Working together to safeguard children

A guide to inter-agency working to safeguard and promote the welfare of children

HM Government, 2005

Contents

Preface

Purpose of the document and who should read it

This document sets out how organisations and individuals should work together to safeguard and promote the welfare of children.

It is addressed to practitioners and front-line managers who have particular responsibilities for safeguarding and promoting the welfare of children,and to senior and operational managers, in:

- organisations that are responsible for commissioning or providing services to children, young people, and adults who are parents / carers, and
- organisations that have a particular responsibility for safeguarding and promoting the welfare of children.

This includes bodies that are subject to the duty to safeguard and promote the welfare of children in section 11 of the Children Act 2004, those under the equivalent duty from sections 175 and 157 of the Education Act 2002, those subject to other key duties in the Children Act 2004:

- the health services (Strategic Health Authorities, Primary Care Trusts, NHS trusts and NHS foundation trusts)
- the police
- local authorities (at all levels)
- schools and colleges
- the probation service
- the prison service
- youth offending teams
- organisations (currently the Connexions service) providing services to 13-19 year olds under section 114 of the Learning and Skills Act 2000
- secure training centres
- contracted-out prisons and secure training centres
- the Children and Family Courts Advisory and Support Service (CAFCASS).

It also includes organisations not under a specific statutory duty, but nevertheless with a key role to play in this area:

- voluntary and independent sector organisations that commission or provide relevant services, including the voluntary and independent sectors;
- Immigration Service

- National Asylum Support Service
- armed services.

Members of Local Safeguarding Children Boards should also read the document.

Front line staff who do not have a specific role in safeguarding and promoting the welfare of children do not need to read this document. They should read the associated practice guidance, *'What to do if you are worried a child is being abused*.*'*

Other Related Guidance

This document is one of suite of five issued or in preparation which give guidance on children's trust governance and strategic planning, and on the cross cutting issue of safeguarding and promoting the welfare of children. All documents referred to will be accessible through http://www.everychildmatters.gov.uk.

The five documents support provisions in the Children Act 2004 which underpin Every Child Matters: Change for Children. These include the creation of duties on local agencies in relation to children and young people's 'wellbeing' and 'welfare'.

> (1) Inter-Agency Co-operation to Improve Wellbeing of Children: Children's Trusts describes the duties placed on local authorities and other key partners to co-operate to improve the wellbeing of children and young people. The guidance sets out the features of cooperation through children's trusts and provides a strategic framework within which all children's services in an area will operate.
>
> "Wellbeing" has a legal definition based on five outcomes; their achievement of these is, in part, dependent upon the effective safeguarding and promotion of children's welfare. Statutory guidance on the (2) Duty to Make arrangements to Safeguard and Promote the Welfare of Children sets out the key arrangements agencies should make to safeguard and promote the welfare of children in the course of discharging their normal functions.
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> Where an agency has both co-operation and safeguarding and promoting welfare duties, this is because it is both a strategic body with a significant impact on children's services within the local authority area, and also an agency with direct responsibility for the provision of services to children and young people. Certain agencies are included within only one of these duties.
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> Guidance on the (3) Children and Young People's Plan supports the fulfilment of both the co-operation and safeguarding and promoting welfare duties. The regulations to which this guidance refers require local authorities to work with partners to produce a strategic plan describing the actions and provisions by which they will achieve the five outcomes for children and young people. The removal of 19 other planning requirements will help to reduce the overall planning burden.

Guidance on the governance, leadership and structures required within the new strategic framework is provided by (4) The Role and Responsibilities of the Director of Children's Services and the Lead Member for Children and (5) the chapter on Local Safeguarding Children's Boards held within this revised version of Working Together to Safeguard Children.

These five core documents should be used alongside other key policy and planning documents relating to Every Child Matters. These include:

> The National Service Framework for Children, Young People and Maternity Services sets out a ten-year programme to stimulate long-term and sustained improvement in children's health and wellbeing. This guidance will help health and social care organisations to meet Standard Five on safeguarding and promoting the welfare of children and young people;
>
> Every Child Matters: Change for Children – Young People and Drugs gives guidance on co-operation and joint planning to counter drug misuse;
>
> Duty on Local Authorities to Promote the Educational Achievement of Looked After Children sets out the implications of the new duty in the Children Act 2004 for local authorities' strategic planning, joint area reviews and day-to-day working practices;
>
> The Framework for the Inspection of Children's Services sets out the principles to be applied by an inspectorate or commission assessing any children's service, and defines the key judgements which, where appropriate and practical, inspections will seek to make. It is available from http://www.ofsted.gov.uk.

A number of other documents focus directly on integrated front line delivery and the processes that support it. These include:

> The Common Assessment Framework and cross-government guidance on information sharing within and between agencies and organisational boundaries;
>
> The Children's Workforce Strategy and the Common Core of Skills and Knowledge. Both documents should inform strategic planning for developing the children's workforce locally;
>
> Lead Professional Good Practice Guidance (to be published summer 2005) sets out key responsibilities, skills and knowledge required by practitioners to carry out this function, and draws on good practice to provide emerging models, working solutions and suggestions on how the role might be developed, implemented and managed;
>
> Multi-agency Working Toolkit (available on http://www.everychildmatters.gov.uk/deliveringservices/multiagencyworking/) includes practical advice, case studies and resources to help managers and practitioners set up effective integrated services and teams.

Taken as a whole the strategic and operation guidance listed here is intended to support change at all levels within an area and thereby help drive improvement for all children and young people.

Status of the document as statutory guidance

This document is intended to provide a national framework within which agencies and professionals at local level - individually and jointly - draw up and agree upon their own ways of working together to safeguard and promote the welfare of children.

This guidance replaces the previous version of *Working Together to Safeguard Children*, which was published in 1999. The supplementary guidance issued under that document, *Safeguarding Children Involved in Prostitution* (2000), and *Safeguarding Children in Whom Illness is Fabricated or Induced* (2002) remain in force and now become supplements to this guidance.

Part I of this document is statutory guidance. Part II is non-statutory practice guidance.

The whole of Part I is issued as guidance under **Section 7 of the Local Authority Social Services Act 1970**, which requires local authorities in their social services functions to act under the general guidance of the Secretary of State. It should be complied with by local authorities carrying out their social services functions unless local circumstances indicate exceptional reasons which justify a variation.

Chapters 3, 5, 6 and 7 are issued under **Section 16 of the Children's Act 2004**, which says that Children's Services Authorities (county level and unitary Local Authorities, see glossary) and each of the statutory partners must, in exercising their functions relating to a Local Safeguarding Children Board (LSCB), have regard to any guidance given to them for the purpose by the Secretary of State. This means that they must take the guidance into account and, if they decide to depart from it, have clear reasons for doing so. A full list of statutory LSCB partners is given in Chapter 5 and summarised in the table in Appendix 1.

Where this document is not statutory guidance for a particular organisation, it still represents a standard of good practice and will help organisations fulfil other duties in co-operation with partners. For example, managers, and staff with a particular responsibility, in the organisations covered by the duty to safeguard and promote the welfare of children in section 11 of the Children Act 2004 are encouraged to read this document and follow it in conjunction with the guidance on that duty. The same principle applies to educational institutions with duties in this area under the Education Act 2002 sections 157 and 175.

Glossary

Terminology in this area is both complex and changing as services are reshaped. This glossary sets out what is meant in the document by some key terms.

Term used in this document	Means
Abuse and neglect	Forms of maltreatment of a child – see paragraphs 1.27-1.31 for details
Child protection	Process of protecting individual children identified as either suffering, or at risk of suffering, significant harm as a result of abuse or neglect – see paragraph 1.19, 1.20 and Chapter 4
'children's social care' or 'local authority children's social care'	The work of local authorities exercising their social services functions with regard to children. This is not meant to imply a separate 'children's social services' department.
Local Authorities	In this guidance this generally means Local Authorities that are Children's Services Authorities – effectively, local authorities that are responsible for social services and education. Section 63 of the Children Act 2004 defines a Children's Services Authority in England as: a county council in England; a metropolitan district council; a non-metropolitan district council for an area where there is no county council; a London borough council; the Common Council of the City of London and the Council of the Isles of Scilly.
Safeguarding and promoting the welfare of children	The process of protecting children from abuse or neglect, preventing impairment of their health and 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	Section 10 of the Children Act 2004 requires local authorities and other specified agencies to co-operate with a view to improving the well being of children in relation to the 5 outcomes first set out in "Every Child Matters" – see paragraph 1.1 to 1.3.

Part One – Statutory Guidance

CHAPTER 1- Introduction: Working Together To Safeguard and Promote the Welfare of Children and Families

Supporting Children and Families

1.1 All children deserve the opportunity to achieve their full potential. We set this out in five outcomes that are key to children and young people's well-being:

- stay safe;
- be healthy;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being.

1.2 The components of these outcomes are set out in the box.

Overall outcome	**Includes…**
Stay safe	Safe from maltreatment, neglect, violence and sexual exploitation.
	Safe from accidental injury and death
	Safe from bullying and discrimination
	Safe from crime and anti-social behaviour in and out of school.
	Have security, stability and are cared for
Be healthy	Physically healthy
	Mentally and emotionally healthy.
	Sexually healthy.
	Healthy lifestyles.
	Choose not to take illegal drugs.
Enjoy and achieve	Ready for school
	Attend and enjoy school
	Achieve stretching national educational standards at primary

	school
	Achieve personal and social development and enjoy recreation
	Achieve stretching national educational standards at secondary school
Make a positive contribution	Engage in decision making and support the community and environment.
	Engage in law-abiding and positive behaviour in and out of school.
	Develop positive relationships and choose not to bully or discriminate.
	Develop self-confidence and successfully deal with significant life changes and challenges.
	Develop enterprising behaviour.
Achieve economic well-being	Engage in further education, employment or training on leaving school.
	Ready for employment.
	Live in decent homes and sustainable communities.
	Access to transport and material goods.
	Live in households free from low income.

1.3 To achieve this, children need to feel loved and valued, and be supported by a network of reliable and affectionate relationships. If they are denied the opportunity and support they need to achieve these outcomes, children are at increased risk not only of an impoverished childhood, but of disadvantage and social exclusion in adulthood. Abuse and neglect pose particular problems.

Parenting, family life, and services

1.4 Patterns of family life vary and there is no one, perfect way to bring up children. Good parenting involves caring for children's basic needs, keeping them safe, showing them warmth and love and providing the stimulation needed for their development and to help them achieve their potential, within a stable environment where they experience consistent guidance and boundaries.

1.6 Parenting can be challenging. Parents themselves require and deserve support. Asking for help should be seen as a sign of responsibility rather than as a parenting failure.

1.7 A wide range of services and professionals provide support to families in bringing up children. In the great majority of cases, it should be the decision of

parents when to ask for help and advice on their children's care and upbringing. However, professionals do also need to engage parents early when to do so may prevent problems or difficulties becoming worse. Only in exceptional cases should there be compulsory intervention in family life: for example, where this is necessary to safeguard a child from significant harm. Such intervention should – provided this is consistent with the safety and welfare of the child – support families in making their own plans for the welfare and protection of their children.

The Inquiry into the Death of Victoria Climbié, and the Chief Inspectors' Safeguarding Report

1.8 Shortcomings when working to safeguard and promote children's welfare were brought into the spotlight once again with the death of Victoria Climbié and the subsequent government Inquiry. The Inquiry revealed themes identified by past inquiries which resulted in a failure to intervene early enough. These included:

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

1.9 The examination of the legislative framework for safeguarding and promoting the welfare of children set out in the Children Act 1989 found it to be basically sound: the difficulties lay not in relation to the law but in its interpretation, resources and implementation. The recommendations from the Inquiry upheld the principles of the Children Act 1989 and made it clear that support services for children and families cannot be separated from services designed to investigate and protect children from deliberate harm.

1.10 In 2002 eight inspectorates published their report, 'Safeguarding Children', following joint inspections of children's safeguards. The inspectorates found that the priority given to safeguarding was not reflected firmly, coherently, or consistently enough in service planning and resource allocation. Services were under pressure and in some areas it was proving difficult to achieve the necessary level of inter-agency commitment. Many staff were confused about their responsibilities and duties to share information, while few Area Child Protection Committees were equipped and able to exercise their responsibilities.

The Government's Response

1.11 The Government's response to the Victoria Climbié Inquiry Report and the Joint Chief Inspectors' report (Cm 5861) identified the key features of an effective system to safeguard children. These informed the Green Paper *Every Child Matters* (Cm 5960) and the Children Act 2004, in particular the plans for integration of services around the needs of children through the creation of children's trusts, the requirement for Local Authorities to set up Local Safeguarding Children Boards and the new duty on agencies to make arrangements to safeguard and promote the welfare of children. The key features of effective arrangements to safeguard and promote the welfare of children which all agencies need to take account of when undertaking their particular functions are:

- senior management commitment to the importance of safeguarding and promoting children's welfare;

- a clear statement of the agency's responsibilities towards children available

for all staff;

- having a clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- service development that takes account of the need to safeguard and promote welfare and is informed, where appropriate, by the views of children and families;
- staff training on safeguarding and promoting the welfare of children for all staff working with or (depending on the agency's primary functions) in contact with children and families;
- safe recruitment procedures in place;
- effective inter-agency working to safeguard and promote the welfare of children; and
- effective information sharing.

1.12 As part of its response to the Victoria Climbié Inquiry the Government published practice guidance to assist practitioners to work together to safeguard and promote the welfare of children and safeguard them from harm [Department of Health, Home Office, Department of Education and Skills, Department for Culture, Media and Sport, Office of the Deputy Prime Minister, & The Lord Chancellor's Department (2003) *What To Do If You're Worried A Child Is Being Abused*, London, Department of Health Publications]. The document summarises the key processes, set out in chapter 4 of this guidance, and focuses on:

- what you should do if you have concerns about children, in order to safeguard and promote the welfare of children, including those who are suffering, or at risk of suffering, significant harm;
- what will happen once you have informed someone about those concerns;
- what further contribution you may be asked or expected to make to the processes of assessment, planning, working with children, and reviewing that work, including how you should share information;
- some basic information and background about the legislative framework within which children's welfare is safeguarded and promoted.

An Integrated Approach

1.13 Children have varying needs which change over time. Judgements on how best to intervene when there are concerns about harm to a child will often and unavoidably entail an element of risk – at the extreme, of leaving a child for too long in a dangerous situation or of removing a child unnecessarily from their family. The way to proceed in the face of uncertainty is through competent professional judgements based on a sound assessment of the child's needs, the parents' capacity to respond to those needs – including their capacity to keep the child safe from significant harm – and the wider family circumstances.

1.14 Effective measures to safeguard children are those which also promote their

welfare. They should not be seen in isolation from the wider range of support and services already provided and available to meet the needs of children and families:

- many of the families whose children become the subject of concerns about harm suffer from multiple disadvantages. Providing services and support to children and families under stress may strengthen the capacity of parents to respond to the needs of their children before problems develop into abuse or neglect;

- enquiries under section 47 of the Children Act 1989 may reveal significant unmet needs for support and services among children and families. These should always be explicitly considered, even where concerns are not substantiated about significant harm to a child, if the family so wishes;

- if processes for managing concerns about individual children are to result in improved outcomes for children, then effective plans for safeguarding and promoting children's welfare should be based on a wide ranging assessment of the needs of the child, parental capacity and their family circumstances;

- all work with children and families should retain a clear focus on the welfare of the child. Just as processes to protect children from harm should always consider the wider needs of the child and family, so other services such as health and education should always be alert to, and know how to respond quickly and decisively to potential indicators of abuse and neglect.

A Shared Responsibility

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

1.16 In order to achieve this joint working there need to be constructive relationships between individual workers, promoted and supported by:

- the planning of comprehensive and co-ordinated children's services at a strategic level, principally through the statutory Children and Young People's Plan and the children's trust arrangements in each local area.[1]

- a strong lead from elected or appointed authority members, and the commitment of chief officers in all agencies – and in particular, the Local Authority's Director of Children's Services and Lead Member for Children's Services.[2]

- effective local co-ordination by the Local Safeguarding Children Board in each

[1] Guidance on Inter-Agency Co-operation to Improve the Wellbeing of Children:Children's trusts, and the Children and Young People's Plan, can be downloaded from www.everychildmatters.gov.uk.
[2] Guidance on the roles ands responsibilities of the Director of Children's Services and lead member for children's services, published in April 2005 can be downloaded from www.everychildmatters.gov.uk/keydocuments.

area.

1.17 For those children who are suffering, or at risk of suffering significant harm, joint working is essential, to safeguard and promote welfare of the child(ren) and – where necessary – to help bring to justice the perpetrators of crimes against children. All agencies and professionals should:

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

Key definitions and concepts

Children

1.18 In this document, as in the Children Acts 1989 and 2004, **a child** is anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people' throughout.

Safeguarding and promoting welfare, and child protection

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

- protecting children from maltreatment;
- preventing impairment of children's health or development; and
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

  …and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

Protecting children from maltreatment is important in preventing the impairment of health or development. Both are required but not sufficient in ensuring that children are growing up in circumstances consistent with the provision of safe and effective care. So these aspects of safeguarding and promoting welfare are cumulative and all contribute to the outcomes set out in paragraph 1.1.

1.19 **Child protection** is a subset of safeguarding and promoting welfare. This refers to the activity which is undertaken to protect specific children who are suffering or are at risk of suffering significant harm.

1.20 Effective child protection is essential as part of wider work to safeguard and promote the welfare of children. However, all agencies and individuals should aim to proactively safeguard and promote the welfare of children so that the need for action to protect children from harm is reduced.

Children in need

1.21 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 and development will be significantly impaired, without the provision of services (section 17(10) of the Children Act 1989), plus those who are disabled. The critical factors to be taken into account in deciding whether a child is 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 and development. Local Authorities have a duty to safeguard and promote the welfare of children in need.

The Concept of Significant Harm

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

1.23 A court may make a care order (committing the child to the care of the local authority) or supervision order (putting the child under the supervision of a social worker, or a probation officer) in respect of a child if it is satisfied that:

- the child is suffering, or is likely to suffer, significant harm; and
- that the harm or likelihood of harm is attributable to a lack of adequate parental care or control (s31).

1.24 There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the extent of premeditation, degree of threat and coercion, sadism, and bizarre or unusual elements in child sexual abuse. Each of these elements has been associated with more severe effects on the child, and/or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm, e.g. a violent assault, suffocation or poisoning. More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term emotional, physical or sexual abuse that causes

impairment to the extent of constituting significant harm. In each case, it is necessary to consider any maltreatment alongside the family's strengths and supports. [3]

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

'harm' means 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 Act:

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.

1.25 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 special needs, such as a medical condition, communication impairment or disability that may affect the child's development and care within the family;
- the capacity of parents to meet adequately the child's needs; and
- the wider and environmental family context.

1.26 The child's reactions, his or her perceptions, and wishes and feelings should be ascertained and taken account of according to the child's age and understanding. To do this depends on effectively communicating with children and young people including those who find it difficult to do so because of their age, an impairment or their particular psychological or social situation. It is essential that any accounts of adverse experiences coming from children are as accurate and complete as possible. 'Accuracy is key, for without it effective decisions cannot be made and, equally, inaccurate accounts can lead to children remaining unsafe, or to the possibility of wrongful actions being taken that affect children and adults.[4]

[3] For more details see Adcock, M and White R (1998) *Significant Harm: its management and outcome*, Surrey, Significant Publications.
[4] Jones, DPH (2003) Communicating with vulnerable children: a guide for practitioners, pp.1-2, London, Gaskell.

What is Abuse and Neglect?

1.27 Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

Physical abuse

1.28 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 of, or deliberately induces illness in a child.

Emotional Abuse

1.29 Emotional abuse is the persistent emotional maltreatment 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 causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

Sexual Abuse

1.30 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 (oral sex). 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

1.31 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 and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers, 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.

CHAPTER 2 – Roles and Responsibilities

2.1 An awareness and appreciation of the role of others is essential for effective collaboration between organisations and their practitioners. This chapter outlines the main roles and responsibilities of statutory organisations, professionals, and the voluntary sector in safeguarding and promoting the welfare of children.

2.2 At the same time it is important to emphasise that we all share responsibility for safeguarding and promoting the welfare of children and young people, whether as a parent or family member, a friend or neighbour, an employer, or as a paid or volunteer worker. All members of the community can help to safeguard and promote the welfare of children and young people if they are mindful of their needs, and willing and able to act if they have concerns about a child's welfare.

2.3 Local organisations can promote a partnership with families and the wider community by communicating openly with local people and the media about the issues and providing clear and accessible information and advice. Relevant information might include information about the nature, scale, significance, and consequences of child abuse and neglect; details of the services local organisations provide and how they can be accessed, how and when children and adults can make contact where there are concerns about a child, and the response that members of the public and service users should expect. This will be an important role for the LSCB working within the framework set by the local partnership arrangements. Statutory organisations can also support services run by members of the community, by offering access to advice and training on child protection, and on safeguarding and promoting the welfare of children.

Statutory Duties

2.4 All organisations that work with children share a commitment to safeguard and promote their welfare, and for many organisations that is underpinned by a statutory duty or duties. Local authorities that are children's services authorities [5]have a number of specific duties to organise and plan services and to safeguard and promote the welfare of children.

2.5 County level local authorities, unitary authorities, district councils, NHS bodies (Strategic Health authorities, designated Special Health Authorities, Primary Care Trusts, NHS Trusts, and NHS Foundation Trusts), the Police (including the British Transport Police), probation and prison services (under the National Offender Management structure), youth offending teams, secure training centres and Connexions have a duty under s11 of the Children Act 2004 to ensure that their functions are discharged with regard to the need to safeguard and promote the welfare of children. Guidance for these organisations about their duty under s11 is contained in "*Making Arrangements to Safeguard and Promote the Welfare of Children* " published by DfES in ….. 2005

2.6 Local Authorities also have a duty to carry out their functions under the Education Acts with a view to safeguarding and promoting the welfare of children

[5] Section 63 of the Children Act 2004 defines a Children's Services Authority (CSA) in England as: a county council in England; a metropolitan district council; a non-metropolitan district council for an area where there is no county council; a London borough council; the Common Council of the City of London and the Council of the Isles of Scilly. In this guidance they are referred to collectively as "local authorities". Where the term "local authority" includes district councils in a two tier area, this is made clear in the text.

under s175 of the Education Act 2002. In addition, maintained (state) schools and Further Education (FE) institutions, including 6th Form Colleges, also have a duty under s175 to exercise their functions with a view to safeguarding and promoting the welfare of their pupils (students under 18 years of age in the case of FE institutions). And the same duty is put on Independent schools, including Academies and technology colleges, by regulations made under s157 of the 2002 Act. Guidance to local authorities, schools, and FE institutions about these duties is in "Safeguarding Children in Education" published by DfES in September 2004

2.7 The Children and Family Court Advisory and Support Service (CAFCASS) also has a duty under s12(1) of the Criminal Justice and Court Services Act 2000 to safeguard and promote the welfare of children involved in family proceedings in which their welfare is , or may be, in question.

2.8 An overview of the duties mentioned above and the structure of children's services under the Children Act 2004 are set out in the Preface to this guidance and Appendix 1.

Common features

2.9 To fulfil their commitment to safeguard and promote the welfare of children all organisations that provide services for children, or work with children, need to have in place:

- A clear commitment by senior management to the importance of safeguarding and promoting children's welfare;
- A clear line of accountability within the organisation for work on safeguarding and promoting the welfare of children;
- Recruitment and human resources management procedures that take account of the need to safeguard and promote the welfare of children and young people including arrangements for appropriate checks on new staff and volunteers;
- Procedures for dealing with allegations of abuse against members of staff and volunteers (see 4.152)**;**
- Arrangements to ensure that all staff undertake appropriate training to equip them to carry out their responsibilities effectively, and keep this up to date by refresher training at regular intervals; and that all staff, including temporary staff and volunteers who work with children, are made aware of the establishment's arrangements for safeguarding and promoting the welfare of children and their responsibilities for that;
- have policies in place for safeguarding and promoting the welfare of children (for example, pupils/students), including a child protection policy, and procedures that are in accordance with guidance from the local authority and locally agreed inter-agency procedures;
- have arrangements in place to work effectively with other organisations to safeguard and promote the welfare of children, including arrangements for sharing information; and,

- Appropriate whistleblowing procedures and a culture that enables issues about safeguarding and promoting the welfare of children to be addressed.

Roles and Responsibilities

The Voluntary and Private Sectors

2.10 Voluntary organisations and private sector providers play an important role in delivering services for children and young people including in early years and day care provision, family support services, youth work and children's social care and health care. Many voluntary organisations are skilled in preventative work .and may be well-placed to reach the most vulnerable children, young people and families.

2.11 Voluntary organisations also deliver advocacy for looked-after children and young people and for parents and children who are the subject of s.47 enquiries and child protection conferences. They offer for example: therapeutic work with children, young people and families, particularly in relation to child sexual abuse; specialist support and services for children and young people with disabilities or health problems; and services for children abused through prostitution and for children who abuse other children.

2.12 Some voluntary organisations operate free 24 hour national helplines. ChildLine provides a national service for all children and young people who need advice about abuse, bullying, and other concerns. The NSPCC national Child Protection Helpline provides advice to adults and children about child protection concerns. Parentline Plus offers support to anyone parenting a child. These services, along with many other smaller helplines, provide important routes into statutory and voluntary services.

2.13 Voluntary organisations also play a key role in providing information and resources to the wider public about the needs of children and young people, and resources to help families. Many campaign on behalf of groups on specific issues.

2.14 While the NSPCC alone among voluntary organisations is authorised to initiate proceedings to protect children under the terms of the Children Act 1989, other voluntary organisations often play a key role in delivering child protection plans.

2.15 The voluntary sector is active in working to safeguard the children and young people with whom they work. A range of umbrella and specialist organisations, including the national governing bodies for sports, offer standards, guidance, training and advice for voluntary organisations on keeping children and young people safe from harm.

2.16 Organisations in the voluntary and private sectors that work with children need to have the arrangements described in paragraph 4.8 in place in the same way as organisations in the public sector, and need to work effectively with LSCBs. Paid and volunteer staff need to be aware of their responsibilities for safeguarding and promoting the welfare of children and how they should respond to child protection concerns in line with "What To Do If You're Worried A Child Is Being Abused"

Local Authorities that are children's services authorities[6]

2.17 The safety and welfare of children is the responsibility of the local authority, working in partnership with other public organisations, the voluntary sector, and service users and carers. All local authority services have an impact on the lives of children and families, and local authorities have a particular responsibility towards those children and families most at risk of social exclusion.

2.18 These local authorities also have responsibility for safeguarding and promoting the welfare of children who are excluded from school, or who have not obtained a school place, for example children in Pupil Referral Units or being educated by the authority's home tutor service. They will also ensure that maintained schools give effect to their responsibilities for safeguarding: make available appropriate training, model policies and procedures: provide advice and support; and facilitate links and cooperation with other organisations. Authorities will normally extend these functions to any non-maintained special schools in their area.

2.19 A key objective for these authorities is to ensure that children are protected from harm. They provide a wide range of care and support for adults, children and families, including: children at risk of harm; disabled children; unaccompanied asylum seeking or refugee children; older people; people with physical or learning disabilities; people with mental health or substance misuse problems; ex-offenders and young offenders; families, especially where children have special needs, and/or where children are growing up in special circumstances as set out in the National Service Framework for Children Young People and Maternity Services, and for children who need to be accommodated or looked after by the local authority, through fostering or residential care; and children who are placed for adoption. Local Authorities also have a duty under Section 17 of the Crime and Disorder Act 1998 to do all they reasonably can to prevent crime and disorder in the exercise of their functions.

2.20 These authorities have specific duties in respect of children under the Children Acts 1989 and 2004. They have a general duty to safeguard and promote the welfare of children in need in their area, and, provided that this is consistent with the child's safety and welfare, to promote the upbringing of such children by their families, by providing services appropriate to the child's needs. They should do this in partnership with parents and in a way which is sensitive to the child's race, religion, culture and language, and where practicable, take account of the child's wishes and feelings. Services might include day care for young children, after school care for school children, counselling, respite care, family centres or practical help in the home.

2.21 Within those authorities, children's social care staff act as the principal point of contact for children about whom there are welfare concerns. They may be contacted directly by children, parents, or family members seeking help, concerned friends and neighbours, or by professionals and others from statutory and voluntary organisations. The need for support needs to be considered at the first sign of difficulties as early support can prevent more serious problems developing. Contact details need to be clearly signposted, including on LA websites and in telephone directories.

2.22 Children's social care staff and LSCBs should offer the same level of support

[6] County level or unitary authorities are defined as children's services authorities in the Children Act 2004, section 65 of the Act sets out the full definition.

and advice to independent schools and Further Education colleges in relation to safeguarding and promoting the welfare of pupils and child protection as they do to maintained (state) schools. It is particularly important that children's social care staff and LSCBs establish channels of communication with local independent schools (including independent special schools), so that children requiring support receive prompt attention and any allegations of abuse can be properly investigated.

