorder designated 'untreatable', either totally or within timescales compatible with the child's best interests
 - Domestic violence and/or relationship difficulties
 - Unsupported and/or isolated parents
 - A child is acting as a young carer for a parent or sibling
- 2.46 The threshold for significant harm is likely to have been reached when:
- There is an impact on the child's growth, development behaviour and/or mental/physical health

- The parent/carer's needs or illnesses are taking precedence over the child's needs
- There is insufficient alternative care for the child within the extended family

Deciding when to refer - disabled children

2.47 There is evidence that disabled children are significantly more likely to be abused than non-disabled children. The following should be taken into account when making a decision about whether to refer concerns to Children's Social Care:

- Research has shown (Sullivan & Knutson 1998)⁵ that disabled children are approximately four times more likely to be abused than non disabled children. This should always be taken into account when deciding how to respond to concerns.
- Disabled children demonstrate the same signs and indicators as non-disabled children, however, these may sometimes be confused with factors associated with the child's impairment. Where any of the following exist a referral should be made and assessment commenced by Children's Social Care, in order to understand the situation and needs of the child:
 - challenging behaviour
 - sexualised behaviour
 - low self esteem / sadness / passivity / emotional withdrawal
 - self harm – including such behaviours as head banging / biting / scratching
 - recurrent injuries
 - denial of necessary equipment by parents or carers
 - invasive procedures against the child's will
 - failure to follow medical advice / give the child required medication
 - an *escalation* in requests for short break / respite care

⁵ Sullivan, P.M. and Knutson, J.F. (1998) 'The association between child maltreatment and disabilities in a hospital based epidemiological study.' *Child Abuse and Neglect*, 22, 271 - 288

- exaggeration of a child's impairment e.g. insisting on treatment/medical intervention not deemed appropriate by professionals (issues relating to fabricated illness may be relevant in this situation)
- The parental factors associated with abuse are also just as likely to be present in families with disabled children. It is very important that disabled children are not blamed for parental factors such as domestic violence, substance misuse and parental ill health leading to the appropriate action not being taken. Parental factors should be taken into account in decision making about potential harm in the same way as they are for non disabled children.

2.48 The significant harm threshold for disabled children will have been met when:

- There is clear evidence of abuse
- Needs have previously been identified and parents/carers have not been willing to work with services to change their parenting behaviour within the required time frame

Deciding when to refer - child abuse images and the internet

2.49 The internet provides the opportunity for adults to access and distribute indecent images of children and share stories about their fantasies with other like-minded individuals. It can also be used to make contact with children with a view to grooming them for inappropriate or abusive relationships.

2.50 In this situation there can be no ambiguity as to whether a referral should be made to Children's Social Care, who will immediately inform the relevant police team

- 2.51 If you are aware that some one has placed child abuse images on the internet, or is accessing child abuse images, the police child abuse investigation unit *must* be informed

Deciding when to refer – sexually harmful behaviour carried out by children and young people

- 2.52 Considerable care needs to be taken to determine whether an incident constitutes sexually harmful behaviour and to distinguish it from mutually consenting, age appropriate sexual exploration. If any professional is concerned about the behaviour of a child or young person they should telephone the duty officer at Children’s Social Care for advice.
- 2.53 In evaluating the likelihood that one child is sexually harming another consideration should be given to:
- The nature of the relationship between the perpetrator and victim with particular attention to power differentials. The greater the degree of power held by the perpetrator in relation to the victim, the greater the opportunity for sexually harmful behaviours to take place
 - The nature of the alleged acts i.e. how frequent/persistent
 - The effect on the victim
 - The sexualised behaviour of the children involved. i.e. the greater the departure from ‘normal’ sexual activity the stronger the suspicion of sexually harmful behaviour
- 2.54 The following should **always** be referred to Children’s Social Care
- Oral, vaginal or anal penetration of dolls, children or animals
 - Using force to touch another’s genitals
 - Simulated intercourse with peers
 - Genital injury not explained by accidental cause
 - Sexually explicit conversations with significantly younger children
 - Touching the genitals of others
 - Repeated or chronic genital exposure or public masturbation, simulated intercourse with toys, peers or animals.

- 2.55 Consideration should be given to making a referral and advice sought from the duty officer in Children's Social Care when there is
- Preoccupation with sexual themes or masturbation
 - Non normative level of sexual knowledge
 - Sexually explicit conversations with peers
 - Attempts to explore other's genitals
 - Mutual or group masturbation
 - Simulated foreplay with toys or peers

Deciding when to refer - where a parent has learning disabilities

- 2.56 Parents who have learning disabilities may need additional support to assist them with their parenting. Any parent who has been assessed with an IQ of less than 60 is unlikely to be able to parent effectively alone without additional support⁶ Other parents with an IQ in the range 60-80 may find the combination of a learning disability, and the complexity of the tasks (e.g. large numbers of children, children with medical needs) compromises their ability to meet the needs of their children without support. In addition, learning disabled parents who have experienced trauma in their own past are likely to need additional support (Tymchuk, 1992⁷).
- 2.57 Parents with learning disabilities may also be vulnerable to exploitation and abuse by others, for example they may be targeted by sex offenders.
- 2.58 Where any of the following exist a referral should be made to children's social care and an assessment commenced in order to determine whether the needs of the children are being met and what support the parent is likely to need:

⁶ McGaw, S., & Newman, T. (2005) *What Works for Parents with Learning Disabilities?* London: Barnardos

⁷ Tymchuk, A. J. (1992) Predicting Adequacy of Parenting by People with Mental Retardation *Child Abuse and Neglect* **16** 165 - 178

Recognition and Response

- The parent has been assessed as having an IQ of 60 or less and has few or no supports in their family and social network.
- The parent(s) are known to have a learning disability and there are other factors which might challenge their ability to care for the child(ren). Such factors will include:
 - a child with their own additional needs
 - parental history of trauma / mental ill health
 - an abusive relationship with their current partner
- There is reasonable cause to suspect that known sex offenders are visiting the household.

2.59 The significant harm threshold is likely to have been reached when

- there is evidence that the child's health or development is being impaired
- the parents are unable to meet the needs of the child despite a child in need plan being in place
- there is evidence that sex offenders and/or their associates are visiting the household

Deciding when to refer - fabricated illness

2.60 Fabricated illness is when a child suffers harm caused by the action of a parent or other carer who deliberately fabricates symptoms or induces medical symptoms in a child which would not otherwise be present.

2.61 The following should alert professionals to the possibility of fabricated illness:

- Reported symptoms and signs found on examination are not explained by any medical condition from which the child is suffering.
- Physical examination and results of investigations do not explain reported symptoms and signs or
- There is an inexplicably poor response to prescribed medication and treatment or
- New symptoms are reported on resolution of previous ones or

Recognition and Response

- Reported symptoms and found signs are not observed in the absence of the carer or
- The child's normal, daily life activities are being curtailed beyond that which might be expected from any known medical disorder from which the child is known to suffer.

- 2.62 The above may be noticed by doctors, nurses and other professionals working with the child as well as professionals who may be working with the child's parents.
- 2.63 Where fabricated illness is suspected there should be discussion with the GP or paediatrician responsible for the child's health. If the person concerned feels their worries are not taken seriously or responded to appropriately they should discuss this with the designated doctor or nurse.
- 2.64 Where there are concerns about fabricated illness a full developmental history and appropriate developmental assessment should be carried out.
- 2.65 A medical evaluation should:
- Explore the signs and symptoms for a range of possible diagnoses
 - Carry out specialist tests or seek specialist advice where a reason cannot be found for the signs and symptoms
 - Normally result in feedback being given to the parents where an explanation has not been found and the parental response to this information be noted
 - Ensure that parents are kept informed of further assessments / investigations / tests and of the findings
- 2.66 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. In these situations convening a professional's meeting may be a useful first step.

- 2.67 The significant harm threshold will have been met and a referral should *always* be made and child protection enquiries commenced when a possible explanation for the signs and symptoms is that, they may have been fabricated or induced by the carer and as a consequence the child's health or development is likely to be impaired.

The referral process for Children in Need of Protection

- 2.68 *Where the child is not an open case in Children's Social Care*

If there are immediate concerns about the safety of a child a referral should be made by telephone to Children's Social Care. At the end of any discussion or dialogue about a child the referrer (if a professional from another service) and Children's Social Care must record the decision taken in their records.

- 2.69 Telephone referrals should be followed up in writing within 48 hours.

- 2.70 If concerns are not immediate, but it is believed that a child is a child in need, who may also be in need of protection, a referral should be made in writing. Where a common assessment has been completed by the referring agency this will form the basis of the referral. Where necessary the assessment should be updated in order to ensure that the most recent information is being passed to Children's Social Care. It is good practice to discuss the referral with the child (if appropriate) and parents/carers unless doing so would place the child at risk of significant harm or, where police may become involved, be likely to prejudice a criminal investigation.

- 2.71 *Where the child is an open case in Children's Social Care*

Practitioners from outside Children's Social Care should contact the allocated worker to express their concerns and follow these up in writing within 48 hours.

- 2.72 If concerns come to light from within Children's Social Care in relation to an open case, a decision should be made as to whether or not a strategy discussion should be initiated (see para 4.4.-4.12). In these circumstances it

may not be necessary to undertake an initial assessment before deciding what to do next. It may, however be appropriate to undertake a core assessment or update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

Taking a referral – procedures to be followed by Children's Social Care

- 2.73 Where Children's Social Care have in place a centralised system for receiving and re-directing referrals (for example a contact centre), it is vital that staff have access to immediate consultation and guidance from qualified and experienced workers in order to ensure that all necessary information is gathered and an appropriate response is made.
- 2.74 As soon as a referral is made about the welfare of a child, records should be checked in order to ascertain whether the child or their parents/ carers are known to children's or adult's social care. This information must be recorded.
- 2.75 In the event of a telephone referral which is passed to the relevant social work team the duty worker should:
- Give their name and designation
 - Help the referrer give as much information as possible
 - Clarify the information that the referrer is reporting directly and information that has been obtained from a third party
 - Clarify who knows about the referral
 - Clarify the whereabouts of the child and immediate action to be taken
 - Explain what is going to happen next
 - When the referrer is a professional, confirm that a written referral will be received within 48 hours
 - Agree how to re-contact the referrer if further clarification is required
 - Clarify whether the referrer gives consent for their details to be revealed to the child/family concerned (refusing consent should only be an exception in the event of a referral from another professional – see below)

Recognition and Response

- Explain how feedback will be given.
- 2.76 It may be appropriate to agree anonymity where:
- The referrer is a member of the public
 - There is evidence of intimidation or threats of violence towards the professional concerned
- 2.77 All referrals should record details of:
- Evidence of domestic violence
 - Evidence of parental mental ill health, drug or alcohol use, parental learning disability
 - Any known impairment of the child or parent or carer
 - Convictions against children or previous suspected abuse.
- 2.78 Where the duty worker is not a qualified social worker, the referral details should be passed immediately to a qualified worker for an assessment of the urgency of the situation.
- 2.79 Where a written referral is received by Children's Social Care, the duty manager should decide on next steps within 24 hours.

Practice Guidance Recognising and Responding to Concerns

Information Sharing

The following is taken from:

HM Government (2006) *Information Sharing: Practitioners guide*

The full guidance can be found at www.ecm.gov.uk/informationsharing and practitioners are encouraged to read the full guidance.

Six key Points on Information Sharing

- *You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of significant harm, or if it would undermine the prevention, detection or prosecution of serious crime including where seeking consent might lead to interference with any potential investigation.*
- *You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering harm, the child's safety and welfare must be the overriding consideration.*
- *You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case, there is sufficient need to override that lack of consent.*
- *You should seek advice where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others*
- *You should ensure that the information you share is accurate and up-to date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it and shared securely.*
- *You should always record the reasons for your decision – whether it to share information or not.*

Confidentiality

In deciding whether there is a need to share information you need to consider your legal obligations including:

- a) whether the information is confidential*
- b) if it is confidential, whether there is a public interest sufficient to justify sharing.*

Information is not confidential if it already in the public domain. e.g. a teacher may know that one of her pupils 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 is shared with the teacher in a counselling session it would be confidential.

*Confidence is only breached where the sharing of **confidential** information is not authorised by the person who provided it or to whom it relates.*

Even where sharing of confidential information is not authorised you may share it if this can be justified in the public interest.

A 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.

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 practitioners 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.

*Circumstances in which sharing confidential information without consent will **normally** be justified in the public interest:*

- **when there is evidence** that the child is suffering or is at risk of suffering significant harm; or*
- **there is reasonable cause to believe** that a child may be suffering or at risk of significant harm; or*
- **to prevent significant harm** arising to children and young people or **serious harm** to adults, including through the prevention, detection and prosecution of serious crime*

Please note:

It is essential that staff do not give false reassurance that information will be kept confidential when information will need to be shared if a child is at risk of harm.

Children in Need

Children who are defined as being 'in need', under section 17 of the Children Act 1989, are those whose vulnerability is such that they are unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services. Children who are disabled are also defined as children in need.

The critical factors to be taken into account in deciding whether a child is a child in need under the Children Act 1989 are what will happen to a child's health or development **without services** being provided, and the likely effect the services will have on the child's standard of health or development. Local Authorities have a duty to safeguard and promote the welfare of children in need.

Identifying Risk of Harm

Significant harm is the threshold that justifies compulsory intervention in family life in the best interests of children.

It is when there are concerns that a child is suffering or is likely to suffer significant harm that the local Authority has a duty to conduct enquiries under section 47 of Children Act 1989. However identifying when harm is significant is not always straightforward.

Under s31 (9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means the ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another

'development' means physical, intellectual, emotional social or behavioural development;

'health' means physical or mental health; and

'ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical

Under s31 (10) of the Children Act 1989:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

Significant harm may be associated with a single traumatic event but most often it is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development.

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

- The nature of harm, in terms of maltreatment or failure to provide adequate care;
- The impact on the child's health and development;
- The child's development within the context of their family and wider environment;
- Any needs as a result of the child's medical condition, physical or mental impairment that may affect the child's development and care within the family
- The capacity of the parents to meet adequately the child's needs; and
- The wider and environmental family context

Consideration of whether harm is significant should therefore include:

- Accuracy of what has been alleged/reported
- Impact on this particular child - evident now or probable given research studies/information available regarding children in similar situations – taking into account:
 - Whether what has been done to, or omitted regarding a child's care forms a 'pattern' of behaviour towards this child - or was it a one off and is it likely that it will recur or not?
 - Severity of abuse/impact - and how the child may have reacted/changed as a result.
 - The overall wellbeing and/or robustness of the child.
 - Specific vulnerability/ies of the child stemming from young age or impairment.
 - The views of the child.
- The context in which the act or omission occurred - is all the available past information available and does any still need to be sought – how important might missing information be?
- Causal link to parents/carers against what would have been reasonable/is reasonable to expect of any parents in relation to this child and its needs (with or without provision of services).
- Parental reaction - both immediately and in the long term.
- What protective/positive factors or individuals (e.g. extended family) are there?
- What engagement with professionals in recognition of the need for change is there? What acceptance of responsibility/what insight/what capacity and what motivation for changing and sustaining change is there? Are the causes of problems identified and needs established so that clear targets for parents and agencies can be set and linked to clear outcome expectations?

Thresholds and significant harm

It must be remembered that when it is identified that a child is at risk of significant harm they will also be a child in need. The focus on harm should not mean that the overall needs of the child are ignored. Section 47 needs to be understood as a specific “extra” within the overall requirements of Section 17, not separate from it. Complex cases can move between Sections 17 and 47 status in this way rather than ‘get lost’ due to a threshold debate as to whether they are one or the other.

Defining abuse and neglect

The following definitions from *Working Together to Safeguard Children 2006* should assist practitioners in deciding whether a child is suffering or is likely to suffer significant harm. Where abuse is suspected a referral should always be made to Children's Social Care.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms or, or deliberately induces illness in a child

Emotional Abuse

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

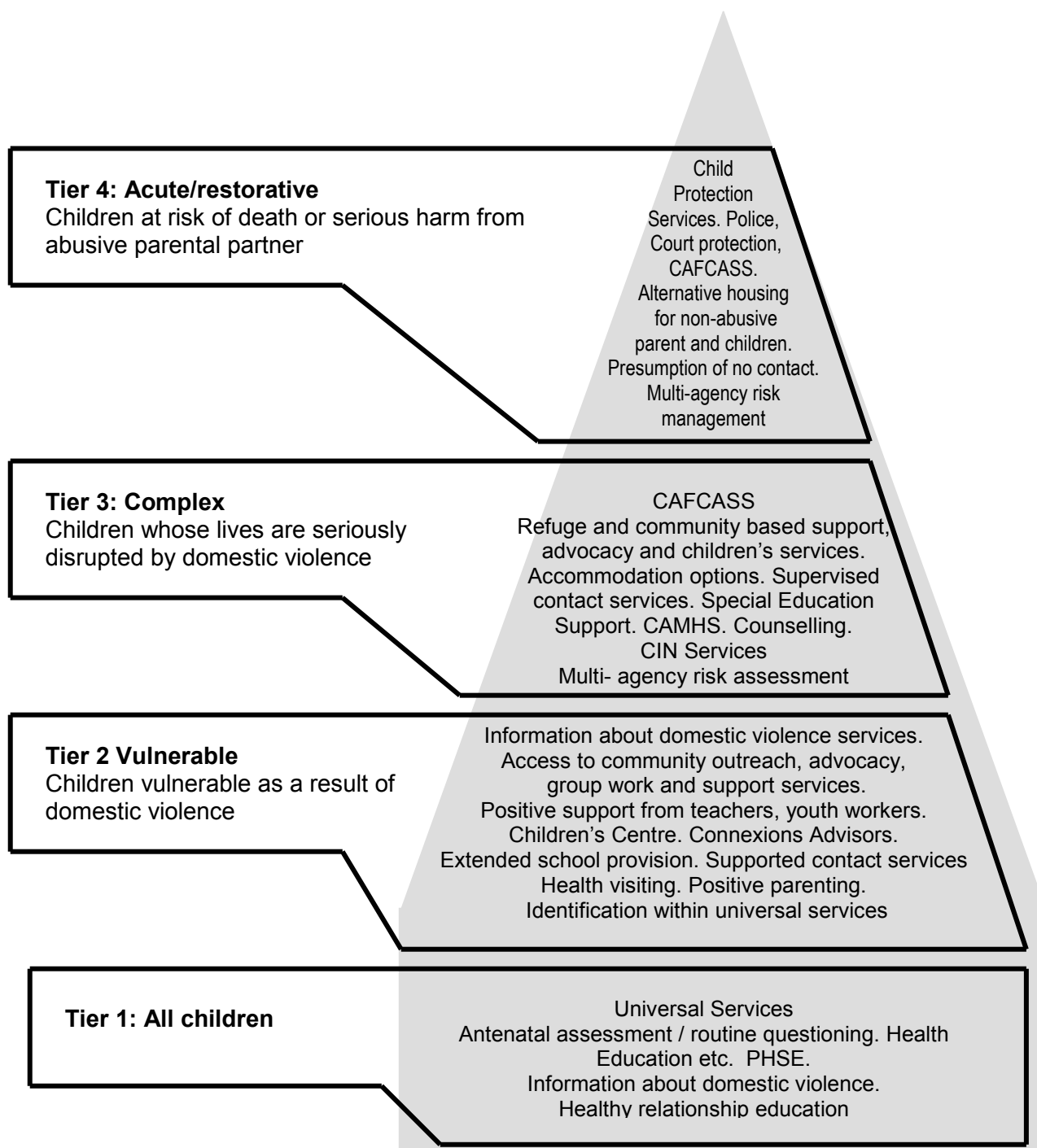
Sexual Abuse

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

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical harm or danger, failure to ensure adequate supervision, including the use of inadequate care-givers, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Tiers of Need and Intervention:⁸



⁸ Adapted from Hardiker, Exton & Barker (1991) in *Vision for Services for Children and Young People affected by Domestic Violence- guidance for local commissioners of children's services*. (2005) Local Government Association; CAFCASS: Women's Aid.

Chapter Three

Action to be Taken Following a Referral to Children's Social Care

Initial decision making – procedures to be followed

3.1 *Within one working day Children's Social Care will:*

- decide – on the basis of available evidence - whether there are concerns about either the child's health and development or actual and/or potential harm, which justifies an initial assessment to establish whether this child is a child in need.
- record the referral on the Referral and Information Record including decisions taken as to what is to happen next.
- acknowledge a referral in writing.

3.2 *This initial consideration of the case should be based on:*

- Discussion with a referring professional
- Consideration of information held on past records
- Discussion with any other professionals as appropriate. Where fabricated illness is a possibility the paediatrician responsible for the child's health care must be consulted as part of the initial decision making process.

3.3 *It is the responsibility of the referrer to:*

- Contact Children's Social Care again if they have not received a written acknowledgement within 3 working days.
- Record in their own agency records the decisions taken following referral

Information gathering and sharing

3.4 When deciding whether it is necessary to approach other agencies for further

information to assist initial decision making, consideration should be given to the advice on information sharing set out in Government guidance⁹ (see Practice Guidance chapter 2 page 28-29).

- 3.5 Seeking consent from parents should be the first option when deciding whether to contact other agencies for information. However, in some circumstances, the proportional response at the initial decision making stage may be to seek information without contacting the parents. For example, in order to decide whether a referral is malicious, it may be that one phone call to another agency might prevent extreme distress to the parents/child. Which ever approach is taken the practitioner must record the reasons for their action on the referral and information record.
- 3.6 If there is reasonable cause to suspect that a child may be suffering, or may be at risk of suffering significant harm, parental permission to seek information should only be sought where such discussion and agreement – seeking will not place the child at increased risk of significant harm, or lead to any interference with any potential investigation.
- 3.7 When responding to referrals from a member of the public, details about referrers, including identifying details should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer.

Procedures to be followed after the initial decision has been made

- 3.8 *Where the decision is no further action*
- feedback should be given to the referrer, who should be told of the decision and reasons for it. In the case of public referrals, this should be done in a manner which is consistent with respecting the confidentiality of the child.

⁹ HM Government (2006) *Information Sharing Practitioner' Guide* www.ecm.gov.uk/informationsharing

3.9 *Where the decision is to conduct an initial assessment of the child's needs*

- the assessment should be led by a qualified and experienced social worker and the assessment carried out in line with the initial assessment procedures below.

3.10 *Where risk of significant harm has been identified*

- the child should be allocated a qualified and experienced social worker and s.47 enquiries commenced in line with the procedures in chapter 4

3.11 *Where immediate action is needed to protect the child*

- the Team Manager in Children's Social Care should ensure that a qualified and experienced duty social worker is made available and action is taken in line with para. 3.15-3.24 below.

Initial Assessment of the child's needs:

3.12 An initial assessment is a brief assessment of each child referred to Children's Social Care to determine whether the child is a child in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken. Where a common assessment has been completed prior to referral, the initial assessment should build on the assessments already undertaken.

3.13 Where a Lead Professional had previously been appointed for the child, Children's Social Care should agree with the Lead Professional who should continue to co-ordinate services currently in place.

3.14 *An initial assessment will:*

- Be completed within 7 working days of referral
- Be led by a qualified and experienced social worker

Action to be taken following referral to Children's Social Care

- Be carefully planned with clarity about who is doing what, as well as what information is to be shared with the parents
- Be undertaken in collaboration with all those involved with the child and the family
- Use the framework set out in *Framework for Assessment of Children in Need* (DOH 2000). This includes consideration of the child's developmental needs, parenting capacity and family and environmental factors.
- Use the initial assessment record to record information, analysis and judgement
- Ensure that where concerns regarding significant harm are identified, a strategy discussion is arranged immediately to decide whether to initiate s. 47 enquiries
- Ensure that where there are no concerns about harm, but the assessment confirms that the child is a child in need, a planning meeting is held with the child, family and relevant professional in order to agree the child in need plan. The plan should be recorded and a copy given to the child, family and professionals who are involved in providing services as part of the plan. At this meeting consideration should be given as to whether a more detailed core assessment of the child's needs is required.

The practice guidance at the end of this chapter will assist those carrying out initial assessments.

Immediate protection of the child

3.15 Emergency action might be needed:

- As soon as a referral is received
- At any point in involvement with children and their family

3.16 Children in need of protective action may include not only the referred child but also

- other children in the household

Action to be taken following referral to Children's Social Care

- children in the household of an alleged perpetrator or elsewhere
- 3.17 It should be remembered that neglect as well as physical or sexual abuse can pose such a risk to a child that immediate protective action is needed.
- 3.18 It is the responsibility of the local authority where the child is found to take action to secure the immediate safety of the child. Where the child is looked after or subject to a child protection plan in another authority that authority should be consulted. Only when the other authority explicitly accepts responsibility (subsequently confirmed in writing) is the first authority relieved of the responsibility to take emergency action
- 3.19 Where there is a risk to the life of a child or a likelihood of serious immediate harm, Children's Social Care or the police should act quickly to secure the immediate safety of the child. However, police powers should only be used in exceptional circumstances where there is insufficient time to seek an Emergency Protection Order or for reasons relating to the immediate safety of the child.
- 3.20 Planned emergency action should normally take place following an immediate strategy discussion between police, Children's Social Care, and other agencies involved with the child and their family. Legal advice should normally be obtained before initiating legal action, in particular when an Emergency Protection Order is sought.
- 3.21 Where a single agency has to act immediately a strategy discussion should take place within twenty four hours in order to plan next steps.
- 3.22 Section 47 enquiries should be immediately initiated following any emergency action in order to assess the needs and circumstances of the child and agree action to safeguard and promote the welfare of the child in the long run.
- 3.23 The child's safety should be secured by either:
- a parent/carer taking action to remove an alleged perpetrator

Action to be taken following referral to Children's Social Care

- the alleged perpetrator agreeing to leave the home
- child remaining in a safe place or being removed to a safe place, either on a voluntary basis or by obtaining an Emergency Protection Order.
- the police using their protection powers to remove a child, or keep a child in suitable accommodation.

3.24 Where the child is looked after by the local authority, the child's social worker and Independent Reviewing Officer should be informed of the action taken at the earliest opportunity.

Practice Guidance

Actions to be taken following a referral to Children's Social Care

The Assessment Process

The quality of the initial response and the subsequent initial assessment is crucial, as it determines the whole course of work with that family

'Safeguarding Children: A Joint Chief Inspectors report on Arrangements to Safeguard Children (2002)

Although the initial assessment is a brief assessment of the needs of the child, it is important that it is a thorough piece of work. This will ensure that appropriate decisions can be made about whether or not the child is in need and or at risk of significant harm. The following should be used by practitioners and managers to check the quality of the assessment process.

- All relevant information, including historical information, should be taken into account. This includes seeking information from relevant services if the child and family have spent time abroad.
- Information should be obtained from family members as appropriate, professionals, and others in contact with the child and family.
- The child should always be seen and spoken to (according to age and understanding) when necessary and appropriate on their own. All interviews should be undertaken in a way that minimises distress to them and maximises the likelihood that they will provide accurate or complete information. As it will not necessarily be clear whether a criminal offence has been committed, leading or suggestive questions should be avoided. (Where a criminal offence may have been committed the process set out in *Achieving Best Evidence* (2001) will be followed.
- Where the child has communication differences due to impairment this should not be a reason for failing to obtain the child's wishes and feelings. The plan for the assessment should include consideration of how to best communicate with the child, including the use of non verbal communication methods.
- Interviews should always be undertaken in the preferred language of the child and family.
- The assessment should not only gather information but should analyse this information using professional judgement. Professional judgement will be informed by, knowledge from research and the literature, expertise based on past experience, the perspective of the child and family and clarity about how values and attitudes and work context may be affecting the analysis.
- Analysis of the information should lead to a judgement about the child's needs and how far parents are able to meet these needs within their current social context.

Research has shown that there are common pitfalls in the process of conducting initial assessments. These pitfalls, and how to avoid them are presented below in order to assist the initial assessment process¹⁰

Initial Assessment and Enquiries: Ten Pitfalls and How to Avoid Them

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

¹⁰Cleaver H., Wattam C., Cawson P., & Gordon R. *Children Living at Home: The Initial Child Protection Enquiry. Ten Pitfalls and How to Avoid Them.* In: *Assessing risk in Child Protection.* London: NSPCC, 1998

7. Parents' behaviour, whether co-operative or unco-operative, is often misinterpreted

Ask yourself: What were the reasons for the parents' behaviour? Are there other possibilities besides the most obvious? Could their behaviour have been a reaction to something I did or said, rather than to do with the child?

8. When the initial enquiry shows that the child is not at risk of significant harm, families are seldom referred to other services which they need to prevent longer term problems.

Ask yourself: Is this family's situation satisfactory for meeting the child/ren's needs? Whether or not there is a child protection concern, does the family need support or practical help? How can I make sure they know about the services they are entitled to, and can access them if they wish?

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.

Ask yourself: Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the child/ren's safety, what support should I ask for? If necessary, put your concerns and requests in writing to your manager.

10. Information taken at the first enquiry is not adequately recorded, facts are not checked and reasons for decisions are not noted.

Ask yourself: Am I sure the information I have noted is 100% accurate? If I didn't check my notes with the family during the interview, what steps should I take to verify them? Do my notes show clearly the difference between the information the family gave me, my own direct observations, and my interpretation or assessment of the situation? Do my notes record what action I have taken/will take? What actions have all other relevant people have taken/will take?

Chapter Four

Action to be Taken Where a Child is at Risk of Significant Harm

Child Protection Enquiries

4.1 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-

(i) is the subject of an emergency protection order; or

(ii) is in police protection; 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 and promote the child's welfare.

4.2 The relevant Team Manager in Children's Social Care must ensure that s. 47 enquiries are initiated when:

- A referral has been received that meets the criteria for immediate enquiries under s.47 i.e. that a child is suffering or likely to suffer significant harm
- Another child in the family has died or has been seriously injured and abuse is suspected (see chapter 8, para 8.4)
- An initial assessment of a child in need identifies that the child is suffering or is likely to suffer significant harm
- During the process of a core assessment for a child in need concerns arise that the child is suffering or is likely to suffer significant harm

4.3 Once it has been decided that s. 47 enquiries are required, the Team manager should ensure that

Action to be Taken Where a Child is at Risk of Significant Harm

- checks are carried out with all relevant local agencies in order to ascertain who might have relevant information to contribute to a strategy discussion
- the first strategy discussion takes place within 24 hours

4.4 **Strategy discussions** by telephone may occur:

- in less complex cases
- at the initial stages of the enquiry in complex cases where time is needed in order to clarify who should attend a strategy meeting. in this situation the meeting should take place within a maximum of 5 working days

4.5 Face to face **Strategy Meetings** should be held where:

- A joint investigation is likely
- There are allegations against staff, carers, volunteers or anyone professionally involved with the child
- In situations of complex abuse
- There is an allegation that a child has abused another child (separate meetings should be held for each child)
- The child is disabled
- Fabricated illness is possible
- There has been the unexplained death of a child. In this instance, consideration should be given to the meeting being chaired by someone independent of the case.

4.6 The Team Manager responsible for convening a strategy meeting should ensure participants include

- Relevant staff from all agencies who may have information that will be of assistance in planning the enquiries e.g. police/health/education etc.
- Those who are sufficiently senior and able to contribute to the discussion of available information and make decisions on behalf of their agencies
- The member of the medical team, ideally the medical consultant responsible for the child's healthcare, where a child is an in-patient or receiving services from a child development team

Action to be Taken Where a Child is at Risk of Significant Harm

- The senior ward nurse, or a nurse with knowledge of the child, if the child is an in-patient
- 4.7 Strategy meetings should be chaired by an experienced professional from police or social care.
- 4.8 Complex abuse strategy meetings should be chaired by a senior member of staff who should notify the chair of the LSCB. Complex abuse may involve possible fabricated or induced illness, alleged professional abuse or networks of sexual offenders. In very complex situations more than one strategy discussion may be necessary.
- 4.9 The strategy discussion should:
- confirm details of the concerns
 - evaluate content and urgency
 - agree the conduct and timing of any criminal investigation led by police
 - decide whether a core assessment under s.47 of The Children act 1989 should be initiated or continued if it has already begun
 - agree whether the enquiry will be conducted solely by Children's Social Care or jointly with the police (see below)
 - agree whether there is a need for medical assessment or treatment
 - agree what action is needed 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 be made about how to secure the safe discharge of the child
 - determine what information from the strategy discussion should be shared with the family
 - determine if legal action is required
 - agree a plan for the core assessment including who should be interviewed and when and how the child's wishes and feelings should be obtained (see appendix – plan for a core assessment).

Action to be Taken Where a Child is at Risk of Significant Harm

- in the light of the race and ethnicity of the child and family consider how this should be taken into account including establishing whether an interpreter is needed
- in the light of any impairment (child or family) determine particular needs including access and/or any assistance that will be required with communication
- consider the needs of other children who may be affected, for example, siblings and other children in contact with alleged abusers
- agree a contingency plan if a parent refuses consent for an interview or medical assessment of the child.

4.10 Where there are concerns about fabricated illness and it is decided to commence s. 47 enquiries the strategy meeting should, in addition, agree:

- whether the child needs 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 and control the number of specialists and hospital staff the child may be seeing
- who should be responsible for collating the medical records of all family members, including children who may have died or no longer live with the family
- the nature and timings of police investigations, including analysis of samples and covert surveillance. Any covert surveillance will be police led and draw on advice from the National Crime Faculty
- How any required expert consultation will be obtained?

4.11 Where there are concerns about domestic violence and it is decided to commence S47 enquiries the strategy meeting should be aware of:

- The power and control of the perpetrator affecting the assessment process.
- The potential increase in risk to the victim and child(ren) as a result of the child protection enquiry.
- The psychological impact of living with domestic violence which can lead to the abuse of drugs, alcohol and the development of mental ill health.

Action to be Taken Where a Child is at Risk of Significant Harm

- The strategy meeting should agree that information can be shared; however a woman's safety could be compromised if her whereabouts are discussed.
- The safety of the family should be paramount
- Consideration should always be given to the safety of professionals involved in the enquiries
- **The strategy discussion needs to include specialist domestic violence advice and guidance**

4.12 Strategy discussions - recording

- Any information shared, all decisions reached, and the basis for those decisions should be recorded on the Record of Strategy Discussion
- The record of the discussion should be circulated within one working day to those who participated

S. 47 Enquiries and Associated Police Investigations – decision making about joint or single agency enquiries

4.13 Significant harm to children gives rise to both child welfare concerns and law enforcement concerns. S. 47 enquiries may therefore run concurrently with police investigations concerning possible associated crime(s).

4.14 When joint enquiries take place, the police have the lead for the criminal investigation and Children's Social Care have the lead for the s. 47 enquiries and the child's welfare.

4.15 The strategy meeting or discussion must agree that single agency enquiries by children's services are appropriate.

Joint Agency Enquiries

4.16 Joint enquiries are those jointly conducted by Children's Social Care and the police.

4.17 A joint enquiry must **always** take place when there is an allegation or reasonable suspicion that one of the criminal offences below has been committed:

- Any suspected sexual offence committed against a child aged up to and including seventeen years, except in situations of stranger abuse (see below).
- Serious neglect or ill-treatment or emotional harm actionable under s.1 Children & Young Persons Act 1933.
- Serious physical injury to a child aged up to and including seventeen years old; this includes murder, manslaughter, and any assault involving actual or grievous bodily harm, repeated assaults involving minor injury.
- Offences involving organised or institutional abuse.
- Offences which involve unusual circumstances, such as the presentation of bizarre behavioural/ medical conditions including suspected illness induced or fabricated by carers with parenting responsibilities,
- Offences relating to the forced marriage of a child,
- Allegations against professionals who work with children
- Adults who are accessing child abuse images who have regular direct contact with the children.

4.18 A joint enquiry must be considered in cases of:

- Minor injuries to a child subject to a child protection plan or looked after by the local authority
- Injury to a pre-mobile child,

4.19 For other cases of minor injury the following factors where known must be considered in determining the seriousness of the allegation or concern and therefore, whether the threshold for a joint investigation has been met:

- The vulnerability of the child (including age, impairment)
- Any previous history of minor injuries
- The intent of the assault
- The use of a weapon
- Previous concerns from a caring agency

Action to be Taken Where a Child is at Risk of Significant Harm

- The consistency with and clarity or credibility of the child's accounts of the injuries
- Other predisposing factors about the alleged perpetrator e.g. criminal convictions, alcohol / drug misuse. Mental health difficulties and domestic violence.

Children's Social Care Single Agency Enquiries

4.20 The criteria for single agency enquiries are where the available evidence suggests

- Emotional abuse alone
- Physical abuse resulting in minimal or no injury (except pre mobile babies)
- Neglect insufficient for prosecution
- Over sexualised behaviour of a child and there are no other concerning features.

4.21 If, at any point during the enquiries, it becomes apparent that the joint enquiry criteria are met, contact should be made with the police and a joint enquiry started.

Police Single Agency Enquiries

4.22 These will usually be appropriate where:

- An adult makes an allegation about abuse in childhood
- The alleged offender is not known to the child or the child's family (i.e. stranger abuse). In this situation Children's Social Care must be made aware of the investigation and a joint decision made by the first line managers in each agency as to whether the child's needs should be assessed.

4.23 On occasions the police may conduct a single agency investigation out of hours reflecting their duty to respond and take initial action to protect either a child or criminal evidence. If this occurs, Children's Social Care must be informed as soon as possible and a joint enquiry commenced if appropriate.

S. 47 Enquiries and the Core Assessment

- 4.24 The core assessment is the means by which an s. 47 enquiry is carried out. The objective of the core assessment is to determine whether action is required to safeguard and promote the welfare of the child or children who are the subjects of the enquiries.
- 4.25 Children's Social Care have lead responsibility for the core assessment under s. 47, Children Act 1989. However, all agencies who have relevant information should assist the social worker throughout the assessment process.
- 4.26 The core assessment should be led by a qualified and experienced social worker and all workers undertaking s. 47 enquiries should have specialist training and experience in interviewing children.
- 4.27 The assessment should be completed within 35 days of the decision to undertake a core assessment. This will not be within the timescale of an initial child protection conference if one is required. Where it has been decided to hold a conference sufficient progress should have been made with the core assessment to enable the conference to make a reasoned decision about the needs of the children.
- 4.28 The core assessment process / s. 47 enquiries should always:
- be carried out in such a way that distress to the child is minimised
 - involve separate interviews with the child who is the subject of concern, and – in the great majority of cases – interviews with parents and/or caregivers, and observation of the interactions between parents and children. A child who is competent to take the decision can decide that they do not wish the parent to be involved and exceptionally, it may be agreed between Children's Social Care and the Police that, in order to ensure the best possible evidence, it may be necessary to speak to a

suspected child victim without the knowledge of the parent or the caregiver. If parental consent for an interview is refused, the Team manager in Children's Social Care must be immediately informed and legal advice sought as a matter of urgency

- include other children in the family being seen/considered for interview
- treat families sensitively and with respect. The LSCB leaflet *Child Protection Enquiries* should be given to families at the start of the process.
- use the *Framework for the Assessment of Children in Need and Their Families*¹¹ to collect and analyse information and before completion cover all dimensions in the Assessment Framework
- give consideration to conducting interviews with all those who are personally or professionally connected with the child, and/or their parents and caregivers
- ensure an interpreter is provided where a child or parent speaks a language other than that spoken by the interviewer. Wherever possible, this interpreter should be trained or briefed in safeguarding issues.
- ensure disabled children and disabled parents are provided with help with communication as required.
- use alternative means of understanding the child's perspective including observation if a child is unable to take part in an interview because of age or understanding
- avoid using leading or suggestive communication where possible, although it must be recognised that some communication systems used by disabled children are leading in nature. This should not prevent the child's views being ascertained.

4.29 Children's Social Care should make all reasonable efforts to persuade parents to cooperate with s. 47 enquiries. If, despite these efforts parents continue to refuse access to a child for the purpose of establishing basic facts about a child's condition – but concerns about the child's safety are not so urgent as to require an Emergency Protection Order - a local authority may

¹¹ DoH (2000) *Framework for the Assessment of Children in Need and Their Families*. London: The Stationery Office

apply to court for a child assessment order. In these circumstances, the court may direct the parents/caregivers to cooperate with an assessment of the child, the details of which should be specified. The order does not take away the child's own right to refuse to participate in an assessment, for example, a medical examination, so long as he or she is of sufficient age and understanding.