2.23 Under Part X of the Children Act 1989, as amended by the Care Standards Act 2000, local authorities are required to ensure that information and advice about day care and childminding is made available, and that and training is provided for day care providers and childminders. Local authorities' training programmes for early years staff, in the private and voluntary sectors as well as in the maintained sector, should include training in child protection procedures.

2.24 Local authorities, with the help of other organisations as appropriate, also have a duty to make enquiries if they have reason to suspect that a child in their area is suffering, or likely to suffer significant harm, to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

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

Secure Children's Homes

2.26 Local authority secure children's homes provide care and accommodation for young people placed under a secure welfare order for the protection of themselves or others, and for those placed under criminal justice legislation by the Youth Justice Board. Secure children's homes, like all children's homes, are registered and inspected and must comply with the Children's Homes Regulations 2001 and meet the Children's Homes National Minimum Standards, both of which cover a range of issues including child protection. (See also para 2.124 - The Secure Estate for Children and Young People)

Other Local Authority Roles

Housing authorities and registered social landlords

2.27 Housing and homelessness staff in local authorities can play an important role in safeguarding and promoting the welfare of children as part of their day to day work, recognising child welfare issues, sharing information, making referrals and subsequently managing or reducing risks. Housing managers, whether working in a local authority or for a registered social landlord (RSL), and others with a front line role such as environmental health officers, also have an important role. For instance:

- Housing staff, in their day to day contact with families and tenants, may become aware of needs or welfare issues which they can either tackle directly (for instance by making repairs or adaptations to homes) or by assisting the family in accessing help through other organisations.

- Housing authorities are key to the assessment of the needs of families with disabled children who may require housing adaptations in order to participate fully in family life and reach their maximum potential.

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

- Housing staff through their day to day contact with members of the public and with families may become aware of concerns about the welfare of particular children. Also, housing authorities and RSLs may hold important information that could assist local authority children's social care carry out assessments under S17 or S47 of the Children Act 1989. Conversely children's social care staff and other organisations working with children can have information which will make assessments of the need for certain types of housing more effective. Authorities and RSLs should develop joint protocols to share information with other organisations, for example children's social care or health professionals in appropriate cases.

- Environmental health officers inspecting conditions in private rented housing may become aware of conditions that impact adversely on children particularly. Under Part 1 of the Housing Act 2004 authorities will take account of the impact of health and safety hazards in housing on vulnerable occupants including children when deciding the action to be taken by landlords to improve conditions.

2.28 In many areas, local authorities do not directly own and manage housing, having transferred these responsibilities to one or more RSLs. Housing authorities remain responsible for assessing the needs of families under homelessness legislation and managing nominations to registered social landlords who provide housing in their area. They continue to have an important role in safeguarding children because of their contact with families as part of assessment of need, and because of the influence they have designing and managing prioritisation, assessment and allocation of housing.

2.29 RSLs are independent organisations, regulated by the Housing Corporation under its Regulatory Code and are not public bodies. RSLs are not under the same duties to safeguard and promote the welfare of children as are local authorities. However the Housing Corporation supports the principle of RSLs working in partnership with a range of organisations to promote social inclusion, and its Regulatory Code states that housing associations must work with local authorities to enable the latter to fulfil their duties to the vulnerable and those covered by the Government's Supporting People policy.

2.30 There are a number of RSLs across the county who provide specialist supported housing schemes specifically for: young people at risk; and/or young people leaving care; and pregnant teenagers. These schemes will include 16 and 17 year olds.

<u>Sport, Culture and Leisure Services</u>

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

2.32 Staff, volunteers and contractors who provide these services will have various

degrees of contact with children who use them, and appropriate arrangements will need to be in place. These should include:

- procedures for staff and others to report concerns that they may have about the children they meet that are in line with "What To Do If You Are Worried A Child Is Being Abused" and LSCB procedures, as well as arrangements such as those described above; and,

- appropriate codes of practice for staff, particularly sports coaches, such as those issued by national governing bodies of sport, the Health and Safety Executive, or the Local Authority. Sports organisations can also seek advice on child protection issues from the Child Protection in Sport Unit (CPSU) which has been established as a partnership between the NSPCC and Sport England.

Youth Services

2.33 Youth and Community Workers (YCWs) have close contact with children and young people and should be alert to signs of abuse and neglect and how to act upon concerns about a child's welfare. Local Authority youth services (LAYS) should give written instructions, consistent with "What To Do If You're Worried A Child Is Being Abused" and LSCB procedures, on when YCWs should consult colleagues, line managers, and other statutory authorities about concerns they may have about a child or young person. The LAYS instructions should emphasise the importance of safeguarding the welfare of children and young people and should assist the YCW in balancing the desire to maintain confidentiality between the young person and the YCW, and the duty so safeguard and promote the welfare of the young person and others. Volunteers within the Youth Service are subject to the same requirement.

2.34 Where the local authority funds local voluntary youth organisations or other providers through grant or contract arrangements, the authority should ensure that proper arrangements to safeguard children and young people are in place (for example, this might form part of the agreement for the grant or contract). The organisations might get advice on how to do so from their national bodies or the LSCB.

Schools and Further Education institutions

2.35 Schools (including independent schools and non-maintained special schools) and Further Education (FE) institutions should give effect to their duty to safeguard and promote the welfare of their pupils (students under 18 years of age in the case of FE institutions) under the Education Act 2002 (see paragraph 4.6) by:

- creating and maintaining a safe learning environment for children and young people; and,

- identifying where there are child welfare concerns and taking action to address them, in partnership with other organisations where appropriate.

Schools also contribute through the curriculum by developing children's understanding, awareness, and resilience.

2.36 Creating a safe learning environment means having effective arrangements in place to address a range of issues. Some are subject to statutory requirements, including child protection arrangements, pupil health and safety, and bullying. Others

include arrangements for meeting the health needs of children with medical conditions, providing first aid, school security, tackling drugs and substance misuse, and having arrangements in place to safeguard and promote the welfare of children on extended vocational placements.

2.37 Education staff have a crucial role to play in helping identify welfare concerns, and indicators of possible abuse or neglect, at an early stage: referring those concerns to the appropriate organisation, normally social services colleagues, contributing to the assessment of a child's needs and where appropriate to ongoing action to meet those needs. When a child has special educational needs, or is disabled, the school will have important information about the child's level of understanding and the most effective means of communicating with the child. They will also be well placed to give a view on the impact of treatment or intervention on the child's care or behaviour.

2.38 In addition to the features common to organisations working with children listed in paragraph 2.9 schools and FE institutions should have a senior member of staff who is designated to take lead responsibility for dealing with child protection issues, providing advice and support to other staff, liaising with the authority, and working with other organisations as necessary. A school or FE institution should remedy any deficiencies or weaknesses in its arrangements for safeguarding and promoting welfare that are brought to its attention without delay.

2.39 Staff in schools and FE institutions do not have a direct responsibility for investigating possible abuse or neglect, but have a key role by referring concerns to children's social care, providing information for police investigations, for enquiries under s.47 of the Children Act 1989, and contributing to assessments.

2.40 Where a child of school age is the subject of an inter-agency child protection plan, the school should be involved in the preparation of the plan. The school's role and responsibilities in contributing to actions to safeguard the child, and promote his or her welfare, should be clearly identified.

2.41 Special schools, including non maintained special schools and Independent schools, which provide medical and/or nursing care should ensure that their medical and nursing staff have appropriate training and access to advice on child protection and safeguarding and promoting the welfare of children.

2.42 Schools play an important role in making children and young people aware of behaviour towards them that is not acceptable and how they can help keep themselves safe. The non-statutory framework for Personal, Social and Health Education (PSHE) provides opportunities for children and young people to learn about keeping safe. For example pupils should be taught to recognise and manage risks in different situations and then decide how to behave responsibly; to judge what kind of physical contact is acceptable and unacceptable; to recognise when pressure from others (including people they know) threatens their personal safety and well-being and develop effective ways of resisting pressure

2.43 PSHE curriculum materials provide resources that enable schools to tackle issues regarding healthy relationships including domestic violence, bullying and abuse. Discussions about personal safety and keeping safe can reinforce the message that any kind of violence is unacceptable; let children and young people know that it is okay to talk about their own problems; and signpost sources of help.

2.44 Corporal punishment is outlawed for all pupils in all schools, including

independent schools, and FE institutions. However, teachers at a school are allowed to use reasonable force to control or restrain pupils under certain circumstances. Other people may also do so, in the same way as teachers, provided they have been authorised by the head teacher to have control or charge of pupils. All schools should have a policy about the use of force to control or restrain pupils.

Childcare Services

2.45 Childcare services – family and children's centres, day nurseries, childminders, pre-schools, playgroups, and holiday and out of school schemes – play an important part in the lives of large numbers of children. Many childcare providers have considerable experience of working with families where a child needs to be safeguarded from harm, and many local authorities provide, commission or sponsor specific services, including childminders, to work with children in need and their families.

2.46 Childminders and everyone working in day care services should know how to recognise and respond to the possible abuse or neglect of a child. Private, voluntary and local authority day care providers caring for children under the age of 8 must be registered by Ofsted under the Children Act 1989, and should have a written statement, based on the procedures laid out in the booklet 'What To Do If You're Worried A Child Is Being Abused – Summary'. This statement should clearly set out staff responsibilities for reporting suspected child abuse or neglect in accordance with LSCB procedures and should include contact and telephone numbers for the local police and children's social care. It should also include procedures to be followed in the event of an allegation being made against a member of staff or volunteer.

Health Services

General

2.47 Health professionals have a key role to play in actively promoting the health and well-being of children. Health professionals working directly with children need to ensure that safeguarding and promoting the welfare of those children forms an integral part of the care they offer. Other health professionals who come into contact with children in the course of their work- including when they are not directly responsible for the care of a child- also need to be aware of their responsibility to safeguard and promote the welfare of children. In cases of suspected abuse the duty of care that a health professional owes to a child as his or her patient will take precedence over any obligation to the parent who may be suspected of abuse. The National Service Framework for Children, Young People and Maternity Services sets out a ten-year programme for improving the quality of services for children, young people and pregnant mothers. Safeguarding children is a theme throughout the National Service Framework and one of its eleven standards deals with safeguarding and promoting the welfare of children.

2.48 The involvement of health professionals in safeguarding and promoting the welfare of children is important at all stages of work with children and families:

- recognising children in need of support and/or safeguarding, and parents who may need extra help in bringing up their children, and referral where appropriate;

- contributing to enquiries about a child and family;

- assessing the needs of children and the capacity of parents/carers to meet their children's needs;
- planning and providing support to children and families, particularly those who are vulnerable;
- participating in child protection conferences, family group conferences and strategy meetings;
- planning support for children at risk of significant harm;
- providing therapeutic help to abused children and parents under stress (e.g. mental health problems);
- playing a part, through the child protection plan, in safeguarding children from significant harm; and
- providing ongoing preventative support and work with families
- contributing to serious case reviews.

2.49 There will always be a need for close co-operation with other agencies, including any other health professionals involved.

2.50 The Health and Social Care (Community Health and Standards) Act 2003 includes a duty on each NHS body 'to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body' (s45) and gave the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty (s46).

2.51 National Standards, Local Action, DH 2004 incorporates Standards for Better Health, which describes the level of quality that health care organisations, including NHS Foundation Trusts, and private and voluntary providers of NHS care are expected to meet. It sets out core standards which must be complied with and developmental standards, such as national service frameworks, which the Healthcare Commission will use to assess continuous improvement.

2.52 Core standard C2, within the 'safety' domain and states, 'Health care organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations'. This should be in place now.

2.53 The foreword to the National Service Framework (NSF) for children, Young People and Maternity Services states that the government expects health, social and educational services to have met the standards set in this document by 2014.

2.54 Standard 5 of the NSF is about safeguarding and promoting the welfare of children; but safeguarding and promoting welfare is also an integral part of other standards in the NSF. In discharging their roles and responsibilities, NHS organisations will therefore need to meet core standard C2 and take account of the NSF.

2.55 All NHS agencies must ensure they have in place safe recruitment policies and practices, including CRB checks, for all staff, including agency staff, students

and volunteers, working with children.

Strategic Health Authorities (SHAs)

2.56 The SHA is responsible for performance managing and supporting development of Primary Care Trusts' arrangements to safeguard and promote the welfare of children and young people. SHAs will need to manage performance against the core and developmental standards and PCTs' implementation of child protection serious case review action plans. They will be able to draw on the findings of a number of inspection processes- the Joint Area Review undertaken by a number of inspectorates working in partnership, and health improvement reviews and investigations undertaken by the Healthcare Commission.

Primary Care Trusts

2.57 Primary Care Trusts (PCTs) are under a duty to take account of the need to safeguard and promote the welfare of children in discharging their functions. They are local health organisations responsible for commissioning and providing some health services in their geographical area.

2.58 PCT Chief Executives have responsibility for ensuring that the health contribution to safeguarding and promoting the welfare of children is discharged effectively across the whole local health economy through the PCTs commissioning arrangements. PCTs should work with Local authorities that are children's services authorities to commission and provide services which are coordinated across agencies and integrated wherever possible. There should be a named public health professional who will input into children in need issues and safeguarding and promoting the welfare of children.

2.59 The PCT's statutory duties include involvement in, and commitment to, the work of the LSCB including representation on the Board at an appropriate level of seniority. PCTs are additionally responsible for providing and / or ensuring the availability of advice and support to the LSCB in respect of a range of specialist health functions e.g. primary care, mental health (adult and child and adolescent) and sexual health, and for co-ordinating the health component of case reviews (see Chapter 5). The PCT must also ensure that all health agencies with whom they have commissioning arrangements have links with a specific LSCB and that agencies work in partnership in accordance with their agreed LSCB annual business plan. This is particularly important where trusts' boundaries straddle those of LSCBs. This includes ambulance trusts and NHS Direct services.

2.60 PCTs should ensure all health providers from whom they commission services- both public and independent sector- have comprehensive single and multi-agency policies and procedures to safeguard and promote the welfare of children which are in line with and informed by LSCB procedures, and are easily accessible for staff at all levels within each organisation.

2.61 Each PCT is responsible for identifying a senior paediatrician, and senior nurse to undertake the role of designated professionals for child protection across the health economy and for identifying a named doctor and a named nurse (or midwife) who will take a professional lead within the PCT on child protection matters. For more detail see para 2.103.

2.62 PCTs are expected to ensure that safeguarding and promoting the welfare of children are an integral part of clinical governance and audit arrangements.

2.63 PCTs should ensure that all their staff are alert to the need to safeguard and promote the welfare of children, have knowledge of local procedures and know how to contact the named and designated professionals.

2.64 PCTs should ensure that all health staff have easy access to health professionals trained in examining, identifying and assessing children and young people who may be experiencing abuse or neglect, and that local arrangements include having all the necessary equipment and staff expertise for undertaking forensic medical examinations; arrangements should be geared towards avoiding repeated examinations.

2.65 PCTs will also be able to commission services in Sexual Assault Referral Centres (SARCs) including services for children and young people, for victims of rape and sexual assault. SARCS will provide forensic, medical and counselling services involving specialist health input.

2.66 PCT Commissioners are responsible with their local authority partners for commissioning integrated services to respond to the assessed needs of children and young people and their families where a child has been or is at risk of being abused or neglected.

2.67 Service specifications drawn up by PCT commissioners should include clear service standards for safeguarding and promoting the welfare of children, consistent with LSCB procedures.

Independent sector

2.68 PCTs should ensure, through their contracting arrangements, that independent sector providers deliver services that are in line with PCTs' obligations with respect to safeguarding and promoting the welfare of children. PCTs will need to work with those independent providers to ensure suitable links are made to LSCBs and that the provider is aware of LSCB policies and procedures

NHS and Foundation Trusts

2.69 NHS Trusts, including mental health trusts and Foundation Trusts, along with other health partners, are responsible for providing health services in hospital and community settings. They have a duty to participate in LSCBs and a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children. A wide range of their staff will come into contact with children and parents in the course of their normal duties. All staff should be trained in how to safeguard and promote the welfare of children and to be alert to potential indicators of abuse or neglect in children, and know how to act upon their concerns in line with LSCB procedures.

2.70 All NHS and Foundation Trusts should identify a named doctor and a named nurse/midwife for child protection (see para. 2.103).

2.71 All staff should be alert to the possibility of child abuse or neglect, have knowledge of local procedures and know the names and contact details of the relevant named and designated professionals. In particular, staff working in Accident and Emergency (A&E) departments, ambulatory care units, walk in centres and minor injury units should be familiar with local procedures for making enquiries to find out whether a child is subject to a child protection plan. They should be alert to carers who seek medical care from a number of sources in order to conceal the repeated

nature of a child's injuries. Specialist paediatric advice should be available at all times to A&E Departments, and all units where children receive care. If a child – or children from the same household – presents repeatedly, even with slight injuries, in a way which doctors, nurses and other staff find worrying, they should act upon their concerns in accordance with Chapter 4 of this guidance and What To Do If You're Worried A Child Is Being Abused. Children and families should be actively and appropriately involved in these processes unless this would result in harm to the child.

2.72 All visits by children to an A&E department, ambulatory care unit, walk in centre or minor injury unit should be notified quickly to the child's primary health care team and should be recorded in the child's NHS records. The health visitor and school nurse should also be notified, depending on the age of the child. Families and children must be informed that this will be done, unless this is not in the interest of the child.

Ambulance trusts, NHS Direct sites and NHS Walk-In Centres

2.73 The staff working in these health facilities will have access to family homes or be involved in a time of crisis and may therefore be in a position to identify initial concerns regarding a child's welfare. Each of these bodies should have a named professional for child protection - see para 2.103. All staff should be aware of local procedures in line with LSCB policies.

The General Practitioner and the Primary Health Care Team

2.74 The general practitioner (GP) and other members of the primary health care team (PHCT) are well placed to recognise when a child is potentially in need of extra help or services to promote health and development, or is at risk of harm. Surgery consultations, home visits, treatment room sessions, child health clinic attendance, and information from PHCT staff such as health visitors, midwives and practice nurses may all help to build up a picture of the child's situation and can alert the team if something is amiss.

2.75 All PHCT members should know when it is appropriate to refer a child to children's social care for help as a 'child in need', and how to act on concerns that a child may be at risk of significant harm through abuse or neglect. When other members of the PHCT become concerned about the welfare of a child, action should be taken in accordance with local procedures. In addition, the GP should be informed straightaway. All PHCT members should know how to contact colleagues who have experience in child protection matters, such as named professionals within their PCT or local authority, in cases where there is any uncertainty.

2.76 The GP and the PHCT are also well placed to recognise when a parent or other adult has problems which may affect their capacity as a parent or carer, or which may mean that they pose a risk of harm to a child. While GPs have responsibilities to all their patients, the child is particularly vulnerable and the welfare of the child is paramount. If the PHCT has concerns that an adult's illness or behaviour may be causing, or putting a child at risk of significant harm, they should follow the procedures set out in Chapter 5 of this guidance and What to Do If You're Worried a Child is Being Abused.

2.77 Because of their knowledge of children and families, GPs, together with other PHCT members, have an important role in all stages of child protection processes, from sharing information with children's social care when enquiries are being made

about a child and contributing to assessments, to involvement in a child protection plan to protect a child from harm, as appropriate. GPs and other PHCT practitioners should make available to child protection conferences relevant information about a child and family, whether or not they – or a member of the PHCT – are able to attend.

2.78 GPs should take part in training about safeguarding and promoting the welfare of children and have regular updates as part of their postgraduate educational programme. As employers practice owners are responsible for their staff and therefore should ensure that practice nurses, practice managers, receptionists and any other staff whom they employ, are given the opportunities to attend local courses in safeguarding and promoting the welfare of children, or undergo such training within the practice team, including on a whole PHCT joint basis.

2.79 It is good practice to have a clear means of identifying in records those children (together with their parents and siblings) who are the subject of a child protection plan. This will enable them to be recognised by the partners of the practice and any other doctor, practice nurse or health visitor who may be involved in the care of those children. There should be good communication between GPs, health visitors, practice nurses and midwives in respect of all children about whom there are concerns.

2.80 GPs and other members of the ante-natal service need to be alert to and competent in recognising the risk of harm to the unborn child, and existing children, including domestic violence. It is estimated that a third of domestic violence starts or escalates during pregnancy and this is associated with rises in the rates of miscarriage, foetal death and injury, low birth weight, and prematurity. Staff should note that vulnerable women are more likely to delay seeking care and to fail to attend clinics regularly. Those who require help should be referred to appropriate support and counselling services, or to the police as appropriate.

2.81 Each GP and member of the PHCT should have access to a copy of the local LSCB's procedures. PCTs are responsible for planning an integrated GP out-of-hours service in their local area and staff working within it should know how to access advice from designated and named professionals within the PCT, and local LSCB procedures.

<u>The Midwife, Health Visitor and School Nurse</u>

2.82 Nurses work with children and families in a variety of environments and are well placed to recognise when a child is in need of help, services or at potential risk of significant harm.

2.83 The primary focus of health visitors' work with families is health promotion. Like few other professional groups, health visitors provide a universal service which, coupled with their knowledge of children and families and their expertise in assessing and monitoring child health and development, means they have an important role to play in all stages of family support and child protection. Health visitors are often the starting point for child protection referrals and their continuing work in supporting families places them in a unique position to continue to play an important part as enquiries progress.

2.84 Midwives are involved with parents from the confirmation of the pregnancy through until some time after the baby's birth. As well as working with their clients to ensure a healthy pregnancy and offering education on childcare and parenting, the

close relationship they foster with their clients provides an opportunity to observe attitudes towards the developing baby and identify potential problems during pregnancy, birth and the child's early care.

2.85 School nurses have regular contact with school age children who spend a significant proportion of their time in school. Their skills and knowledge of child health and development mean that, in their work with children in promoting, assessing and monitoring health and development, they have important role in all stages of child protection processes.

2.86 Nurses, midwives and school nurses must be provided with child protection training and have regular updates as part of their post registration educational programme.

Mental Health Services

2.87 Adult mental health services, including forensic services, together with child and adolescent mental health services, have a role to play in assessing the risk posed by perpetrators, whether they be an adult, child or young person, and in the provision of mental health treatment services for perpetrators where appropriate. In particular cases, the expertise of substance misuse and learning disability services will also be required.

Child and Adolescent Mental Health Services

2.88 Standard 9 of the NSF is devoted to the Mental Health and Psychological Well-being of Children and Young People. The importance of effective partnership working is emphasised and this is especially applicable to children and young people who have mental health problems as a result of abuse and/or neglect.

2.89 In the course of their work, child and adolescent mental health professionals will inevitably identify or suspect instances where a child may have been abused and/or neglected. They should follow the child protection procedures laid down for their services within their area. Consultation, supervision and training resources should be available and accessible in each service.

2.90 Child and adolescent mental health professionals may have a role in the initial assessment process in circumstances where their specific skills and knowledge are helpful. Examples include: children and young people with severe behavioural and emotional disturbance, such as eating disorders or self-harming behaviour; families where there is a perceived high risk of danger; very young children, or where the abused child or abuser have severe communication problems; situations where parent or carer feigns the symptoms of or deliberately causes ill-health to a child; and where multiple victims are involved. In addition, assessment and treatment services may need to be provided to young mentally disordered offenders. The assessment of children and adults with significant learning difficulties, a disability, or sensory and communication difficulties, may require the expertise of a specialist psychiatrist or clinical psychologist from a learning disability or child mental health service.

2.91 Child and adolescent mental health services also have a role in the provision of a range of psychiatric and psychological assessment and treatment services for children and families. Services that may be provided, in liaison with social services, include the provision of reports for Court, and direct work with children, parents and families. Services may be provided either within general or specialist multidisciplinary teams, depending upon the severity and complexity of the problem. In addition,

consultation and training may be offered to services in the community including, for example social services, schools, primary health care teams, and nurseries.

Adult Mental Health Services

2.92 Adult mental health services, including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability services, have a responsibility in safeguarding children when they become aware of or identify a child at risk of harm. This may be as a result of service's direct work with those who may be mentally ill, a parent, a parent-to-be, or a non-related abuser, or in response to a request for the assessment of an adult perceived to represent a potential or actual risk to a child or young person.

2.93 Close collaboration and liaison between the adult mental health services and children's welfare services are essential in the interests of children. This may require the sharing of information to safeguard and promote the welfare of children or protect a child from significant harm. Child and adolescent mental health services can help in facilitating communication between adult mental health services and children's social care.

Visiting of Psychiatric Patients by Children

2.94 There are two specific areas regarding children visiting parents and other family members in psychiatric settings where local authority children's social care may be asked to assess whether it is in the best interests of a child to visit a named patient.

2.95 The Directions and associated guidance to Ashworth, Broadmoor and Rampton Hospital Authorities (HSC 1999/160) sets out the assessment process to be followed when deciding whether a child can visit a named patient in these hospitals. When a local authority considers it has powers under the Children Act 1989 to undertake the necessary assessment, it should assist the hospital by assessing whether it is in the interests of a particular child to visit a named patient (LAC(99)23).

2.96 The Guidance on the Visiting of Psychiatric Patients by Children (HSC 1999/222: LAC (99)32) to NHS Trusts[7], health authorities and local authorities, on the implementation of the guidance at paragraph 26.3 of the revised Mental Health Act 1983 Code of Practice, published in April 1999 states that "Hospitals should have written policies on the arrangements about the visiting of patients by children, which should be drawn up in consultation with local social services authorities. A visit by a child should only take place following a decision that such a visit would be in the child's best interests. Decisions to allow such visits should be regularly reviewed."

2.97 The guidance also sets out principles to underpin child visiting policies in

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[7] (1) HSC 1999/160, HSC 2000/027, the Visits by Children to Ashworth, Broadmoor and Rampton Hospital Directions 1999, the Visits by Children to Ashworth, Broadmoor and Rampton Hospitals (Amendment) Directions 2000 and the Ashworth, Broadmoor and Rampton Hospitals Amendment Directions 2002

(2) Mersey Care NHS Trust, West London Mental Health NHS Trust and Nottinghamshire Healthcare NHS Trust.

(3) Ashworth Hospital, Broadmoor Hospital and Rampton Hospital

respect of children visiting patients detained under the Mental Health Act. This emphasises the importance of facilitating a child's contact with their parents or other key family members, wherever possible. Where there are child welfare concerns, the Trust may ask the local authority to assess whether it is in the best interests of a child to visit a named patient.

Dental Practitioners

2.98 Community dental services are part of many Primary Care Trusts. They see vulnerable children both within health care settings and by undertaking domicillary visits. They are likely to identify injuries to the head, face, mouth and teeth, as well as potentially identifying other child welfare concerns.

2.99 They should therefore be included within all the child protection systems and training within the trust.

2.100 Dentists should have knowledge and skills to identify concerns regarding a child's welfare, know how to refer to children's social care, and who the named professionals within the trust are.

Other Health Professions

2.101 Many other health professionals provide help and support to promote children's health and development, and many work with vulnerable families who may experience problems in looking after their children. All NHS staff including NHS Direct staff and NHS dental practitioners should have knowledge of the local LSCB procedures and how to contact named professionals for advice and support. They should receive the training and supervision needed to recognise and act upon child welfare concerns, and to respond to the needs of children.

Designated and Named Professionals

2.102 All PCTs should have a designated doctor and nurse to take a strategic, professional lead on all aspects of the health service contribution to child protection across the PCT area, which includes all providers.

2.103 All NHS and Foundation Trusts, including PCTs should identify a named doctor and a named nurse/midwife for child protection. In the case of NHS Direct and ambulance trusts, this should be a named professional. The focus for the named professional role is child protection within their own organisation.

2.104 Designated professionals provide advice and support to the named professionals in each provider trust. Named professionals have a professional accountability for child protection matters to the appropriate designated professional.

2.105 Designated professionals are a vital source of professional advice on child protection matters to other professionals, the PCT and to the Local Authority children's services departments and they should comprise part of the local health service representation on the LSCB.

2.106 Designated professionals play an important role in promoting, influencing and developing relevant training, on both a single and inter-agency basis to ensure the training needs of health staff are taken account of. They also provide skilled professional involvement in child protection processes in line with LSCB procedures, and in serious case reviews.

2.107 Appointment as a designated professional does not, in itself, signify responsibility personally for providing a full clinical service for child protection. This should be the subject of separate agreements with relevant Trusts.

2.108 Named professionals have a key role in promoting good professional practice within the trust and provide advice and expertise for fellow professionals. They should have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

2.109 The named professional will usually be responsible for conducting the Trust's internal case reviews except when they have had personal involvement in the case, when it will be more appropriate for the designated professional to conduct the review.

2.110 Designated and named professional roles should always be explicitly defined in job descriptions and sufficient time and funding should be allowed to fulfil their child protection responsibilities effectively. For large PCTs and trusts which may have a number of sites, a team approach can enhance the ability to provide 24 hour advice and provide mutual support for those carrying out the designated and named professional role. If this approach is taken it is important to ensure that the leadership and accountability arrangements are clear.