S. 47 enquiries and medical assessments

- 4.30 The first consideration should be whether the child needs urgent medical attention, in which case they should be taken to the nearest A & E department.
- 4.31 When the medical examination takes place out of the area, the strategy discussion/meeting should ensure the medical report is available.
- 4.32 In other circumstances the strategy discussion or meeting will ensure that the need and timing of a medical assessment is agreed with the appropriate paediatrician.
- 4.33 A medical assessment should *always* be considered when there is disclosure or suspicion of any form of physical or sexual abuse or neglect. Additional considerations are the need to:
- provide reassurance for the child and family where appropriate
 - secure forensic evidence
 - obtain medical documentation

Consent for medical assessments or medical treatment

- 4.34 The following may give consent to a medical assessment:
- a child of sufficient age and understanding. This should generally be assessed by the doctor with advice from others as required. A young person aged sixteen or seventeen 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

- any person with parental responsibility
- the local authority when the child is subject of a care order (though the parent/carer should be informed)
- the local authority when the child is accommodated under s20 of The Children Act 1989 **and** the parent/carers have abandoned the child or are physically or mentally unable to give such authority. When a parent or carer has given general consent authorising medical treatment for the child legal advice must be taken as to whether this provides consent for a medical assessment for child protection purposes
- 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.

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

4.36 Wherever possible the permission of a parent for a child under 16 should be obtained prior to any medical assessment and/or other medical treatment even if the child is judged to be of sufficient understanding. If this is not possible or appropriate, then the reasons should be clearly recorded.

4.37 Where circumstances do not allow permission to be obtained and the child needs emergency treatment then:

- The medical practitioner may decide to proceed without consent
- The medical practitioner may regard the child to be of an age and level of understanding to give her/his own consent

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- 4.38 In these circumstances parents must be informed as soon as possible and a full record made at the time.
- 4.39 In non-emergency situations when parental permission is not obtained, the social worker and their line manager must obtain legal advice and consider where it is in the child's best interest to seek a court order.

The process of medical assessment

- 4.40 In the course of s. 47 enquiries, appropriately trained and experienced practitioners must undertake all child protection medical assessments.
- 4.41 Only doctors may physically examine the whole child, but other staff must note any visible marks or injuries on a body map and document details in their recording.
- 4.42 Referrals for a medical assessment will be made by the social worker, police officer or their manager, depending on the child's needs and local provision, to the local community paediatric department. This department is likely to provide much of the service where children do not need hospital treatment on investigation. In urgent situations, the child should be taken to the local A&E or Paediatric Hospital Unit.
- 4.43 In planning the examination, the social worker, the police officer, their managers and the relevant doctor must consider whether it might be necessary to take photographic evidence for use in care or criminal proceedings. Where such arrangements are necessary, the child and parents must be informed and prepared and careful consideration given to the impact on the child.
- 4.44 The social worker should (unless this would cause undue delay) consult parents or a child of sufficient age and understanding about the gender of the medical practitioner prior to the examination being conducted. However, no guarantees about this can be given, and it should be given undue emphasis.

Action to be Taken Where a Child is at Risk of Significant Harm

It is most relevant to older children when examination for sexual abuse is needed.

- 4.45. In cases of severe neglect, physical injury or recent penetrative sexual abuse where there is a possibility of forensic evidence being available, the assessment should be undertaken on the day of referral, giving due consideration to the welfare of the child.

In non acute sexual abuse, less severe neglect, emotional abuse and some cases of minor physical injury (in the latter, only after consultation with a paediatrician), assessment should take place as a planned appointment, not necessarily on that day. However, if it is considered that the protection plan for the child might be altered by the outcome of assessment, this should take place on the day of referral.

- 4.46 In cases of suspected sexual abuse when forensic evidence may be available, GPs must not perform a detailed examination. In such cases:
- 4.47 It may be necessary for the assessment may be carried out jointly by a forensic medical examiner (FME) and a paediatrician. If a FME is not available, two paediatricians may carry out the assessment provided they meet the core skills set out in the *Royal College of Paediatrics and Association of Police Surgeons Child Health Guidelines (2004)*.
- 4.48 The police officer leading the enquiry should ensure that doctors are briefed and possession is taken of evidential items.
- 4.49 Single examinations should only be undertaken if the person has the requisite skills and equipment.
- 4.50 The need for a specialist assessment by a child psychiatrist or psychologist should be considered.

Recording the medical assessment

- 4.51 The paediatrician must agree with the referrer an appropriate timescale for the provision of an initial report. This must be provided to the social worker, police officer (if involved) and GP. In most cases, it will be appropriate to provide at least an initial report within 24 hours, to be followed up by a more detailed report as soon as practicable. In some cases, further investigation or assessment may mean it takes longer to provide a definitive opinion.
- 4.52 Where medical assessment is carried out cross border, the appropriate cross border protocols should be followed.
- 4.53 Disclosure to the parents of the information contained in the report should be agreed in consultation with the social worker and police officer.
- 4.54 The report should include
- Date, time and place of examination
 - Those present
 - Who gave consent and how (child/parent written/verbal)
 - A verbatim report of the carer's and child's spontaneous accounts of injuries and concerns noting any discrepancies or changes in account
 - Documentary findings in both words and diagrams
 - Site, size, shape and where possible age of any marks or bruises
 - Other findings relevant to the child e.g. squint, hearing problems, learning or speech problems
 - Confirmation of the child's developmental progress (especially important in cases of neglect)
 - Time the examination ended
 - A medical opinion of the likely cause of any injury or harm.
- 4.55 All reports and diagrams should be signed and dated by the doctor undertaking the examination.

S. 47 enquiries and police investigative interviews

- 4.56 The strategy meeting will have decided who needs to be interviewed and who will conduct the interview(s).
- 4.57 Visually recorded interviews will be conducted in accordance with the guidance set out in *Achieving Best Evidence*¹².
- 4.58 Where a child is deemed to be particularly vulnerable and/or has a communication impairment, consideration should always be given as to whether an intermediary should be involved at the early stages of the investigative process.
- 4.59 The police will be primarily responsible for interviewing the alleged perpetrator(s). They must keep children's social services informed about the progress of the investigation in order to ensure that the child remains adequately protected once the alleged perpetrator hears the allegations against them or if, having been charged with the offence, they are subsequently released on bail.

Action following S.47 enquiries

- 4.60 Section 47 enquiries may result in:
- Concerns not being substantiated
 - Concerns being substantiated but the child is not judged to be at continuing risk of significant harm
 - Concerns being substantiated and the child is judged to be at continuing risk of significant harm.
- 4.61 Where concerns about the child being at risk of or suffering significant harm are not substantiated
- The core assessment should be completed

¹² *Achieving Best Evidence in Criminal proceedings: guidance for vulnerable or intimidated witnesses including children* (2001) Home Office Publications

Action to be Taken Where a Child is at Risk of Significant Harm

- A Child In Need meeting should be held in order to consider with the family what support and/or services maybe helpful
- In some cases, concerns may remain about significant harm, despite there being no real evidence. It may be appropriate to put in place an arrangement to monitor the child's welfare, but this should *never* be used as a means of deferring or avoiding difficult decisions. Where it has been decided that monitoring is required:
 - The purpose of monitoring should be clear – what is being monitored, why, in what way and by whom
 - Parents should be informed about the nature of any on-going concern
 - **A date should be set for a discussion or meeting to review the monitoring arrangements**
- **At this stage it may be appropriate to hold a Family Group Conference/ Meeting to engage the parents and wider family group in developing and implementing a child in need plan.**

4.62 Where concerns are substantiated, but the child is not judged to be at continuing risk of significant harm, there may be sound reasons, based on analysis of evidence obtained through s. 47 enquiries, for judging that a child is not at *continuing* risk of significant harm. In these circumstances a child protection conference will not be required.

4.63 A child protection conference may not be required in the following circumstances:

- The family's circumstances have changed; e.g. the perpetrator of the abuse has permanently left the house and does not have contact with the child
- Where significant harm was incurred as a result of an isolated abusive incident unlikely to occur again e.g. abuse by a stranger
- The agencies most involved judge that a parent or caregiver, or members of the child's wider family, are willing and able to co-operate with actions to ensure the child's safety and welfare. This judgement must be based on a

Action to be Taken Where a Child is at Risk of Significant Harm

soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism.

- 4.64 In situations of sexual abuse, care should be taken in deciding not to conference. Consideration must be given to the known difficulties families may have in keeping away from the alleged abuser(s).
- 4.65 The decision about whether or not to proceed to conference lies with Children's Social Care. A suitably qualified social work manager should endorse the decision. Where appropriate, Independent Chairs should also play a consultative role in the decision.
- 4.66 Where concerns are substantiated and the child is judged to be at continuing risk of significant harm:
- In all situations where a child is judged to be at continuing risk of harm Children's Social Care should convene a child protection conference
 - Where risk of harm is immediate the steps outlined in para 3.15-3.24 above (immediate protection) should be followed before a child protection conference is convened.
- 4.67 Feedback on all child protection enquiries, whatever their outcome will be provided by the social worker to:
- Their line manager
 - The child/ren where appropriate
 - Parents and/carers who will receive a copy of the record of outcome of s. 47 enquiries (DOH 2002) and core assessment when completed
 - Professionals who have contributed to the enquiries but who are not likely to have ongoing involvement with the child and family. They should receive notification of the outcome of enquiries
 - Professionals who were involved in the enquiries and who have ongoing involvement with the child and family. They should receive a copy of

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record of outcome of s. 47 enquiries (DOH 2002) and a copy of the core assessment.

- If consulted during the child protection enquiry, the Independent Chair should receive feedback on the outcome.

Practice Guidance Action to be taken where a child is at risk of significant harm

Communicating With Children Through the S.47/Core Assessment Process

Communicating with children is an essential part of the enquiry process.

Where a crime is thought to have been committed, the guidance on investigative interviewing is set out in *Achieving Best Evidence*¹³.

Jones¹⁴ on behalf of the Department of Health reviewed the research evidence and implications for best practice where an investigative interview is not required but an in-depth interview is needed with a child as part of a core assessment/s. 47 enquiries. Below is a summary of some of the key findings. It is recommended that all practitioners undertaking such interviews should consult the main text.

Summary of the principal implications from research for practitioners undertaking in-depth interviews.

- A child's free account is preferable to answers obtained from specific questions, because it is likely to be fuller and more accurate.
- If direct questions are used, they should not be leading in type, repeated frequently during the interview, or associated with any other type of pressure from the professional. They should be followed by open ended questions or invitations to the child to say more
- Practitioners should avoid bias and supposition
- Interviews should normally be planned in advance. This enables clear identification of the purpose of the interview
- It is useful to prepare children for in-depth interviews, so that they know what to expect and in order to involve them in the process
- In-depth interviews should normally have an introductory rapport building phase
- A flexibly employed structure to the session is useful
- Interviews should be recorded carefully in the most appropriate way for the individual circumstances
- The practitioner should remember that false or erroneous accounts can emanate from children, adult carers or from professional practice
- Any interviews with children should be based on established principles of professional good practice
- It is essential to listen to and understand the child
- It is essential to convey genuine empathic concern
- It is essential to convey the view that it is the child who is the expert, not the professional
- It is easier for practitioners to develop and maintain the qualities and competencies outlined above if they work within an environment that encourages critical review of practice, if they seek frequent updates on

¹³ Home Office, Lord Chancellor's, CPS et. al. (2002) *Achieving Best Evidence in Criminal Proceedings: guidance for vulnerable or Intimidated Witnesses, Including Children*. London: Home Office

¹⁴ Jones, D., (2003) *Communicating with Vulnerable Children* London: Gaskell

research findings and consensus statements, and if they have the opportunities for continuing professional development.

S. 47 Enquiries/Core Assessments and Neglect

Concerns about neglect may come to light suddenly, but, more often enquiries will be commenced following involvement with the family by a number of agencies over time. There is evidence that such situations may result in information becoming fragmented¹⁵ and professionals becoming 'stuck', not seeing evidence which challenges their ideas about a family¹⁶, and at times finding ways to minimise their involvement¹⁷.

It is therefore important that during the process of enquiries:

- Information is gathered from all those who may have had contact with the child and family including voluntary agencies and adult services
- There is the opportunity for those involved to reflect with their supervisor on the impact that working with the family has had on them and whether this has led them to have become 'stuck' and miss important information.

When making enquiries in cases of neglect consideration should always be given as to whether a medical assessment is required in order to determine the impact of the care giving environment on a child's development.

Research has shown that in order to adequately assess situations of possible neglect it is important to use an ecological framework¹⁸. Enquiries must therefore gather information about:

- The child and their current development (including their views)
- The family history and network including both parents history of being parented and how this might effect their parenting capacity and relationship with the child(ren)
- The environment / community within which the family are living including stressors and supports
- The impact of the wider societal values and beliefs including the impact of such factors as racism or disablism.

Once the above information has been gathered the assessment should focus on the way in which the factors interact and the impact that this has on the likely developmental outcomes for the child both in the short term and the long term.

Throughout the enquiries it must be remembered the impact that neglect can have on the developing child. *Working Together* states:

Severe neglect of young children has adverse effects on a child's ability to form attachments and is associated with major impairment of growth and intellectual development. Persistent neglect can lead to serious impairment of health and

¹⁵ Reder, P., Duncan, S., & Gray, M. (1993) *Beyond Blame: Child Abuse Tragedies Revisited* London: Routledge

¹⁶ Munro, E (2001) *Effective Child Protection* London: Sage

¹⁷ Bridge Child Care Consultancy (1995) *Paul: Death through Neglect* London: Bridge Consultancy Services

¹⁸ Turney, D., & Tanner, K. (2005) *Understanding and Working with Neglect* London: DFES
www.rip.org.uk/publications/researchbriefings.asp

development, and long term difficulties with social functioning, relationships and educational progress. Neglected children may also experience low self esteem, feelings of being unloved and isolated. Neglect can also result in extreme cases, in death. The impact of neglect varies depending on how long children have been neglected, the children's age, and the multiplicity of neglectful behaviours children have been experiencing.

S. 47 Enquiries/Core Assessments and Sexual Abuse

Enquiries into situations of alleged sexual abuse should be carried out by professionals who have training in this specific area of work. It is likely that enquiries will be conducted jointly by police and social care in line with procedures set out in this chapter.

Enquiries and assessments should include consideration of:

- The nature of sexual offending, i.e. how sexual offenders operate; the possibility of professionals being “groomed”, as well as children and families, and ways in which children may be silenced by their abusers¹⁹.
- Factors associated with the non-abusing carer's capacity to protect the child²⁰.
- Alleged sexual abuse within the whole family context and the possible association with other forms of abuse
- The impact of sexual abuse on children and the support they are likely to need throughout the assessment process.

The severity of impact on the child will increase:

- The longer the abuse continues
- The more extensive the abuse
- The older the child

Other features associated with severity of impact are:

- A close relationship between the abuser and the child
- Pre-meditated abuse
- The degree of threat and coercion, sadism, bizarre and unusual elements

Effective assessments

An overview of research has shown that the following are important in enquiries into allegations of child sexual abuse²¹:

¹⁹ See for example Calder, M. (2000) *Complete Guide to Sexual Abuse Assessments* Lyme Regis: Russell House

²⁰ Smith, G. (1995) *Assessing Protectiveness in Cases of Child Sexual Abuse* in Reder, P., & Lucey, C., (eds) *Assessment of Parenting* London: Routledge

- The initial approach is extremely important and sets the tone for the remainder of the investigation
- Parents found that professionals who treated them personally with care and respect, and who listened to their perspectives and were generally non-judgemental, were the most help
- Children were especially sensitive to being patronised or kept in the dark, and wanted information and openness from the practitioner
- There is a need for specialist help to be available for minority ethnic children, or those with particular needs
- It may be hard to evaluate the potential for a parent to be supportive to his/her child, and easy to misinterpret the parent's first reactions. This may require further evaluation by the professional in order to clarify parental reactions and responses
- In cases where partnership is initially difficult with parents, perhaps because of the need to take immediate child protective action, it may still be possible to work in partnership despite early difficulties
- Parents benefit from direct information and instructions as to how best to help and respond to their child, particularly when they themselves are in a state of crisis and have reduced coping ability as adults.

Sexual abuse by children and young people

Where the potential abuser is a young person themselves, an assessment of their needs should be carried out separately and should include:

- The nature and extent of the abusive behaviours. Expert professional judgement may be required, within the context of knowledge about normal childhood sexuality
- The context of the abusive behaviours
- The child's development, and family and social circumstances
- Needs for services, specifically focusing on the child's harmful behaviour as well as other significant needs; and
- The risks to self and to others, including other children in the household, extended family, school peer group or wider social network. This risk is likely to be present unless: the opportunity to further abuse is ended, the young person has acknowledged the abusive behaviour and accepted responsibility and there is agreement by the young abuser and his/her family to work with relevant agencies to address the problem

Decisions following the assessment will include:

- The most appropriate action within the criminal justice system, if the child is above the age of criminal responsibility
- Whether the young abuser should be subject of a child protection conference
- What plan of action should be put into place to address the needs of the young abuser, detailing the involvement of all relevant agencies

²¹ Jones, D., & Ramchandani, P (1999) *Child Sexual Abuse: Informing Practice from Research* Lyme Regis: Radcliff

S.47 Enquiries/Core Assessments Following Serious Injuries to Infants

Where an infant has sustained serious injury it is vital that the procedures set out at the beginning of this chapter are followed. It will be particularly important to work closely with medical colleagues and ensure that the immediate protection of the child is secured.

Whilst the *Framework for the Assessment of Children in Need* will form the basis of the enquiries, research²² has indicated that there are additional factors to consider, and that good assessments will:

Avoid intuitive judgements

Munro²³ has noted that there is a tendency to interpret child protection situations on an intuitive and emotional basis rather than a rational analytical one. When this happens there is a danger that information that does not fit the views of the worker will not be sought. In situations of serious injury to infants it is important that all possible explanations are identified and forensically examined.

Pay attention to detail

Those conducting enquiries must develop a detailed understanding of what exactly happened, when and where, who was present, what happened next? These questions may be a vital key to establishing the roles of parents/carers and will help in assessing the veracity and consistency of accounts and the probability of explanations.

Be neutral

Certain overt professional opinions and single minded advocacy (for or against a parent) should be avoided. When neutrality is lost, parents experience some professionals as 'on their side' and others who are 'against' them. This is unlikely to lead to good outcomes.

Neutrality involves the open-minded and systematic exploration of alternative hypotheses regarding the cause and circumstances of a serious suspicious injury to a child.

Consider probability

The focus of the enquiry should be on systematically establishing a level of *probability* in relation to an injury being caused as described. For example given that a self inflicted fracture to a six week old baby may conceivably be possible but extremely unusual – how probable are the alternative explanations?

²² Dale, Greene, & Fellows (2002) *What really happened: child protection case management of infants with serious injuries and discrepant explanations* London. NSPCC

²³ Munro, E. (2002) *Effective child protection* London: Sage

S.47 Enquiries/Core Assessments and Disabled Children

It is known that disabled children are more likely to be abused than non disabled children²⁴ yet there is evidence that they are less likely to be protected by our child protection system²⁵.

Guidance has been issued to LSCBs regarding protecting disabled children²⁶. This sets out issues that need to be taken into account when conducting s. 47 enquiries. The following is adapted from the guidance.