Specialist Drug Services

2.111 Drug Action Teams (DATs) are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from local authorities (including education, social care, housing), health, police, probation, the prison service and the voluntary sector. Partnerships delivering the National Drug Strategy (DATs or integrated DAT and Crime and Disorder Reduction Partnerships) have well developed joint commissioning arrangements for the delivery of work to tackle substance misuse.

Adult Services

2.112 Specialist drug agencies offer advice, treatment or support to people with drug problems. Nearly half the clients at drug agencies children, a large proportion of whom continue to live with at least one parent with drug problems. These agencies are often the main ongoing contact with problem drug using parents and therefore have an important role in safeguarding and promoting the welfare of these children. Drug agencies should always record whether the client has children; liaise with other agencies such as child health and social services contribute to any assessment of the child's needs and ongoing support. This can include; aiming to reduce or stabilise the parent's drug misuse; discussing safety and stability of home life; supporting the client to access services and liaising with social services if there is a concern.

Young People's services

2.113 The majority of specialist services work with very vulnerable young people, some of whom may be known to the statutory agencies. Young people will often access these services more readily than they would the statutory sector as they are often voluntary sector provided, non-stigmatising and child centred. These services play a key role in working with the young person and contributing to assessments to ensure their wellbeing and safety. It is important for there to be clear protocols

between these specialist services and the mainstream agencies to ensure that young people receive the support and protection they need.

Criminal Justice Organisations

The Police

2.114 The main roles of the police are to uphold the law, prevent crime and disorder and protect the citizen. Children, like all citizens, have the right to the full protection offered by the criminal law. The police have a duty and responsibility to investigate all criminal offences and as Lord Laming pointed out in his report into the circumstances leading to the death of Victoria Climbié (2003) "*the investigation of crimes against children is as important as the investigation of any other serious crime and any suggestions that child protection policing is of lower status than any other form of policing should be eradicated*." Offences committed against children can be particularly sensitive and will often require the police to work with other organisations, such as children's social care, in the conduct of any investigation.

2.115 The police recognise the fundamental importance of inter-agency working in combating child abuse, as illustrated by well-established arrangements for joint training involving police and social work colleagues. The police have invested a great deal in both training and resources, to enhance their ability to offer the best possible service to child victims of crime. All Forces have child abuse investigation units (CAIUs), and despite variations in their structures and staffing levels, they will normally take primary responsibility for investigating child abuse cases. An important guidance document called "Investigating Child Abuse and Safeguarding Children" was published by the Association of Chief Police Officers (ACPO) in 2005, and this sets out the suggested investigative doctrine, and terms of reference, for such units.

2.116 Safeguarding children is not solely the role of CAIU officers, it is a fundamental part of the duties of all police officers. Patrol officers attending domestic violence incidents, for example, should be aware of the effect of such violence on any children normally resident within the household. The Children Act 2004 places a wider duty on the police to "safeguard and promote the welfare of children". It is not the intention that the police will deploy resources into areas which are not in their normal range of duties, and separate guidance is available to help the police to carry out this responsibility, but officers engaged in, for example, crime and disorder reduction partnerships, drug action teams etc. must keep in mind the needs of children in their area.

2.117 The police hold important information about children who may be at risk of harm as well as those who cause such harm. They are committed to sharing information and intelligence with other organisations where this is necessary to protect children. This includes a responsibility to ensure that those officers representing the Force at a child protection conference are fully informed about the case as well as being experienced in risk assessment and the decision-making process. Similarly, they can expect other organisations to share with them information and intelligence they hold to enable the police to carry out their duties.

2.118 The police are responsible for the gathering of evidence in criminal investigations. This task can be carried out in conjunction with other agencies but the police are ultimately accountable for the product of criminal enquiries. Any evidence gathered may be of use to local authority solicitors who are preparing for civil proceedings to protect the victim. The Crown Prosecution Service (CPS) should be consulted, but evidence will normally be shared if it is in the best interests of the

child.

2.119 The police should be notified as soon as possible where a criminal offence has been committed, or is suspected of having been committed, against a child (See Chapter 4). This does not mean that in all such cases a full investigation will be required, or that there will necessarily be any further police involvement. It is important, however, that the police retain the opportunity to be informed and consulted, to ensure all relevant information can be taken into account before a final decision is made. LSCBs should have in place a protocol agreed between the local authority and the police, to guide both organisations in deciding how child protection enquiries should be conducted and, in particular, the circumstances in which joint enquiries are appropriate.

2.120 In addition to their duty to investigate criminal offences the police have emergency powers to enter premises and ensure the immediate protection of children believed to be suffering from, or at risk of, significant harm. Such powers should be used only when necessary, the principle being that wherever possible the decision to remove a child from a parent or carer should be made by a court. Home Office Circular 44/2003 gives detailed guidance on this.

National Offender Management Service

Probation Services

2.121 The Probation Service supervises offenders, with the aim of reducing re-offending and protecting the public .As part of their main responsibility to supervise offenders in the community, offender managers will be in contact with, or supervising, a number of offenders who have been identified as presenting a risk, or potential risk, to children. They will also supervise offenders who are parents/carers of children. By working with these people to improve their lifestyles and enabling them to change their behaviour, offender managers will safeguard and promote the welfare of the children for whom the offenders have a responsibility. In addition, Probation Areas will provide a direct service to children by:-

- Offering a service to child victims of serious sexual or violent offences
- Supervising 16 and 17 year olds on Community Punishment
- Seconding staff to join Youth Offending Teams
- Supporting women victims, and indirectly children in the family, of convicted perpetrators of domestic abuse participating in accredited domestic abuse programmes

2.122 Offender managers should also ensure there is clarity and communication between Multi-Agency Public Protection Arrangements (MAPPA) and other risk management processes e.g., in the case of safeguarding children, procedures covering registered Sex Offenders, Domestic Abuse management meetings, child protection procedures and procedures for the assessment of persons identified as presenting a risk or potential risk to children. These arrangements and procedures are described in chapter 11.

Prisons

2.123 Governors of prisons (or, in the case of contracted prisons, their directors)

also have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children, not least those who have been committed to their custody by the courts.

2.124 In particular Governors/Directors of women's establishments which have Mother and Baby Units have to ensure that staff working on the units are prioritised for child protection training, and that there is always a member of staff on duty in the unit who is proficient in child protection, health and safety and first aid/child resuscitation. Each baby must have a child care plan setting out how the best interests of the child will be maintained and promoted during the child's residence on the unit.

2.125 Governors/Directors of all prison establishments must have in place arrangements for the protection of visitors, including children. They are also responsible for implementing measures to minimise the risks of harm to children by prisoners who have been identified as presenting a risk of harm to children that could take place during any form of contact, including correspondence, telephone and visits.

The Secure Estate for Children and Young people

2.126 The Youth Justice Board for England and Wales (YJB) has statutory responsibility for the commissioning and purchasing of all secure accommodation for children and for setting standards for the delivery of those services. The estate comprises Prison Service accommodation for juveniles – Juvenile Young Offender Institutions (see para 2.125), Secure Training Centres (see para 2.126), and Secure Children's Homes provided by local authorities (see para 2.26).

Juvenile Young Offender Institutions

2.127 Governors/Directors of these establishments are required to have regard to the policies, agreed by the Prison Service and the YJB, for safeguarding and promoting the welfare of children held in custody. These are published in Prison Order 4950 ("Juvenile Regimes") and the arrangements prescribed for juvenile establishments include the following:

- A senior member of staff, known as the "child protection co-ordinator" or the "Safeguards Manager", who is responsible to the Governor/Director for child protection and safeguarding matters; and a child protection committee whose membership includes a senior manager as the chair, multi-disciplinary staff and a representative of the LSCB who could be a member of the LSCB (i.e. someone from another organisation) or an LSCB employee;

- a local, establishment-specific child protection and safeguarding policy, agreed with the LSCB, which has regard to the Prison Service's/YJB's overarching policy and which includes procedures for dealing with incidents or disclosures of child abuse or neglect before or during custody;

- suicide and self-harm prevention and anti-bullying strategies;

- procedures for dealing proactively, rigorously, fairly and promptly with complaints and formal requests, complemented by an advocacy service;

- specialised training for all staff working with children, together with selection, recruitment and vetting procedures to ensure that new staff may work safely

and competently with children;

- action to manage and develop effective working partnerships with other organisations, including voluntary and community organisations, that can strengthen the support provided to the young person and their family during custody and on release;

- an initial assessment on reception into custody to identify the needs, abilities and aptitudes of the young person and the formulation of a sentence plan (including an individual learning plan) designed to address them, followed by regular sentence plan reviews;

- provision of education, training and personal development in line with the YJB's National Specification for Learning & Skills and the young person's identified needs;

- action to encourage the young person and their family to take an active role in the preparation and subsequent reviews of their sentence plan, so that they are able to contribute to, and influence, what happens to them in custody and following release.

Secure Training Centres

2.128 Secure Training Centres (STCs) are purpose built secure accommodation units for vulnerable, sentenced and remanded juveniles, both male and female, who are between 12 and 17 years old. The regime is focussed on child-care and considerable time and effort is spent on individual needs so that on release young people are able to make better life choices. Each STC has a duty to protect and promote the welfare of those children in its custody. Directors must ensure that effective safeguarding policies and procedures are in place that explain staff responsibilities in relation to safeguarding and welfare promotion. These arrangements must be established in consultation with their LSCB.

Youth Offending Teams

2.129 The principal aim of the youth justice system is to prevent offending by children and young people. Youth Offending Teams (Yots) are the main vehicle by which this aim is delivered. They are multi-agency teams which must include a probation officer, a police officer, a representative of the health authority, someone with experience in education, and someone with experience of social work relating to children. Yots are responsible for the supervision of children and young people subject to pre court interventions and statutory court disposals.

2.130 Given their inter-agency membership, Yots are well placed to identify those children and young people known to relevant organisations as being most at risk of offending and to undertake work to prevent them offending. The Yot's interventions also aim to address the aim to A number of the children who are supervised by the Yots will also be children in need, some of whose needs will require safeguarding. It is necessary therefore for there to be clear links between youth justice and child protection services both at strategic level and at a child-specific operational level.

2.131 Yots have a duty to make arrangements to ensure that their functions are discharged having regard to the need to safeguard and promote the welfare of children.

Children and Family Court Advisory and Support Service (CAFCASS)

2.132 CAFCASS' function is to safeguard the interest of children who are the subject of family proceedings. Social workers employed by CAFCASS are appointed as Family Court Advisers (FCAs) and carry out a number of roles according to the nature of the proceedings in which the child is involved.

2.133 In care and related proceedings under the Children Act 1989, and many proceedings under adoption legislation, CAFCASS' responsibility is to safeguard and promote the interests of individual children who are the subject of the proceedings by providing independent social work advice to the court. The child is a party to such proceedings and is also a party to the proceedings in some private law Children Act cases. In cases where the child is a party to the proceedings the child will always have the benefit of legal representation and the FCA will generally instruct the solicitor.

2.134 In other private law cases, where the child is not represented, the FCA provides a child-focused service to promote resolution of disputes about the residence of the child or the arrangements for positive contact with both parents. Unless a Family Assistance Order is made, the role of the FCA is limited to the duration of the court proceedings.

2.135 The FCA has a statutory right in public law cases to access and to take copies of local authority records relating to the child concerned and any application under the Children Act 1989. That power also extends to other records which relate to the child and the wider functions of the local authority or records held by an authorised person (i.e. the NSPCC) which relate to that child.

2.136 Where an FCA has been appointed as children's guardian they should always be invited to all formal planning meetings convened by the local authority in respect of the child. This includes statutory reviews of children who are accommodated or looked after, child protection conferences, and relevant Adoption Panel meetings. The conference chair should ensure that all those attending such meetings, including the child and any family members, understand the role of the FCA. Where the FCA is acting as children's guardian in Public law proceedings this will be to give them direct access to information shared at such meetings, not to participate in decision making, but when undertaking other roles they may have wider responsibilities."

The Armed Services

2.137 The life of a Service family differs in many respects from that of a family in civilian life, particularly for those stationed overseas or on bases and garrisons in the UK. The Services support the movement of the family in response to Service commitments. The frequency and location of such moves makes it essential that the Service authorities are aware of any concerns regarding safeguarding and promoting the welfare of a child from a military family. The Armed Forces are fully committed to co-operating with statutory and other agencies in supporting families in this situation, and have in place procedures to help in safeguarding and promoting the welfare of children. In areas of concentration of Service families, the Armed Forces seek particularly to work alongside local authorities children's social care, including through representation on LSCBs, and at child protection conferences and reviews.

2.138 Local authorities have the statutory responsibility for safeguarding and promoting the welfare of the protection of the children of Service families in the UK. All three Services provide professional welfare support including 'special to type'

social work services to augment those provided by local authorities. In the Royal Navy (RN) this is provided by the Naval Personal and Family Service (NPFS) and the Royal Marines Welfare Service; within the Army this is provided by the Army Welfare Service (AWS); and in the Royal Air Force by the Soldiers' Sailors' and Airmen's Families Association-Forces Help (SSAFA-FH). Further details of these services and contact numbers are given at Appendix 3.

2.139 When Service families, or civilians working with the Armed Forces are based overseas, the responsibility for safeguarding and promoting the welfare of their children is vested with the MoD, who fund the British Forces Social Work Service (Overseas). This service is contracted to SSAFA-FH who provide a fully qualified Social Work and Community Health service in major overseas locations (for example in Germany and Cyprus). Instructions for the protection of children overseas, which reflect the principles of the Children Act 2004 and the philosophy of inter-agency co-operation, are issued by the MoD as a 'Defence Council Instruction (Joint Service)' (DCI(JS)). Larger overseas Commands issue local child protection procedures, hold a Command Child Protection Register and have a Command Safeguarding Children Board which operates in a similar way to the UK in upholding standards and making sure that best practice is reflected in procedures and observed in practice.

Movement of Children between the United Kingdom and Overseas

2.140 Local authorities should ensure that SSAFA-FH, the British Forces Social Work Service (Overseas), or the NPFS for RN families, is made aware of any Service child who is the subject of a child protection plan whose family is about to move overseas. In the interests of the child, SSAFA-FH, the British Forces Social Work Service (Overseas) or NPFS can confirm appropriate resources exist in the proposed location to meet identified needs. Full documentation should be provided which will be forwarded to the relevant overseas Command. All referrals should be made to the Director of Social Work, HQ SSAFA-FH or Area Officer, NPFS (East) as appropriate at the addresses given at Appendix 3. Comprehensive reciprocal arrangements exist for the referral of registered child protection cases to appropriate UK authorities on the temporary or permanent relocation of such children to the UK from overseas.

United States Forces Stationed in the United Kingdom

2.141 Each local authority with a United States (US) base in its area should establish liaison arrangements with the base commander and relevant staff. The requirements of English child welfare legislation should be explained clearly to the US authorities, so that local authorities can fulfil their statutory duties.

Enquiries about Children of Ex-Service Families

2.142 Where a local authority believes that a child who is the subject of current child protection processes is from an ex-Service family, NPFS, AWS or SSAFA-FH can be contacted to establish whether there is existing information which might help with enquiries. Such enquiries should be addressed to NPFS, AWS or the Director of Social Work, SSAFA-FH at the address given at Appendix 3.

Services provided under section 114 of the Learning and Skills Act 2000 (The Connexions Service)

2.143 There are currently 47 Connexions partnerships covering England. Each Connexions partnership has a substantial workforce working directly with young

people. The workforce comprises not only professionally qualified personal advisers but includes other delivery staff working under the supervision of professionally qualified personal advisers. Connexions is a young person centred service and as such safeguarding and promoting the welfare of the young person is a primary concern.

2.144 The Connexions partnership (including its subcontractors) is responsible for:

- identifying, keeping in touch with, and giving the necessary support to young people in their geographical area. Each young person's needs are assessed and the support and continuing contact they receive is tailored to their assessed needs. A young person may receive any combination of the following according to their need: information, advice, guidance, counselling, personal development opportunities, referral to specialist services and advocacy to enable them to access opportunities funding or other services. The needs of young people from vulnerable groups such as teenage mothers, care leavers, young people supervised by Yots, and young people with learning difficulty and/or disability are a particular priority for Connexions partnerships.

- identifying young people who may be at risk from child protection issues and in these cases, for alerting the appropriate authority. Connexions staff should be aware of the agencies and contacts to use to refer young people at risk and should be aware of the services it is reasonable to expect from these organisations.

- minimising risk to the safety of young people on premises that they or their subcontractors are responsible for. The Connexions partnership should maintain the necessary capacity to carry out relevant risk assessments.

- minimising the risk that organisations that they signpost young people to, such as those providing employment and training opportunities, pose a threat to the moral development, and physical and psychological well being of young people.

- ensuring that the recruitment of all staff (including volunteers both to the partnership and their subcontractors) complies with current vetting regulations.

- ensuring that staff (including sub contractors), are aware of risks to the welfare of young people and can exercise their legal, ethical, operational and professional obligations to safeguard them from these risks. Information sharing protocols with other agencies should give the highest priority to safeguarding the welfare of young people and staff should comply fully with these agreements.

2.145 The Connexions partnership should be working closely with other agencies concerned with child safety and welfare to rigorously analyse the nature and distribution of risk within the cohort of young people and to use this information to design services, allocate resources and otherwise take action that addresses both causes and effects.

CHAPTER 3 – Local Safeguarding Children Boards

3.1 Safeguarding and promoting the welfare of children requires effective co-ordination in every local area. For this reason, the Children Act 2004 requires each Local Authority to establish a Local Safeguarding Children Board (LSCB).

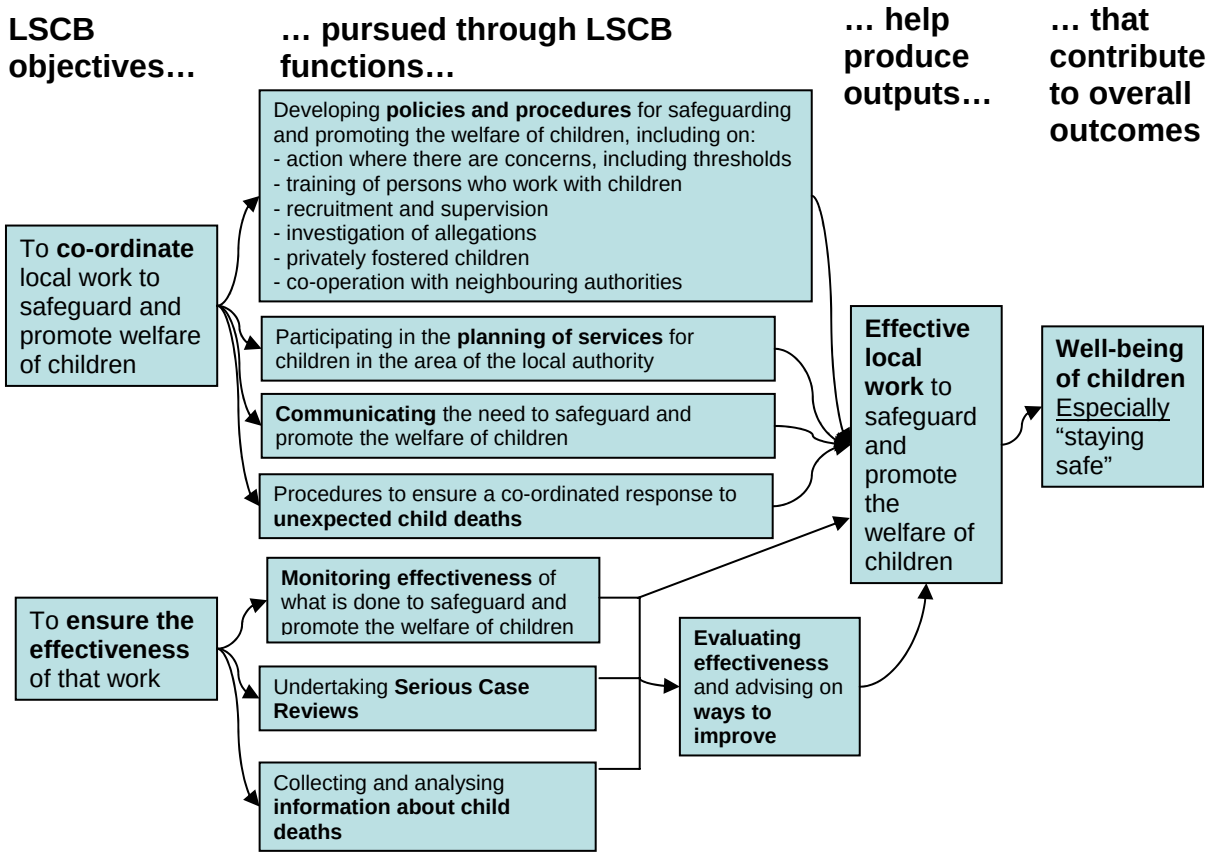
3.2 The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do.

LSCB Role

The LSCBs relationship with wider arrangements to improve outcomes for children

3.3 The work of LSCBs fits within the wider context of children's trust arrangements that aim to improve the overall wellbeing (i.e. the five outcomes) for all children in the local area.

3.4 Whilst the work of LSCBs contributes to the wider goals of improving the wellbeing of all children, it has a particular focus on aspects of the 'staying safe' outcome



3.5 Whereas the children's trust has a wider role in planning and delivery of services, LSCBs are not delivery organisations: their objectives are about co-ordinating and ensuring the effectiveness of what their member organisations do individually and together. They will contribute to broader delivery / commissioning arrangements such as through the Children and Young People's Plan and children's trust arrangements.

3.6 There is flexibility for a local area to decide that an LSCB should have an extended role or additional functions in addition to those set out in this chapter. Those must of course still be related to its objectives. The decision should be taken as part of the scope of the wider children's trust. However, the Local Authority and its partners should make sure that any extended role does not lessen its ability to perform its core role effectively.

Objectives

3.7 The core objectives of the LSCB are set out in section 14(1) of the Children Act 2004 as follows:

a) to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and,

b) to ensure the effectiveness of what is done by each such person or body for that purpose.

3.8 As explained in chapter 1, safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care;

  …and undertaking that role so as to enable those children to have optimum life chances and enter adulthood successfully.

3.9 The LSCB will therefore ensure that the duty to safeguard and promote the welfare of children will be carried out in such a way as to improve all five outcomes which are of importance to children.

3.10 Safeguarding and promoting the welfare of children includes protecting children from harm. Ensuring that work to protect children is properly co-ordinated and effective remains a key goal of LSCBs and they should not focus on their wider role if this core business is inadequate. However, when this core business is secure, LSCBs should go beyond it to work to their wider remit, which includes preventative work to avoid harm from occurring in the first place.

Scope of the role

3.11 The scope of LSCBs' role includes safeguarding and promoting the welfare of children in three broad areas of activity.

3.12 First, activity that affects all children and aims to prevent maltreatment, or impairment of health or development, and ensure children are growing up in circumstances consistent with safe and effective care. For example:

- mechanisms to identify abuse and neglect wherever they may occur;
- work to increase understanding of safeguarding children issues in the professional and wider community;
- work to ensure that organisations working or in contact with children operate recruitment and HR practices that take account of the need to safeguard and promote the welfare of children;
- monitoring the effectiveness of organisation's implementation of their duties under section 11 of the Children Act 2004;
- ensuring children know who they can contact when they have concerns about their own safety and welfare.

3.13 Second, proactive work that aims to target particular groups. For example:

- developing / evaluating thresholds and procedures for work with families whose child has been identified as 'in need' under the Children Act 1989, but where the child is not suffering or at risk of suffering significant harm.
- work to safeguard and promote the welfare of groups of children who are potentially more vulnerable than the general population, for example children living away from home, children who have run away from home, or children with disabilities.

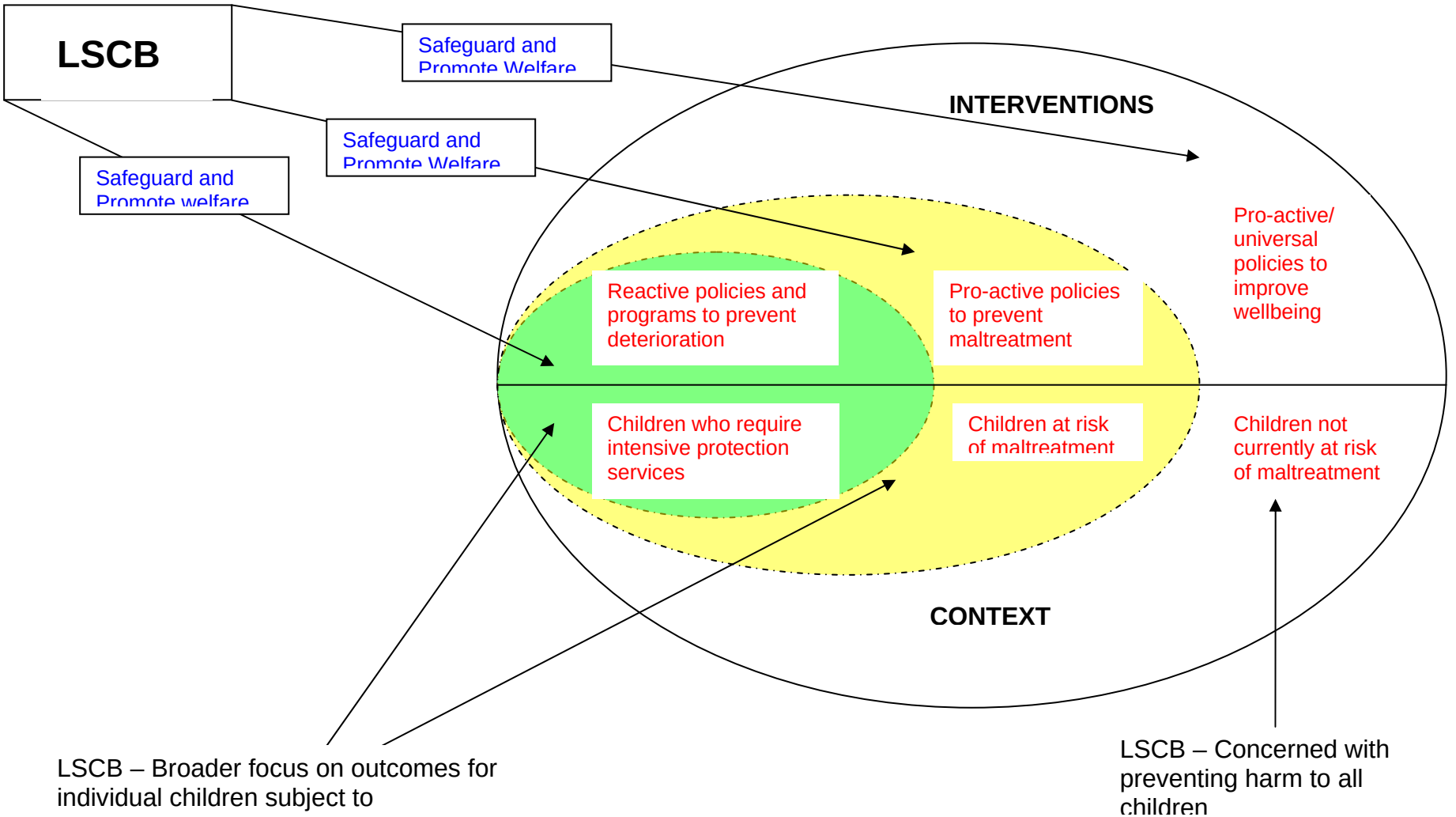
3.14 Thirdly, reactive work to protect children who are suffering or at risk of suffering maltreatment including:

- children abused and neglected within families, including those harmed in the context of domestic violence;
- children abused outside families by adults known to them;
- children abused and neglected by professional carers, within an institutional settings, or anywhere else where children are cared for away from home;
- children abused by strangers;
- children abused by other young people;
- young perpetrators of abuse; and
- children abused through prostitution.

3.15 Where particular children are the subject of interventions then that safeguarding work should aim to help them to achieve all five outcomes, to have optimum life chances. It is within the remit of LSCBs to check the extent to which this has been achieved as part of their monitoring and evaluation work.

3.16 The following diagram illustrates the three broad areas of activity, and the

parts of the child population to which they relate.


LSCB
Safeguard and Promote Welfare
Safeguard and Promote Welfare
Safeguard and Promote welfare
INTERVENTIONS
Pro-active/ universal policies to improve wellbeing
Reactive policies and programs to prevent deterioration
Pro-active policies to prevent maltreatment
Children who require intensive protection services
Children at risk of maltreatment
Children not currently at risk of maltreatment
CONTEXT
LSCB – Broader focus on outcomes for individual children subject to safeguarding & promoting welfare action
LSCB – Concerned with preventing harm to all children

Accountability for operational work

3.17 Whilst the LSCB has a role in co-ordinating and ensuring the effectiveness of local individuals' and organisations' work to safeguard and promote the welfare of children, it is not accountable for their operational work. Each Board partner retains their own existing lines of accountability for safeguarding and promoting the welfare of children by their services. The LSCB does not have a power to direct other organisations.