Take time to gather information you require in order to understand the context of the concern, the nature of the child's needs and the risks to the child's welfare

More time may be needed to gather information and you are likely to have to seek information from more people than in the case of a non-disabled child

It will be useful to gather information from:

Carers – there may be carers additional to those usually involved with a non-disabled child

Health professionals – as well as those routinely contacted during enquiries find out whether the child is in regular contact with the

- School nurse
- Community/district nurse
- Physiotherapist
- Occupational Therapist
- Dietician
- Speech and Language Therapist
- Clinical Psychologist
- Psychiatrist
- Complimentary Health workers

Education and schools – thought should be given as to the wide range of people who may be in contact with a disabled child including

- Special educational needs co-ordinators or inclusion co-ordinator
- Classroom/lunchtime assistants
- Transport drivers and escorts
- Volunteers
- Peripatetic teachers

²⁴ Sullivan, P., Knutson, J. F. (2000) 'maltreatment and disabilities: a population based epidemiological study' *Child Abuse and neglect* 24 (10)

²⁵ National Working group on child protection and Disability *It doesn't happen to disabled children* London NSPCC

²⁶ Morris, J. (2006) *Safeguarding Disabled Children: A Resource for Local safeguarding Children's Boards* London DFES www.everychildmatters.gov.uk/resources-and-practice/IG00048

A disabled child is more likely to receive care from a number of adults and this is a risk factor in itself

This means s. 47 enquiries may be more complex. There may be more adults to be interviewed and more potential perpetrators. These difficulties need thorough consideration at the strategy discussion to ensure all risk factors are identified and contamination of evidence is avoided.

Recognise that you may need to seek specialist advice and information in order to make judgements about whether a child is suffering significant harm and what action should follow.

Examples of significant harm which may arise for disabled children may fall outside your previous experience. e.g.

- Failure to meet the communication needs of a hearing impaired child to the point where their development is impaired
- Misuse of medication
- Being denied mobility, communication and other equipment
- Being denied access to medical treatment including, for example, parents not agreeing to a gastrostomy where the child is receiving inadequate nutrition and/or oral eating is unsafe.

A failure to recognise disabled children's human rights can lead to abusive situations and practices

Basic human rights include issues relating to food nutrition, appropriate levels of discipline or sanctions, finances, hygiene, physical comfort, social interaction, sexuality, liberty and sleep. These basic rights can be abused either through ignorance, lack of appropriate resources or support or with intention to cause harm. Whether abuse of rights is unintentional or not, is unacceptable or not, it is not acceptable for this to go unchallenged as it does not promote children's welfare or safety. Moreover when human rights are denied children are vulnerable to further types of abuse.

Abuse of rights and poor practice can become pervasive in institutions and poor care practices can have more significant consequences for some disabled children than for non disabled children. Poor care practices that for a non disabled child may affect their development might be life threatening for a disabled child.

Medical and health issues have particular implications for identifying significant harm

The potential to abuse or neglect children through medical or health issues is greater than with children who are not as reliant on specific health needs being met. Main areas of concern that should be considered during enquiries are:

The misuse of medication:for example

- To restrict liberty

- To control emotion and behaviour; and
- To impair physical and emotional capacity to resist abuse

The neglect of health needs:.....for example

- Poor equipment adaptations and aids, which may result in harm. Is this an issue of lack of service provision or have the parents/carers failed to allow appropriate services?
- Tampering with equipment to restrict liberty
- Basic health care needs not being met
- Denying or restricting access to food and nourishment

Experiences such as these can inhibit children's ability to reach their full potential and can also affect their ability to resist abusive behaviours towards them, making them more vulnerable to further abuse.

If some one tells you that a child's injury or behaviour is a normal part of their disability make sure you verify this opinion

A previous occurrence should not automatically act as a verification of 'normality' and it may be necessary to seek medical or other specialist advice.

Take care to address any barriers to communicating with a disabled child

Disabled children may have different communication needs. They may use other communication systems such as British Sign Language, symbols or hand gestures (e.g. Makaton, Rebus). The child might have very limited communication with only a hand or sign movement that indicates yes and another to indicate no. This does not mean that the child cannot understand or is not able to communicate what has happened to them.

If a parent or professional tells you that a child cannot communicate, explore further what they mean. Ask how do they know when the child is in pain? Hungry? Hot / cold? Or does not like something? This will inform you of how the child communicates.

For some children their only way of communicating with you will be through changes in their behaviour. It is very important therefore to maximise the use of observation and reports from those in contact with the child. For example, where a child's response to personal care changes suddenly; or where they express fear or aversion to a particular carer.

If it is possible that there will be a criminal prosecution always consider whether an intermediary should be used at an early stage in the enquiries.

Do not think that because a child has a different ability to understand the world that they will not be affected by being harmed or neglected.

Abuse and neglect are as harmful for disabled children as they are for non disabled children.

Best practice based on research evidence, recognises that the impact of abuse on children's psychological, emotional and physical health should always be addressed, regardless of whether at the time they understood what was happening to them. This should be applied to all children, including those with cognitive impairments.

S. 47 Enquires/ Core Assessments – Issues to Consider Where Parents Have Learning Disabilities

Where a parent has a learning disability it does not automatically follow that they will be unable to care for their child. However, learning disabled parents may lack the understanding, resources, skills and experience to meet the needs of their children. Moreover, they frequently experience additional stressors such as having a disabled child, domestic violence, poor physical and mental health, substance misuse, social isolation, poor housing, poverty and a history of growing up in care.

Children of parents with learning disabilities are at increased risk from learning disability and more vulnerable to psychiatric disorders and behavioural problems. They may also assume the role of carer for their parents and other siblings. Unless parents with learning disabilities are comprehensively supported, for example by a capable non abusing relative, such as their own parent or partner their children's health and development is likely to be impaired. A further risk of harm to children arises because mothers with learning disabilities may be attractive targets for men who wish to gain access to children for the purpose of sexually abusing them. Where there are concerns about significant harm it is important that care is taken to:

- Use the ecological model underpinning the core assessment process to gather information about the child's development, the relationship between the child and their parents and the support systems available to the family both from within their own family network and the wider community. Those conducting the enquiries should also be alert to the possible discrimination faced by the family and how their own attitudes and values regarding learning disabled parents might affect their assessment.
- Plan the enquiries carefully paying particular attention to understanding the nature of the learning disability. What is each parent's level of functioning? It will be important to use colleagues in adult services to assist in the enquiries and it may also be possible to gain further information regarding the parents capabilities via past school records.
- Make sure that the parent(s) fully understand the enquiry process. Do they need a supporter? Are written materials adapted to be accessible to them?

An overview of the research literature in relation to learning disabled parents²⁷ should assist those undertaking enquiries. This noted:

- While the association is ambiguous, there is strong evidence for a genetic link between parental learning disability and child developmental delay.

²⁷ McGaw, S & Newman, T (2005) *What works for parents with learning disabilities* London: Barnados

- Where families receive insufficient support, genetic vulnerability to developmental delay in children may be compounded by a paucity of environmental stimulation.
- Behavioural problems, particularly in boys, and corresponding difficulties in parental management may arise when the child's intellectual capacity exceeds that of their parents.
- The prevalence of childhood abuse is likely to be greater among parents with learning disabilities than the general population, and this may impact on their ability to parent and safeguard.
- In the absence of adequate support, a maternal IQ <60 can be considered a factor predictive of inadequate parenting.
- The main predictor of competent parenting is an adequate structure of professional and informal support.

S. 47 Enquiries/ Core Assessments and Black and Minority Ethnic Children and Their Families

Children from all cultures are subject to abuse and neglect. However, in order to make sound professional judgements those conducting enquiries should

- Be sensitive to differing family patterns and lifestyles and to the child rearing patterns that vary across different racial ethnic and cultural groups
- Be aware of the broader social factors that serve to discriminate against black and minority ethnic people
- Be committed to equality in meeting the needs of all children and families and to understand the effects of racial harassment, racial discrimination and institutional racism, as well as cultural misunderstanding and misinterpretation

The process of enquiries should:

- Maintain a focus on the needs of the individual child
- Include consideration of the way in which religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour and the way in which family and community life is structured and organised
- Ensure that cultural factors are not used to explain or condone acts of omission or commission which place a child at risk of significant harm
- Guard against myths and stereotypes both positive and negative.

Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard and promote a child's welfare.

S. 47 Enquiries/Core Assessments – Issues to Consider In Situations of Domestic Violence

All assessments should take place in line with local protocols and involve relevant local agencies.

Working Together to Safeguard Children (2006) identifies the following which should be taken into consideration in responding to situations where domestic violence may be present.

- Asking direct questions about domestic violence
- Checking whether domestic violence has occurred whenever child abuse is suspected and considering the impact of this at all stages of assessment, enquiries and intervention;
- Identifying those who are responsible for domestic violence in order that relevant family law or criminal justice responses may be made;
- Taking into account there may be continued or increased risk of domestic violence towards the abused parent and/or child *after separation*, especially in connection with pose-separation child contact arrangements;
- Providing women with full information about their legal rights and the extent and limits of statutory duties and powers;
- Assisting women and children to get protection from violence by providing relevant practical and other assistance;
- Supporting non-abusing parents in making safe choices for themselves and their children; and
- Working separately with each parent where domestic violence prevents non-abusing parents from speaking freely and participating without fear of retribution.

In assessing safety and risk to the child the following information should be obtained²⁸

- When was the most recent incident of violence/abuse
- What were the details of the incident?
- Were any weapons used or threatened to be used? Have any weapons been used or threatened to be used in the past?
- Was the mother locked in a room or prevented from leaving the house? Have either of these things happened before?
- Was there any substance abuse involved?
- How often does violent incidents/abuse occur?
- Have the police ever come to the house? What happened?
- What does the child do when there is violence? Does the child try and intervene? What happened?
- Where were the child's siblings during the violence?

²⁸ Hester, M., Pearson, C., and Harwin, N., (2000) *Making an Impact- children and domestic violence* London: Jessica kingsley

S.47 Enquiries/Core Assessments – Issues To Consider In Situations Of Parental Substance Misuse

There is now considerable research evidence that parental substance misuse, particularly when combined with domestic violence²⁹ can have an adverse effect on outcomes for children.

During enquiries it will be important to use the expertise of professionals in substance misuse teams.

Assessing the impact of parental substance misuse on children.

Forrester³⁰ suggests the following assessment principles:

- *Focus on the child.*
Do not become overly concerned about pattern of use as there is no simple relationship between what is taken, how much is taken, the behaviour of the carer and the effect on the child.
- *Adults' management of their own lives is a good indicator of their ability to look after a child*
Are the parents causing themselves harm through their failure to manage their own lives? If they are, then this indicates concern about their own ability to manage their child's life.
- *The best predictor of future behaviour is past behaviour*
It is important to collect an accurate chronology through working with the parents and children rather than just collating this from files.
- *Information from a variety of sources is better than information from one*
As well as working with professionals in the network it will be important to consider information that may exist within the wider family. The family network and particularly grandparents, often take on a caring role in relation to children of parents who misuse drugs or alcohol. Including them in the assessment (with permission) is important as they can provide both valuable sources of strength and support for children as well as vital evidence for the assessment.

In addition to the above principles the **DrugScope** (previously **SCODA**) below should be used to assist the enquiry process.

Parental drug use

- Is there a drug-free parent, supportive partner or relative?
- Is the drug use by the parent: Experimental? Recreational? Chaotic? Dependent?

²⁹ Cleaver, H., Unell, I., & Aldgate, J (1999) *Children's Needs- Parenting capacity. The impact of parental mental illness, problem alcohol and drug use and domestic violence on children's development.* London: The Stationery Office

³⁰ Forrester, D. (2004) 'Social work assessments with parents who misuse drugs or alcohol' *Children exposed to parental substance misuse.* London BAAF

- Does the user move between categories at different times? Does the drug use also involve alcohol?
- Are levels of child care different when a parent is using drugs and when not using?
- Is there evidence of co-existence of mental health problems alongside the drug use? If there is, do the drugs cause these problems, or have problems led to the drug use.

Accommodation and the home environment

- Is the accommodation adequate for children?
- Are the parents ensuring that the rent and bills are paid?
- Does the family remain in one area or move frequently; if the latter, why?
- Are other drug users sharing the accommodation? If they are, are relationships with them harmonious, or is there conflict?
- Is the family living in a drug-using community?
- If parents are using drugs, do children witness the taking of the drugs, or other substances?
- Could other aspects of the drug use constitute a risk to children (e.g. conflict with or between dealers, exposure to criminal activities related to drug use)?

Provision of basic needs

- Are there adequate food, clothing and warmth for the children?
- Are the children attending school regularly?
- Are children engaged in age-appropriate activities?
- Are the children's emotional needs being adequately met?
- Are there any indications that any of the children are taking on a parenting role within the family (e.g. caring for other children, excessive household responsibilities, etc.)?

Procurement of drugs

- Are the children left alone while their parents are procuring drugs?
- Because of their parent's drug use, are the children being taken to places where they could be "at risk"?
- How much are the drugs costing?
- How is the money obtained?
- Is this causing financial problems?
- Are the premises being used to sell drugs?
- Are the parents allowing their premises to be used by other drug users?

Health risks

- If drugs and/or injecting equipment are kept on the premises, are they kept securely?
- Are the children aware of where the drugs are kept?
- If parents are intravenous drug users:
 - do they share injecting equipment?
 - do they use a needle exchange scheme?
 - How do they dispose of the syringes?
 - Are parents aware of the health risks of injecting or using drugs?
- If parents are on a substitute prescribing programme, such as methadone:

- are parents aware of the dangers of children accessing this medication?
- do they take adequate precautions to ensure this does not happen?
- Are parents aware of, and in touch with, local specialist agencies who can advise on such issues as needle exchanges, substitute prescribing programmes, detox *and* rehabilitation facilities? If they are in touch with agencies, how regular is the contact?

Family social network and support systems

- Do parents and children associate primarily with:
 - other drug users?
 - non-users?
 - both?
- Are relatives aware of the drug use? Are they supportive of the family?
- Will parents accept help from the relatives and other professional or non-statutory agencies?
- The degree of social isolation should be considered particularly for those parents living in remote areas where resources may not be available and they may experience social stigmatisation.

Parents' perception of the situation

- Do the parents see their drug use as harmful to themselves or to their children?
- Do the parents place their own needs before the needs of the children?
- Are the parents aware of the legislative and procedural context applying to their circumstances (e.g. child protection procedures, statutory powers)?

S. 47 Enquiries/Core Assessments – Issues to Consider In Situations of Parental Mental Ill Health

Mental illness in a parent or carer does not necessarily have an adverse impact on developmental needs, but, during Section 47 enquiries where a parent or carer has a mental illness, its impact on each child in the family should be assessed. This will mean using the expertise of colleagues working in adult mental health who will be able to give important information regarding the likely behaviours associated with the particular mental health problem.

Factors associated with positive outcomes for children where a parent has a mental illness are:

- Mild parental problems lasting only a short time
- Minimal family disharmony and generally stable family relationships
- One parent or family member able to respond to the child's needs

Children most at risk of significant harm are those:

- Who feature within parental delusions
- Who become targets for parental aggression or rejection
- Who are neglected as a result of parental mental illness

- Where mental illness is combined with domestic violence.

A study of 100 reviews of child deaths where abuse and neglect had been a factor in the death showed clear evidence of parental mental illness in a third of the cases³¹.

It is not necessary to have a formal diagnosis in order to complete the assessment. Section 47 enquiries/core assessments should focus on identifying *parental behaviours* and considering their potential impact on the child.

The following table may assist in the assessment process³²:

<i>Parental Behaviour</i>	<i>Parental Impact on Children (in addition to attachment problems)</i>
Self-preoccupation	Neglected
Emotional unavailability	Depressed, anxious, neglected
Practical unavailability	Out-of-control, self-reliant, neglected, exposed to danger
Frequent separations	Anxious, perplexed, angry, neglected
Threats of abandonment	Anxious, inhibited, self-blame
Unpredictable/chaotic planning	Anxious, inhibited, neglected
Irritability/over-reactions	Inhibited, physically abused
Distorted expressions of reality	Anxious, confused
Strange behaviour/beliefs	Embroided in behaviour, shame, perplexed, physically abused
Dependency	Caretaker role
Pessimism/blames self	Caretaker role, depressed, low self-esteem
Blames child	Emotionally abused, physically abused, guilt
Unsuccessful limit-setting	Behaviour problem
Marital discord and hostility	Behaviour problem, anxiety, self-blame
Social deterioration	Neglect, shame

³¹ Falcov, A. (1996) A Study of Working Together 'Part 8' reports *Fatal Child Abuse and Parental Psychiatric Disorder* DoH ACPC Series 1 London

³² Duncan, S., & Reder, P. (2000) "Children's experiences of disorder in their parents" in Reder, R., McClure, M., Jolley, A. (eds) (2000) *Family Matters* Routledge: London

Chapter Five

Child Protection Conferences

The Initial Child Protection Conference

Purpose

- 5.1 The initial child protection conference brings together family members, the child, where appropriate, and those professionals most involved with the child and family following s47 enquiries. Its purpose is:
- 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' or carers' 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;
 - To consider the evidence presented to the conference, make judgements about the likelihood of a child suffering significant harm in future and decide whether the child is at continuing risk of harm; *and*
 - To decide what future action is required to safeguard and promote the welfare of the child, how that action will be taken forward, and with what intended outcomes.
- 5.2 Those professionals and agencies who are most involved with the child and family, and those who have taken part in a s. 47 enquiry, have the right to request that the Children's Social Care convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. Any such request that is supported by a senior manager, or a named or designated professional, should normally be agreed. Where there remain differences of opinion as to the necessity of a conference, every effort should be made to

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resolve them through discussion or explanation using the procedures for resolving professional differences (chapter nine)

Timing

- 5.3 All initial child protection conferences should take place within 15 working days of the strategy discussion, or the last strategy discussion if more than one has been held.
- 5.4 If there are exceptional circumstances which mean that it is in the child's best interest for the conference to be delayed, agreement must be obtained from the relevant senior manager within Children's Social Care. Records must be kept by the senior manager of conferences that occur after 15 working days of the strategy discussion and the reasons for this recorded in the minutes of the conference and the reasons why the conference has been held after 15 days. This information should be passed to the chair of the LSCB group responsible for quality audit.

Pre-birth conferences

- 5.5 In the case of concerns about the safety of unborn children, a conference may be held as a result of:
- The outcomes of a core assessment on a case already known to Children's Social Care indicating that the unborn child may be at risk of significant harm, and/or
 - Previous children having been removed from the family as a result of legal proceedings and the family are known to Children's Social Care, and/or
 - Previous historical knowledge indicates that there is a strong likelihood of the baby suffering significant harm.

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- 5.6 The timing of the conference should be such that there is time for proper plans to be made prior to the birth of the baby, but not so far before the baby is born that circumstances might significantly change. Pre-birth child protection conferences should therefore normally be held after the 24th week of pregnancy and at least 6 weeks prior to the expected delivery date
- 5.7 The relevant midwife should always attend pre-birth conferences.

The Review Child Protection Conference

Purpose

- 5.8 The purpose of the Review child protection conference is to:
- review the safety, health and development of the child against the intended outcomes set out in the child protection plan
 - ensure the plan continues to adequately protect the child from risk of harm
 - bring together and analyse information about the child's health and development and the parent/carers capacity to ensure the child's safety and welfare
 - make judgements about the likelihood of the child suffering significant harm in the future
 - decide what action is required to safeguard the child and promote their welfare

Timing

- 5.9 The first review conference should take place within 90 days of the initial conference

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- 5.10 Further review conferences must be held at intervals of not more than 6 months, for as long as the child is judged to be at risk of harm and there is the need for a child protection plan
- 5.11 Consideration must always be given to bringing the date of the conference forward when:
- there is a new incident of abuse
 - there are difficulties in carrying out the child protection plan
 - a child is to be born into the household of a child who is subject to a child protection plan
 - an offender convicted of offences against a child joins or commences regular contact with the household
 - there are significant changes in the family circumstances, not anticipated at the previous conference that have implications for the safety of the child where the core group, at any early stage, believes that the child no longer needs to be subject to a child protection plan.

The conference process – initial and review conferences

Attendance

- 5.12 Professionals attending conferences should be there because they have:
- Professional expertise relevant to the case *and/or*
 - Knowledge of the child and family
- 5.13 The LA social work manager should consider whether to seek advice from, or have present, a medical professional who can present the medical information in a manner which can be understood by the conference attendees and enable such information to be evaluated from a sound knowledge base.

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5.14 There should be sufficient information and expertise available –through personal representation and written reports- to enable the conference to make an informed decisions and plans. However a conference that is larger than it needs to be can inhibit discussion and intimidate the child and family members.