LSCB Functions

3.18 The core functions of a LSCB are set out in regulations. This guidance gives further detail on what is required as well as examples of how the functions can be carried out.

Policies and procedures function

3.19 This general function has a number of specific applications set out in regulations.

a) Developing policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:

(i) The action to be taken where there are concerns about a child's safety or welfare, including thresholds for intervention;

3.20 This includes concerns under both s17 and s47 of the Children Act 1989. It may mean for example:

- setting out thresholds for referrals of children who may be in need to children's social care, and processes for robust multi-agency assessment of children in need.

- agreeing inter-agency procedures for s47 enquiries and developing local protocols on key issues of concern such as child prostitution, children living with domestic violence, female genital mutilation, children missing from school, and safeguarding looked after children who are away from home.

- setting out how s47 enquiries and associated police investigations should be conducted, and in particular, in what circumstances joint enquiries are necessary and/or appropriate.

Chapter 4 includes some further key points on which LSCBs should ensure that they have policies and procedures in place.

Clear thresholds and processes and a common understanding of them across local partners may help to reduce the number of inappropriate referrals and to improve the effectiveness of joint work, leading to a more efficient use of resources.

(ii) Training of persons who work with children or in services affecting the safety and welfare of children

3.21 It is the responsibility of the LSCB to ensure that multi-agency training on safeguarding and promoting welfare that meets local needs is provided.

3.22 LSCBs may wish to carry out their function by taking a view as to the priorities for multi-agency child protection training in the local area and feeding those into the local

Workforce strategy. LSCBs will also wish to check the quality of this multi-agency training, ensuring that relevant training is provided by individual organisations, checking that the training is reaching the relevant staff within organisations.

3.23 In some areas it may be decided that the LSCB should also organise or deliver the training. As explained in Chapter 7, this is not part of the core requirement for LSCBs.

(iii) Recruitment and supervision of persons who work with children

3.23 For example by establishing effective policies and procedures, based on national guidance, for checking the suitability of people applying for work with children and ensuring that the children's workforce is properly supervised, with any concerns acted on appropriately.

(iv) Investigation of allegations concerning persons working with children

3.24 For example policies and procedures, based on national guidance, to ensure that allegations are dealt with properly and quickly.

(v) Safety and welfare of children who are privately fostered

3.25 For example, by setting out improved procedures for notification of private fostering; monitoring management information on numbers of privately fostered children; evaluating/auditing the practice and role of organisations in key sectors such as health, education and immigration in identifying privately fostered children; raising awareness in the community of the requirements and issues around private fostering.

(vi) Co-operation with neighbouring children's services authorities (i.e Local Authorities) and their Board partners

3.26 For example, by establishing procedures to safeguard and promote the welfare of children who move between Local Authority areas, in line with the requirements in Chapter 4 of this guidance. This might include harmonising procedures, where appropriate, to bring coherence to liaison with an organisation (such as a police force) which spans more than one LSCB area.

Other policies and procedures

3.27 LSCBs should consider the need for other local protocols under this function, beyond those specifically set out in regulations, including:

- quick and straightforward means of resolving professional differences of view in a specific case, for example,. on whether a child protection conference should be convened;
- attendance at child protection conferences, including quora;
- attendance at family group conferences;
- involving children and family members in child protection conferences, the role of advocates as well as including criteria for excluding parents in exceptional circumstances;
- a decision-making process for the need for a child protection plan based upon the views of the agencies present at the child protection conference; and

- handling complaints from families about the functioning of child protection conferences.

Communicating and raising awareness function

b) Communicating to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done, and encouraging them to do so

3.28 For example, by contributing to a public campaign to raise awareness in the wider community, including faith and minority communities, and among statutory and independent agencies, including employers, about how everybody can contribute to safeguarding and promoting the welfare of children. By listening to and consulting children and young people and ensuring that their views and opinions are taken into account in planning and delivering safeguarding and promoting welfare services.

Monitoring and evaluation function

c) Monitor and evaluate the effectiveness of what is done by the Local Authority and board partners individually and collectively to safeguard and promote the welfare of children and advise them on ways to improve

3.29 The LSCB has a key role in achieving high standards in safeguarding and promoting welfare, not just through co-ordinating but by evaluation and continuous improvement.

3.30 For example, by asking individual organisations to self evaluate under an agreed framework / benchmarks / set of indicators and then sharing results with the Board. It might also involve leading multi-agency arrangements to contribute to self evaluation reports.

3.31 To evaluate multi-agency working they could perform joint audit of case files, looking at the involvement of the different agencies, and identifying the quality of practice and lessons to be learned in terms of both inter-agency and multi-disciplinary practice.

3.32 The LSCB should have a particular focus on ensuring that those key people and organisations that have a duty under section 11 of the Children Act 2004 or section 175 or 157 of the Education Act 2002 are fulfilling their statutory obligations about safeguarding and promoting the welfare of children.

3.33 The function also includes advising the Local Authority and Board partners on ways to improve. The LSCB might do this by making recommendations (such as the need for further resources), by helping organisations to develop new procedures, by spreading best practice, by bringing together expertise in different bodies, or by supporting capacity building and training. Where there are concerns about the work of partners and these cannot be addressed locally, the LSCB should raise these concerns with others, as explained further in paragraph 3.79 below.

Participating in the planning and commissioning

d) Participating in the local planning and commissioning of children's services to ensure that they take safeguarding and promoting the welfare of children into account

3.34 For example, by contributing to the Children and Young People's plan, and ensuring in discussion with the children's trust that all planning and commissioning of services for children within the Local Authority area take account of the need to safeguard and promote children's welfare.

3.35 Where it is agreed locally that the LSCB is the 'responsible authority' for 'matters relating to the protection of children from harm' under the Licensing Act 2003, it must be notified of all licence variations and new applications for the sale and supply of alcohol and public entertainment.

Serious case review function

e) Undertake reviews of cases where a child has died or has been seriously harmed in circumstances where abuse or neglect is known or suspected and advising on lessons that can be learned

3.36 By developing procedures and the detail of organisations' and individuals' roles in accordance with Chapter 6 of this guidance, and ensuring that organisations undertake those roles. All relevant staff should be aware of when Serious Case Reviews are required or should be considered.

3.37 By defining terms of reference, commissioning organisational and management reviews and an independent person to compile the overview report, receiving and endorsing the report, agreeing recommendations and an action plan, ensuring the action is carried out and that learning is disseminated, lessons acted on and local policy and practice improved.

Further functions relating to child deaths

3.38 From 1 April 2008 each LSCB will have the further functions set out in regulations relating to child deaths. They become compulsory on LSCBs by that date, but can be carried out by any LSCB from 1 April 2006

a) Putting in place procedures for ensuring that there is a co-ordinated response by the authority, their Board partners and other relevant persons to an unexpected death;

b) Collecting and analysing information about each death with a view to identifying:

i) any matters of concern affecting the safety and welfare of children in the area of the authority, including any case giving rise to the need for a Serious Case Review;

ii) any general public health or safety concern arising from deaths of such children.

3.39 Chapter 5 explains how these functions should be implemented.

Other activities

3.40 The regulations make clear that in addition to the functions set out above:

An LSCB may also engage in any other activity that facilitates, or is conducive to, the achievement of its objective.

3.41 These further activities should be discussed and agreed as part of wider children's trust planning.

3.42 For example, the LSCB could agree to take the lead within a children's trust on work to tackle bullying, or could lead an initiative on domestic violence.

3.43 The LSCB will not in general be an operational or delivery body. Its role is co-ordinating and ensuring the effectiveness of what its member organisations do, and contributing to broader planning, commissioning and delivery. It may however take on operational and delivery roles under this part of the regulations.

LSCB Set Up and Operation

3.44 County level and unitary local authorities are responsible for establishing a LSCB in their area and ensuring that it is run effectively.

3.45 A LSCB can cover more than one Local Authority area. Local Authorities and their partners will wish to consider whether this is desirable, perhaps to ensure a better fit with the areas covered by other bodies, or because issues are common to different areas.

Independence

3.46 It is important that, whilst operating in the context of the children's trust and developing a strong working relationship with the wider strategic partnerships within a local authority area, LSCBs exercise their unique statutory role effectively. They must be able to form a view of the quality of local activity, to challenge organisations as necessary, and to speak with an independent voice. To ensure that this is possible LSCBs must have a clear and distinct identity within local children's trust governance arrangements. They should not be an operational sub-committee of the children's trust board.

Chair

3.47 It is the responsibility of the Local Authority, after consultation with the Board partners, to appoint the chair. The chair may be a local authority employee, such as the Director of Children's Services (DCS) or Local Authority Chief Executive, a senior employee of one of the Board partners, or another person contracted with or employed specifically to fulfil this role. Where the chair is not a senior person from the Local Authority, such as the DCS or Chief Executive, they will be accountable to the Local Authority, via the DCS, for the effectiveness of their work as LSCB chair.

3.48 The chair will have a crucial role in making certain that the board operates effectively and securing an independent voice for the LSCB. He or she should be of sufficient standing and expertise to command the respect and support of all partners. The chair should act objectively and distinguish their role as LSCB chair from any 'day job'.

Membership

<u>The nature of members</u>

3.49 As far as possible, organisations should designate particular, named people as their LSCB member, so that there is consistency and continuity in the membership of the LSCB.

3.50 Members will need to be people with a strategic role in relation to safeguarding and promoting welfare of children within their organisation They should be able to:

- speak for their organisation with authority
- commit their organisation on policy and practice matters
- hold their organisation to account .

Statutory Members

3.51 The statutory organisations which are required to co-operate with the local authority in the establishment and operation of the board will have shared responsibility for the effective discharge of its functions. These are the organisations set out in section 13(3) of the Children Act (2004):

- District Councils in local government areas which have them;
- the Chief Officer of Police for a police area any part of which falls within the area of the local authority;
- the Local Probation Board for an area any part of which falls within the area of the local authority;
- the Youth Offending Team for an area any part of which falls within the area of the local authority;
- Strategic Health Authorities and Primary Care Trusts for an area any part of which falls within the area of the local authority;
- NHS Trusts and NHS Foundation Trusts all or most of whose hospitals or establishments and facilities are situated in the local authority area;
- the Connexions Service providing services in any part of the area of the local authority;
- CAFCASS (Children and Family Courts Advisory and Support Service);
- the governor or director of any Secure Training Centre in the area of the local authority; and;
- the governor or director of any prison in the local authority area which ordinarily detains children.

3.52 The Local Authority should ensure that those responsible for adult social care functions are represented on the LSCB, because of the importance of adult social services in safeguarding and promoting the welfare of children. Similarly health organisations should ensure that adult health services and in particular adult mental health and adult disability services are represented on the LSCB.

3.53 It will also be important to ensure that the LSCB has access to appropriate expertise and advice from all the relevant sectors, for example, a designated doctor and nurse.

3.54 The Children Act 2004 says that the Local Authority and its partners must co-operate in the establishment and operation of an LSCB. This places an obligation on Local Authorities and statutory LSCB partners to support the operation of the LSCB.

Other Members and Partners

3.55 The Local Authority should also secure the involvement of other relevant local organisations. At a minimum these should include both state and independent schools, Further Education Colleges including 6th Form Colleges, children's centres, GPs, independent healthcare organisations, and voluntary and community sector organisations, including where relevant the NSPCC, faith groups, and bodies providing specialist care to

children with severe disabilities and complex health needs. In areas where they have significant local activity, the armed forces, the Immigration Service, and National Asylum Support Service should also be included.

3.56 The LSCB should make appropriate arrangements at a strategic management level to involve others in its work as needed. For example, there may be some organisations or individuals which are in theory represented by the statutory board partners but which need to be engaged because of their particular role in service provision to children and families or role in public protection. For example:

- Dental health services;
- Domestic Violence Forums;
- Drug and alcohol misuse services;
- Housing, culture and leisure services;
- Local Authority legal services;
- Local MAPPA; and
- Sexual health services.

3.57 There will be other organisations which the LSCB needs to link to, either through inviting them to join the LSCB, or through some other mechanism. For example:

- the coroner;
- sports services;
- representatives of service users;
- the Crown Prosecution Service;
- Local Family Justice Council;
- Local Criminal Justice Board;
- Other health providers such as pharmacists;
- housing providers; and
- witness support services.

The Role of Members

3.58 The individual members of LSCBs have a duty as members to contribute to the effective work of the LSCB, for example, in making the LSCBs' assessment of performance as objective as possible, and in recommending or deciding upon the necessary steps to put right any problems. This should take precedence, if necessary, over their role as a representative of their organisation.

Ways of Working

3.59 The working practices of LSCB members need to be considered locally with a view to securing effective operation of LSCB functions and ensuring that all member organisations are effectively engaged.

3.60 Where there are multiple organisations of a particular kind in the Local Authority area, for example, Primary Care Trusts or District Councils, they may decide to share attendance at meetings. Organisations pooling representation in this way need to agree how they will be consulted and how their views will be fed in to Board discussions.

3.61 It may be appropriate for the LSCB to set up working groups or sub-groups, on a short-term or a standing basis to:

- carry out specific tasks, for example: maintaining and updating procedures and protocols; reviewing serious cases; and identifying inter-agency training needs;

- provide specialist advice, for example: in respect of working with specific ethnic and cultural groups, or with disabled children and/or parents;

- bring together representatives of a sector to discuss relevant issues and to provide a contribution from that sector to LSCB work, for example: schools, the voluntary and community sector, faith groups; and,

- focus on defined geographical areas within the LSCBs boundaries.

3.62 It is possible to form a ‘core group’ or ‘executive group’ of LSCB members to carry out some of the day-to-day business by local agreement.

3.63 When LSCBs begin to operate the new child death review processes set out in chapter 6, they will need to set up a Child Death Overview Panel which has a standing membership and whose Chair is a member of the LSCB Board. This panel can be set up by two or more LSCBs to cover their combined area.

3.64 All groups working under the LSCB should be established by the LSCB, and should work to agreed terms of reference, with explicit lines of reporting, communication and accountability to the LSCB. This may take the form of a written constitution detailing a job description for all members and service level agreements between the LSCB, agencies and other partnerships.

3.65 Where boundaries between LSCBs and their partner organisations such as the health service and the police are not co-terminous, there can be problems for some member organisations in having to work to different procedures and protocols according to the area involved, or having to participate in several LSCBs. It may be helpful in these circumstances for adjoining LSCBs to collaborate as far as possible on establishing common policies and procedures, and joint ways of working, under the function around “Co-operation with neighbouring children’s services authorities and their Board partners”.

3.66 LSCBs will wish to consider how to put in place arrangements to ascertain the feelings and wishes of children (including children who might not ordinarily be heard) about the priorities and the effectiveness of local safeguarding work, including issues of access to services and contact points for children to safeguard and promote welfare.

Financing and Staffing

3.67 To function effectively LSCBs need to be supported by their member organisations with adequate and reliable resource.

3.68 Section 15 of the Children Act 2004 sets out that statutory Board partners (or in the case of prisons, either the Secretary of State or the contractor) may:

- make payments towards expenditure incurred by, or for purposes connected with, an LSCB, either directly, or by contributing to a fund out of which payments may be made;

- provide staff, goods, services, accommodation or other resources for purposes connected with an LSCB.

3.69 The budget for each LSCB and the contribution made by each member organisation should be agreed locally. The member organisations' shared responsibility for the discharge of the LSCB's functions includes shared responsibility for determining how the necessary resources are to be provided to support it.

3.70 The core contributions should be provided by the responsible Local Authority, the Primary Care Trusts, and the police. Other organisations' contributions will vary to reflect their resources and local circumstances. For some, taking part in LSCB work may be the appropriate extent of their contribution. Other organisations may wish to contribute by committing resources in kind, rather than funds, as provided for in the legislation.

3.71 Where an LSCB member organisation provides funding, this should be committed in advance, usually into a pooled budget.

3.72 The board may choose to use some of its funding to support the participation of some organisations, such as local voluntary or community sector groups, for example, if they cannot otherwise afford to take part.

3.73 The funding requirement of the LSCB will depend on its circumstances and the work which it plans to undertake (which will in turn depend on the division of responsibilities between the LSCB and other parts of the wider children's trust). However, each LSCB will have a core minimum of work.

3.74 The LSCB's resources will need to enable it to have staff to take forward its business, whether those are paid for from a common fund, or seconded as part of a contribution in kind. The particular staffing of each LSCB should be agreed locally by the Board partners. An effective LSCB needs to be staffed so that it has the capacity to:

- drive forward the LSCB's day to day business in achieving its objectives, including its co-ordination and monitoring / evaluating work;

- take forward any training and staff development work carried out by the LSCB, in the context of the local workforce strategy;

- provide administrative and organisational support for the Board and its sub-committees, and those involved in policy and training.

3.75 As mentioned above it is important that LSCBs are adequately resourced to ensure they operate effectively. The DfES carried out a survey of Area Child Protection Committee income, expenditure and staffing in 2004-05. The tables below show the average funding and expenditure per ACPC. There are also set out below some case examples of ACPCs, based on data from the survey but rounded and simplified. They represent relatively well-funded ACPCs (around the top quartile in terms of funding). The average figures and examples may be useful in considering LSCB finances and staffing.

Average ACPC funding and expenditure 2004-05

Average funding per ACPC

Local Authority	£48,795	53%
Primary Care Trust(s)	£21,017	23%
Police	£9,724	11%
Other	£13,035	14%
Total income	**£92,573**	**100%**

Average expenditure per ACPC

Staff to carry forward business	£25,756	26%
Training	£36,950	38%
Admin Support	£11,927	12%
Serious Case Reviews	£1,522	2%
Accommodation	£2,263	2%
Travel	£1,148	1%
Other	£17,202	18%
Total expenditure	**£94,565**	**99%**

Case Example 1: County Council

Funding

LA	£88,765	43%
PCTs	£86,100	42%
Police	£26,650	13%
Other (Probation and CAFCASS)	£3,485	2%
Total income	**205000**	**100%**

Contributions in kind

- Support from Service Manager for Child Protection in Local Authority – about 15% of their time.
- Provision of office space, most equipment, financial management, and other support by the Local Authority.

Expenditure

Staff to carry forward business	£44,219	22%
Training	£111,315	54%
Admin Support	£8,856	4%
Serious Case Reviews	£5,761	3%
Accommodation	£0	0%
Travel	£4,100	2%

Other	£30,750	15%
Total expenditure	**205000**	**100%**

Staffing

- ACPC Policy and Development Manager – development of ACPC procedures and protocols and servicing ACPC meetings – 1 full time post.
- ACPC training co-ordinator, training administrator, and training officer – equivalent to 1.8 full time posts
- Keeper of the Child Protection Register - equivalent to one full time post
- Local project co-ordinator and administrator – equivalent to 1.4 full time posts

Case Example 2: Unitary Authority

Funding

LA	£91,640	79%
PCTs	£17,400	15%
Police	£3,480	3%
Other (Probation and CAFCASS)	£3,480	3%
Total income	**£116,000**	**100%**

Contributions in kind

- Local authority provides accommodation, IT, admin and business support, meeting and training rooms, and printing and distribution services.
- Local authority provides the ACPC Chair.
- PCT provides the Chair of the training management group.

Expenditure

Staff to carry forward business	£61,480	53%
Training	£19,720	17%
Admin Support	£4,640	4%
Serious Case Reviews	£0	0%
Accommodation	£0	0%
Travel	£8,120	7%
Other	£22,040	19%
Total expenditure	**£116,000**	**100%**

Staffing

- Administration manager – equivalent to 0.75 of a full time post
- Administrative assistants – equivalent to 2.5 full time posts – also involved in core child protection work

- Independent Chair for child protection conferences – equivalent to 0.5 of a full time post

- ACPC Training Co-ordinator – planning, delivery and evaluation of inter-agency child protection training.

Case Example 3: London Borough

Funding:

LA	£57,960	83%
PCTs	£4,830	7%
Police	£4,830	7%
Other (Probation and CAFCASS)	£2,380	3%
Total income	**£70,000**	**100%**

Contributions in kind

- Members contribute time to the ACPC and its sub groups.

- Members including the local authority, PCT, and police contribute staff time to training.

- A local NHS trust provides a training venue.

Expenditure

Staff to carry forward business	£53,130	77%
Training	£8,970	13%
Admin Support	£0	0%
Serious Case Reviews	£6,900	10%
Accommodation	£0	0%
Travel	£0	0%
Other	£0	0%
Total expenditure	**69000**	**100%**

Staffing

- Policy and Planning Officer – co-ordinating and carrying out the work of the Board and its subgroups including guidelines and procedures, serious case reviews, the business plan, child protection statistics, and training – 0.8 of a full time post.

- Trainer – running multi-agency training and supporting other agency training officers – 0.5 of a full time post

- Administrator – for training and other ACPC work – 0.6 of a full time post

Planning

3.76 Each county level and unitary Local Authority is required to produce a Children and

Young People's Plan (CYPP), with the exception of local authorities categorised as 'excellent' under Comprehensive Performance Assessment, which will not be required to have a CYPP, but may choose to do so. The CYPP should cover all services available to children and young people in the Local Authority area and local partners' shared strategy for improving those services. The CYPP will in effect be the children's trust's strategic plan. Guidance on the CYPP was published in July 2005. The plans will look widely at the needs of local children, and the ways in which local services, (including statutory and voluntary services) should work together to meet those needs. They should include specific priorities and proposals for improving children's and young people's services, and details of what action will be taken by whom and how the outcomes will be monitored.

3.77 On the basis of the CYPP, children's trusts will develop joint commissioning arrangements. These will be based on assessment of local needs; agreeing priorities, planning provision and identifying the resources available across the partner agencies and the contribution each will make. LSCBs should contribute to, and work within, the framework established by the CYPP.

3.78 LSCBs' work needs to be properly planned. The LSCB's own activities would ordinarily be part of the overall CYPP. If not, LSCB planning should nevertheless fit clearly within the framework of priorities and action set out in the CYPP. The LSCB should have a clear work programme, including measurable objectives; and a budget. It should include in any plan or annual report relevant management information on activity in the course of the previous year; and a review of its work in the previous year e.g. progress against objectives. This will enable the LSCB's work to be scrutinised by the Local Authority (perhaps by the overview and scrutiny committees), by other local partners, and by other key stakeholders as well as by the inspectorates. Local authorities and their partners may wish to take an overview of LSCB work jointly as part of the children's trust governance arrangements. It is recommended that any LSCB plan or report is endorsed by all the Board members and made publicly available.

Monitoring and Inspection

3.79 The LSCB's work to ensure the effectiveness of work to safeguard and promote the welfare of children by member organisations will be a peer review process based on self evaluation, performance indicators, and joint audit. Its aim is to promote high standards of safeguarding work and to foster a culture of continuous improvement. It will also identify and act on identified weaknesses in services. To avoid unnecessary duplication of work the LSCB should ensure that its monitoring role complements and contributes to the work of both the children's trust and the inspectorates.

3.80 Where it is found that a Board partner is not performing effectively in safeguarding and promoting the welfare of children, and the LSCB is not convinced that any planned action to improve performance will be adequate, the LSCB chair or a member or employee designated by the chair should explain these concerns to those individuals and organisations that need be aware of the failing and may be able to take action. For example, to the most senior individual(s) in the partner organisation, to the relevant inspectorate, and, if necessary, to the relevant Government Department.

3.81 The local inspection framework will play an important role in reinforcing the ongoing monitoring work of the LSCB. The Joint Area Review (JAR) process will take place once every three years, and will cover all aspects of children's services which are publicly funded.

3.82 Individual services will be assessed through their own quality regimes. The Annual Performance Assessment (APA) is the mechanism that will look at the contribution made by Local Authorities to the outcomes for children, with separate judgements on the social care

function and the education function. It will be based partly on performance information and self-evaluation but there will be an independent assessment by OFSTED and CSCI. These inspectorates in their other work, plus other inspectorates such as the Healthcare Commission, and Her Majesty's Inspectorates of Constabulary, Prisons, and Probation, will have as part of their remit considering the effectiveness of their agencies' role in safeguarding and promoting the welfare of children. The LSCB should draw on their work.

3.83 The LSCB will be able to feed its views about the quality of work to safeguard and promote the welfare of children into these processes.

3.84 The effectiveness of the LSCB itself should also form part of the judgement of the Inspectorates, particularly through the JAR. This may be done, for example, by examining the quality of the LSCB's Annual Plan and determining whether key objectives have been met. It will be for the Local Authority to lead in taking action, if intervention in the LSCB's own processes is necessary.

Chapter 4 – Managing Individual Cases

Introduction

4.1 This section provides advice on what should happen if somebody has concerns about the welfare of a child (including those living away from home), and in particular concerns that a child may be suffering, or may be at risk of suffering, abuse or neglect. It is not intended as a detailed practice guide, but it sets out clear expectations about the ways in which agencies and professionals should work together to safeguard and promote the welfare of children.

Working with Children about whom there are child welfare concerns

4.2 Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan of action. Effective collaboration requires organisations and people to be clear about:

- their roles and responsibilities for safeguarding and promoting the welfare of children (see s11 of the Children Act 2004 guidance and chapter 2 *Interagency roles and responsibilities);*

- the purpose of their activity, the decisions that are required at each stage of the process and what are the planned outcomes for the child and family members;

- the legislative basis for the work;

- the protocols and procedures to be followed, including the way in which information will be shared across professional boundaries and within agencies, and be recorded;

- which organisation, team or professional has lead responsibility, and the precise roles of everyone else who is involved, including the way in which children and family members will be involved;

- any timescales set down in Regulations or Guidance which govern the completion of assessments, making of plans and timing of reviews.

Principles underpinning work to safeguard and promote the welfare of children

4.3 The following principles which draw on findings from research, underpin work with children and their families to safeguard and promote the welfare of children (see also paragraph 2.20 in the Guidance issued under S11 of the Children Act 2004, *Making Arrangements to Safeguard and Promote the Welfare of Children*, 2005). These principles should be followed when implementing the guidance set out in this chapter. They will be relevant to varying degrees depending on the functions and level of involvement of the organisation and the individual practitioner concerned.

The following principles underpin work with children and families. It should be:

- child centred;
- rooted in child development;
- supporting the achievement of the best possible outcomes for children and improving their wellbeing;
- holistic in approach;
- ensuring equality of opportunity;
- involving of children and families;
- building on strengths as well as identifying and addressing difficulties;
- multi/inter-agency in its approach;
- a continuing process not an event;
- designed to provide the services required and monitor the impact their provision has on a child's developmental progress;
- informed by evidence.

4.4 These mean the following:

- **Child centred**

Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationship with the adults. The child should be seen by the practitioner and kept in focus throughout work with the child and family. The child's voice should be heard and account taken of their perspective and their views.

- **Rooted in child development**

Those working with the children should be informed by a developmental perspective which recognises that, as a child grows, they continue to develop their skills and abilities. Each stage, from infancy through middle years to adolescence, lays the foundation for more complex development. Plans and interventions to safeguard and promote the child's welfare should be based on a clear assessment of the child's developmental progress and the difficulties a child may be experiencing. Planned action should also be timely and appropriate for the child's age and stage of development.

- **Outcomes for children**

When working directly with a child, any plan developed for the child and their family or caregiver should be based on an assessment of the child's developmental needs and the parents/caregivers' capacity to respond to these needs within their community contexts. This plan should set out the planned outcomes for each child and at review the actual outcomes should be recorded.

The purpose of all interventions should be to achieve the best possible outcomes for each child recognising each is unique. These outcomes should contribute to the key outcomes set out for all children in the Children Act 2004 (paragraph 1.1).

- **Holistic in approach**

Having an holistic approach means having an understanding of a child within the context of the child's family (parents or caregivers and the wider family) and of the educational setting, community and culture in which he or she is growing up. The interaction between the developmental needs of children, the capacities of parents or caregivers to respond appropriately to those needs and the impact of wider family and environmental factors on children and on parenting capacity requires careful exploration during an assessment.

The ultimate aim is to understand the child's developmental needs within the context of the family and to provide appropriate services which respond to those needs. The analysis of the child's situation will inform planning and action in order to secure the best outcomes for the child, and will inform the subsequent review of the effectiveness of actions taken and services provided. The child's context will be even more complex when they are living away from home and looked after by adults who do not have parental responsibility for them.

- **Ensuring equality of opportunity**

Equality of opportunity means that all children have the opportunity to achieve the best possible development, regardless of their gender, ability, ethnicity, circumstances or age. Some vulnerable children may have been particularly disadvantaged in their access to important opportunities, and their health and educational needs will require particular attention in order to optimise their current welfare as well as their long-term outcomes in young adulthood.

- **Involving of children and families**

In the process of finding out what is happening to a child it is important to listen and develop an understanding of his or her wishes and feelings. The importance of developing a co-operative working relationship is emphasised, so that parents or caregivers feel respected and informed, they believe agency staff are being open and honest with them, and in turn they are confident about providing vital information about their child, themselves and their circumstances. The consent of children, young people and their parents or caregivers should be obtained when sharing information unless to do so would place the child at risk of harm. Decisions should also be made with their agreement, whenever possible, unless to do so

would place the child at risk of harm.

- **Building on strengths as well as identifying difficulties**

Identifying both strengths and difficulties within the child, his or her family and the context in which they are living is important, as is considering how these factors have an impact on the child's health and development. Too often it has been found that a deficit model of working with families predominates in practice, and ignores crucial areas of success and effectiveness within the family on which to base interventions. Working with a child or family's strengths becomes an important part of a plan to resolve difficulties.

- **Multi/Inter-agency in approach**

From birth, there will be a variety of different agencies and programmes in the community involved with children and their development, particularly in relation to their health and education. Multi and inter-agency work to safeguard and promote children's welfare starts as soon as there are concerns about a child's welfare, not just when there are questions about possible harm.

- **A continuing process not an event**

Understanding what is happening to a vulnerable child within the context of his or her family and the local community, and taking appropriate action are continuing and interactive processes and not single events. Assessment should continue throughout a period of intervention, and intervention may start at the beginning of an assessment.

- **Provision and review of services**

Action and services should be provided according to the identified needs of the child and family in parallel with assessment where necessary. It is not necessary to await completion of the assessment process. Immediate and practical needs should be addressed alongside more complex and longer term ones. The impact of service provision on a child's developmental progress should be reviewed.

- **Informed by evidence**

Effective practice with children and families requires sound professional judgements which are underpinned by a rigorous evidence base, and draw on the practitioner's knowledge and experience.

The Processes for Safeguarding and Promoting the Welfare of Children

4.5 Four key processes underpin work with children and families, each of which has to be carried out effectively in order to achieve improvements in the lives of children in need. They are assessment, planning, intervention and reviewing as set out in the Integrated Children's System.

4.6 The flow charts at the end of this chapter illustrate the processes for safeguarding and promoting the welfare of children:

- from the point that concerns are raised about a child and are referred to a statutory organisation that can take action to safeguard and promote the welfare of children (Chart 1);

- through an initial assessment of the child's situation and what happens after that (Chart 2)
- taking urgent action, if necessary (Chart 3);
- to the strategy discussion, where there are concerns about a child's safety, and beyond that to the child protection conference (Chart 4);
- what happens after the child protection conference, and the review process (Chart 5).

Being Alert to Children's Welfare

4.7 Everybody who works or has contact with children, parents, and other adults in contact with children should be able to recognise, and know how to act upon, evidence that a child's health or development is or may be being impaired and especially when they are suffering or at risk of suffering significant harm. Practitioners, foster carers, and managers should be mindful always of the welfare and safety of children – including unborn children and older children – in their work:

With children

4.8 *for example:* teachers, school nurses, health visitors, GPs, Accident and Emergency and all other hospital staff should be able to recognise situations where a child requires extra support to prevent impairment to his or her health or development or possible indicators of abuse or neglect in children. All professionals and especially those in health and social care should be familiar with the core standards set out in the *National Service Framework for Children, Young People and Maternity Services Core Standards* and in particular, standard 5 *Safeguarding and Promoting the Welfare of Children and Young People*;

With parents or caregivers who may need help in promoting and safeguarding their children's welfare

4.9 *for example:* adult mental health or substance misuse services should always consider the implications for children of patients' or users' problems. Day nurseries, children's and family centres should keep the interests of children uppermost when working with parents, work in ways intended to bring about better outcomes for children, and be alert to possible indicators of abuse or neglect. When dealing with cases of domestic violence, the police and other involved agencies should consider the implications of the situation for any children in the family;

With family members, employees, or others who have contact with children

4.10 *for example:* the police and probation services, mental health services, and housing authorities should be alert to the possibility that an individual may pose a risk of harm to a particular child, or to children in a local community. Employers of staff or volunteers who have substantial unsupervised access to children should guard against the potential for abuse, through rigorous selection processes, appropriate supervision and by taking steps to maintain a safe environment for children. For further details on this matter see Chapter 11 *Managing Individuals who pose a risk of harm to Children.*

4.11 In some circumstances practitioners may have undertaken a common assessment because they had concerns about a child and were trying to ascertain how best to help, or the findings from the common assessment may have caused them to be concerned about a child's welfare. All staff members who have or become aware of concerns about the welfare or safety of a child or children should know:

- what services are available locally;
- how to gain access to them;
- what sources of further advice and expertise are available;
- who to contact in what circumstances, and how; *and*
- when and how to make a referral to LA children's social care.

4.12 These concerns should be discussed with a manager, or a named or designated health professional or a designated member of staff depending on the organisational setting. Concerns can also be discussed, without necessarily identifying the child in question, with senior colleagues in another agency in order to develop an understanding of the child's needs and circumstances. If, after discussion, these concerns remain and it seems that the child and family would benefit from other services, including those from within another part of the same agency decisions should be made about who to make a referral to. If the child is considered to be or may be a child in need under the Children Act 1989 (see 1.21), the child should be referred to LA children's social care. This includes a child who is believed to be or may be at risk of suffering significant harm. If these concerns arise about a child who is already known to LA children's social care, the allocated worker should be informed of these concerns.

4.13 Sources of information and advice should include at least one designated senior doctor and nurse within each PCT, and a designated member of staff within each school or further education institution. There should always be the opportunity to discuss child welfare concerns with, and seek advice from, colleagues, managers, a designated or named professional, or other agencies, but:

- never delay emergency action to protect a child from harm;
- always record in writing concerns about a child's welfare, including whether or not further action is taken; and
- always record in writing discussions about a child's welfare. At the close of a discussion, always reach a clear and explicit recorded agreement about who will be taking what action, or that no further action will be taken.

The Welfare of Unborn Children

4.14 The procedures and time scales set out in this chapter should also be followed when there are concerns about the welfare of an unborn child.

Referrals to LA Children's Social Care Where There Are Child Welfare Concerns

4.15 Councils with LA children's social services functions have responsibilities towards all children whose health or development may be impaired without the provision of services, or who are disabled (defined in the Children Act 1989 as children 'in need'). LAs should let children and families know how to contact them and what they might expect by way of help, advice and services. They should agree with LSCB partners criteria with local services and professionals as to when it is appropriate to make a referral to LA children's social care in respect of a child in need. They should also agree the format for making a referral and sharing the information recorded. The common assessment framework offers a basis for referral and information sharing between organisations.

4.16 If somebody believes that a child may be suffering, or may be at risk of suffering significant harm, then s/he should always refer his or her concerns to the LA children's social care. In addition to social care, the police and the NSPCC have powers to intervene in these circumstances. Sometimes concerns will arise within LA children's social care itself, as new information comes to light about a child and family with whom staff are already in contact. While professionals should seek, in general, to discuss any concerns with the family and, where possible, seek their agreement to making referrals to LA children's social care, **this**

should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm.

4.17 When a parent, professional, or another person contacts LA children's social care with concerns about a child's welfare, it is the responsibility of LA children's social care to clarify with the referrer (including self-referrals from children and families): the nature of concerns; how and why they have arisen; and what appear to be the needs of the child and family. This process should always identify clearly whether there are concerns about maltreatment, what is their foundation, and whether it may be necessary to consider taking urgent action to ensure the child(ren) are safe from harm.

4.18 Whenever the social services department (or the NSPCC if relevant) encounters or has a case referred to it which constitutes, or may constitute, a criminal offence against a child, it should always inform the police at the earliest opportunity. This will enable both agencies to consider jointly how to proceed in the best interests of the child. In dealing with alleged offences involving a child victim, the police should normally work in partnership with social services and/or other child welfare agencies. Whilst the responsibility to instigate criminal proceedings rests with the police, they should consider the views expressed by other agencies. There will be less serious cases where, after discussion, it is agreed that the best interests of the child are served by social services led intervention rather than a full police investigation.

This issue is currently under review, in part following Sir Michael Bichard's recommendation that the Government should re-emphasise guidance in **Working Together to Safeguard Children** ***so that the police are notified as soon as possible where a criminal offence has been committed against, or is suspected of having been committed, against a child - unless there are exceptional reasons not to do so. Sir Michael also recommended that the Government should produce national guidance to inform the decision as to whether cases of underage sexual activity should be notified to the police and that this guidance could usefully draw upon the criteria included in a local protocol being developed by Sheffield Services and brought to the attention of the Inquiry.***

We want to consult on whether and how the current guidance in Working Together (paragraph 4.18 above, which is the same as paragraph 5.8 in the 1999 version) should be changed. We especially want to consult on what kind of guidance would be helpful about sharing of knowledge and information about underage sexual activity on a multi-agency basis to safeguard and promote the welfare of children at risk of harm through appropriate advice, support, and where necessary intervention. We hope to encourage a wide discussion on this issue during the consultation period. See consultation question 18.

4.19 Professionals who phone LA children's social care should confirm referrals in writing within 48 hours. The common assessment framework provides a structure for the written referral. At the end of any discussion or dialogue about a child, the referrer (whether a professional or a member of the public or family) and LA children's social care should be clear about proposed action, timescales and who will

be taking it, or that no further action will be taken. The decision should be recorded by LA children's social care, and by the referrer (if a professional in another service). LA children's social care should acknowledge a written referral within one working day of receiving it. If the referrer has not received an acknowledgement within 3 working days, they should contact LA children's social care again.

4.20 LA children's social care should decide and record next steps of action within one working day. This information should be consistent with the information set out in the Referral and Information Record (Department of Health, 2002), This decision should normally follow discussion with any referring professional/service and consideration of information held in any existing records, and involve discussion with other professionals and services as necessary (including the police, where a criminal offence may have been committed against a child). This initial consideration of the case should address – on the basis of the 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 possibly a child in need. Further action may also include referral to other agencies, the provision of advice or information or no further action.

4.21 Parents' permission, or the child's where appropriate, should be sought before discussing a referral about them with other agencies, unless permission-seeking may itself place a child at risk of significant harm. When responding to referrals from a member of the public rather than another professional, LA children's social care should bear in mind that personal information about referrers, including identifying details, should only be disclosed to third parties (including subject families and other agencies) with the consent of the referrer. In all cases where the police are involved, the decision about when to inform the parents (about referrals from third parties) will have a bearing on the conduct of police investigations.

4.22 Where LA children's social care decides to take no further action at this stage, feedback should be provided to the referrer, who should be told of this decision and the reasons for making it. In the case of public referrals, this should be done in a manner consistent with respecting the confidentiality of the child. Sometimes it may be apparent at this stage that emergency action should be taken to safeguard and promote the welfare of a child (see paragraph 4.36). Such action should normally be preceded by an immediate strategy discussion between the police, LA children' social care and other agencies as appropriate.

4.23 New information may be received about a child or family where the child or family member is already known to LA children's social care. If the child's case is open, and there are concerns that the child is or may be suffering harm then a decision should be made about whether a strategy discussion should be initiated (see para 4.41) 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 to update a previous one in order to understand the child's current needs and circumstances and inform future decision making.

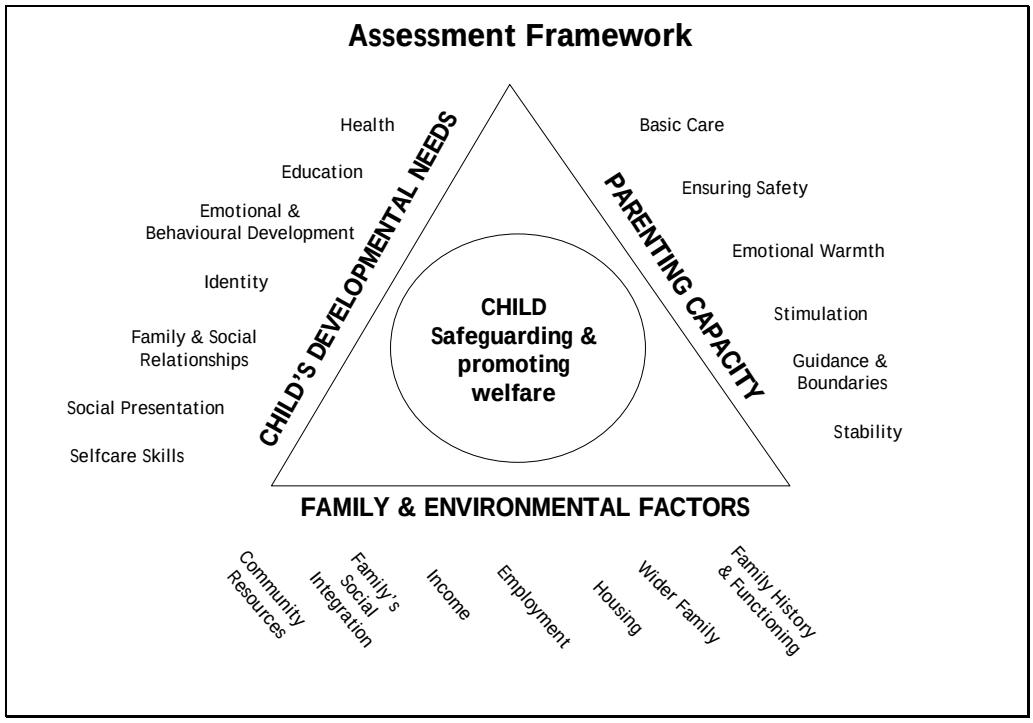
Initial Assessment

4.24 The initial assessment is a brief assessment of each child referred to LA children's social care where it is necessary to determine whether the child is in need, the nature of any services required, and whether a further, more detailed core assessment should be undertaken (paragraph 3.9 of the Framework for the Assessment of Children in Need and their Families (2000)). It should be completed by LA children's social care, working with colleagues, within a maximum of seven working days of the date of referral. The initial assessment period may be very brief if the criteria for initiating s47 enquiries are met. The

initial assessment should be undertaken in accordance with the *Framework for the Assessment of Children in Need and their Families.* Where a common assessment has been completed this information should be used to inform the initial assessment. Information should be gathered and analysed within the 3 domains of the Assessment Framework (see Figure1), namely;

- the child's developmental needs*;*
- the parents' or caregivers' capacity to respond appropriately to those needs; and
- the wider family and environmental factors.

Figure 1.



4.25 It should address the following questions:

- what are the developmental needs of the child?
- are the parents able to respond appropriately to the child's identified needs? Is the child being adequately safeguarded from significant harm, and are the parents able to promote the child's health and development?
- is action required to safeguard and promote the welfare of the child?

4.26 The initial assessment should be led by a qualified social worker. It should be carefully planned, with clarity about who is doing what, as well as when and what information is to be shared with the parents. The planning process and decisions about the timing of the different assessment activities should be undertaken in collaboration with all those involved with the child and family. The process of initial assessment should involve: seeing and speaking to the child (according to age and understanding) and family members as appropriate; drawing together and analysing available information from a range of sources (including existing records); and involving and obtaining relevant information from professionals and others in contact with the child and family. 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. Professionals from agencies such as health, LA children's social care or the police should request this information from their equivalent agencies in the country(ies) in which the child has lived. Information about who to contact can be obtained via the Foreign and Common wealth Office on 0207 008 1500 or the appropriate Embassy or Consulate based in London (see the London Diplomatic List (The Stationery Office), ISBN 0 11 591772 1 or the FCO website www.fco.gov.uk)

4.27 The child should be seen within a timescale that is appropriate to the nature of concerns expressed at the time of the referral, according to the agreed plan (which may include seeing the child without his or her caregivers present). This includes observing and communicating with the child in a manner appropriate to his or her age and understanding. LA children's social care are required by the Children Act 1989 (as amended by s53 of the Children Act 2004) to ascertain the child's wishes and feelings about the provision of services and give them due consideration before determining what (if any) services to provide. Interviews with the child should be undertaken in the preferred language of the child. For some disabled children interviews may require the use of non-verbal communication methods.

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

4.29 Interviews with family members (which may include the child) should also be undertaken in their preferred language and where appropriate for some people by using non-verbal communication methods.

4.30 In the course of an initial assessment, LA children's social care should ascertain:

- is this a child in need? (s17 of the Children Act 1989)
- is there reasonable cause to suspect that this child is suffering, or is likely to suffer, significant harm? (s47 of the Children Act 1989).

4.31 The focus of the initial assessment should be the welfare of the child. It is important to remember that even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a family may still benefit from support and practical help to promote a child's health and development. When services are to be provided a child's plan should be developed based on the findings from the initial assessment. If the child's needs and circumstances are complex, a more in-depth core assessment under s17 of the Children Act 1989 will be required in order to decide what other types of services are necessary to assist the child and family (Department of Health et al, 2000). Appendix 2 *Use of Questionnaires and Scales to evidence assessment and decision making* is intended for use by practitioners to support evidence-based assessment and decision making.

Box 1 Key Legislative Framework

Section 17(1) of the Children Act 1989 states that:

It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part)

a) to safeguard and promote the welfare of and promote the welfare of children within their area who are in need; and

b) so far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

Section 17(10) states that a child shall be taken to be in need if:

a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;

b) his health or development is likely to be significantly impaired, or further impaired, without the provision of such services; or

c) he is disabled.

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

iii) has contravened a ban imposed by a curfew notice imposed within the meaning of Chapter I of Part I of the Crime and Disorder Act 1998; *or*

b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm, the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

In the case of a child falling within paragraph (a)(iii) above, the enquiries shall be commenced as soon as practicable and, in any event, within 48 hours of the authority receiving the information.

4.32 Following an initial assessment, LA children's social care should decide on the next course of action, following discussion with the child and family, unless such a discussion may place a child at risk of significant harm. If there are concerns about a parent's ability to protect a child from harm, careful consideration should be given to what the parents should be told when and by whom, taking account of the child's welfare. Where it is clear that there should be a police investigation in parallel with a s47 enquiry, the considerations at paragraph 4.51 should apply. Whatever decisions are taken, they should be endorsed at a

managerial level agreed within LA children's social care and recorded in writing. This information should be consistent with that contained in the Initial Assessment Record (Department of Health, 2002). The record should also include the reasons for these decisions and future action to be taken. The family, the original referrer, and other professionals and services involved in the assessment, should as far as possible be told what action has been and will be taken, consistent with respecting the confidentiality of the child and family concerned, and not jeopardising further action in respect of concerns about harm (which may include police investigations). This information should be confirmed in writing to the agencies and the family.

Next Steps – Child in Need but No Suspected Actual or Likely Significant Harm

4.33 An initial assessment may indicate that a child is a 'child in need' as defined by s17 of the Children Act 1989, but that there are no substantiated concerns that the child may be suffering, or at risk of suffering significant harm. There may be sufficient information available on which to decide what services (if any) should be provided by whom according to an agreed plan. On the other hand a more in-depth assessment may be necessary in order to understand the child's needs and circumstances. In these circumstances, the *Framework for the Assessment of Children in Need and their Families* (Department of Health et al, 2000) provides guidance on undertaking a core assessment which builds on the findings from the initial assessment and addresses the central or most important aspects of the needs of a child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context. This core assessment can provide a sound evidence base for professional judgements on what types of services are most likely to bring about good outcomes for the child. Family Group Conferences (see paragraphs 9.11 – 9.14) may be an effective vehicle for taking forward work in such cases.

4.34 The definition of a 'child in need' is wide, and it will embrace children in a diverse range of circumstances. The types of services that may help such children and their families will vary greatly according to their needs and circumstances.

The rest of the guidance in this chapter is concerned with the processes which should be followed where a child is suspected to be suffering, or likely to suffer, significant harm.

Initial assessment and enquiries: Ten pitfalls and how to avoid them

1. Not enough weight is given to information from family, friends and neighbours.

Ask yourself: Would I react differently if these reports had come from a different source? How can I check whether or not they have substance? Even if they are not accurate, could they be a sign that the family 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? How should I follow up any uneasiness about the child(ren)'s health or development? 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 child or 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 safeguarding 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?

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 concern about harm, does the family need support or practical help? How can I make sure they know about services they are entitled to, and can access them if they wish?

9. When faced with an aggressive or frightening family, professionals are reluctant to discuss fears for their own safety and ask for help.
Ask yourself: Did I feel safe in this household? If not, why not? If I or another professional should go back there to ensure the 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 point of referral 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 action all other relevant people have taken/will take?

Next Steps – Child in Need and Suspected Actual or Likely Significant Harm

4.35 Where a child is suspected to be suffering, or likely to suffer, significant harm, the local authority is required by s47 of the Children Act 1989 to make enquiries, to enable it to decide whether it should take any action to safeguard and promote the welfare of the child. The *Framework for the Assessment of Children in Need and their Families* provides a structured framework for collecting, drawing together and analysing available information about a child and family within the following three domains: the child's developmental needs, parenting capacity and family and environmental factors. It will help provide sound evidence on which to base often difficult professional judgements about whether to intervene to safeguard and promote the welfare of a child, and if so, how best to do so and with what intended outcomes.

Immediate Protection

4.36 Where there is a risk to the life of a child or a likelihood of serious immediate harm, an agency with statutory child protection powers[8] **should act quickly to secure the**

[8] Agencies with statutory child protection powers comprise the local authority, the police, and the NSPCC.

immediate safety of the child. Emergency action might be necessary as soon as a referral is received, or at any point in involvement with children and families (see Appendix 1, paragraph 16) for the range of emergency protection powers available). The need for emergency action may become apparent only over time as more is learned about the circumstances of a child or children. Neglect, as well as abuse, can pose such a risk of significant harm to a child that urgent protective action is needed. When considering whether emergency action is required, an agency should always consider whether action is also required to safeguard and promote the welfare of other children in the same household (for example, siblings), the household of an alleged perpetrator, or elsewhere.

4.37 Planned emergency action will normally take place following an immediate strategy discussion between police, LA children's social care, and other agencies as appropriate (including NSPCC where involved). Where a single agency has to act immediately to protect a child, a strategy discussion should take place as soon as possible after such action to plan next steps. Legal advice should normally be obtained before initiating legal action, in particular when an Emergency Protection Order is to be sought.

4.38 In some cases, it may be sufficient to secure a child's safety by a parent taking action to remove an alleged perpetrator or by the alleged perpetrator agreeing to leave the home. In other cases, it may be necessary to ensure either that the child remains in a safe place or that the child is removed to a safe place, either on a voluntary basis or by obtaining an emergency protection order. The police also have powers to remove a child to suitable accommodation in cases of emergency. If it is necessary to remove a child, a local authority should wherever possible – and unless a child's safety is otherwise at immediate risk – apply for an emergency protection order. **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.**

4.39 The local authority in whose area a child is found, in circumstances that require emergency action, is responsible for taking that action. If the child is looked after by, or the subject of a child protection plan in another authority, the first authority should consult the authority responsible for the child. Only when the second local authority explicitly accepts responsibility is the first authority relieved of the responsibility to take emergency action. Such acceptance should be subsequently confirmed in writing.

4.40 Emergency action addresses only the immediate circumstances of the child(ren). It should be followed quickly by s47 enquiries as necessary. The agencies primarily involved with the child and family should then assess the needs and circumstances of the child and family, and agree action to safeguard and promote the welfare of the child in the longer-term. Where an emergency protection order applies, LA children's social care will have to consider quickly whether to initiate care or other proceedings, or to let the order lapse and the child return home.

Strategy Discussion

4.41 Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a strategy discussion involving LA children's social care and the police, and other bodies as appropriate (for example, nursery/school and health), in particular any referring agency. The strategy discussion should be convened by LA children's social care and those participating should be sufficiently senior and able, therefore, to contribute to the discussion of available information and to make decisions on behalf of their agencies. If the child is a hospital patient (in- or out-patient) or receiving services from a child development team, the medical consultant responsible for the child's

health care should be involved, as should the senior ward nurse if the child is an in-patient. Where a medical examination may be necessary or has taken place a senior doctor from the providing services should also be involved.

4.42 A strategy discussion may take place following a referral, or at any other time (for example, if concerns about significant harm emerge in respect of child receiving support under s17). The discussion should be used to:

- share available information;
- agree the conduct and timing of any criminal investigation;
- decide whether a core assessment under s47 of the Children Act 1989 (s47enquiries) should be initiated, or continued if it has already begun;
- plan how the s47enquiry should be undertaken (if one is to be initiated), including the need for medical treatment, and who will carry out what actions, by when and for what purpose;
- agree what action is required immediately to safeguard and promote the welfare of the child, and/or provide interim services and support. If the child is in hospital, decisions should also be made about how to secure the safe discharge of the child;
- determine what information from the strategy discussion will be shared with the family, unless such information sharing may place a child at risk of significant harm or jeopardise police investigations into any alleged offence(s); and
- determine if legal action is required.

4.43 Relevant matters will include:

- agreeing a plan for how the core assessment under s47 of the Children Act 1989 will be carried out – what further information is required about the child(ren) and family and how it should be obtained and recorded;
- agreeing who should be interviewed, by whom, for what purpose, and when. The way in which interviews are conducted can play a significant part in minimising any distress caused to children, and increasing the likelihood of maintaining constructive working relationships with families. When a criminal offence may have been committed against a child, the timing and handling of interviews with victims, their families and witnesses, can have important implications for the collection and preservation of evidence;
- agreeing, in particular, how the child's wishes and feelings will be ascertained so that they can be taken into account when making decisions under s47 of the Children Act 1989;
- in the light of the race and ethnicity of the child and family, considering how this should be taken into account, and establishing whether an interpreter will be required; and
- considering the needs of other children who may affected, for example, siblings and other children in contact with alleged abusers.

4.44 A strategy discussion may take place at a meeting or by other means (for example, by telephone). In complex types of maltreatment a meeting is likely to be the most effective way of discussing the child's welfare and planning future action. More than one strategy discussion may be necessary. This is likely to be where the child's circumstances are very complex and a number of discussions are required to consider whether and, if so, when to initiate s47 enquiries, as well as how best to undertake them. Such a meeting should be held at a convenient location for the key attendees, such as a hospital, school, police station or LA children's social care office. Any information shared, all decisions reached, and the basis for those decisions, should be clearly recorded by the chair of the strategy discussion and circulated within one working day to all parties to the discussion. LA children's social care should record information which is consistent with the information set out in the Record of Strategy Discussion (Department of Health, 2002). Any decisions about taking immediate action should be kept under constant review.

4.45 Significant harm to children gives rise to both child welfare concerns and law enforcement concerns, and s47 enquiries may run concurrently with police investigations concerning possible associated crime(s). The police have a duty to carry out thorough and professional investigations into allegations of crime, and the obtaining of clear strong evidence is in the best interests of a child, since it makes it less likely that a child victim will have to give evidence in criminal court. Enquiries may, therefore, give rise to information that is relevant to decisions that will be taken by both LA children's social care and the police. The findings from the assessment and/or police investigation should be used to inform plans about future support and help to the child and family. They may also contribute to legal proceedings, whether criminal, civil or both.

4.46 Each LSCB should have in place a protocol for LA children's social care and the police, to guide both agencies in deciding how s47 enquiries and associated police investigations should be conducted jointly, and in particular, in what circumstances s47 enquiries and linked criminal investigation are necessary and/or appropriate. When joint enquiries take place, the police have the lead for the criminal investigation and LA children's social care have the lead for the s47 enquiries and the child's welfare.

Section 47 Enquiries and Core Assessment

4.47 The core assessment is the means by which a s47 enquiry is carried out. It should be led by a qualified and experienced social worker. LA children's social care have lead responsibility for the core assessment under s47 of the Children Act 1989. In these circumstances the objective of the local authority's involvement 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. The *Framework for the Assessment of Children in Need and their Families* provides the structure for helping to collect and analyse information obtained in the course of s47 enquiries. The core assessment should begin by focusing primarily on the information identified during the initial assessment as being of most importance when considering whether the child is suffering or is likely to suffer significant harm. It should, however, cover all relevant dimensions in the Assessment Framework before its completion. Those making enquiries about a child should always be alert to the potential needs and safety of any siblings, or other children in the household of the child in question. In addition, enquiries may also need to cover children in other households, with whom the alleged offender may have had contact. At the same time, the police will have to (where relevant) establish the facts about any offence that may have been committed against a child, and to collect evidence.

4.48 The Children Act 1989 places a statutory duty on health, education and other services, to help the LA in carrying out its social services functions under Part III of the Children Act 1989 and s47 enquiries. The professionals conducting s47 enquiries should do

their utmost to secure willing co-operation and participation from all professionals and services, by being prepared to explain and justify their actions, and to demonstrate that the process is being managed in a way that can help to bring about better outcomes for children. The LSCB has an important role to play in cultivating and promoting a climate of trust and understanding between different professionals and services.

4.49 Assessing the needs of a child and the capacity of their parents or wider family network adequately to ensure their safety, health, and development, very often depends on building a picture of the child's situation on the basis of information from many sources. Enquiries should always 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 child(ren). Enquiries may also include interviews with those who are personally and professionally connected with the child; specific examinations or assessments of the child by other professionals (for example, medical or developmental checks, assessment of emotional or psychological state); and interviews with those who are personally and professionally connected with the child's parents and/or caregivers.