5.15 Those who have a relevant contribution to make to a conference may include:

- The child, or his or her representative;
- Family members;
- Staff from Children’s Social Care who may have led or been involved in an assessment of the child and family;
- Foster carers (current or former)
- Residential care staff;
- Professionals involved with the child (for example, health visitors, midwife, school nurse, children’s guardian, paediatrician, school staff, early years staff, the GP, NHS Direct)
- Professionals involved with the parents or other family members (for example family support services, adult mental health services, probation, the GP, NHS Direct;
- Professionals with expertise in the particular type of harm suffered by the child or in the child’s particular condition, for example a disability or long term illness;
- Those involved in investigations (for example the police)
- Local authority legal services (child care);
- NSPCC or other involved voluntary organisations;
- A representative of the armed services, in cases where there is a Service connection.

Involving the child and family members

- 5.16 Before a conference is held, the purpose of the conference, who will attend and the way it will operate should be explained to the child of sufficient age and understanding, the parents and other involved family members. They should be given a leaflet explaining the child protection conference and informed that they may choose to bring a friend, advocate or supporter to help them fully participate in the conference and express their view. This may be a solicitor acting in the role of a supporter, not as an advocate.
- 5.17 Subject to consideration of their age and understanding, the child/ren should be given the opportunity to attend the conference should they so wish. They should be told that they may bring an advocate, friend or supporter.
- 5.18 In deciding whether to give a child the opportunity to attend the conference 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
 - The parents views about the child's attendance
 - Is inclusion assessed to be of benefit to the child

Normally it should be assumed that a child of twelve or over should be eligible to attend unless there is a reason not to do so.

- 5.19 If the child states that they do not wish to attend the conference this must be respected; similarly, if they wish to attend, this should be acceded to unless it can clearly be shown that this is contrary to their best interests.
- 5.20 When the child does not attend the social worker must ensure that every effort is made to ensure the child's views are conveyed to conference members. This may be via:

Child Protection Conferences

- A pre-meeting with the conference chair
- Written statements/e-mails/text messages and recorded comments

5.21 Where parents/carers or the child is bringing a friend, supporter or advocate it should be explained to them that:

- The role of a friend or supporter is not to represent the parent or to speak on their behalf, but to provide emotional support and assist them in understanding the information presented to the conference and in expressing their view. In exceptional circumstances a conference chairperson may prevent a friend or supporter from attending a conference, e.g. where their presence is disruptive or where the person is deemed to a risk to children.
- The role of an advocate is to speak on behalf of a parent/carer or child, having ascertained their view in advance of the meeting

5.22 Where the child's attendance is neither desired by them, nor appropriate, the LA Children's Social Care professional who is working most closely with the child should ascertain their wishes and feelings and make these known to the conference

5.23 Parents should normally be invited to attend the conference and be helped to participate fully in the conference. Such help is the responsibility of the child's social worker and should include:

- assistance with preparing for the conference, including thinking in advance what they want to convey and how best to do this. Some may wish to prepare a written report, and assistance with this should be given should the parent/carer so wish
- help with travel arrangements to and from the conference
- provision of an interpreter for parents/children whose first language is not English or, who are Deaf and use sign language
- assistance with reading written material if this is required

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- ensuring that the exact requirements needed to support fully the participation of disabled parents are identified, and that these requirements are met
 - informing the conference chair if the child or family are bringing a friend relative or supporter
 - Young children should not attend conferences, and alternative child care arrangements should be made for them with the help of the social work team where necessary.
- 5.24 The child's social worker should brief the conference chair if there are any reasons why it may not be possible to involve all family members at all times in the conference, for example if there is a high level of conflict between family members or adults, and any children who do not wish to speak in front of one another
- 5.25 If any agency has reasonable grounds not to share relevant information at the conference because of the presence of a parent or carer, the professional concerned must discuss this with the chairperson before the conference. This decision should be recorded in the minutes of the meeting.
- 5.26 Parents/carers should only be excluded from the conference if one of the criteria below applies. The decision to exclude rests with the chair of the conference. Reasons for exclusion should be conveyed to the parents, both orally and in writing. Reasons for exclusion should also be recorded in the minutes of the meeting.
- 5.27 If parents are excluded or unable to attend they should be enabled to communicate their views to the conference by another means, for example via a written report.

5.28 Criteria for excluding parents/carers from a child protection conference

Exclusion Criteria	Evidence Required
A strong risk of violence or intimidation by a family member at or subsequent to the conference, towards a child or anybody else	History of violent behaviour towards family members or professionals. Known or suspected sexual offending behaviour. Subject to MAPPA or MARAC arrangements Verbal or written threats towards family members or professionals
Parent/carer is remanded or sentenced to custody or is subject to bail conditions which preclude their attendance.	Written confirmation from the probation dept.
The presence of an alleged perpetrator may affect the outcome of criminal proceedings.	Written confirmation from the Crown Prosecution Service that, in their view, the outcome of proceedings may be affected
If the parent or carer presents on the day or during the meeting in a way which indicates that they are likely to cause disruption to the meeting	Hostile aggressive presentation which is not amenable to reasoned argument. Reason to suspect that the parent/carer is under the influence of drugs and/or alcohol

Quorate Conferences

5.29 The primary principle for determining quoracy is that there should be sufficient agencies present to enable safe decisions to be made in the individual circumstances.

5.30 The minimum representation for quoracy is Children’s Social Care and at least 2 other agencies that have had direct contact with the child and family

5.31 Where a conference is not quorate it should not normally proceed and in such a circumstance the chair must ensure that either:

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- an immediate protection plan is produced
- Any existing plan is reviewed with the professionals and family members that do attend so as to safeguard the welfare of the child.
- The notes of this discussion must be minuted and circulated to all those who should have attended the conference
- Another conference date is set immediately

5.32 In exceptional circumstances the chair may decide to proceed with the conference despite lack of agency representation. This may occur where:

- A child has not had relevant contact with 3 agencies
- Where sufficient information is available and delay will be detrimental to the welfare of the child

Information for the conference

5.33 All information provided to the conference, whether written or verbal, should take care to distinguish between fact, observation, allegation and opinion.

5.34 At the initial conference, Children's Social Care should provide the conference with a report. This should be consistent with the information set out in the Initial Child Protection Conference Report (Department of Health 2002)

5.35 Although a core assessment is the means by which s47 enquiries are carried out, it is unlikely that it will have been completed in time for the initial conference. The report will therefore summarise and analyse the information obtained so far. The report should include:

- a genogram that has been prepared with the family
- a chronology of significant events and agency and professional contact with the child and family
- information on the child's current and past developmental needs

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- information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context
- the expressed views, wishes and feelings of the child, parents and other family members
- an analysis of the implications of the information obtained for the child's future safety and of meeting his or her developmental needs

5.36 Other professionals attending the initial conference who have had direct contact with the child and family should provide a report in advance, outlining:

- A chronology of their involvement with the child and family
- Knowledge they have concerning the child's health and development, the capacity of the parents and other family members to safeguard the child and family and environmental factors which might affect parenting capacity
- Their analysis of the implications of the information for the child's future safety and meeting of his or her developmental needs

5.37 For the review conference the core group has a collective responsibility to produce reports which together provide an overview of the work undertaken by family members and professionals and evaluate progress against the outcomes specified in the detailed child protection plan. The content of the report to the review conference should be consistent with the information set out in the Child Protection Review (Department of Health 2002)

5.38 In addition to the reports above, the outcome of the completed core assessment will also be presented to the review conference.

5.39 The parents and each child will be provided with a copy of the inter-agency core assessment and all additional reports in advance of the conference. The contents of reports should be explained and discussed with the child and relevant

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family members in advance of the conference itself in the preferred language(s) of the child and family members

5.40 It is the role of the conference to:

- Decide whether the child is at continuing risk of significant harm and therefore requires inter-agency help and intervention delivered through a formal child protection plan
- Formulate an outline plan
- Ensure that, where a child is not judged as being at continuing risk of significant harm, consideration is given as to whether the child may need services to promote his or her development

5.41 It is the role of the conference chair to:

- Determine which category of abuse or neglect the child has suffered. The category used (that is physical, emotional, sexual abuse or neglect) 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.

Decision making at the initial conference

5.42 The test as to whether the child is at continuing risk of significant harm should be that either:

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

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- 5.43 The conference decision should result from the chair ensuring that:
- All the information available to conference has been scrutinised by the conference members and information that is missing has been noted
 - All conference members have had an opportunity to present their views and challenge the views of others
- 5.44 The chair of the conference is responsible for the conference decision. The chair will consult conference members; take account of any written contributions received and aim for a consensus as to the need for a child protection plan, but ultimately will make the decision and note any dissenting views.
- 5.45 When more than one agency records a dissenting view to the decision of the conference, the conference chair will refer the case for review by their senior manager. (Head of Quality Assurance in Bedfordshire). If the outcome of the review is that the senior manager considers it would be appropriate to reconvene the child protection conference, this should occur within 20 working days. Alternatively if the result of the review is that whilst it is appropriate for the decision of the conference to stand, there are issues which require further discussion with managers from other agencies, these will be taken up accordingly.
- 5.46 If a decision is taken that the child is at continuing risk of significant harm and hence a child protection plan is necessary, the chair should determine which category of abuse or neglect the child has suffered or is at risk of suffering. The category used (i.e. physical, emotional, sexual abuse or neglect) will indicate to those consulting the child's social care record the primary presenting concerns at the time the child became subject to a child protection plan.

Child subject of a child protection plan

5.47 Where a child is to be made subject of a child protection plan it is the responsibility of the conference to consider and make recommendations on how agencies, professionals and the family should work together to ensure that the child will be safeguarded from harm in the future.

5.48 The conference should:

- Appoint the lead statutory body (either LA Children's Social Care or the NSPCC) and a key worker, who should be a qualified, experienced social worker and a member of the lead statutory body. Where it is not possible to appoint a key worker at the conference it becomes the responsibility of the relevant service manager to ensure the key worker role and functions are met and that a key worker is appointed by the first core group meeting
- Identify the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool
- Consider whether a Family Group Conference / Meeting would be an effective way of engaging the wider family group in developing and implementing the child protection plan
- Establish how children, parents (including those with parental responsibility) and wider family members should be involved in the ongoing assessment, planning and implementation process and the support, advice and advocacy available to them
- Establish timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings
- Identify in outline what further action is required to complete or update the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child

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- In the case of an initial conference, outline the child protection plan, especially identifying what needs to change in order to safeguard and promote the welfare of the child.
- Ensure a contingency plan is in place if agreed actions are not completed and/or circumstances change
- Agree a date for the child protection review conference, and clarify under what circumstances it might be necessary to convene the conference before that date.

Child not subject of a child protection plan

5.49 If it is decided at the initial conference that the child does not need a child protection plan, the conference should develop an outline child in need (CIN) plan. It may be helpful to use a Family Group Conference / Meeting to complete the child in need plan, and to engage the wider family group in this process.

Discontinuing the child protection plan

5.50 A child should no longer be subject of a child protection plan if:

- It is judged that the child is no longer at continuing risk of significant harm requiring safeguarding by means of a child protection plan. Under these circumstances only the review child protection conference can decide that a child protection plan is no longer necessary.
- The child and family have moved permanently to another local authority area. In such cases the receiving local authority should convene a child protection conference within 15 working days of being notified of the move. Only after this event, and after written confirmation has been received, should the child protection plan be discontinued in the original authority.
- Where the child's parents are in the armed services and are moving to an overseas command. Children's Social Care should ensure that SSAF-FH, the British Forces Social Work Services (overseas), or the NPFS for Royal Naval

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- families are informed and can confirm that appropriate resources exist in the proposed location to meet identified needs
- The child has reached 18 years of age, has died or has permanently left the UK.

5.51 When a child is no longer subject of a child protection plan:

- notification should be sent to all those agencies representatives who were invited to attend the initial child protection conference, subsequent reviews or core group meetings
- the review child protection conference should discuss with the child (if attending) and family what services continue to be required in order to meet the child's developmental needs. Recommendations should be made concerning whether the child continues to be a child in need, and the content of any child in need plan
- the key worker should meet with the child and family within 10 working days of the discontinuation of the child protection plan in order to confirm the content of any child in need plan and the process for implementation and review.

Recording

5.52 Conference minutes

- Children's Social Care will be responsible for ensuring that all child protection conferences have a dedicated person to take notes and produce minutes of the meeting
- The conference minutes will include the following information
 - a list of those present and apologies for absence
 - family composition and legal status of the children
 - a record of any delay in convening the conference with the reasons
 - reasons for the decision to convene a conference
 - the essential facts of the case

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- a summary of discussion at the conference
- all decisions reached, and reason for the decisions
- the outline or revised child protection plan
- A copy of the minutes will be distributed to all agencies and parents invited to the conference, whether or not they were present, except where any agency has indicated that there is no current involvement with the family or any planned for the future
- Minutes will not be distributed to any friends, supporter or advocates who have attended the conference
- Full minutes will be distributed within 15 working days.
- Minutes are a confidential document and should not be passed by professionals to third parties without the consent of either the chairperson or the key worker. However in cases of criminal proceedings, the police may reveal the existence of the notes to the Crown Prosecution Service in line with the Criminal Procedure and Investigation Act 1996. Arrangements must be made to keep the minutes securely and retained by the recipient agencies in accordance with their record retention policies. They should not be filed in professional records that have open access.

5.53 A letter outlining the decision of the conference and, where the child has been made subject of a child protection plan, details of the category of abuse or neglect, the name of the key worker, the core group membership and date of first core group will be sent within 24 hours to parents, children (where appropriate) and all those invited to the conference.

5.54 A copy of the outline child protection plan will be distributed to members of the core group prior to the first core group meeting, together with information explaining their roles and responsibilities.

Action Following the Child Protection Conference

5.55 The key worker is responsible for:

- Co-ordinating the work of the core group to ensure that the outline child protection plan is developed into a more detailed inter-agency plan
- Ensuring that all core group members understand the role and function of the core group and have a copy of the leaflet *Attending Core Group Meetings*
- Completing the core assessment, securing contributions from core group members and others as necessary
- Acting as lead worker for the inter-agency work with the child and family
Seeing the child as agreed in the child protection plan in order to monitor their wellbeing and be aware of their wishes and feelings. This will normally involve seeing the child at least every four weeks, at home and alone (taking into account the child's age),
- Co-ordination of the actions required to put the child protection plan into effect and reviewing progress against the objectives set out in the plan

Complaints about a Child Protection Conference

5.56 Children, Parent and caregivers are entitled 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 or not become, the subject of a child protection plan or not, or to cease the child being the subject of a child protection plan.

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- 5.57 Complaints about individual agencies, their performance and provision (or non-provision) of services should be responded to in accordance with the relevant agency's complaints handling process.
- 5.58 Complaints about aspects of the functioning of conferences described above, should be addressed to the conference chair. Such complaints should be passed on to Children's Social Care which, since they relate to Part V of the Children Act 1989 should be responded to in accordance with the Complaints Directions 1990. In considering and responding to complaints the local authority should form an inter-agency panel made up of senior representatives from LSCB and member agencies. The panel should consider whether the relevant inter-agency protocols and procedures have been observed correctly, and whether the decision that is being complained about follows reasonably from the proper observation of the protocol(s)
- 5.59 Professionals contributing to the Child protection process do not have a formal means of complaint against it as do family members. However, professional who dissent from the consensus view of the child protection conference will have their dissent recorded and in the event that professional views are equally split between the need for a child protection plan or not the Chair person will decide.
- 5.60 More generally a professional from any agency may formally express their concern to Children's Specialist Services about the management of a particular child's circumstances. In this instance the file will be read and reviewed by a Service Manager, the professional raising the concerns will be met with and spoken to and the outcome will be recorded on the case file and any actions implemented.

Practice Guidance The Child Protection Conference

Chairing the Conference

The conference chair

- should be a qualified and experienced worker in children's services, independent of operational or line management responsibilities for the case.
- must be trained in the role and should have
 - a good understanding and professional knowledge of children's welfare and development and best practice in working with children and families
 - the ability to look objectively at, and assess the implications of, the evidence on which judgements should be based
 - skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken
 - knowledge and understanding of anti-discriminatory practice

The conference chair should:

Prior to the meeting

- meet the child and family members to ensure that they understand the purpose of the conference and what will happen
- decide whether a conference is quorate within the terms of the LSCB protocol

During the meeting

- set out the purpose of the meeting to all those present, determining the agenda and emphasising the confidential nature of the occasion
- enable all those present and absent contributors to make their full contribution to discussion and decision making
- encourage detailed scrutiny of the information presented to conference and constructive challenge between conference members
- ensure that neither the content of the meeting, nor the way in which it is conducted, is discriminatory and that any discriminatory behaviour is addressed
- ensure that the conference takes the decisions required of it in an informed, explicit and systematic way

Following the meeting

- Ensure that the conference minutes are circulated to the correct people within the expected timescale

Chapter Six

Implementing Child Protection Plans

- 6.1 The child protection plan is an important tool for professionals to use in working together with families to achieve the necessary outcomes for children. If a child is the subject of a child protection plan, they have been assessed as being at identified risk of harm and the plan will be the vehicle through which the risk will be reduced. It is therefore vital that, although Children's Social Care has lead responsibility for ensuring that a plan is in place, agencies named on the plan take an active role in ensuring that it is implemented. Where Family Group Conferences / Meetings are being used, the wider family group will also have an agreed role in developing and taking forward a plan of action.
- 6.2 The core group is the vehicle through which professionals and families can work together to implement the plan and achieve positive change for children.
- 6.3 The core group can decide that it is appropriate to use a family group conference as a vehicle by which families and professionals can work together to implement the plan.

The core group

- 6.4 The core group is an important forum for:
- working with parents, wider family members, and children of sufficient age and understanding. Families may find child protection conferences intimidating and the core group is a place where they can express their views regarding the help they need to improve the situation for their child.
 - ensuring that all professionals develop effective working relationships based on trust and a full understanding of each others' roles
- 6.5 The core group meeting should:

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- Take place within 10 working days of the initial or review conference. This meeting should *not* be held immediately after the child protection conference. At this time everyone is likely to be tired and family members may be shocked or upset. Time to reflect on the meeting will be beneficial for all concerned and will enable the best use to be made of the core group meeting.
- Be chaired by the Team Manager or Senior Practitioner of the team who holds case responsibility in Children's Social Care.

6.6 Subsequent core group meetings:

- should meet within the timescales specified at the initial or review conference
- may be chaired by the key worker with the agreement of the Team Manager.

6.7 All core group meetings should:

- Be held at a venue which is accessible for all concerned and in which family members will feel comfortable and able to contribute. Schools, health centres or children's centres may be the most suitable venues
- Be minuted by a nominated member of the group (not the chair) and minutes circulated within 5 working days.

6.8 The core group is responsible for:

- developing the child protection plan as a detailed working tool and implementing it within the outline plan agreed at the initial conference. The findings of the core assessment should inform the detailed development of the plan.
- monitoring the progress of the plan including the impact of any changes in family circumstances which might increase the likelihood of the child suffering significant harm
- ensuring that all aspects of the plan are carried through. The key worker should alert the conference chair immediately if there are significant aspects of the outline plan which it will not be possible to implement

- reporting progress on the plan to the review child protection conference.

The child protection plan

6.9 The aim of the child protection plan is to:

- ensure the child is safe and prevent them from suffering further harm
- promote the child's health or development i.e. his or her welfare; *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 the child.