4.50 Individuals should always be enabled to participate fully in the enquiry process. Where a child or parent is disabled, it may be necessary to provide help with communication to enable the child or parent to express him/herself to the best of his or her ability. Where a child or parent speaks a language other than that spoken by the interviewer, there should be an interpreter provided. If the child is unable to take part in an interview because of age or understanding, alternative means of understanding the child's perspective should be used, including observation where children are very young or where they have communication impairments.

4.51 Children are a key, and sometimes the only, source of information about what has happened to them, especially in child sexual abuse cases, but also in physical and other forms of abuse. Accurate and complete information is essential for taking action to promote the welfare of the child, as well as for any criminal proceedings that may be instigated concerning an alleged perpetrator of abuse. When children are first approached, the nature and extent of any harm suffered by them may not be clear, nor whether a criminal offence has been committed. It is important that even initial discussions with children are conducted in a way that minimises any distress caused to them, and maximises the likelihood that they will provide accurate and complete information. It is important, wherever possible, to have separate communication with a child. Leading or suggestive communication should always be avoided. Children may need time, and more than one opportunity, in order to develop sufficient trust to communicate any concerns they may have, especially if they have a communication impairment, learning disabilities, are very young, or are experiencing mental health problems.

4.52 Exceptionally, a joint enquiry/investigation team may need to speak to a suspected child victim without the knowledge of the parent or caregiver. Relevant circumstances would include the possibility that a child would be threatened or otherwise coerced into silence; a strong likelihood that important evidence would be destroyed; or that the child in question did not wish the parent to be involved at that stage, and is competent to take that decision. As at paragraph 4.28 above, in all cases where the police are involved, the decision about when to inform the parent or caregiver will have a bearing on the conduct of police investigations, and the strategy discussion should decide on the most appropriate timing of parental participation.

4.53 All such interviews with children should be conducted by those with specialist training and experience in interviewing children. Additional specialist help may be required if the child's preferred language is not English; the child appears to have a degree of psychiatric

disturbance but is deemed competent; the child has an impairment; or where interviewers do not have adequate knowledge and understanding of the child's racial, religious or cultural background. Consideration should also be given to the gender of interviewers, particularly in cases of alleged sexual abuse.

4.54 Criminal justice legislation, in particular the Youth Justice and Criminal Evidence Act 1999, creates particular obligations for Courts who are dealing with witnesses under 17 years of age. These include the presumption of evidence-giving through pre-recorded videos, as well as the use of live video links for further evidence-giving and cross examination. Cross-examination in pre-trial video hearings may also occur in relevant cases.

Child Assessment Orders

4.55 LA children's social care should make all reasonable efforts to persuade parents to cooperate with s47 enquiries. If, despite these efforts, the parents continue to refuse access to a child for the purpose of establishing basic facts about the child's condition – but concerns about the child's safety are not so urgent as to require an emergency protection order – a local authority may apply to the court for a child assessment order. In these circumstances, the court may direct the parents/caregivers to co-operate 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.

The Impact of s47 Enquiries on the Family and Child

4.56 Section 47 enquiries should always be carried out in such a way as to minimise distress to the child, and to ensure that families are treated sensitively and with respect. LA children's social care should explain the purpose and outcome of s47 enquiries to the parents and child (having regard to age and understanding) and be prepared to answer questions openly, unless to do so would affect the safety and welfare of the child. It is particularly helpful for families if LA children's social care provide written information about the purpose, process and potential outcomes of s47 enquiries. The information should be both general and specific to the particular circumstances under enquiry. It should include information about how advice, advocacy and support may be obtained from independent sources.

4.57 In the great majority of cases, children remain with their families following s47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, s47 enquiries should be conducted in a way that allows for future constructive working relationships with families. The way in which a case is handled initially can affect the entire subsequent process. Where handled well and sensitively, there can be a positive effect on the eventual outcome for the child.

The Outcome of S47 Enquiries

4.58 LA children's social care should decide how to proceed following s47 enquiries, after discussion between all those who have conducted, or been significantly involved in those enquiries, including relevant professionals and agencies, as well as foster carers where involved, and the child and parents themselves. The information recorded on the outcome of the s47 enquiries should be consistent with the information set out in the Outcome of the s47 Enquiries Record (Department of Health, 2002) and parents and children of sufficient age and appropriate level of understanding (together with professionals and agencies who have been significantly involved) should receive a copy of this record, in particular in advance of any initial child conference that is convened. Consideration should be given to whether the core assessment has been completed or what further work is required before it is completed.

It may be valuable, following an evaluation of the outcome of enquiries, to make recommendations for action in an inter-disciplinary forum, if the case is not going forward to a child protection conference. Enquiries may result in a number of outcomes.

Concerns are not Substantiated

4.59 Section 47 enquiries may not substantiate the original concerns about the child being at risk of, or suffering, significant harm, but it is important that the core assessment is completed. In some circumstances it may be decided that the core assessment has been completed and no further action is necessary. However, LA children's social care and other relevant agencies as necessary, should always consider with the family what support and/or services maybe helpful; how the child and family might be provided with these services, if they wish it; and by whom. The focus of s47 enquiries is the welfare of the child, and the assessment may well reveal a range of needs. The provision of services to these children and their families should not be dependent on the presence of abuse and neglect. Help and support to children in need and their families may prevent problems escalating to a point where a child is abused or neglected.

4.60 In some cases, there may remain concerns about significant harm, despite there being no real evidence. It may be appropriate to put in place arrangements to monitor the child's welfare. Monitoring should never be used as a means of deferring or avoiding difficult decisions. The purpose of monitoring should always be clear, that is, what is being monitored and why, in what way and by whom. It will also be important to inform parents about the nature of any on-going concern. There should be a time set for reviewing the monitoring arrangements through the holding a further discussion or meeting.

Concerns are Substantiated, but the Child is not Judged to be at Continuing Risk of Significant Harm

4.61 There may be substantiated concerns that a child has suffered significant harm, but it is agreed between the agencies most involved and the child and family, that a plan for ensuring the child's future safety and welfare can be developed and implemented without having a child protection conference or a child protection plan. Such an approach will be of particular relevance where it is clear to the agencies involved that there is no continuing risk of significant harm.

4.62 A child protection conference may not be required when there are sound reasons, based on an analysis of evidence obtained through s47 enquiries, for judging that a child is not at continuing risk of significant harm. This may be because, for example, the caregiver has taken responsibility for the harm they caused the child, the family's circumstances have changed or the person responsible for the harm is no longer in contact with the child. It may be because significant harm was incurred as the result of an isolated abusive incident (for example, abuse by a stranger).

4.63 The agencies most involved may judge that a parent, caregiver, or members of the child's wider family are willing and able to co-operate with actions to ensure the child's future safety and welfare and that the child is therefore not at continuing risk of significant harm. This judgement can only be made in the light of all relevant information obtained during a s47 enquiry, and a soundly based assessment of the likelihood of successful intervention, based on clear evidence and mindful of the dangers of misplaced professional optimism. LA children's social care have a duty to seek children's views and take account of their wishes and feelings, according to their age and understanding. A meeting of involved professionals and family members may be useful to agree what actions should be undertaken by whom, and with what intended outcomes for the child's health and development, including the provision of therapeutic services. Whatever process is used to plan future action, the

resulting plan should be informed by the core assessment findings. It should set out who will have responsibility for what actions, including what course of action should be followed if the plan is not being successfully implemented. It should also include a timescale for review of progress against planned outcomes. Family Group Conferences (paragraphs 9.11-9.14) may have a role to play in fulfilling these tasks.

4.64 LA children's social care should take carefully any decision not to proceed to a child protection conference where it is known that a child has suffered significant harm. A suitably qualified social work manager within LA children's social care should endorse the decision. Those professionals and agencies who are most involved with the child and family, and those who have taken part in the s47 enquiry, have the right to request that LA children's social care convene a child protection conference if they have serious concerns that a child's welfare may not otherwise 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 view over the necessity for a conference in a specific case, every effort should be made to resolve them through discussion and explanation, but as a last resort LSCBs should have in place a quick and straightforward means of resolving differences of opinion.

Concerns are Substantiated and the Child is Judged to be at Continuing Risk of Significant Harm

4.65 Where the agencies most involved judge that a child may continue to suffer, or to be at risk of suffering significant harm, LA children's social care should convene a child protection conference. The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information, and plan how best to safeguard and promote the welfare of the child.

The Initial Child Protection Conference

Purpose

4.66 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 significant 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.

Timing

4.67 The timing of an initial child protection conference will depend on the urgency of the case and on the time required to obtain relevant information about the child and family. If the conference is to reach well-informed decisions based on evidence, it should take place following adequate preparation and assessment of the child's needs and circumstances. At

the same time, cases where children are at risk of significant harm should not be allowed to drift. Consequently, 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 (see 4.48).

Attendance

4.68 Those attending conferences should be there because they have a significant contribution to make, arising from professional expertise, knowledge of the child or family or both. 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 conference attendees and enable such information to be evaluated from a sound evidence base. There should be sufficient information and expertise available – through personal representation and written reports – to enable the conference to make an informed decision about what action is necessary to safeguard and promote the welfare of the child, and to make realistic and workable proposals for taking that action forward. At the same time, a conference that is larger than it needs to be can inhibit discussion and intimidate the child and family members. Those who have a relevant contribution to make may include:

- family members (including children if of sufficient age and understanding and the wider family);
- LA children's social care staff who have led and been involved in an assessment of the child and family;
- foster carers (current or former);
- professionals involved with the child (for example, health visitors, midwife, school nurse, children's guardian, paediatrician, education staff, early years staff, the GP);
- professionals involved with the parents or other family members (for example, family support services, adult mental health services, probation, the GP);
- 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.

4.69 The relevant LSCB protocol should specify a required quorum for attendance, and list those who should be invited to attend, provided that they have a relevant contribution to make. As a minimum, at every conference there should be attendance by LA children's social care and at least two other professional groups or agencies, who have had direct contact with the child who is the subject of the conference. In addition, attendees may also include those whose contribution relates to their professional expertise or responsibility for relevant services. In exceptional cases, where a child has not had relevant contact with three agencies (that is, LA children's social care and two others), this minimum quorum may be breached. Professionals and agencies who are invited but are unable to attend should submit a written report.

Involving the Child and Family Members

4.70 Before a conference is held, the purpose of a conference, who will attend, and the way in which it will operate, should always be explained to a child of sufficient age and understanding, and to the parents and involved family members. The parents should normally be invited to attend the conference and helped to participate fully. Children's social care staff should give parents information about local advice and advocacy agencies, and explain that they may bring an advocate, friend or supporter. The child, subject to consideration about age and understanding, should be given the opportunity to attend if s/he wishes, and to bring an advocate, friend or supporter. Where the child's attendance is neither desired by him/her nor appropriate, the LA children's social care professional who is working most closely with the child should ascertain what his/her wishes and feelings are, and make these known to the conference.

4.71 The involvement of family members should be planned carefully. It may not always be possible to involve all family members at all times in the conference, for example, if one parent is the alleged abuser or if there is a high level of conflict between family members. Adults and any children who wish to make representations to the conference may not wish to speak in front of one another. Exceptionally, it may be necessary to exclude one or more family members from a conference, in whole or in part. The conference is primarily about the child, and while the presence of the family is normally welcome, those professionals attending must be able to share information in a safe and non-threatening environment. Professionals may themselves have concerns about violence or intimidation, which should be communicated in advance to the conference chair.

4.72 LSCB procedures should set out criteria for excluding a parent or caregiver, including the 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, might be one reason for exclusion. The possibility that a parent/caregiver may be prosecuted for an offence against a child is not in itself a reason for exclusion although in these circumstances the chair should take advice from the police about any implications arising from an alleged perpetrator's attendance. If criminal proceedings have been instigated, the view of the Crown Prosecution Service should be taken into account. The decision to exclude a parent or caregiver from the child protection conference rests with the chair of the conference, acting within LSCB procedures. If the parents are excluded, or are unable or unwilling to attend a child protection conference, they should be enabled to communicate their views to the conference by another means.

Chairing the Conference

4.73 A professional who is a qualified and experienced social worker and is independent of operational or line management responsibilities for the case should chair the conference. The status of the chair should be sufficient to ensure inter-agency commitment to the conference and the child protection plan. Wherever possible, the same person should also chair subsequent child protection reviews in respect of a specific child. The responsibilities of the chair include:

- meeting the child and family members in advance, to ensure that they understand the purpose of the conference and what will happen;
- setting out the purpose of the conference to all present, determining the agenda and emphasising the confidential nature of the occasion;
- enabling all those present, and absent contributors, to make their full contribution to discussion and decision-making; *and*

- ensuring that the conference takes the decisions required of it, in an informed, systematic and explicit way.

4.74 A conference chair should be trained in the role and should have:

- a good understanding and professional knowledge of children's welfare and development, and best practice in working with children and families;

- the ability to look objectively at, and assess the implications of the evidence on which judgements should be based;

- skills in chairing meetings in a way which encourages constructive participation, while maintaining a clear focus on the welfare of the child and the decisions which have to be taken; and

- knowledge and understanding of anti-discriminatory practice.

Information for the Conference

4.75 LA children's social care should provide the conference with a written report that summarises and analyses the information obtained in the course of the initial assessment and the core assessment undertaken under s47 of the Children Act 1989 (in as far as it has been completed within the available time period) and information in existing records relating to the child and family. Where decisions are being made about more than one child in a family, there should be a report prepared on each child. The report for a child protection conference should be consistent with the information set out in the Initial Child Protection Child Protection Conference Report *(*Department of Health, 2002). The core assessment is the means by which a s47 enquiry is carried out. Although a core assessment will have been commenced it is unlikely it will have been completed in time for the conference, given the 35 working day period that such assessments can take. The report should include:

- a chronology of significant events and agency and professional contact with the child and family;

- information on the child's current and past state of developmental needs;

- information on the capacity of the parents and other family members to ensure the child is safe from harm, and to respond to the child's developmental needs, within their wider family and environmental context;

- the expressed views, wishes and feelings of the child, parents, and other family members; and

- an analysis of the implications of the information obtained for the child's future safety and meeting of his or her developmental needs.

4.76 Where relevant, the parents and each child should be provided with a copy of the report in advance of the conference. The contents of the report should be explained and discussed with the child and relevant family members in advance of the conference itself, in the preferred language(s) of the child and family members.

4.77 Other professionals attending the conference should bring with them details of their involvement with the child and family, and information concerning their knowledge of the child's developmental needs, and the capacity of the parents to meet the needs of their child within their family and environmental context. It is good practice for contributors to provide in

advance a written report to the conference that should be made available to those attending. The child and family members should be helped in advance to think about what they want to convey to the conference and how best to get their points across on the day. Some may find it helpful to provide their own written report, which they may be assisted to prepare by their adviser/advocate.

4.78 All those providing information should take care to distinguish between fact, observation, allegation and opinion.

Action and Decisions for the Conference

4.79 The conference should consider the following question when determining whether the child should be the subject of a child protection plan:

Is the child at continuing risk of significant harm?

4.80 The test 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 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.

4.81 If the child is at continuing risk of significant harm, it will therefore be the case that safeguarding the child requires inter-agency help and intervention delivered through a formal child protection plan. It is also the role of the initial child protection conference to formulate the outline child protection plan, in as much detail as possible.

4.82 Conference participants should base their judgements on all the available evidence obtained through existing records, the initial assessment and the in-depth core assessment undertaken following the initiation of s47 enquiries. The method of reaching a decision within the conference on whether the child should be the subject of a child protection plan, should be set out in the relevant LSCB protocol. The decision making process should be based on the views of all agencies represented at the conference, and also take into account any written contributions that have been made.The decision of the conference and, where appropriate, details of the category of abuse or neglect, the name of the key worker and the core group membership should be recorded in a manner that is consistent with the Initial Child Protection Conference Report (Department of Health, 2002) and circulated to all those invited to the conference within one working day.

4.83 If a decision is taken that the child is at continuing risk of significant harm and hence in need of a child protection plan, the chair should determine which category of abuse or neglect the child has suffered. 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.

4.84 A child may not be the subject of a child protection plan, but he or she may nonetheless require services to promote his or her health or development. In these circumstances, the conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Subject to the family's views and consent, it may be appropriate to continue with and complete a core assessment

of the child's needs to help determine what support might best help promote the child's welfare. Where the child's needs are complex, inter-agency working will continue to be important. Where appropriate, a child in need plan should be drawn up and reviewed at regular intervals - no less frequent than every six months (paragraph 4.33 and 4.36, Assessment Framework).

4.85 Where a child is to be the 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. This should enable both professionals and the family to understand exactly what is expected of them and what they can expect of others. Specific tasks include the following:

- appointing 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;

- identifying the membership of a core group of professionals and family members who will develop and implement the child protection plan as a detailed working tool;

- establishing how children, parents (including all those with parental responsibility) and wider family members should be involved in ongoing assessment, planning and implementation process, and the support, advice and advocacy available to them;

- establishing timescales for meetings of the core group, production of a child protection plan, and for child protection review meetings;

- identifying in outline what further action is required to complete the core assessment and what other specialist assessments of the child and family are required to make sound judgements on how best to safeguard and promote the welfare of the child;

- outlining the child protection plan, especially, identifying what needs to change in order to safeguard and promote the welfare of the child;

- ensuring a contingency plan is in place if agreed actions are not completed and/or circumstances change, for example if a caregiver fails to achieve what has been agreed, a court application is not successful or a parent removes the child from a place of safety;

- clarifying the different purpose and remit of the initial conference, the core group, and the child protection review conference; and

- agreeing a date for the first child protection review conference, and under what circumstances it might be necessary to convene the conference before that date.

4.86 The outline child protection plan should:

- identify factors associated with the likelihood of the child suffering significant harm and ways in which the child can be protected through an inter-agency plan based on the current findings from the assessment and information held from any previous involvement with the child and family;

- establish short-term and longer-term aims and objectives that are clearly linked to reducing the likelihood of harm to the child and promoting the child's welfare, including contact with family members;

- be clear about who will have responsibility for what actions – including actions by family members – within what specified timescales;

- outline ways of monitoring and evaluating progress against the planned outcomes set out in the plan; and

- be clear about which professional is responsible for checking that the required changes have taken place, and what action will be taken, by whom, when they have not.

Complaints About a Child Protection Conference

4.87 Parents/caregivers and, on occasion children, may have concerns about which they may wish to make representations or complain, in respect of one or more of the following aspects of the functioning of child protection 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 the subject of a child protection plan. 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. For example, Social Services Departments are required (by s26 of the Children Act 1989) to establish complaints procedures to deal with complaints arising in respect of Part III of the Act.

4.88 Complaints about aspects of the functioning of conferences described above should be addressed to the conference chair. Such complaints should be passed on to LA 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.[9] (This section will be updated when regulations on the revision of Local Authority Complaints Procedures under the Children Act (1989) are revised later in 2005). In considering and responding to complaints, the local authority should form an inter-agency panel made up of senior representatives from LSCB 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).

4.89 In addition, representations and complaints may be received by individual agencies in respect of services provided (or not provided) as a consequence of assessments and conferences, including those set out in child protection plans. Such concerns should be responded to by the relevant agency in accordance with its own processes for responding to such matters.

Administrative Arrangements and Record Keeping

4.90 Those attending should be notified of conferences as far in advance as possible, and the conference should be held at a time and place likely to be convenient to as many people as possible. All child protection conferences, both initial and review, should have a dedicated person to take notes and produce minutes of the meeting. The record of the conference is a crucial working document for all relevant professionals and the family. It should include the

[9] The Directions are based on s.7B of the Local Authority Social Services Act 1970, inserted by s.50 of the National Health Service and Community Care Act 1990.

essential facts of the case; a summary of discussion at the conference, which accurately reflects contributions made; all decisions reached, with information outlining the reasons for decisions; and a translation of decisions into an outline or revised child protection plan enabling everyone to be clear about their tasks. A copy should be sent as soon as possible after the conference to all those who attended or were invited to attend, including family members, except for any part of the conference from which they were excluded. The record is confidential and should not be passed by professionals to third parties without the consent of either the conference chair or the key worker. However, in cases of criminal proceedings, the police may reveal the existence of the notes to the CPS in accordance with the Criminal Procedure and Investigation Act 1996. The record of the decisions of the child protection conference should be retained by the recipient agencies and professionals in accordance with their record retention policies.

Action Following the Initial Child Protection Conference

The Role of the Key Worker

4.91 When a conference decides that a child should be the subject of a child protection plan, one of the child care agencies with statutory powers (LA children's social care or the NSPCC) should carry future child care responsibility for the case and designate an experienced member of its social work staff to be the key worker. Each child who is the subject of a child protection plan should have a named key worker.

4.92 The key worker is responsible for making sure that the outline child protection plan is developed into a more detailed inter-agency plan. S/he should complete the core assessment of the child and family, securing contributions from core group members and others as necessary. The key worker is also responsible for acting as lead worker for the inter-agency work with the child and family. S/he should co-ordinate the contribution of family members and other agencies to planning the actions which need to be taken, putting the child protection plan into effect, and reviewing progress against the objectives set out in the plan. It is important that the role of the key worker is fully explained at the initial child protection conference and at the core group.

The Core Group

4.93 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 child protection conference. Membership should include the key worker, who leads the core group, the child if appropriate, family members, and professionals or foster carers who will have direct contact with the family. Although the key worker has the lead role, all members of the core group are jointly responsible for the formulation and implementation of the child protection plan, refining the plan as needed, and monitoring progress against the planned outcomes set out in the plan.

4.94 Core groups are an important forum for working with parents, wider family members, and children of sufficient age and understanding. It can often be difficult for parents to agree to a child protection plan within the confines of a formal conference. Their agreement may be gained later when details of the plan are worked out in the core group. Sometimes there may be conflicts of interest between family members who have a relevant interest in the work of the core group. The child's best interests should always take precedence over the interests of other family members.

4.95 The first meeting of the core group should take place within 10 working days of the initial child protection conference. The purpose of this first meeting is to flesh out the child protection plan and decide what steps need to be taken by whom to complete the core

assessment on time. Thereafter, core groups should meet sufficiently regularly to facilitate working together, monitor actions and outcomes against the child protection plan, and make any necessary alterations as circumstances change.

Completion of the Core Assessment

4.96 There should be a written note recording the decisions taken and actions agreed at core group meetings. The child protection plan should be updated as necessary.

4.97 Completion of the core assessment, within 35 working days, should include an analysis of the child's developmental needs and the parents' capacity to respond to those needs, including parents' capacity to ensure that the child is safe from harm. It may be necessary to commission specialist assessments (for example, from child and adolescent mental health services) which it may not be possible to complete within this time period. This should not delay the drawing together of the core assessment findings at this point.

4.98 The analysis of the child's needs should provide evidence on which to base judgements and plans on how best to safeguard and promote the welfare of a child and support parents in achieving this aim. Decisions based an analysis of the child's developmental needs should be used to develop the child protection plan.

The Child Protection Plan

4.99 The initial child protection conference is responsible for agreeing an outline child protection plan. Professionals and parents/caregivers should develop the details of the plan in the core group. The overall aim of the plan is to:

- ensure the child is safe and prevent him or her from suffering further harm;
- promote the child's health and 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 their child.

4.100 The child protection plan should be based on the findings from the assessment and follow the dimensions relating to the child's developmental needs, parenting capacity and family and environmental factors and drawing on knowledge about effective interventions. The content of the child protection plans should be consistent with the information set out in the exemplar for the Child Protection Plan (Department of Health, 2002). It should set out what work needs to be done, why, when and by whom. The plan should:

- describe the identified developmental needs of the child, and what therapeutic services are required;
- include specific, achievable, child-focused outcomes intended to safeguard and promote the welfare of the child;
- include realistic strategies and specific actions to achieve the planned outcomes;
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- lay down points at which progress will be reviewed, and the means by which

progress will be judged; and

- set out clearly the roles and responsibilities of those professionals with routine contact with the child, for example, health visitors, GPs and teachers, as well as any specialist or targeted support to the child and family.

4.101 The child protection plan should take into consideration the wishes and feelings of the child, and the views of the parents, insofar as they are consistent with the child's welfare. The key worker should make every effort to ensure that the children and parents have a clear understanding of the planned outcomes, that they accept the plan and are willing to work to it. The plan should be constructed with the family in their preferred language and they should receive a written copy in this language. If family members' preferences are not accepted about how best to safeguard and promote the welfare of the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

Agreeing the plan with parents

4.102 Parents should be clear about the evidence of significant harm which resulted in the child becoming the subject of a child protection plan, what needs to change, and about what is expected of them as part of the plan for safeguarding and promoting the child's welfare. All parties should be clear about the respective roles and responsibilities of family members and different agencies in implementing the plan. The parents should receive a written copy of the plan so that they are clear about who is doing what when, and the planned outcomes for the child.

Intervention

4.103 Decisions about how to intervene, including what services to offer, should be based on evidence about what is likely to work best to bring about good outcomes for the child. A number of aspects of intervention should be considered in the context of the child protection plan, in the light of evidence from assessment of the child's developmental needs, the parents' capacity to respond appropriately to the child's needs, and the wider family circumstances.

4.104 It is important that services are provided to give the child and family the best chance of achieving the required changes. If a child cannot be cared for safely by his or her caregiver(s) she or he will have to be placed elsewhere whilst work is being undertaken with the child and family. Irrespective of where the child is living, interventions should specifically address:

- the developmental needs of the child;
- the child's understanding of what has happened to him or her;
- the abusing caregiver/child relationship and parental capacity to respond to the child's needs;
- the relationship between the adult caregivers both as adults and parents;
- family relationships; and
- possible changes to the family's social and environmental circumstances.

4.105 Intervention may have a number of inter-related components:

- action to make a child safe;
- action to help promote a child's health and development ie welfare;
- action to help a parent(s)/caregiver(s) in safeguarding a child and promoting his or her welfare;
- therapy for an abused child; and
- support or therapy for a perpetrator of abuse.

4.106 The development of secure parent–child attachments is critical to a child's healthy development. The quality and nature of the attachment will be a key issue to be considered in decision making, especially if decisions are being made about moving a child from one setting to another; re-uniting a child with his or her birth family; or considering a permanent placement away from the child's family. If the plan is to assess whether the child can be reunited with the caregiver(s) responsible for the maltreatment, very detailed work will be required to help the caregiver(s) develop the necessary parenting skills.

4.107 A key issue in deciding on suitable interventions will be whether the child's developmental needs can be responded to within his or her family context, and **within timescales that are appropriate for the child**. These timescales may not be compatible with those for the caregiver(s) who is/are in receipt of therapeutic help. The process of decision making and planning should be as open as possible, from an ethical as well as practical point of view. Where the family situation is not improving or changing fast enough to respond to the child's needs, decisions will be necessary about the long-term future of the child. In the longer term it may mean it will be in the best interests of the child to be placed in an alternative family context. Key to these considerations is what is in the child's best interests, informed by the child's views.

4.108 Children who have suffered significant harm may continue to experience the consequences of this abuse irrespective of where they are living: whether remaining with or being reunited with their families or alternatively being placed in new families. This relates particularly to their behavioural and emotional development. Therapeutic work with the child should continue, therefore, irrespective of where the child is placed, in order to ensure the needs of the child are responded to appropriately.

4.109 More information to assist with making decisions about interventions is available in the Chapter 4 of the *Assessment Framework* and the accompanying practice guidance (Department of Health, 2000).

The Child Protection Review Conference

Timescale

4.110 The first child protection review conference should be held within three months of the initial child protection conference, and further reviews should be held at intervals of not more than six months for as long as the child remains the subject of a child protection plan. This is to ensure that momentum is maintained in the process of safeguarding and promoting the welfare of the child. Where necessary, reviews should be brought forward to address changes in the child's circumstances. Attendees should include those most involved with the child and family in the same way as at an initial child protection conference, and the LSCB protocols for establishing a quorum should apply.

Purpose

4.111 The purpose of the child protection review is to review the safety, health and development of the child against planned outcomes set out in the child protection plan; to ensure that the child continues to be safeguarded from harm; and to consider whether the child protection plan should continue in place or should be changed. The reviewing of the child's progress and the effectiveness of interventions are critical to achieving the best possible outcomes for the child.

4.112 The review requires as much preparation, commitment and management as the initial child protection conference. Every review should consider explicitly whether the child continues to be at risk of significant harm, and hence continues to require safeguarding from harm through adherence to a formal child protection plan. If not, then the child should no longer be the subject of a child protection plan. The same LSCB decision-making procedure should be used to reach a judgement on a child protection plan as is used at the initial child protection conference. As with initial child protection conferences, the relevant LSCB protocol should specify a required quorum for attendance at review conferences.

4.113 The core group has a collective responsibility to produce reports for the child protection review which together provide an overview of work undertaken by family members and professionals, and evaluate the impact on the child's welfare against the planned outcomes set out in the child protection plan. The content of the report to the review child protection conference should be consistent with the information set out in the Child Protection Review (Department of Health, 2002).