6.10 The plan should use a format consistent with the information set out in the exemplar for the child protection plan (Department of Health 2002). This should include;

- identification of the child's needs derived from the findings of the core assessment
- specific, achievable, child-focused outcomes
- realistic strategies and specific actions to achieve the planned outcomes
- a contingency plan to be followed if circumstances change significantly and require prompt action
- clear identification of the roles and responsibilities of professionals and family members including the nature and frequency of contact. This should include professionals with routine contact as well as those providing specialist or targeted support
- points at which progress will be reviewed and the means by which it will be judged

6.11 The plan should:

- be based on the findings from the core assessment and draw on knowledge about effective interventions.
- 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

- be constructed with the family in their preferred language/communication method and they should be given a copy in that format. Where the parent has a learning disability, care must be taken to ascertain their level of understanding and give them a copy of the plan in a format that is accessible to them.
- acknowledge and give reasons for any disagreements with family members about how to best safeguard and promote the welfare of the child
- be signed by all members of the core group including family members. The plan therefore will form a written agreement between all members of the core group
- be adjusted as necessary at subsequent core group meetings and the amended copy signed and circulated

Child Protection plans and children looked after by the local authority

- 6.12 The child protection plan should not exist in isolation from other child care plans. Where the child is looked after by the local authority the child protection plan should be integrated into the overall care planning process.
- 6.13 The key worker should send a copy of the detailed child protection plan developed at the first core group meeting to the Independent Reviewing Officer responsible for the review under Review Regulations.
- 6.14 The review child protection conference should be timed to take place prior to the child care review meeting in order to ensure that the information from the conference is taken to the review meeting and informs the overall care planning process. It should be remembered that significant changes to the care plan can only be made at the looked after children review meeting.

Child Protection plans and the children in need planning process

- 6.15 Where a child has been subject to a child in need plan prior to the initial conference, the child in need plan should be used by the core group to develop the child protection plan. This should ensure that the focus of interventions is to reduce the likelihood of harm, as well as meeting the overall developmental needs of the child.
- 6.16 Where a child ceases to be subject of a child protection plan, an inter agency meeting should be held within 10 working days to agree the child in need plan.

Practice Guidance Developing Effective Plans and Interventions

Plans

The child protection plan should be a document which is owned and understood by the family and all relevant professionals. Thus great care should be taken at the first core group meeting to ensure that everyone is clear about their roles and responsibilities and what they should do if, for any reason, they are unable to fulfil their obligations in respect of the plan.

In developing plans the following Government guidance should be taken into account

Child Care Plans – General Principles (DoH 2000)

- Plans should be drawn up in agreement with the child / young person and key family members
- Objectives should be reasonable and timescales not too short or unachievable
- Plans should not be dependent on resources which are known to be scarce or unavailable
- The Plan must maintain a focus on the child even though help may be provided by a number of family members as part of the plan.

Areas in which Clarity is Required in Child Care Planning (DoH 2000)

- Objective of the plan
- Services to be provided – by whom?
- Timing and nature of professional contact
- Purpose of services and professional contact
- Specific commitments to be met by the family
- What is negotiable / non-negotiable
- What needs to change – goals to be achieved
- What is unacceptable care
- What sanctions will be used if the child is placed in danger
- What preparation will service users receive if in court as a witness in criminal proceedings?
- Contingency plans

All plans need to define clearly measurable outcomes

Planned outcomes should be:

Specific

Measurable

Achievable

Related to the assessed needs of the child / young person

Time related

Family Group Conferences and Child Protection Plans

A family group conference (FGC) is a family decision making and planning process which harnesses the skills and knowledge of wider family members in collaboration with professionals. They have been used successfully to plan in a number of different contexts, including where there are safeguarding concerns (Marsh and Crow 1998, Lupton and Stevens 2000).

The FGC is a more informal and a less intimidating way for the wider family network to be centrally involved. The wider family and friendship network are brought together by an independent co-ordinator and there are four distinct phases of the conference process:

- **Information provision** by professionals connected with the family and by the family themselves;
- **Private family time** – where the family is left to plan alone and come up with a plan of action that addresses the main safeguarding concerns and the child needs;
- **Appraisal and agreement of the plan** by Children's social services, and agreement of the resources necessary to implement the plan;
- Process of **implementation and review** agreed.

In order for the FGC to be successful it is important that:

- The family group is provided with clear, accurate and jargon free information, which is provided in a format which is understandable and respectful. Where family members use English as a second language, it is important that appropriate interpretation or translation is provided. Where parents have other challenges to communication in meetings, such as a learning disability, it is important that advice is sought about the most appropriate way of providing information.

The information provided to the conference should include:

- Findings from the core assessment and any other material which relates to the well-being of the child and safeguarding concerns.

It is important that the family and professionals are clear about:

- The decision or plan to be made
- Any limitations on family decision making
- How the family's plan will fit alongside other decision-making forums
- What resources are available for the family to implement the plan, and that these are realistic and time-focused.

Children and young people are central to family decision making and it is essential that they are enabled to contribute their views. They can do this by:

- Attending the meeting, and being provided with advocacy to do so. It may be necessary to harness advocates within the family system, or use an advocacy service. It has been important to consider children's views about what is most helpful (Dalrymple and Horan 2004);
- Having someone else represent their views either from their family or an advocacy service;
- By providing written information, in their own words, about their circumstances, to the conference.

FGCs do not replace or remove the need for a child protection conference, which should always be held where the relevant criteria are met (see Chapter 5).

FGCs have been successful in making plans in the context of safeguarding where:

- A child in need and a plan to fully engage the parents and wider family in maintaining the child's well being is needed;
- Section 47 enquiries do not substantiate significant harm, but where it would be helpful to engage the parents and wider family in developing a plan to ensure the child's well-being;
- After the child protection conference the FGC may be a way of fully engaging the parents and wider family in developing and implementing the outline child protection plan. There will need to be agreement from the core group that this is an appropriate form of action. This is also relevant after a review case conference.
- When a child should no longer be subject of a child protection plan, the FGC may be a way of fully engaging the parents and wider family in developing and implementing a plan to ensure the child's well-being.

Where FGCs may not be helpful:

- Where Section 47 enquiries have substantiated significant harm and there is uncertainty about the circumstances of that harm, or who was responsible for it.

Interventions

Introduction

Interventions should be clearly linked to the developmental needs of the child, and based on a knowledge of what is likely to work best to bring about good outcomes. At the end of this section there is a summary of the literature as to what works in various situations. This is not an exhaustive overview and practitioners will need to keep up to date with current developments.

Interventions – key components

Interventions are likely to have a number of inter-related components

- action to make a child safe
- action to help promote a child's health and development
- action to help a parents/caregivers in safeguarding a child and promoting his or her welfare
- therapy for an abused child

- support or therapy for a perpetrator of abuse

A good child protection plan will include all of the above (if relevant). However research has shown that plans do not always adequately meet them all.

A report by the Commission for Social care Inspection³³ noted that the needs of parents were not always taken account of when developing child protection plans.

Unless effectively addressed, adults' problems can undermine the well-being of children, directly or indirectly, and in the short and long term. In a minority of cases these 'adult' problems can contribute to the neglect of children's physical, emotional and psychological well-being. In certain circumstances, they can result in various forms of abuse (p3).

Although the main objective of the plan must be to improve the situation for the child, all plans should take account of the needs of relevant adults and aim to provide services to support them in their parenting role. This may involve ensuring that relevant adult services are included in the core group.

Interventions and motivation to change

Interventions will need to be based on an assessment of parental motivation to change and whether change is likely to occur within a timescale compatible with the needs of the child. Where change cannot occur within the required timescale, the process of decision making and planning should be as open as possible and seek to involve parents and carers at all stages of the process.

Where the child has been removed from the family and plans are to re-unite the child. Interventions should include the detailed work necessary to help the parents/caregivers develop the necessary parenting skills.

Interventions and neglect

"The distinction must be made between neglect caused by financial poverty, which can be alleviated by financial help, and that caused by emotional poverty. These may co-exist, but relief of the former condition does not relieve the latter"³⁴.

Interventions in situations of neglect must be:

- congruent with the findings of the assessment
- take a flexible approach which includes a wide range of formal and informal responses. These are likely to include provision of concrete resources, the development of social supports *and* work focusing on family relationships.

³³CSCI (2006) *Meeting the needs of parents with children on the child protection register* CSCI Special study report: London CSCI

³⁴ Rosenberg, D & Cantwell, H (1993) 'The consequences of neglect in Hobbs, CJ & Wynne, J *Child Abuse* Bailliere Tindall

Evidence points to the *importance of casework and empowerment skills*³⁵ in addressing difficulties that underpin neglect. It is important that the relationship between practitioners and parents should involve interventions that empower the family members to develop a sense of personal efficacy and agency

In cases of chronic neglect, there may be a need to plan for long term intervention. These plans must:

- be underpinned by in-depth assessment
- include measurable objectives for change
- consider strategies for achieving these changes
- include ways of evaluating whether the required changes have taken place.

Once it is clear that interventions are in place and meeting the developmental needs of the child, it is likely that these will be delivered outside the formal child protection plan.

If it is clear that family focused interventions are not meeting the needs of the child, it is likely that the plan will need to include removal of the child.

Parenting skills programmes may be helpful. Contra indications for such programmes *without* a lot of individual support to enable parents to make use of them are:

- Depression
- Stress
- Low socio-economic status
- Lack of sense of self-efficacy
- Social isolation
- Poor relationship
- Chronicity of problems

Home visiting programmes at the ante-natal and early post natal stage can be effective in facilitating the development of a sensitive and empathic relationship between the parent and young child which may forestall attachment and other relationship difficulties.

Protective Factors for Children Experiencing Neglect are:

- Achievement at school
- The opportunity to develop talents and interests
- The experience of an enduring, supportive relationship in which they feel valued.

³⁵ Turney, D and Tanner, K (2005) *Understanding and Working with Neglect* DFES www.rip.org.uk/publications/researchbriefings.asp

Interventions and parents with learning disabilities

Intervention should always be based on a thorough assessment and take into account the most appropriate method of working with the parents, given their specific needs.

Plans for intervention should always include methods of evaluating whether the support package is meeting the child's needs. It is only if there is uncertainty about the parents' continued capacity to engage with a support package that the plan will need to be delivered within the formal child protection process.

It is likely that there will need to be planning for long term interventions that adapt and change as the child develops.

A review of the literature³⁶ identified the following messages in relation to interventions:

- Interventions should build on parents' strengths as well as their vulnerabilities.
- Interventions should be based on performance rather than knowledge and should incorporate modelling, practice, feedback and praise.
- Tangible rewards may promote attendance at programmes, rapid acquisition of skills and short-term commitment. Other methods of engagement are needed long term. Intensive service engagement is more demanding than intermittent service engagement, though it may be more effective.
- In order for generalisation to occur, programmes should be adaptable to provide training in the actual environments in which the skills are needed.
- If teaching must be provided out-of-home, it should be in as home-like an environment as possible.
- Factors which promote resilience in the children's environment should be identified and enhanced.
- The importance of family ties should be recognised and no actions taken that damage such ties.
- Interventions should diminish, rather than cause or contribute to, the social exclusion of the child and parents.

A review of positive practice in supporting parents with a learning disability noted that they can often be 'good enough' parents when provided with ongoing emotional and practical support³⁷.

Support packages need to include:

³⁶ McGaw, S., and Newman, T. (2005) *What works for parents with learning disabilities?* London: Barnardo's

³⁷ Tarleton *et al* *Finding the Right Support: A Review of Issues and Positive Practice in Supporting Parents with Learning Difficulties and Their Children* Bristol: The Baring Foundation
www.baringfoundation.org.uk

1. **Easy to understand information:**
 - about all aspects of parenting (The CHANGE book, *You and Your Baby*, 2004, is a helpful accessible resource)³⁸
 - on the support available – whether from mainstream services, like maternity services, or a specialist learning disability team
 - about child protection and judicial process
2. **Advice:** parents frequently need advice in multiple areas of their lives, not just around the forthcoming baby. This includes advice on benefits and how to handle problems in relation to poor housing, harassment, and so on.
3. **Skills teaching:** and other focussed help as necessary
4. **Ongoing support:** adapted to changing circumstances as the child gets older and continuing if (and after) a child is adopted.
5. **Consistency and clarity:** from the professionals involved about their expectations of them as parents
6. **Key working:** so that parents are not confused by different interventions by different professionals
7. **Advocacy:** whether professional or voluntary, to support parents, particularly if they are involved in child protection or judicial processes
8. **Informal support:** e.g. via a Circle of Support or Home-Start
9. **Encouragement and affirmation:** so that parents can gain the confidence to engage positively with services and demonstrate that they can be good enough parents with support
10. **Contact with other parents:** for example through parents' groups, so that they can share skills and experiences
11. **Parent involvement:** in the development of new services, training of professionals and other initiatives

Interventions and child sexual abuse

Plans for children who have been sexually abused need to be developed taking account of the overall needs of the child, rather than focusing on the sexual abuse alone.

³⁸ Affleck, F., & Baker, S., (2004) *You and Your Baby* Leeds: CHANGE

While self-protection work may be part of the plan, care must be taken not to rely solely on this, as to do so is rendering the child responsible for their own protection. A review of the literature identified the following practice implications in relation to intervention³⁹:

- Psychological treatments are more effective than the passage of time alone
- Treatments cannot work in isolation, but require direct social casework support to enable them to be effective, and need to be fully integrated with wider case management
- Children must remain safe from further maltreatment in order to benefit from treatment
- All child victims could benefit from education concerning sexual abuse and its causes and effects, but this would need to be sensitive to the developmental stage of the child
- Symptomatic children can, in addition, benefit from focused treatments
- Of these focused treatments, cognitive behavioural therapy has the greatest proven benefit for sexually abused children
- Treatments must involve the non-abusive parent or carer
- A variety of treatment approaches needs to be available to cover the disparate needs of this population group.

Interventions and Domestic Violence

Interventions, in situations of domestic violence need to take account of the evidence that children can suffer serious long term damage through living in a household where domestic violence and abuse is taking place, even though they have never themselves been directly harmed. This evidence is reflected in the extension of the legal definition of harm from January 2005 (S.120 Adoption and Children Act 2002) to include impairment through seeing or hearing the ill treatment of another-particularly in the home even though they themselves have not been directly assaulted or abused.

The most effective intervention for ensuring safe and positive outcomes for children living with domestic violence is usually to plan a package of support that incorporates;

- Risk assessment
- Trained domestic violence support
- Advocacy
- Safety planning (for the non abusing parent who is experiencing domestic violence)
- Protection and support for the child⁴⁰

³⁹ Jones, D., and Ramchandani, P (1999) *Child Sexual Abuse – Informing Practice from Research* Oxford: Radcliff

⁴⁰ *Vision for services for children and young people affected by domestic violence* (2006) Women's Aid, Cafcass, Local Government Association.

When planning interventions account should be taken of a study of 29 child homicides occurring in England and Wales as a result of contact arrangements with a violent parent. This found that, despite the involvement of statutory services with most of the families, children were often not spoken to or assessed and domestic violence was viewed as an ‘adult problem,’ rather than a child protection issues. With regard to the 3 of 13 families, contact orders had been granted to very violent fathers either, against professional advice, without waiting for professional advice or without requesting professional advice.⁴¹

⁴¹ Saunders, H. (2004) *Twenty-nine child homicides: lessons still to be learnt on domestic violence and child protection* Bristol: Women’s Aid Federation of England

Chapter Seven

Protecting Children in Specific Circumstances

Looked After Children

- 7.1 The term 'looked after' refers to children and young people who are in the care of the local authority or who are provided with accommodation for more than a continuous period of 24 hours. It places specific responsibilities on the Local Authority to safeguard and promote the child's / young person's welfare.
- 7.2 Children and young people who live away from home, whilst not being 'looked after', may still be vulnerable. Such settings include private fostering (see below), healthcare, boarding schools (including residential special schools), prisons, young offenders' institutions, secure training centres, secure units and army bases.

Safeguarding Looked After Children

- 7.3 Children and young people, either 'looked after' or living away from home, should be afforded the same essential safeguards against abuse, but practice needs to be framed on an understanding that there may be additional risks and vulnerabilities for children and young people living away from home.
- 7.4 Many agencies may be involved, but all should have policies and procedures that are in line with the LSCB's arrangements and ensure that children and young people have their general welfare promoted, are protected from harm and treated with dignity and respect.
- 7.5 When a referral is received concerning a child or young person who is

looked after, the same procedures should be followed as for any child or young person. The duty to undertake s. 47 enquiries when there are concerns about significant harm is the same.

- 7.6 In situations where an allegation is made against a member of staff, refer to the procedures relating to allegations of abuse made against a person who works with children.
- 7.7 When a child or young person's name is subject of child protection plan and he or she is looked after, meetings and planning should be separate but coordinated. Reviews of the care plan should take into account the protection plan and vice versa.
- 7.8 Any changes to the child or young person's care arrangements, or circumstances such as a return to their birth parents, should be discussed and the risks evaluated by a child protection conference prior to decisions being made.
- 7.9 If it is not possible to convene a conference prior to a change in care arrangements or circumstances, a full evaluation of any risks needs to be made by the allocated practitioner, authorised by a manager and recorded on the case file.
- 7.10 If a decision has been made by the Court to return the child home, then the Court's directions should be clearly recorded in the care plan, particularly if the actions prescribed differ from those within that plan. All agencies must be notified in writing.
7. 11 Professional disagreements between the looked after care planning process and child protection conference should be brought to the attention of the relevant senior manager and should be dealt with in line with the procedures for resolving professional disagreements set out in chapter 7

- 7.12 A private fostering arrangement is one that is made without being instigated by the local authority for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or a close relative, with the intention that it should last for 28 days or more.
- 7.13 Private foster carers may be from extended family such as a cousin or great aunt, but a person who is a relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full blood or half blood or by marriage) or a step-parent will not be a private foster carer.
- 7.14 The law requires parents, prospective private foster carers and those who receive a child in an emergency or who were providing accommodation for a child when he became a privately fostered child, and any other person who is, or who proposes to be, involved in making such arrangements

Safeguarding children in private foster care

- 7.15 Children in private foster care should receive the same degree of protection as children looked after in their own homes or by the local authority.
- 7.16 Many private foster carers and parents are not aware of the notification requirements and, as a result, many private fostering arrangements remain hidden, leaving the children who have been placed with them without the benefit of formal monitoring arrangements
- 7.17 When a child is placed in a private fostering arrangement the private foster carer becomes responsible for providing the day to day care of the child in a way which will safeguard them and promote their welfare. Overarching responsibility for safeguarding and promoting the welfare of the child remains with the child's parents or other person with parental responsibility.
- 7.18 The Children Act 2004 places a duty on local authorities to promote awareness in their area of the notification requirements

- 7.19 The local authority should report annually to the LSCB on how it satisfies itself that the welfare of privately fostered children in its area is satisfactorily safeguarded and promoted, including how it co-operates with other agencies in this connection.
- 7.20 When a referral is received concerning a child in private foster care the same procedures should be followed as for any child.
- 7.21 In addition: every effort should be made to locate the person(s) with parental responsibility and to speak with them as part of the assessment / s47 enquiries

Children & Young people who display sexually harmful behaviour

- 7.22 Where there are concerns that a child or young person is displaying sexually harmful behaviour the detailed protocol available on the LSCB website, www.bedfordshirelscb.org.uk should be consulted in addition to these procedures.
- 7.23 Children, particularly those living away from home, are also vulnerable to abuse by their peers. All such abuse should be taken as seriously as abuse perpetrated by an adult. Staff should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action.
- 7.24 All work with children and young people who show sexually harmful behaviour should recognise that such children are likely to have considerable needs themselves, and also that they may pose a significant risk of harm to other children. Evidence suggests that children who sexually harm others may have suffered considerable 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. Such children are likely to be children in need, and some will

in addition be suffering or at risk of significant harm, and may themselves be in need of protection.

- 7.25 Children and young people who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which meets their needs as well as protecting others.
- 7.26 Three key principles should guide work with children and young people who sexually harm others
- There should be a co-ordinated approach on the part of Social Services, Police, Youth Offending Service, Child Welfare, Education (including Education Psychology) and Health (including Child and Adolescent Mental Health) agencies.
 - The needs of children and young people who sexually harm others should be considered separately from the needs of their victims.
 - An assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.
- 7.27 In situations where a child or young person has displayed sexually harmful behaviour a referral must be made to either the police or Children's Social Care. The child or young person should not be questioned about the allegation before making the referral.
- 7.28 When such information is received it will be shared immediately with the other agency. The police will be responsible for action taken in relation to the criminal justice system and Children's Social Care will lead in relation to the child protection process, but neither should embark on a course of action which has implications for the other without appropriate consultation.
- 7.29 A strategy discussion should be convened in line with the procedures set out in chapter 4. This should, wherever possible, be a face to face meeting, but

where this cannot take place because the delay in holding one would prejudice the child's welfare, this may take place over the telephone.

7.30 In planning section 47 enquiries, the following additional points should be considered:

- Relevant specialist workers should be invited to the strategy meeting
- The Youth Offending Service should be invited to the strategy meeting if the alleged perpetrator has reached the age of criminal responsibility.
- A social worker should not act as an appropriate adult for the interview of the alleged perpetrator. The Youth Offending Service should ensure that an appropriate adult attends where the parent cannot or will not.
- The safety of other children with whom the alleged perpetrator is in contact and whether any immediate action is necessary to protect them.

7.31 When it is confirmed that an incident has taken place, a risk assessment of their behaviour should be commenced in addition to the core assessment. This will inform the decision as to whether or not to convene a child protection conference. A conference should only be held if the child or young person is considered *personally* to be at risk of continuing significant harm. If the conference decides that the child or young person should be subject to a child protection plan the plan must address the young person's harmful behaviour and identify work to reduce the risk.

Children involved in prostitution

7.32 The Sexual Offences Act 2003 covers the sexual exploitation of children and young people up to the age of 18, through prostitution and pornography. It is an offence to pay for sex in money or in kind with a child or young person 18 years and under. It is also an offence to cause or incite child prostitution or pornography, control a child prostitute or a child involved in pornography, and arrange or facilitate child prostitution or pornography. The

Act also includes an offence of administering a substance with the intent of committing a sexual offence.

Safeguarding children involved in prostitution

7.33 Children and young people involved in prostitution should be viewed as victims of abuse, and primary legislation should apply, such as *The Children's Act 1989*.

7.34 Looked after children and young people may be particularly vulnerable to this form of abuse and exploitation and staff and carers need to be aware of the signs and indicators that this form of abuse is likely to or is occurring.

7.35 When there is evidence or a suspicion that a child or young person is at risk of or is already involved in prostitution a referral should be made to Children's Social Care. The safeguarding procedures should then apply, and the strategy meeting be convened. In addition to the standard agenda (see chapter 4, paragraph 4.9) the strategy meeting should consider:

- Whether the child or young person is reluctant or fearful of engaging with professionals, either as a result of threats, or influence from those who abuse and exploit them.
- Whether substance misuse may be a contributory factor to the abuse and exploitation.
- The specific strategies that may be required to assist the child or young person to leave the abusive environment.
- The possible risk to any other young people

7.36 All enquires involving child prostitution must be notified to the LSCB who have a responsibility to enquire into the extent to which children are involved in prostitution in the local area.

7.37 Primary law should be used in regard to abusers. If the prosecution of an offender requires the evidence of a young person who has been involved in

prostitution, then attention must be paid to their safety and welfare, including the possible need to move him/her and to the confidentiality of the information. This may require the close co-operation of the Police, Victim Support and other agencies.

- 7.38 Where there is suspicion that an adult is involved in organising the prostitution of, or paying for sex with, a child or young person and they are themselves parents of children, then an assessment of the needs and risks to those children should be considered.

Child trafficking and exploitation

- 7.39 The Home Office describes trafficking as a modern form of slavery. It defines it as involving the 'the movement of people, either within one country or from one country to another, using coercion, deception or abuse of power for the purpose of their exploitation'.
- 7.40 Exploitation includes 'the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.' The Nationality, Immigration and Asylum Act 2002 include an offence of 'Traffic for Prostitution.'
- 7.41 The Sexual Offences Act 2003 covers offences of trafficking for the purposes of committing any sexual offence against an adult or child, as well as Trafficking from one place to another within the UK.
- 7.42 Trafficking should not be confused with smuggling. 'People smuggling is the facilitation of illegal entry.'

Safeguarding children involved in trafficking and exploitation

- 7.43 Children and young people may enter the country in a variety of ways. They may be unaccompanied asylum seekers, students or visitors. They may be accompanied or met by an adult claiming to be a relative

or friend.

- 7.44 Where a child or young person is suspected or known to be involved in trafficking, the LSCB safeguarding procedures should be followed and consideration should be given to involving immigration officials at the strategy discussion stage
- 7.45 If a child or young person is being looked after, carers should be vigilant in case an unknown adult attempts to make contact. Any adult seeking contact with the child should be first investigated and their identity validated.
- 7.46 Interpreters should be made available to children and young people who do not have English as a first language.

Female Genital Mutilation

- 7.47 Female genital mutilation (FGM) is a collective term for procedures which include either the partial or total removal of the external genital organs for cultural or other non therapeutic reasons.
- 7.48 It is illegal in England and Wales and has been since the introduction of the Prohibition of Female Genital Mutilation Act 1985. The Female Genital Mutilation Act (2003) replaced the 1985 Act and now makes it an offence for girls and women to be taken out of the country for the purposes of performing this procedure elsewhere, or arranging for this to happen.

Safeguarding Children and Young People from Female Genital Mutilation

- 7.49 Female Genital Mutilation is more common than many people recognise both in this country and many others, worldwide. It is not required by any major

religion and is a harmful and dangerous practice that can cause long term physical as well as psychological trauma.

7.50 A referral may be prompted by:

- Suspicion that a child or young person is about to have the procedure performed
- Suspicion that a child or young person is being, or may be, sent to another country for the purposes of performing the procedure
- The procedure is known to have happened
- Another girl or women in the family has been mutilated.

7.51 Where there is evidence of or suspicion that FGM has or may be performed, safeguarding procedures should be invoked.

7.52 The strategy discussion should include consideration of:

- Whether the police need to take action in their primary law enforcement role
- The potential risks to all girls in the family
- Whether legal action is required to safeguard the child or young person

7.53 Children's Social Care will need to work closely with the Police, who have a primary law enforcement role. The use of a Prohibited Steps Order may be appropriate.

Forced Marriage

7.54 A clear distinction must be made between a forced marriage and an arranged marriage. In arranged marriages the families of both spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement lies with the young people. In forced marriage one or both spouses do not freely consent to the marriage and some form of duress is involved.

7.55 Although there is no specific criminal offence of “forcing someone to marry”, criminal offences may be committed. Perpetrators (usually parents or family members) could be prosecuted for offences including threatening behaviour, assault, kidnap, abduction, unlawful imprisonment, and murder.

Recognition

7.56 Many young people who face a forced marriage will not even discuss their worries with their friends for fear their families may find out. Young people may therefore present with a variety of symptoms. The following factors may be an indication that a young person fears they may be forced to marry.

- **Education:** Truancy; Low motivation in school; poor exam results; withdrawal from school
- **Health:** self harm; attempted suicide; eating disorders; depression; isolation
- **Family history:** siblings forced to marry; family disputes; domestic violence and abuse; running away from home; unreasonable restrictions e.g. house arrest
- **Employment:** Poor performance; poor attendance; limited career choices; not allowed to work; unreasonable financial control e.g. confiscation of wages/income

Response

7.57 If anyone suspects that a child (male or female) is in danger of a forced marriage:

- Social care should be contacted immediately and a strategy meeting convened. This must include a representative from the police.
- The strategy meeting should agree who will be responsible for contacting the Forced Marriage Unit for advice (www.fco.gov.uk 020 7008 0230)
- If the child or young person has made the complaint they should be involved in developing an appropriate plan.

7.58 At no time should:

- Allegations be treated as a domestic issue and the young person be sent back to the family home
- The young person's concerns be ignored and the need for immediate protection be dismissed
- Members of the young person's family , or community be contacted without the express consent of the young person as this will alert them to the enquiries
- The family be contacted in advance of any enquiries either by telephone or letter
- Information be shared outside child protection information sharing protocols without the express consent of the young person
- Breach confidentiality except where necessary in order to ensure the young person's safety
- Mediation be attempted – this is very important as mediation can be extremely dangerous and has been linked with so called 'honour crimes'.

Further information and guidelines concerning work with situations of forced marriage is available from www.adss.org.uk/publications/guidance/marriage/pdf and www.homeoffice.gov.uk/comrace/race/forcedmarriage/index.html

Cultural and religious beliefs that may impact on safeguarding children

7.59 The basic requirement that children are kept safe is universal and cuts across cultural and religious boundaries. All concerns about the safety of a child should be acted upon in accordance with the guidance in this document, and there can be no excuse for failing to take adequate steps to protect a child, whatever their cultural or religious circumstances.

7.60 Practitioners should be alert to the fact that children may be harmed within faith communities and that religion does not necessarily offer protection from abuse.

- 7.61 All assessments and s.47 enquiries should seek appropriate advice from those with knowledge of the culture/religion of the child and/or their family. Agencies should ensure that connections are made with key people in local communities and faith groups in order to help practitioners with this task.
- 7.62 The Local Safeguarding Children Board has a responsibility to ensure that all faith groups have adequate and appropriate child protection procedures in place.

Children moving between Local Authorities

- 7.63 A significant number children and young people move between local authorities. The circumstances that lead to a child and/or their family moving from one area to another vary. It may be planned or in response to a crisis. It may be temporary or permanent.
- 7.64 The Local Authority in which the child is living, whether temporarily or not, has responsibility to provide services. The exceptions to this are:
- The child is subject to a care order or interim care order
 - The child is accommodated
 - The child is subject to a child protection plan
 - The child is in receipt of services other than rent and subsistence.
- 7.65 In these circumstances the originating Authority continues to have responsibility until either the responsibilities are discharged or formally transferred with the agreement of the local Authority where the child or young person has moved.

Safeguarding Children and young people moving between local authorities

- 7.66 Children and young people may be at increased risk as a result of any

move. They may not have access to universal services that seek to support and protect such as health via a GP and education.

- 7.67 When a child or young person comes to the attention of children's social care and it is known that they have recently moved into the Local Authority, staff must obtain identifying information such as full names, dates of birth and previous address (es).
- 7.68 If any worker from any agency discovers that a child or young person who is subject of a care order or who is subject to a child protection plan is planning to move, or has moved out of area or into the area, then they must inform the child's social worker as soon as possible. They should then inform all the other key agencies. The family should be made aware of this.
- 7.69 In regard to children or young people subject to care orders or accommodated, subject to child protection plans or receiving services as children in need and for whom a move is known, information should be passed to the Local Authority to which the child is moving to and all relevant agencies, prior to the move occurring. The family should be made aware of this. For children and young people subject of a child protection plan, it should be the key worker who is informed. The key worker should then inform all the other key agencies.
- 7.70 Children and young people who are subject of a child protection plan and who move should be recorded as being subject of a child protection plan by the receiving Local Authority under a temporary category until a conference can be convened. An agreement should be reached between managers of both authorities about the implementation of the child protection plan.
- 7.71 For children and young people who are subject of a child protection plan the key worker should attend and provide a report to the transfer conference in the local authority to which the child has moved. At the transfer conference, a decision may be reached for both local authorities to joint work for a time limited period.

- 7.72 Following the transfer conference, the conference chair should write to the originating authority and formally notify them of the outcome. Only then can the child or young person be recorded as no longer the subject of a child protection plan by the originating authority.

Organised and complex abuse

- 7.73 Complex (organised or multiple) abuse may be defined as abuse involving one or more abusers and a number of children. The abusers concerned may be acting in concert to abuse children, sometimes acting in isolation, or may be using an institutional framework or position of authority to recruit children for abuse.
- 7.74 Use of the internet may be linked to the abuse. It can occur across a family, a community or care settings such as residential homes or schools.

Safeguarding Children and young people from organised and complex abuse

- 7.75 Investigations, particularly those that relate to historic abuse, can be very complex in that the abuse may have occurred in a number of places, involving a number of people and those involved may be difficult to trace.
- 7.76 The investigation of complex abuse requires thorough planning and collaboration across the agencies involved.
- 7.77 Children and adult survivors may need support to access therapeutic Services.
- 7.78 The senior manager will inform the Director of Children's Services, the Chair of the LSCB and the senior management of the key agencies involved. The council's press office will also be notified.
- 7.79 A senior manager will chair the strategy meeting. If staff are involved,

managers of those services should not be included and action should be governed by the procedures for dealing with allegations made against staff, carers and volunteers. The strategy meeting should:

- Agree the resources that will be needed and how these will be made available.
- Agree the staff team that will follow through the investigation and who should be told that the investigation is taking place.
- Any communication regarding the investigation should be on a strictly 'need to know' basis.
- The timetable for reconvening the strategy meeting in order to monitor progress and evaluate the information arising from the investigation.

Allegations of abuse made against a person who works with children

7.80 These procedures relate to situations where a person working in a paid or unpaid basis 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 he/she is unsuitable to work with children

Safeguarding children and young people from staff, carers and volunteers

7.81 Despite recruitment and selection processes that are designed to deter and prevent those that pose a risk to children and young people being employed, abuse from staff, carers and volunteers still occurs. Abuse can occur in any setting and by anyone and all organisations working with children should have a procedure for handling such allegations which is consistent with this guidance. The procedures in Education settings should be consistent with SCE (2005): *Dealing With Allegations of Abuse Against Teachers and other Staff*.

7.82 Where anyone has suspicion or evidence that abuse is occurring or

occurred in the past a referral should be made to Children's Social Care in accordance with the relevant agency protocol. This protocol should clearly identify the Designated Officer within the agency who should be informed of all concerns about the conduct of staff members.

- 7.83 Staff, carers or volunteers making an allegation against another member of staff should be given support and protected where possible from any reprisals, in accordance with The Public Interest Disclosure Act 1998.
- 7.84 The head of the agency employing the member of staff should be informed as soon as any allegation has been made unless this is thought likely to jeopardise any police investigation
- 7.85 There may be three related but independent strands to the process in response:
- s. 47 investigation
 - Police investigation
 - Disciplinary investigation
- 7.86 It is essential that the common facts of the alleged abuse are applied independently to the three strands. The fact that a prosecution is not possible does not mean that action in relation to safeguarding children, or employee discipline is not necessary or feasible.
- 7.87 Once a decision has been made to proceed with any or all three investigations, then the member of staff should be informed unless this would jeopardise the outcome. Arrangements should be made to offer support to them throughout the process
- 7.88 In situations where allegations or suspicions have arisen in regard to a member of staff in Children's Social Care, an independent person should be involved in the investigation.

Protecting Children in Specific Circumstances

- 7.89 If the referrals amount to complex or organised abuse, then reference should be made to those procedures.
- 7.90 Any communication regarding the investigation should be on a strictly 'need to know' basis. Parents of the children or young people involved should be notified about the process in a manner that does not impede the proper exercise of s.47 enquiries, disciplinary and investigative processes. They should be given information about the conclusion reached once the work has been completed.
- 7.91 If the allegations are substantiated, then the names of the members of staff must be notified to the organisation responsible for maintaining the list of individuals barred from working with children. Once the Safeguarding Vulnerable Groups Bill becomes law this will be the Independent Barring Board, and it will be an offence not to notify them when an employer ceases to use an individual, or would consider ceasing to use them, because they endangered a child.
- 7.92 A report should be provided to the LSCB on a quarterly basis from each agency regarding allegations made against staff who works with children. This should state:
- Numbers
 - A breakdown occupational group
 - Type of allegation
 - Timescales for response
 - Outcome
- 7.93 Where an allegation has been subject of an s47 enquiry the chair of the LSCB should be informed and consideration should be given as to whether a full Serious Case Review may be appropriate

Chapter Eight Serious Case Reviews

- 8.1 The Local Safeguarding Children Boards Regulation number five ⁴² states that one of the functions of the LSCB is to undertake reviews of serious cases and advise the children's services authority and their Board partners on lessons to be learned. This chapter sets out the procedures to be followed in such circumstances.
- 8.2 It is important to note that the same criteria and procedures apply to both disabled and non disabled children. Care should be taken to avoid automatically labelling the death of a disabled child as being a consequence of their impairment without due consideration of all the circumstances and context within which the death occurred.

Action following the death of a child

- 8.3 Action following all child deaths should be in accordance with the LSCB child death review process. Separate procedures will be issued in relation to this prior to April 2008 when all LSCBs will be required to establish a Child Death Overview Panel.
- 8.4 When a child dies and abuse or neglect are known or suspected the first priority must be to consider whether there are other children at risk of harm who may need safeguarding. Anyone who has concerns about the safety of children in such circumstances should immediately contact the local referral point within Children's Social Care.

⁴² The local Safeguarding Children Boards Regulations 2006 Statutory instrument 2009 no. 90

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- 8.5 Any professional who suspected that abuse or neglect may have been the cause of a child's death should:
- Refer to Children's Social Care
 - Inform the chair of the LSCB

Criteria for conducting serious case reviews

- 8.6 The LSCB should **always** conduct a serious case review when a child has died and abuse or neglect are known or suspected to be a factor in the child's death. This is irrespective of where Children's Social Care have been involved with the child and family
- 8.7 LSCBs should always **consider** whether a serious case review should be conducted;
- Where a child sustains a potentially life threatening injury or serious impairment of health or development through abuse or neglect, or
 - Has been subjected to particularly serious sexual abuse, or
 - Their parent has been murdered and a homicide review is being initiated
 - The child has been killed by a parent with mental illness, and
 - The case gives rise to concerns about inter-agency working to protect children from harm
- 8.8 The criteria for a serious case review will have been met where any of the situations set out in 8.7 have occurred **and** the case gives rise to concerns about the way in which professionals and services work together to safeguard and promote the welfare of children

The Purpose of Serious Case Reviews

- 8.9 The purpose of a serious case review is to:
- Establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
 - Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result;
 - As a consequence to improve inter-agency working and better safeguard and promote the welfare of children.
- 8.10 Serious case reviews are not inquiries into how a child died or who is culpable; that is a matter for the Coroners and Criminal courts respectively to determine, as appropriate.

Instigating Serious Case Reviews

- 8.11 Where more than one LSCB has knowledge of a child, the area in which the child is/was normally resident should take lead responsibility for conducting the review.
- 8.12 Any professional may refer a case which they believe meets the above criteria to the chair of the LSCB. In addition, the Secretary of State for the Department for Education and Skills has powers to demand an inquiry to be held under the Inquiries Act 2005.
- 8.13 The LSCB should establish a Serious Cases Review Panel (SCRIP) involving at least Children's Social Care, health, education and the police to consider whether the criteria for a serious case review should take place. This panel should include at least one representative from any other LSCBs who have an interest in the

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case and any other professionals who may have particular expertise to contribute e.g. representatives from adult services.

- 8.14 If the Serious Case Review Panel finds that the criteria for conducting a review have been met, the chair of the panel should forward this as a recommendation to the chair of the LSCB who has ultimate responsibility for deciding whether or not to conduct a serious case review.
- 8.15 When a case does not reach the criteria for a full serious case review the panel should consider whether individual management reviews should be requested, or the case referred to the LSCB audit group. In these situations arrangements should be made to share findings with the SCRCP.
- 8.16 The decision whether or not to hold a Serious Case Review must be made within one month of the case coming to the attention of the LSCB Chair

The Serious Case Review Process

- 8.17 Once the LSCB chair has decided that a review should take place:
- the local region of the Commission for Social Care Inspection should be informed
 - the PCT should inform its SHA.
 - all agencies who have had contact with the family (including relevant independent professionals such as GPs and voluntary and private organisations) should be informed by the LSCB Chair and asked to secure their records immediately
- 8.18 Where criminal proceedings have also been instigated or are likely, the LSCB Chair or the Chair of the Serious Case Review Panel should immediately discuss with the relevant criminal justice organisations how the review process should

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take account of such proceedings. For example, how does this affect timing, the way in which the review is conducted (including interviews with relevant staff), its potential impact on criminal investigations and who should contribute at what stage? Serious Case reviews should not be delayed as a matter of course because of outstanding criminal proceedings or an outstanding decision on whether or not to prosecute.

8.19 The Serious Case Review Panel should meet and consider the scope of the review process. The following should be considered.