Discontinuing the Child Protection Plan

4.114 A child should no longer be the 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 (for example, the likelihood of harm has been reduced by action taken through the child protection plan; the child and family's circumstances have changed; or re-assessment of the child and family indicates that a child protection plan is not necessary). Under these circumstances, only a child protection review 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 which event may discontinuing the child protection plan take place in respect of the original local authority's child protection plan;

- the child has reached 18 years of age, has died or has permanently left the UK.

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

4.116 A child who is no longer the subject of a child protection plan may still require additional support and services and discontinuing the child protection plan should never lead to the automatic withdrawal of help. The key worker should discuss with the parents and the child what services might be wanted and required, based upon the re-assessment of the needs of the child and family.

Children Looked After by the Local Authority

4.117 The Review of Children's Cases Regulations 1991 as amended by The Review of Children's Cases (Amendment) (England) Regulations 2004 set out the requirements for local authorities as responsible authorities for looked after children, voluntary organisations which accommodate children under Section 59 of the Children Act and registered children's homes which accommodate children to review each child's care plan. The Regulations make provision for the minimum frequency of the review and the matters which must be discussed.

4.118 The Review of Children's Cases (Amendment) Regulations 2004 require each responsible authority to appoint an independent reviewing officer (IRO). The IROs are responsible for monitoring the local authority's review of the care plan, with the aim of ensuring that actions required to implement the care plan are carried out and outcomes monitored. The Regulations give IROs power to refer a case to the Children and Family Court Advisory and Support Service (CAFCASS) to take legal action as a last resort where a child's human rights are considered to be in breach through failure to implement the care plan.

4.119 Where children looked after are also subject to a child protection review conference the overriding principle must be that the systems are integrated and carefully monitored in a way that promotes a child centred and not a bureaucratic approach. It is important to link the timing of a child protection review conference with the review under the Review Regulations to ensure that information from the former is brought 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.

4.120 IROs may be employed to chair child protection conferences as well as looked after children reviews. The appropriateness of the IRO undertaking this role should be considered on a case by case basis. This must be managed in a way which ensures that the independence of the IRO is not compromised.

Pre-Birth Child Protection Conferences and Reviews

4.121 Where a core assessment under s47 of the Children Act 1989 gives rise to concerns that an unborn child may be at future risk of significant harm, LA children's social care may decide to convene an initial child protection conference prior to the child's birth. Such a conference should have the same status, and proceed in the same way, as other initial child protection conferences, including decisions about a child protection plan. Similarly in respect of child protection review conferences. The involvement of midwifery services is vital in such cases.

Recording that a child is the subject of a child protection plan

4.122 LA children's social care IT systems should be capable of recording in the child's case record when the child is the subject of a child protection plan. Each Local Authority's IT system which is supporting the Integrated Children's System (ICS) (required to be operational from 1 January 2006) should be capable of producing a list of all the children resident in the area (including those who have been placed there by another local authority or agency) who are considered to be at continuing risk of significant harm, and for whom there is a child protection plan.

4.123 The principal purpose of having the IT capacity to record that a child is the subject of a child protection plan is to enable agencies and professionals to be aware of those children who are judged to be at continuing risk of significant harm and who are the subject of a child protection plan. It is equally important that agencies and professionals can obtain relevant information about other children who are known or have been known to the Local Authority.

Consequently, agencies and professionals who have concerns about a child should be able to obtain information about a child that is recorded on the Local Authorities ICS IT system (www.everychildmatters.gov.uk/socialcare/ics). It is essential that both police and health professionals are able to obtain this information both in and outside office hours.

4.124 Children should be recorded as having been abused or neglected under one or more of the categories of physical, emotional, or sexual abuse or neglect, according to a decision by the chair of the child protection conference. These categories help indicate the nature of the current concerns. Recording information in this way also allows for the collation and analysis of information locally and nationally and for its use in planning the provision of services. The categories selected should reflect all the information obtained in the course of the initial assessment and core assessment under s47 or the Children Act 1989 and subsequent analysis and should not just relate to one or more abusive incidents.

Managing and Providing Information About a Child

4.125 Each local authority should designate a manager, normally an experienced social worker, who has responsibility for:

- ensuring that records on children who have a child protection plan are kept up to date;
- ensuring enquiries about children about whom there are concerns or who have child protection plans are recorded and considered in accordance with paragraph 4.132;
- managing other notifications of movements of children into or out of the local authority area such as children who have a child protection plan and looked after children;
- managing notification of people who may pose a risk of harm to children who are either identified with the local authority area or have moved into the local authority area.

4.126 Information on each child known to LA children's social care should be kept up-to-date on the Local Authorities ICS IT system, and the content of the child's record should be confidential, available only to legitimate enquirers. This information should be accessible at all times to such enquirers. The details of enquirers should always be checked and recorded on the system before information is provided.

4.127 If an enquiry is made about a child and the child's case is open to LA children's social care, the enquirer should be given the name of the child's key worker and the key worker informed of this enquiry so that they can follow it up. If an enquiry is made about a child at the same address as a child on a child protection plan, this information should be sent to the key worker of the child who is the subject of the child protection plan. If an enquiry is made but the child is not known to LA children's social care, this enquiry should be recorded on a contact sheet together with the advice given to the enquirer. In the event of there being a second enquiry about a child who is not known to social services, not only should the fact of the earlier enquiry be notified to the later enquirer, but the designated manager in LA children's social care should ensure that LA children's social care consider whether this is or may be a child in need.

4.128 The Department for Education and Skills holds lists of designated managers and should be notified of any changes in designated managers.

Recording

4.129 Good record keeping is an important part of the accountability of professionals to those who use their services. It helps to focus work, and it is essential to working effectively across agency and professional boundaries. Clear and accurate records ensure that there is a documented account of an agency's or professional's involvement with a child and/or family. They help with continuity when individual workers are unavailable or change, and they provide an essential tool for managers to monitor work or for peer review. Records are an essential source of evidence for investigations and inquiries, and may also be required to be disclosed in court proceedings. Cases where s47 enquiries do not result in the substantiation of referral concerns should be retained in accordance with agency retention policies. These policies should ensure that records are stored safely and can be retrieved promptly and efficiently.

4.130 To serve these purposes records should use clear, straightforward language, be concise, and be accurate not only in fact, but also in differentiating between opinion, judgement and hypothesis.

4.131 Well kept records provide an essential underpinning to good professional practice. Safeguarding and promoting the welfare of children requires information to be brought together from a number of sources and careful professional judgements to be made on the basis of this information. Records should be clear, accessible and comprehensive, with judgements made and decisions and interventions carefully recorded. Where decisions have been taken jointly across agencies, or endorsed by a manager, this should be made clear.

4.132 The exemplars (Department of Health, 2002) produced to support the implementation of the Integrated Children's System contain the information requirements for LA children's social care together with others when recording information about children in need and their families. The appropriate record to use at different stages of working with children and families has been referenced throughout this chapter.

Supplementary Guidance on Safeguarding and Promoting the Welfare of Children

4.133 The following paragraphs summarise supplementary guidance to *Working Together to Safeguard Children.* These publications follow the processes set out in this chapter when responding to concerns about the welfare of a child or child(ren) but have been developed in more detail to reflect the specialist nature of children being involved in prostitution; fabricated or induced illness; complex abuse; or when investigating allegations against a professional, foster carer or volunteer respectively.

Children Abused through Prostitution

4.134 Children involved in prostitution and other forms of commercial sexual exploitation should be treated primarily as the victims of abuse, and their needs require careful assessment. They are likely to be in need of welfare services and - in many cases - protection under the Children Act 1989. Children involved in prostitution may be difficult to reach, and under very strong pressure to remain in prostitution. They may be fearful of being involved with the police or children's social care, and may respond best initially to informal contact from health or voluntary sector outreach workers. Gaining the child's trust and confidence is vital if he or she is to be helped to be safe and well, and diverted from prostitution. The LSCB should actively enquire into the extent to which children are involved in prostitution in the local area. They should not assume that this is not a local issue.

4.135 The Home Office and Department of Health jointly published guidance in May 2000 on safeguarding children involved in prostitution. The guidance promotes an approach whereby agencies should work together to:

- recognise the problem;
- treat the child primarily as a victim of abuse;
- safeguard the children involved and promote their welfare;
- work together to prevent abuse and provide children with opportunities and strategies to exit from prostitution; and
- investigate and prosecute those who coerce, exploit and abuse children.

4.136 The guidance states that local agencies should develop inter-agency protocols to guide action when there are concerns that a child is involved in prostitution, including guidance on sharing concerns about a child's safety. The protocols should be consistent with LSCB procedures for safeguarding and promoting the welfare of children, with procedures for working with children in need, and with relevant aspects of youth offending protocols. The identification of a child involved in prostitution, or at risk of being drawn into prostitution, should always trigger the agreed local procedures to ensure the child's safety and welfare, and to enable the police to gather evidence about abusers and coercers. The strong links that have been identified between prostitution and substance misuse should be borne in mind in the development of protocols.

Fabricated or Induced Illness

4.137 Concerns may be raised when it is considered that the health or development of a child is likely to be significantly impaired or further impaired by a parent or caregiver who has fabricated or induced illness. These concerns may arise when:

- reported symptoms and signs found on examination are not explained by any medical condition from which the child may be suffering; or
- physical examination and results of medical investigations do not explain reported symptoms and signs; or
- there is an inexplicably poor response to prescribed medication and other treatment; or
- new symptoms are reported on resolution of previous ones; or
- reported symptoms and found signs are not seen to begin in the absence of the caregiver; or
- over time the child repeatedly presents with a range of symptoms; or
- the child's normal activities are being curtailed beyond that which might be expected for any medical disorder from which the child is known to suffer.

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

4.139 There are three main ways of fabricating or inducing illness in a child. These are not mutually exclusive:

- fabrication of signs and symptoms. This may include fabrication of past medical history;

- fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents;

- induction of illness by a variety of means.

4.140 In 2002 the government published *Safeguarding Children in Whom Illness is Fabricated or Induced*. This Guidance provides a national framework within which agencies and professionals at a local level – individually and jointly – draw up and agree their own more detailed ways of working together where illness may be being fabricated or induced in a child by a caregiver who has parenting responsibilities for him or her. LSCBs should incorporate this Guidance and its references to covert video surveillance, into their local procedures for safeguarding and promoting the welfare of children, rather than having separate procedures on fabricated or induced illness in children. Within the local procedures, the section on the use of covert video surveillance should make reference to the good practice advice for police officers which is available to them from the National Crime Faculty.

Investigating Complex (Organised or Multiple) Abuse

4.141 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.

4.142 Complex abuse occurs both as part of a network of abuse across a family or community, and within institutions such as residential homes or schools. Such abuse is profoundly traumatic for the children who become involved. Its investigation is time-consuming and demanding work requiring specialist skills from both police and social work staff. Some investigations become extremely complex because of the number of places and people involved, and the timescale over which abuse is alleged to have occurred. The complexity is heightened where, as in historical cases, the alleged victims are no longer living in the setting where the incidents occurred or where the alleged perpetrators are also no longer linked to the setting or employment role.

4.143 Each investigation of organised or multiple abuse will be different, according to the characteristics of each situation and the scale and complexity of the investigation. Although there has been much reporting in recent years about complex abuse in residential settings, complex abuse can occur in day care, in families and in other provisions such as youth services, sports clubs and voluntary groups. Cases of children being abused via the use of the internet is also a new form of abuse which agencies are having to address.

4.144 Each complex abuse case requires thorough planning, good inter-agency working, and attention to the welfare needs of the children victims or adult survivors involved. The guidance, *Complex Child Abuse Investigations: Inter-agency issues* (Home Office and Department of Health, 2002) seeks to help agencies confronted with difficult investigations by sharing the accumulated learning from serious case reviews. It sets out the overarching policy and practice framework to inform and shape the detailed strategic plans that agencies will need to develop when confronted with a complex child abuse case. It does not, however,

provide detailed operational guidance on all aspects of such investigations. This guidance is equally relevant to investigating organised or multiple abuse within an institution. In addition, Appendix A in the *Complex Child Abuse Investigations* Guidance identifies the issues which should be addressed in all major investigations, and which should be reflected in local procedures.

Allegations of Abuse Made Against a Professional, Foster Carer, or Volunteer

General

4.145 Experience has shown that children can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse of children by a professional, staff member, foster carer or volunteer (from LSCB member agencies) should therefore be taken seriously and treated in accordance with local procedures to safeguard and promote the welfare of children. Other organisations which provide services for children (including day care, leisure, churches, other places of worship and voluntary services) should have a procedure for handling such allegations which is consistent with this guidance and with LSCB procedures. There should be clear written procedures in place which are available for scrutiny by service users, and which are supported by the training and supervision of staff. It is essential that all allegations are examined objectively by staff who are independent of the service, organisation or institution concerned.

Investigating Allegations

4.146 Where allegations of abuse are made against a staff member or volunteer, whether contemporary in nature, historical, or both, the matter should be referred to LA children's social care, in the same way as any other concern about possible abuse. Children's social care should always discuss the case with the police at the first opportunity if a criminal offence may have been committed against a child. Investigations into allegations relating to a member of the LA's own staff (or foster carers) should involve an independent person, from outside the relevant service or institution or from outside the authority e.g. another local authority or NSPCC.

4.147 In recent years, there have been a number of widely reported cases of historical abuse, usually of an organised or multiple nature (see previous section). Such cases have generally come to light after adults have reported abuse that they had experienced when children, while living away from home in settings provided by local authorities, the voluntary sector or independent providers. When such allegations are made, they should be responded to in the same way as contemporary concerns, in terms of prompt referral to LA children's social care and discussion with the police if it appears that a criminal offence has been committed.

4.148 Any investigation may well have three related, but independent strands: s47 enquiries, relating to the safety and welfare of any children who are or who may have been involved; a police investigation into a possible offence; disciplinary procedures, where it appears that the allegations may amount to misconduct or gross misconduct on the part of staff. A similar, if simpler, process will need to be in place for responding to concerns about volunteers.

4.149 It is essential that the common facts of the alleged abuse are applied independently to each of the three strands of possible enquiries/investigation. 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. The important thing is that each aspect is thoroughly assessed, and a definite conclusion reached.

4.150 The risk of harm to children posed by the person under investigation should be effectively evaluated and managed – in respect of the child(ren) involved in the allegations, and any other children in the individual's home, work or community life.

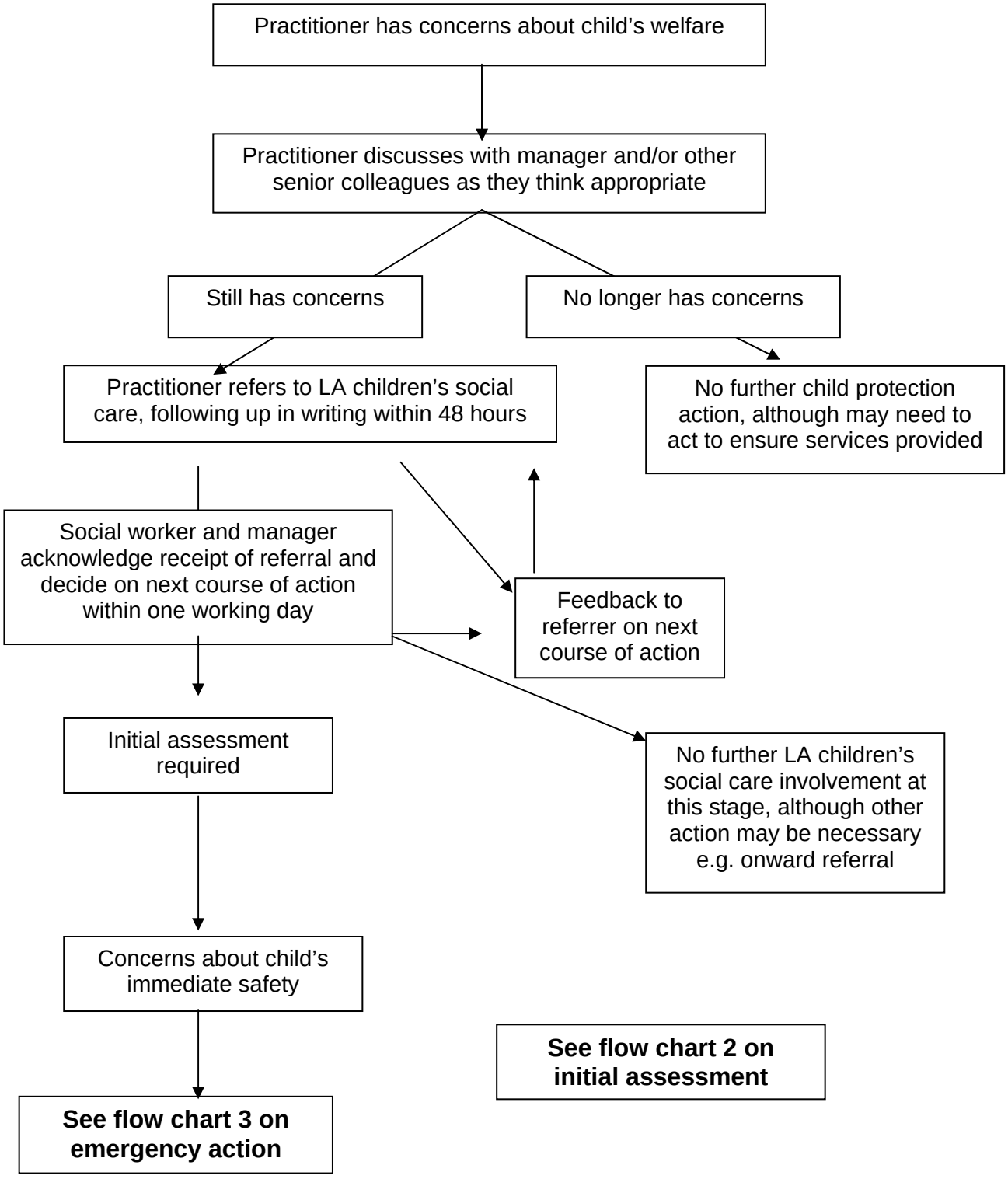
4.151 Staff, foster carers, volunteers and other individuals about whom there are concerns should be treated fairly and honestly, and should be provided with support throughout the investigation process as should others who are also involved. They should be helped to understand the concerns expressed and the processes being operated, and be clearly informed of the outcome of any investigation and the implications for disciplinary or related processes. The investigation should be completed as quickly as possible consistent with its effective conduct. The police and other relevant agencies should always agree jointly when to inform the suspect of allegations which are the subject of criminal proceedings.

4.152 Parents of affected children should be given information about the concerns, advised on the processes to be followed, and the outcomes reached. The provision of information and advice must take place in a manner that does not impede the proper exercise of s47 enquiries, disciplinary and investigative processes.

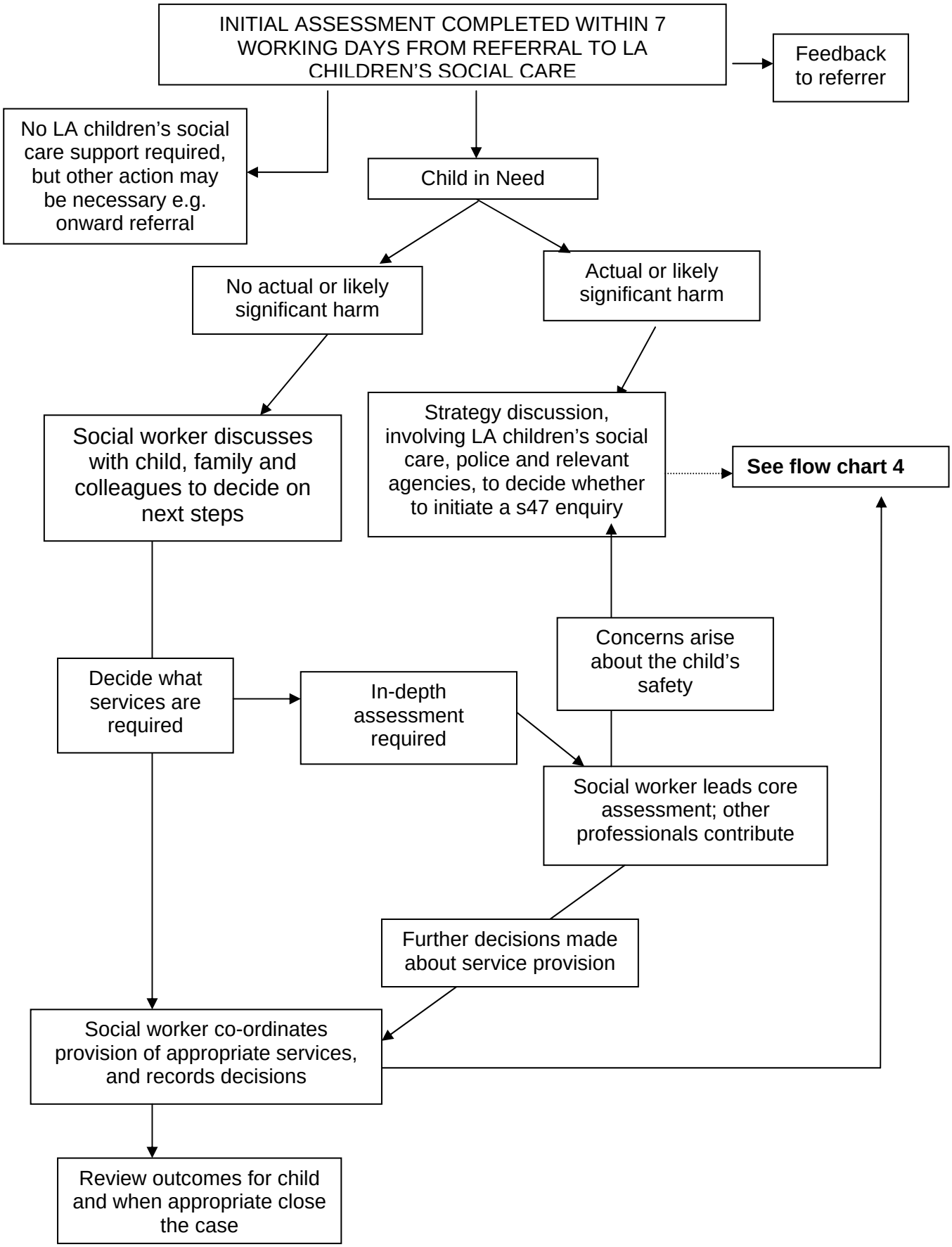
4.153 Those undertaking investigations should be alert to any sign or pattern which suggests that the abuse is more widespread or organised than it appears at first sight, or that it involves other perpetrators or institutions. It is important not to assume that initial signs will necessarily be related directly to abuse, and to consider occasions where boundaries have been blurred, inappropriate behaviour has taken place, and matters such as fraud, deception or pornography have been involved.

4.154 If an allegation is substantiated, the managers or commissioners of the service should think widely about the lessons of the case and how they should be acted upon. This should include whether there are features of the organisation which may have contributed to the abuse occurring, or failed to prevent the abuse occurring. In some circumstances, a full serious case review may be appropriate (see Chapter 6).

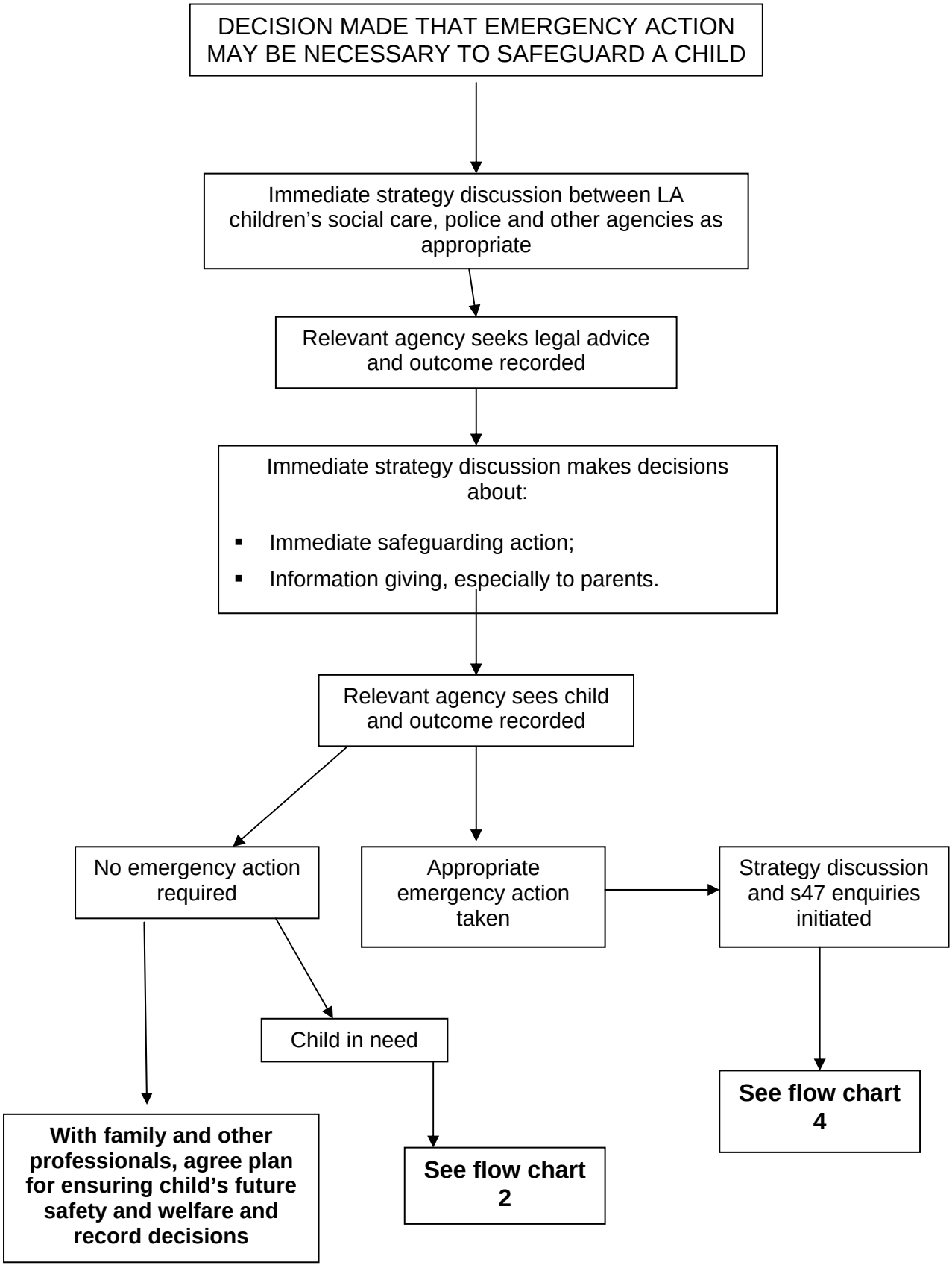
FLOW CHART 1 – REFERRAL



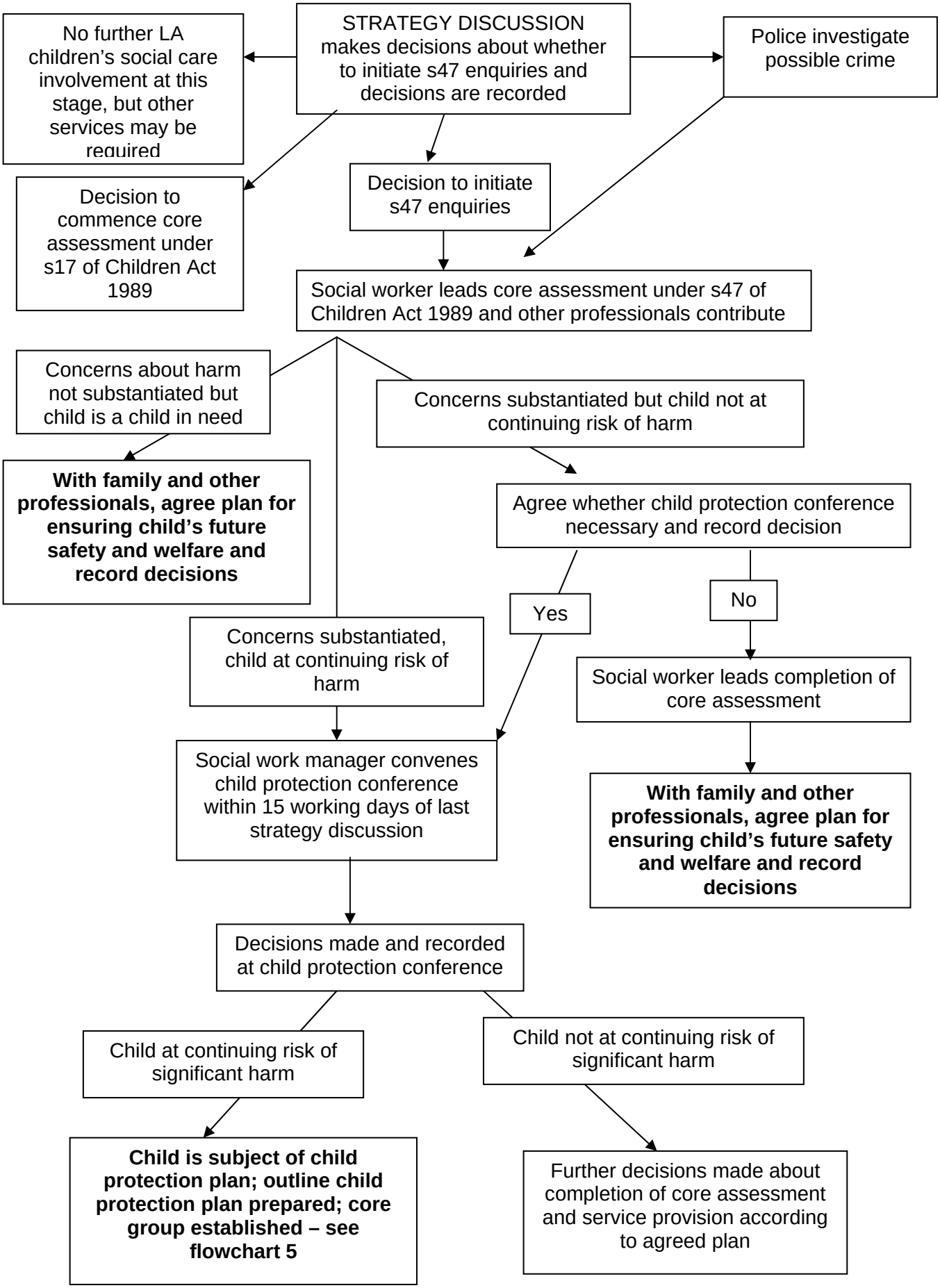
FLOW CHART 2 - WHAT HAPPENS FOLLOWING INITIAL ASSESSMENT?