- The most important issues to address in this case
- Over what time period events should be reviewed. i.e. how far back should enquiries cover, and what is the cut off point? What family history/ background information will help to understand the recent past and present?
- How the relevant information can be obtained and analysed
- Whether other LSCB areas with an interest in the case have been informed and what the respective roles and responsibilities of the different LSCBs should be.
- Which organisations and professionals should contribute to the review through submitting individual management reviews?
- Where organisations are involved who are outside the main statutory agencies, who should make the link with them and what contribution should be requested?
- Who should be appointed as the independent author for the overview report? The author must be independent of all the agencies/professionals involved.
- How family members might contribute to the review and who should be responsible for facilitating their involvement?
- Whether any part of the review should involve or be conducted by a party independent of the professionals/ organisations who will be required to participate in the review.
- Whether an outside expert should be co-opted onto the panel at any stage to shed light on crucial aspects of the case

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- Whether the LSCB needs to obtain any independent legal advice about any aspect of the proposed review/
- Whether the case will give rise to other parallel investigations into practice, for example, independent health investigations or multi-disciplinary suicide reviews, a homicide review where a parent has been murdered, a YJB Serious Incident Review and a Prisons and Probation Ombudsman investigation where a child has died in a custodial setting
- Where parallel investigations will take place how a co-ordinated or jointly commissioned review process could best address all the relevant questions in the most economical way.
- How any public, family and media interest should be managed, before, during and after the review?
- How the review process should take account of and liaise with any coroner's inquiry or any criminal investigations or proceedings related to the case.
- When the review should start and by what date it should be completed. This date should generally be within four months of the decision to hold a review. Any alternative timescale will need to be agreed with the local Commission for Social Care Inspection immediately following the meeting.
- Agree a timescale for further meetings of the Serious Case Review Panel in order to oversee the review process, including receiving individual management reviews and the overview report.

8.20 Following the above meeting, the Chair of the Serious Case Review Panel should inform all relevant agencies that a review is taking place, its Terms of Reference and the timescale for the completion of Individual Management Reviews

8.21 The Chair of the Serious Case Review Panel should ensure that arrangements are in place within each agency to inform all staff who has been involved with the family and offer them appropriate support.

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- 8.22 It is the responsibility of individual agencies to ensure that management reviews are completed within the timescale required by the SCRPs and those commissioned to complete the reviews are informed of any requirements to attend meetings of the Serious Case Review Panel.

Individual Management Reviews

- 8.23 Individual Management Reviews are separate from any disciplinary enquiry or process, although information from the review may indicate that disciplinary action should be taken. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard and promote the welfare of other children
- 8.24 Where a child dies in a custodial setting the Prisons and Probation Ombudsman will investigate the circumstances surrounding the death of the child. The report would normally be made available to assist the serious case review process
- 8.25 Individual Management Reviews should be commissioned by a senior officer from the relevant agency. It is this senior officer who will be responsible for accepting the findings and ensuring that recommendations are acted upon.
- 8.26 Individual Management Reviews should *not* be carried out by anyone who has been directly involved with the child or family or has been the immediate line manager or supervisor of practitioner(s) involved
- 8.27 The senior officer commissioning the Individual Management Review should ensure that the author:
- receives a copy of the terms of reference as agreed by the Serious Case Review Panel

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- receives a copy of any template supplied by the Serious Case Review Panel for the purposes of compiling the chronology
 - is clear about the required timescale for the review
 - has access to the records that have been secured
- 8.28 The IMR author should review the records and compile a chronology of agency involvement. Following this they should identify which staff should be interviewed and agree this with the senior officer commissioning the report. The senior officer should be responsible for ensuring that the relevant staff are informed and offered appropriate support. Where staff are no longer working for the organisation it is the responsibility of the senior officer to contact them and ask them whether they would wish to be interviewed.
- 8.29 The criteria for interviewing staff should be:
- they are likely to have substantial background information about the family that may not be apparent from the records, or
 - they are likely to be able to assist with an understanding of *why* events occurred as they did, i.e. supply contextual information, or
 - the chronology indicates some good standards of practice and interviews would assist in understanding how this could be replicated in the future, or
 - from the chronology it appears that there are concerns about the standard of practice and it is important to give the staff concerned an opportunity to give their point of view
- 8.30 Where staff are interviewed a written record of such interviews should be made and shared and agreed with the relevant interviewee
- 8.31 The Individual Management Review should be completed taking account of the practice guidance at the end of this chapter, although the precise format will depend on features of the case. It is important that every report:
- Clearly sets out the history of agency involvement with the family

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- Analyses the standard of practice
- Identifies lessons to be learned
- Sets out recommendations for improving practice within the agency concerned

8.32 The Individual Management Review should be submitted to the senior officer who commissioned the report. It is the responsibility of the senior officer to:

- ‘Sign off’ the report and set in motion the steps required to implement the recommendations
- Forward the report to the chair of the Serious Case Review Panel
- Ensure that there is a process in place for feedback and de-briefing for staff involved. This should take place before completion of the overview report by the LSCB. There may also need to be arrangements in place for a follow up feedback session if the LSCB overview report raises new issues for the organisation and staff members.

8.33 It is the responsibility of the Chair of the Serious Case Review Panel:

- To ensure all members of the Serious Case Review Panel and the overview author receive copies of the Individual Management Reviews
- There is a process in place for giving feedback to the authors and requesting further information should this be required.

The LSCB Overview Report

8.34 The Overview Report should bring together, and draw overall conclusions from the information and analysis contained in the individual management reviews and any other relevant reports

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- 8.35 The format of the report will depend upon the precise features of the case. When abuse or neglect has taken place in a family setting the report should follow the format set out in the practice guidance at the end of this chapter.
- 8.36 All Overview Reports should include;
- an integrated chronology of agency involvement developed from the individual management review chronologies
 - an clear outline of agency involvement during the timeframe covered by the review
 - an analysis of the standard of practice
 - any lessons that can be learnt about how to improve practice
 - recommendations for individual agencies from the Individual Management Reviews
 - Recommendations to be implemented through the LSCB action plan.
- 8.37 The full overview report will contain names of family members and may identify directly or indirectly the staff who have been involved. An anonymised executive summary, which will be made public should also be produced. This will include as a minimum, information about the review process, key issues arising from the case and the recommendations.

LSCB Action Following Completion of the Overview Report

- 8.38 On receiving the Overview Report the LSCB should:
- Ensure that contributing organisations and individuals are satisfied that their information is fully and fairly represented in the overview report;
 - Decide whether the LSCB accepts the overview author's recommendations or wishes to refine or add to them.

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- Translate recommendations into an action plan which should be signed up to at a senior level by each of the organisations that need to be involved. This plan should set out who will do what by when, with what intended outcome and how improvements in practice/systems will be monitored and reviewed;
- Decide to whom the report or any part of it, should be made available;
- Agree the timing of the publication of the executive summary taking into account the conclusion of any related court proceedings. The LSCB should ensure that the SHA and CSCI are briefed, so that can work jointly to ensure that the department of Health and the Department for Education and Skills respectively are fully briefed in advance of publication
- Disseminate the report or key findings to interested parties as agreed. Make arrangements to provide feedback and de-briefing to staff, family members of the subject child, and the media as appropriate;
- Provide a copy of the overview report, integrated chronology, action plan and individual management reports to the relevant inspectorates

Reviewing institutional or complex abuse

- 8.39 When serious abuse takes place in an institution, or multiple abusers are involved, the procedures above will apply but the review is likely to be more complex, on a larger scale and may require more time. Terms of reference need to be carefully constructed to explore issues relevant to the specific case
- 8.40 Particular care needs to be taken to ensure clarity over the interface between;
- the different processes of investigation (including criminal investigations)
 - case management (including help for the abused children and measures to ensure other children are safe)
 - review (learning lessons from the case to reduce the chance of such events happening again)

Practice Guidance

Questions to assist the decision as to whether or not a case should be the subject of a Serious Case Review in circumstances other than when a child dies

- was there clear evidence of a risk of significant harm to a child, which was:
 - not recognised by organisations or individuals in contact with the child or perpetrator **or**
 - not shared with others **or**
 - not acted upon appropriately?
- was the child killed by a mentally ill parent?
- was the child abused in an institutional setting (for example, school, nursery, family centre, YOI, STC, Children's home or Armed Services Training establishment)?
- did the child die in a custodial (prison, young offender institution or secure training centre) setting?
- was the child abused while being looked after by the local authority?
- did the child commit suicide, or die while absent having run away from home?
- does one or more agency or professional consider that its concerns were not taken sufficiently seriously, or acted upon appropriately, by another?
- does the case indicate that there may be failings in one or more aspects of the local operation of formal safeguarding children procedures, which go beyond the handling of this case?
- was the child subject of a child protection plan or had it been previously the subject of a plan or on the child protection register?
- does the case appear to have implications for a range of agencies and/or professionals?
- does the case suggest that the LSCB may need to change its local protocols or procedures, or that protocols and procedures are not being adequately promulgated, understood or acted upon?

Management Review Structure

What was our involvement with this child or family?

Construct a comprehensive chronology of involvement by the organisation and/or professional(s) in contact with the child and family over the period of time set out in the review's terms of reference. Briefly summarise decisions reached, the services offered and/or provided to the child(ren) and family, and other action taken.

Analysis of Involvement

Consider the events which occurred, the decisions made, and the actions taken or not. Where judgements were made, or actions taken, which indicate that practice or

management could be improved, try to get an understanding not only of what happened, but why. Consider specifically:

- were practitioners sensitive to the needs of the children in their work, knowledgeable about potential indicators of abuse or neglect, and about what to do if they had concerns about a child?
- Did the organisation have in place policies and procedures for safeguarding and promoting the welfare of children and acting on concerns about their welfare?
- What were the key relevant points/opportunities for assessment and decision making in this case in relation to the child and family? Do assessments and decisions appear to have been reached in an informed and professional way?
- Did actions accord with assessments and decisions made? Were appropriate services offered / provided, or relevant enquiries made, in the light of assessments?
- Where relevant, were appropriate child protection or care plans in place, and child protection and/or looked after reviewing processes complied with?
- When, and in what way, were the child(ren)'s wishes and feelings ascertained and taken account of when making revisions about children's services? Was this information recorded?
- Was practice sensitive to the racial, cultural, linguistic and religious identity of the child and family?
- Were more senior managers, or other organisations and professionals involved at points where they should have been?
- Was the work in this case consistent with each organisation's and the LSCB's policy and procedures for safeguarding and promoting the welfare of children, and wider professional standards?

What Do We Learn From This Case?

Are there lessons from this case for the way in which this organisation works to safeguard and promote the welfare of children? Is there good practice to highlight as well as ways in which practice can be improved? Are there implications for ways of working; training (single and inter-agency); management and supervision; working in partnership with other organisations; resources?

Recommendations for Action

What action should be taken by whom, and by when? What outcomes should these actions bring about, and how will the organisation evaluate whether or not they have been achieved?

LSCB Overview Report Structure

The LSCB overview report should bring together, and draw overall conclusions from the information and analysis contained in the individual management reviews, information from the child death review processes, together with reports commissioned from any other relevant interests. Overview reports should be produced according to the following outline format although, as with management reviews, the precise format will depend upon the features of the case. This outline will be most relevant to abuse or neglect which has taken place in a family setting.

LSCB Overview Report

Introduction

- Summarise the circumstances that led to a review being undertaken in this case.
- State the terms of reference of review
- List contributors to review and the nature of their contributions (for example, management review by LA, and report from adult mental health service). List review panel members and author of overview report.

The Facts

- Prepare a genogram showing membership of family, extended family and household.
- Compile an integrated chronology of involvement with the child and family on the part of all relevant organisations, professionals and others who have contributed to the review process. Note specifically in the chronology each occasion on which the child was seen and the child's wishes and feelings sought or expressed.
- Prepare an overview which summarise what relevant information was known to the agencies and professionals involved, about the parents/carers, any perpetrator, and the home circumstances of the children.

Analysis

This part of the overview should look at how and why events occurred, decisions were made, actions taken or not. This is the part of the report in which reviewers can consider, with the benefit of hindsight, whether different decisions or actions may have led to an alternative course of events. The analysis section is where any examples of good practice should be highlighted.

Conclusions and Recommendations

This part of the report should summarise what, in the opinion of the review panel, are the lessons to be drawn from the case, and how those lessons should be translated into recommendations for action. Recommendations should include, but should not simply

Practice Guidance - Serious Case Reviews

be limited to, the recommendations made in individual reports from each organisation. Recommendations should be few in number, focused and specific, and capable of being implemented. If there are lessons for national, as well as local policy and practice these should also be highlighted.

Chapter Nine

Strategic Management

Training

- 9.1 **It is the responsibility of Local Authorities and their partners in children's trusts** to ensure that workforce strategies include systems for delivering single agency and inter-agency training on safeguarding and promoting the welfare of children
- 9.2 **It is the responsibility of individual employers to ensure that**
- their staff are competent and confident in carrying out their responsibilities for safeguarding and promoting children's welfare
 - their staff are aware of how to recognise and respond to safeguarding concerns and that this knowledge is put in place before employees attend inter-agency training
 - there are adequate resources and support for inter-agency training through
 - a) providing staff who have the relevant experience to sit on the LSCB training sub group
 - b) allocating time to complete inter-agency training tasks effectively
 - c) releasing staff to attend the appropriate inter-agency training courses
 - d) ensuring that staff receive single agency training that enables them to maximise the learning derived from inter-agency training, and have opportunities to consolidate their learning
 - e) contributing to the planning, resourcing, delivery and evaluation of training
- 9.3 **The role of the LSCB as part of its policy and procedure function is to:**
- Ensure the identification of training needs in relation to safeguarding children across all agencies working with children and their families

- Ensure these training needs inform the development of the children's workforce strategy
- Agree with those responsible for development of the children's workforce strategy who should commission and deliver the training relating to the safeguarding of children, both on a single agency and inter-agency basis
- Check and evaluate single and inter-agency training to ensure it is meeting local needs

9.4 The LSCB will ensure that a member of the Board has lead responsibility for training. This lead member will establish and chair a training sub-group and ensure that the work of the group is informed by the priorities of the LSCB work programme.

9.5 The training sub group will consist of representatives from key agencies. Have sufficient knowledge of training needs and processes to enable them to make informed contributions to the development and evaluation of the training strategy

9.6 The responsibility of the training sub group will be:

- Identify training needs and develop a strategy for meeting these on a single agency and inter-agency basis
- Ensure that the strategy leads to the provision of appropriate training for all the following groups:
 - a) Those in regular contact with children and young people and with adults who are parents or carers
 - b) Those who work regularly with children and young people and with adults who are carers and may be asked to contribute to assessments of children in need
 - c) Those with particular responsibility for safeguarding children who need to have a thorough understanding of working together to safeguard and promote the welfare of children, including in complex and/or serious cases

- d) Operational managers at all levels employing staff to work with children and families or with responsibility for commissioning or delivering services
- e) Those with strategic and managerial responsibility for commissioning and delivering services for children and families
- Inform those responsible for the development of the children's workforce of this strategy and agree with them who should commission and deliver the training.
- Develop and implement systems for evaluating the effectiveness of both single agency and inter-agency training
- Inform the LSCB of the outcomes of this evaluation on at least an annual basis

9.7 The LSCB expects that all training relating to the safeguarding of children will

- Be delivered by trainers who are knowledgeable about safeguarding and promoting the welfare of children and have facilitation skills. When delivering training on complex cases trainers should have the relevant specialist knowledge and skills;
- Be consistent with the local LSCB procedures and protocols
- Be informed by current research evidence, lessons from Serious Case and Child Death Reviews, and local and national developments
- Reflect an understanding of the rights of the child and be informed by an active respect for diversity and the experience of service users, and a commitment to ensuring equality of opportunity
- Be regularly reviewed to ensure that content is up to date and that it meets the agreed learning outcomes.

Recruitment and Selection of Staff

9.8 All organisations that provide services for children, or work with children need to have in place recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people.

9.9 Employers who recruit staff to work with children must work within their organisations recruitment procedures. These procedures should be consistent with legislation relating to the safeguarding of vulnerable groups.⁴³

9.10 Recruitment procedures should specify:

- standards in relation to interviewing procedures
- Specific guidance about personal interview questions (also known as Warner interviewing).
- The process for obtaining references
- Requirements in relation to CRB checks

Post Employment

9.11 In addition to recruitment procedures employers should ensure that there are clear procedures to be followed when information comes to light about an employee's unsuitability to work with children. These should ensure that the information is passed to the relevant organisation.⁴⁴

9.12 Policies and procedures must be accompanied by the creation and maintenance of a safe working culture within each organisation so that every worker understands their duty of care as well as which behaviours constitute safe practice and which should be avoided. This culture will be underpinned by a rigorous whistle blowing and complaints procedure.

Supervision and Staff Management

9.13 Agencies should ensure that all staff working with vulnerable children have access to effective management and supervision.

⁴³ At the time of writing the Safeguarding Vulnerable Groups Bill is going through parliament. Procedures should take account of the final legislation.

⁴⁴ Once the Safeguarding Vulnerable Groups Bill becomes law it is likely this will be the Independent Barring Board and it will be an offence not to notify them when an employer ceases to use an individual or would consider ceasing to use them because they endangered a child.

9.14 In many agencies, supervision and management will be provided by the same person. Where the roles are split it is vital that there is clarity about lines of accountability and how issues of performance management will be dealt with.

9.15 *It is the role of a line manager to:*

- Be accountable for the quality of work carried out
- Monitor quality through regular case file audit
- Endorse decisions made at key points in the process of work with children and their families
- Ensure that staff have access to regular supervision
- Ensure that senior managers are kept informed of any factors that may adversely affect the ability of staff to deliver quality services, e.g. workload, resource deficits, gaps in knowledge and skills.

9.16 *It is the role of the supervisor to:*

- Provide a safe environment where staff working with vulnerable children can reflect on their work
- Be a source of advice and expertise
- Scrutinise and challenge practice in order to assess the competence of the worker.
- Provide an opportunity for the practitioner to explore cases in depth in order to promote objectivity, evidence based analysis and sound professional judgement. There should be consideration of the way in which feelings about the work might affect both thoughts and actions.
- Enable practitioners to clarify their roles and responsibilities and how these relate to the roles of others in the professional network
- Assess training and development needs and ensure that these are met

9.17 All staff working with vulnerable children should have a named supervisor who is able to provide the necessary advice, expertise and support.

9.18 Agencies should have in place a supervision policy which specifically addresses the process of supervision for staff involved in safeguarding

children. This policy should specify how the roles identified above will be carried out.

- 9.19 Staff should have the opportunity to discuss with a supervisor all children who are causing them concern or who are receiving enhanced service provision, not only children who are subject to a child protection plan.
- 9.20 All decisions made by supervisors and line managers should be recorded in the child's case file, with reasons for the decision clearly specified. This includes both formal and informal supervision discussions.

Resolution of Professional Disagreements

- 9.21 Protecting children will always be an arena where there may be differences of opinion about the best course of action. It is important that all those working with children feel able to air their views and constructively challenge the action of others
- 9.22 The contexts for professional disagreements include the:
- Response to a referral and whether the criteria for eligibility to assessment have been reached
 - Decision to conference
 - Decision as to whether to make a child subject of a child protection plan
 - The development and implementation of the child protection plan
- 9.23 Within a Child Protection Conference, the chair will make the final decision regarding whether the child is in need of a child protection plan but will note any professional dissent to this decision. Chapter 5 provides specific procedures to be followed where there are formal complaints regarding the functioning of a child protection conference.

- 9.24 It is important that there is the opportunity to follow up professional disagreements about the outcome of decisions at all points of the process including where a formal complaint has not been lodged
- 9.25 Professional disagreements between frontline staff should be referred to first line managers, who will liaise and attempt to resolve the differences of opinion. If this is not possible a more senior manager should be involved without delay. These discussions, which are not part of a formal complaints process are to ensure that there is appropriate management oversight of the decision making process, that the child is safe from harm and that professional disagreements about one case do not adversely affect interagency relationships.
- 9.26 Where there are professional disagreements between frontline staff and their immediate manager, the safeguarding champion within their agency should be informed and asked to provide consultation and advice. Each agency should appoint a Safeguarding Champion (in line with s.11 Children Act 2004) and ensure that this is promoted within their agency.
- 9.27 Research and the findings of serious case reviews have shown that differences in opinion between professionals and agencies can lead to conflict which may result in less favourable outcomes for children. Therefore when dissent occurs, the dissenting professional or agency must still remain involved in any child protection or child in need plan and in future decision making.
- 9.28 Records should be made of all discussions.



*Working Together
to Safeguard Children*



**These procedures are available on
www.bedfordshirelscb.org.uk
The LSCB Team can be contacted on 01234 276797
or email lscb@bedscc.gov.uk"**