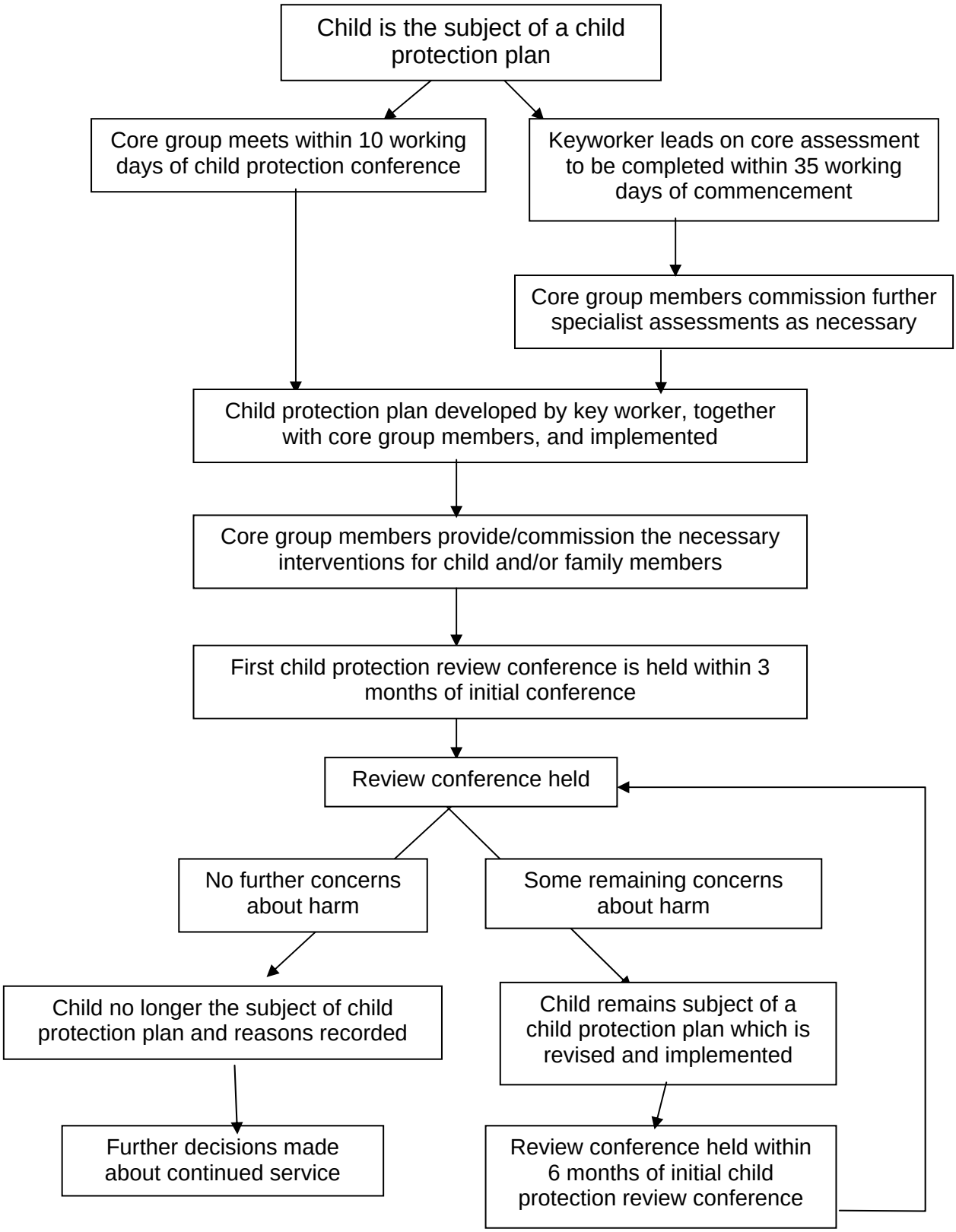
FLOW CHART 3 – URGENT ACTION TO SAFEGUARD CHILDREN



FLOW CHART 4 – WHAT HAPPENS AFTER THE STRATEGY DISCUSSION?



FLOW CHART 5 – WHAT HAPPENS AFTER THE CHILD PROTECTION CONFERENCE, INCLUDING THE REVIEW PROCESS?



CHAPTER 5 - Reviewing and Investigating Individual Cases: Child Death Review Processes

5.1 This chapter sets out the procedures to be followed in relation to responding to the unexpected death of a child and reviewing the deaths of all children in the LSCB area(s). As explained in Chapter 3, the LSCB regulations mean that the functions to which this chapter relates will become compulsory on 1 April 2008, but can be carried out by any LSCB from 1 April 2006. This chapter should not be regarded as statutory guidance in every area until 1 April 2008 but when an LSCB does take on this function before that date, then it should follow the guidance in this chapter.

5.2 A LSCB function, set out in the Regulation 6, in relation to the deaths of any children normally resident in their area is as follows—

(a) collecting and analysing information about each death with a view to identifying—

(i) any matters of concern affecting the safety and welfare of children in the area of the authority including any case giving rise to the need for a review mentioned in regulation 5(1)(e); and

(ii) any general public health or safety concerns arising from deaths of such children;

(b) putting in place procedures for ensuring that there is a coordinated response by the authority, their Board partners and other relevant persons to an unexpected death.

5.3 The paragraphs below set out the roles of the various professionals for enquiring into and evaluating all unexpected child deaths and reaching conclusions about whether and how they could have been prevented, and for undertaking an overview of the deaths of all children normally resident in the LSCB area(s). When a child dies unexpectedly there may be several investigative processes instigated particularly when abuse or neglect is a factor. This guidance intends that the relevant professionals and organisations work together in a co-ordinated way in order to minimize duplication and ensure that the lessons learnt contribute to safeguarding and promoting the welfare of children in the future. If any time it appears that a child should be the subject of a serious case review (see chapter 6 on serious case reviews) or the subject of further enquiries/investigations, these should be initiated.

Local Child Death Reviews

5.4 A sub-committee of the LSCBs should be responsible for the reviewing of child deaths and be accountable to the LSCB Chair. The LSCB should use the aggregated findings from all child deaths to inform local strategic planning on how best to safeguard and promote their welfare of the children in their area.

5.5 Neighbouring LSCBs may decide to share a Child Death Overview Panel depending on the local configuration of services and population served (Experience

shows that the population to be covered should be greater than 500,000). In this situation the LSCBs should agree lines of accountability with the Child Death Overview Panel in accordance with this guidance.

5.6 Guidance in this chapter relates to the deaths of all children and young people from birth (excluding those babies who are stillborn) up to the age of 18 years. In 2003, there were 3139 infant deaths and 2168 child deaths in England. Implementation of some parts of the guidance may need, therefore, to take into account the needs of different age groups.

5.7 In this guidance an unexpected death is defined as the death of a child which was not anticipated as a significant possibility 24 hours before the death or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death [10](Fleming et al, 2000).

5.8 In each partner agency of the LSCB, a senior person with relevant expertise should be identified as having responsibility for advising on the implementation of the local procedures on responding child deaths within their agency. Each agency should expect to be involved in a child's death at some time, even though because of their functions, some agencies are not likely to be involved in many deaths of children.

5.9 Each PCT should have access to a consultant paediatrician who has a designated role to provide advice on:

(i) the commissioning of paediatric services from paediatricians with expertise in undertaking enquiries into unexpected deaths in childhood and the medical investigative services such as radiology, laboratory and histopathology services; and

(ii) the organisation of such services.

The designated paediatrician for unexpected deaths in childhood may provide advice to more than one PCT and is likely to be a member of the local child death overview panel. This is a separate role to the designated doctor for child protection but will not necessarily be filled by a different person. These responsibilities should be recognised in the job plan agreed between the consultant and his/her employer.

5.10 The LSCB should ensure that appropriate multi-disciplinary and interagency training is made available to ensure successful implementation of these procedures. LSCB partner agencies should ensure that relevant staff have access to this training.

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[10] P.J.Fleming, P.S.Blair, C.Bacon, and P.J.Berry (2000) *Sudden Unexpected Death In* Royal College of Pathologists and the Royal College of Paediatrics and Child Health (2004) *Sudden unexpected death in infancy. A multi-agency protocol for care and investigation. The Report of a working group convened by the Royal College of Pathologists and the Royal College of Paediatrics and Child Health.* Royal College of Pathologists and the Royal College of Paediatrics and Child Health, London. www.rcpath.org and www.rcpch.ac.uk

Processes for Reviewing Child Deaths

5.11 There are two inter-related processes for reviewing child deaths (either of which can trigger a Serious Case Review):

a. A rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child; and

b. An overview of all child deaths (under 18 years) in the LSCB area(s) undertaken by a panel.

Process for responding rapidly to an unexpected death of a child

5.12 It is intended that those professionals involved (before or after the death) with a child who dies unexpectedly should come together to enquire into and evaluate the child's death. This means that some roles may require an on call rota for responding to unexpected child deaths in their area. The work of the team convened in response to each child's death should be co-ordinated, usually, by a local paediatrician responsible for unexpected deaths in childhood. LSCBs may choose to designate particular professionals to be standing members of a team because of their role and particular expertise. The professionals who come together as a team will be carrying out their normal functions. I.e. as a paediatrician, GP, nurse, health visitor, mid-wife, mental health professionals, social worker, or police officer, in response to the unexpected death of a child according with this guidance. They should also be working according to a protocol agreed with the local coronial service. The joint responsibilities of these professionals will include:

- responding quickly to the unexpected death of a child;
- making immediate enquiries into and evaluating the reasons for and circumstances of the death, in agreement with the coroner;
- undertaking the types of enquiries/investigations that relate to the current responsibilities of their respective organisations when a child dies unexpectedly. This includes liaising with those who have ongoing responsibilities for other family members;
- collecting information in a standard, nationally agreed manner;
- following the death through and maintaining contact at regular intervals with family members and other professionals who have ongoing responsibilities for other family members to ensure they are informed and kept up to date with information about the child's death.

Reviewing deaths of all children

5.13 In addition, an overview of all child deaths in the LSCB area(s) covered by the Child Death Overview Panel will be undertaken. This will be a paper exercise based on information available from those who were involved in the care of the child both before and immediately after the death and other sources including, perhaps the coroner. The Panel will:

- have a fixed core membership to review these cases, with flexibility to co-opt on other relevant professionals as and when it is appropriate;

- hold regular meetings at time intervals which enable each child's case to be discussed in a timely manner;

- review the appropriateness of the professionals' responses to each unexpected death of a child, their involvement before the death, and relevant environmental, social, health and cultural aspects of each death, to ensure a thorough consideration of how such deaths might be prevented in the future;

- identify any patterns or trends in the local data and report these to the LSCB.

Procedures for a rapid response from professionals to all unexpected deaths of children (0 – 18 years)

Overall Principles

5.14 Each unexpected death of a child will be a tragedy for his or her family and subsequent enquiries/investigations should keep an appropriate balance between forensic and medical requirements and the family's need for support. A minority of unexpected deaths will be the consequence of abuse or neglect or be found to have abuse or neglect as an associated factor. In all cases enquiries should seek to understand the reasons for the child's death, address the possible needs of other children in the household, the needs of all family members and also consider any lessons to be learnt about how best to safeguard and promote children's welfare.

5.15 Professionals should approach their enquiries with an open mind and families should be treated with sensitivity, discretion and respect at all times.

Care of Parents/Family Members

5.16 Where a child has died in or been taken to a hospital, the parents/carers should be allocated a member of the hospital staff to remain with and support them throughout the process. The parents should normally be given the opportunity to hold and spend time with their baby or child. During this time the allocated member of staff should maintain a discrete presence.

5.17 Within the local procedures there should be provision for an identified professional to provide similar support to families where the child has not been taken to a hospital.

Responding to the unexpected death of a child

5.18 The type of response to each child's unexpected death will, to a certain extent, be dependant on the age of the child but there are some key elements that will underpin all subsequent work. Supplementary information will be required for making enquiries into, for example, infant deaths, deaths that are the result of trauma, deaths in hospital and suicides.

5.19 Once a child has been declared dead, the coroner has jurisdiction over the body and all that pertains to it. Coroners must therefore be consulted over the local implementation of national procedures and protocols, and should be asked to give general approval for the measures agreed so as to reduce the need to obtain specific approval on each occasion.

5.20 A multi-professional approach is required to ensure collaboration among all involved, including: Ambulance staff, Accident & Emergency Department staff, Coroners' Officers, Police, General Practitioners (GPs), health visitors, school nurses, midwives, paediatricians, mental health professionals, hospital bereavement staff, voluntary agencies and where appropriate, coroners, pathologists, paediatric police forensic examiners, LA children's social care, schools and any others who may find themselves with a contribution to make in individual cases, for example, fire fighters or faith leaders.

5.21 Where a child dies unexpectedly, all Trusts including PCTs should also follow their locally agreed procedures for reporting and handling serious patient safety incidents.

5.22 If it is thought at any time that the criteria for a serious case review (SCR) might apply, the chair of the LSCB should be contacted and the serious case review procedures set out in the next chapter should be followed.

5.23 If concerns are raised at any stage about the possibility of abuse or neglect, the inter-agency procedures set out in Chapter 4 in this guidance should be followed. LA children's social care has lead responsibility for safeguarding and promoting the welfare of children. The police will be the lead agency for any criminal investigation. The police must be informed immediately that there is a suspicion of a crime so as to ensure that the evidence is properly secured and that any further interviews with family members and relevant other people accord with the requirements of the Police and Criminal Evidence Act (1984).

5.24 If, during the enquiries, concerns are expressed in relation to the needs of surviving children in the family then discussions should take place with LA children's social care. It may decide it is appropriate to initiate an initial assessment using the *Framework for the Assessment of Children in Need and Their Families* (2000). Such an assessment may result in the convening of a strategy discussion and a subsequent s47 enquiry and child protection conference.

Immediate response to the unexpected death of a child taken to a hospital

5.25 Babies who die suddenly and unexpectedly at home are usually taken to an A & E Department rather than a mortuary, and resuscitation should always be initiated unless clearly inappropriate. Resuscitation, once commenced, should be continued according to the UK *Resuscitation Guidelines* (2005) until an experienced doctor (usually the consultant paediatrician on call) has made a decision that it is appropriate to stop further efforts. Older children may also be taken to A&E unless this is inappropriate, for example, the circumstances of the death require the body to remain at the scene for forensic examination.

5.26 As soon as practicable (as a response to an emergency) after arrival at a hospital the baby or child should be examined by the consultant paediatrician on call (in some

cases this might be together with a consultant in emergency medicine) and a detailed and careful history of events leading up to and following the discovery of the child's collapse should be taken from the parents/carers. This should begin the process of collecting a nationally agreed data set. The purpose of obtaining high quality information at this stage is to i) identify anything suspicious about the death and ii) to understand the cause of the death.

5.27 Where the cause of death or factors contributing to it are uncertain, investigative samples should be taken immediately upon arrival and after the death is confirmed. These will need to be agreed in advance with the coroner (see paragraph 5.12) and should include the standard set for SUDI (Royal College of Pathologists and Royal College of Paediatrics and Child Health, 2004) and standard sets for other types of death presentation as they are developed. Consideration should always be given to undertaking a full skeletal survey and, when appropriate, it should be made before the autopsy is commenced as this may significantly alter the required investigations.

5.28 When the baby or child is pronounced dead, the consultant clinician should break the news to the parents, having first reviewed all the available information. S/he should explain future police and coroner involvement including the latter's authority to order a post mortem examination. This may involve the taking of particular tissue blocks and slides which may be retained permanently, with the permission of those with parental responsibility for the child, as part of the pathology medical record.

5.29 The same processes apply to a child who was admitted to a hospital ward from A and E and subsequently dies in hospital. The Consultant with responsibility for the child's care should inform the paediatrician with responsibility for unexpected deaths in childhood immediately after the Coroner is informed.

Immediate response to the unexpected death of a child in the community

5.30 Where a child is not taken immediately to A & E, the doctor confirming the fact of the death should inform the lead paediatrician with responsibility for unexpected deaths in childhood.

5.31 The police will be involved and may decide that it is not appropriate to move the child's body. This may typically occur if there are clear signs that lead to suspicion. In most cases, however, it is expected that the child's body will have already been held or moved by the carer and, therefore, removal to A and E will not normally jeopardize an investigation.

Whenever and wherever an unexpected death of a child has occurred

5.32 As soon as the death has been confirmed, contact should be made with the coroner, police, LA children's social care and the lead paediatrician with responsibility for unexpected deaths in childhood. Contact may be required with more than one LA if the child died away from home. Any relevant information identified by LA children's social care should be promptly shared with the police and on call paediatrician. The health visitor or school nurse and GP should also be informed as a matter of routine practice.

5.33 When a child dies unexpectedly, the paediatrician should initiate an immediate information sharing and planning discussion between the lead agencies (i.e. health,

police, LA children's social care services) to decide what should happen next and who will do what. This will also include the coroner's officer and consultant paediatrician on call and any others who are involved (e.g. GP if called out by family or for older children the doctor certifying the fact of death if s/he has already been involved in the child's care/death). The agreed plan should include a commitment to collaborate closely and communicate as often as necessary, often by telephone. Where the death occurred in a hospital, the plan should also address the actions required by the Trust's serious incidents protocol. Where the death occurred in a custodial setting, the plan should ensure appropriate liaison with the investigator from the Prisons and Probation Ombudsman.

5.34 For all unexpected deaths of children (including those not seen in A&E) urgent contact should be made with any other agencies who know or are involved with the child (including CAMHS, school or early years) in order to inform them of the child's death and to obtain information on the history of the child, the family and other members of the household. If a young person is under the supervision of a Youth Offending team, the Yot should also be approached.

5.35 The police will begin an investigation into the sudden or unexpected death of a child on behalf of the Coroner. They will carry this out in accordance with relevant ACPO guidelines.

5.36 When a baby or older child dies unexpectedly at home, a decision should be made about a home visit being undertaken by the senior investigating police officer and a health care professional (experienced in responding to unexpected child deaths) who may be a paediatrician, to talk with the parents and inspect the scene. This should occur within 24 hours. They may make this visit together, or they may visit separately and then confer (details should be included in the local child death review protocol). After this visit the senior investigating police officer, visiting health care professional, GP and health visitor or school nurse should review whether there is any additional information that could raise concerns about the possibility of abuse or neglect having contributed to the child's death. If there are the procedures set out in Chapter 4 should be followed.

Involvement of Coroner and Pathologist

5.37 If s/he deems it necessary (and in almost all cases of unexpected child death it will be), the Coroner will order a post mortem examination to be carried out as soon as possible by the most appropriate pathologist available (this may be a paediatric pathologist, forensic pathologist or both) who will perform the examination according to the guidelines and protocols laid down by The Royal College of Pathologists. Information collected by those involved in responding to the child's death should be shared with the person conducting the post mortem in order to inform this process. Where the death may be unnatural or the cause of death has not yet been determined the Coroner will in due course hold an inquest.

5.38 All information collected relating to the circumstances of the death including a review of all relevant medical, social and educational records must be included in a report for the Coroner. This report is to be delivered to the Coroner within 28 days of the death unless some of the crucial information is not yet available.

Case discussion following the preliminary results of the post mortem examination

becoming available

5.39 The preliminary results of the post-mortem examination belong to the commissioning Coroner. In most cases it will be possible for these to be discussed by the paediatrician and pathologist, together with the senior investigating police officer, as soon as possible and the Coroner should be immediately informed of the initial results. At this stage the core data set should be updated and, if necessary, previous information corrected in a manner that enables this change to be audited. If the initial post-mortem findings or findings from the child's history suggest evidence of abuse or neglect as a possible cause of death, the police child protection team and LA children's social care should be informed immediately and the processes in Chapter 4 of this Guidance followed.

5.40 In all cases, a further multi-agency discussion (usually on the telephone) should take place very shortly after the initial post-mortem results are available involving the pathologist, police, LA children's social care and paediatrician plus any other relevant healthcare professionals, to ensure no further information has come to light to raise additional concerns about safeguarding issues.

Case Discussion following the final results of the post mortem examination becoming available

5.41 A case discussion meeting should be held, as soon as the final post mortem result is available. The timing of this discussion will vary according to the circumstances of the death. This may range from immediately after the post-mortem to eight to twelve weeks after the death. The type of professionals who will be involved in this meeting will depend on the age of the child. The meeting should include those who knew the child and family, and those involved in investigating the death i.e. GP, health visitor or school nurse, paediatrician(s), pathologist, senior investigating police officers and where appropriate social workers.

5.42 The paediatrician with responsibility for unexpected deaths in childhood should convene this meeting. At this stage the collection of the core data set should be completed and, if necessary, previous information corrected in a manner that enables this change to the information to be audited.

5.43 The main purpose of the case discussion is to share information to identify the cause of death and/or those factors that may have contributed to the death and then to plan future care for the family. Potential lessons to be learnt may also be identified by this process.

5.44 There should be an explicit discussion of the possibility of abuse or neglect either causing or contributing to the death, and if no evidence is identified to suggest maltreatment this should be documented as part of the minutes of the meeting.

5.45 It should be agreed how detailed information about the cause of the child's death will be shared, and by whom, with the parents and who will offer them ongoing support.

5.46 The results of the post mortem examination should be discussed with the parents at the earliest opportunity, except in those cases where abuse is suspected and/or the police are conducting a criminal investigation. In these situations the paediatrician

should discuss with LA children's social care, the police and pathologist what information should be shared with the parents and when. This discussion will usually be part of the role of the paediatrician responsible for the child's care and she or he will, therefore have responsibility for initiating and leading the meeting**.** A member of the primary health care team should usually attend this meeting.

5.47 An agreed record of the discussion at the meeting and all reports should be sent to the coroner, to take into consideration in the conduct of the inquest and in the cause of death notified to the Registrar of Births and Deaths. The summary of the case discussions and the record of the core data set should also be made available to the local Child Death Overview Panel (see paragraph 5.48 below) when the child dies away from their residential area. This information can then be analysed and decisions made about what actions should be taken to prevent similar deaths in the future.

Procedures to be followed by the local Child Death Overview Panel (for all child deaths)

5.48 The LSCB should be informed of all deaths of children, normally resident in their geographical area. The LSCB Chair should decide who will be the designated person to whom the death notification and other data on each death should be sent. The Chair of the Overview Panel will be responsible for ensuring that this process operates effectively.

5.49 Deaths should be notified by the professional confirming the fact of the child's death. For unexpected deaths this will be at the same time as they inform the Coroner and the person designated by the LSCB to be notified of all children's deaths in the area in which the child's death occurred. If this is not the area in which the child is normally resident, the designated person should inform their opposite number in the area where the child normally resides. It should be decided on a case-by-case basis which Panel should take responsibility for gathering the necessary information for a Panel's consideration. In some cases this may be done jointly. The Registrar and ONS respectively send a notification of each death to the local PCT and this will provide a check to ensure that all child deaths have been notified to the LSCB Chair. Any professional (or member of the public) hearing of a local child death in circumstances (for example, while abroad) which means it may not yet be known about, can inform the Chair of the LSCB.

5.50 The Child Death Overview Panel will have a permanent core membership drawn from the key organisations represented on the LSCB (see the Preface) although not all core members will necessarily be involved in discussing all cases. It should include a professional from public health as well as child health. Other members may be co-opted either as permanent members to reflect the characteristics of the local population (for example, a representative of a large local ethnic or religious community), to provide a perspective from the independent or voluntary sector or to contribute to the discussion of certain types of death when they occur (for example, fire fighters for house fires). The overview panel will be chaired by the LSCB Chair or his or her representative. The Chair of the overview panel will be a member of the LSCB.

5.51 There should be a clear relationship and agreed channels of communication with the local Coronial Service.

5.52 The functions of the Child Death Overview Panel will include:

- implementing, in consultation with the local Coroner, local procedures and protocols which are in line with this guidance on enquiring into unexpected deaths and evaluating these together with information about all deaths in childhood;

- collecting and collating an agreed minimum data set and where relevant seeking information from professionals and family members;

- meeting frequently to evaluate the routinely collected data (see paragraph 5.50) on the deaths of all children and thereby identifying lessons to be learnt or issues of concern, with a particular focus on effective inter-agency working to safeguard and promote the welfare of children;

- having a mechanism to evaluate specific cases in depth, where necessary, at subsequent meetings;

- monitoring the appropriateness of the response of professionals to an unexpected death of a child, reviewing the reports produced by the rapid response team on each unexpected death of a child and providing them with feedback on their work. Where there is an ongoing criminal investigation, the Crown Prosecution Service must be consulted as to what it is appropriate for the panel to be considering and what actions it might take in order not to prejudice any criminal proceedings;

- referring to the Chair of the LSCB any deaths where, on evaluating the available information, the Panel considers there may be grounds to undertake further enquiries, investigations or a Serious Case Review and explore why this had not previously been recognised;

- informing the Chair of the LSCB where specific new information should be passed to the Coroner or other appropriate authorities;

- providing relevant information to those professionals involved with the child's family, so that they in turn can convey this information in a sensitive and timely manner to the family;

- monitoring the support and assessment services offered to families of children who have died;

- monitoring and advising the LSCB on the resources and training required locally to ensure an effective inter-agency response to child deaths;

- organising and monitoring the collection of data for the nationally agreed minimum data set and make recommendations (to be approved by LSCBs) for any additional data to be collected locally;

- identifying any public health issues and considering with the Director(s) of Public Health how best to address these and their implications for both the provision of services and for training;

- co-operating with regional and national initiatives e.g. the Confidential Enquiry into Maternal and Child Health (CEMACH) to identify lessons on the prevention of unexpected child deaths.

5.53 The Child Death Overview Panel will be responsible for developing their work plan, which should be approved by the LSCB. It will prepare an annual report for the LSCB, which will have responsibility for publishing relevant, anonymised information.

5.54 The LSCB will take responsibility for disseminating the lessons to be learnt to all relevant organisations and acting on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.

CHAPTER 6 Reviewing and Investigating Individual Cases: Serious Case Reviews

Reviewing and investigative functions of LSCBs

6.1. Regulation 5 requires LSCBs to undertake reviews of serious cases. They should be undertaken in accordance with the procedures set out in this chapter.

Serious Case Reviews

6.2. When a child dies, and abuse or neglect are known or suspected to be a factor in the death, local organisations should consider immediately whether there are other children at risk of harm who require safeguarding (e.g. siblings, other children in an institution where abuse is alleged). Thereafter, organisations should consider whether there are any lessons to be learned about the ways in which they work together to safeguard and promote the welfare of children. Consequently, when a child dies in such circumstances, the LSCB should always conduct a serious case review into the involvement with the child and family of organisations and professionals. Additionally, LSCBs should always consider whether a serious case review should be conducted:

- where a child sustains a potentially life-threatening injury or serious and permanent impairment of health and development, or
- has been subjected to particularly serious sexual abuse, or
- their parent has been murdered and a homicide review is being initiated, or
- the child has been killed by a parent with a mental illness, or
- the case gives rise to concerns about inter-agency working to protect children**.**

The Purpose of Serious Case Reviews

6.3. The purpose of serious case reviews carried out under this guidance is to:

- establish whether there are lessons to be learned from the case about the way in which local professionals and organisations work together to safeguard and promote the welfare of children;
- identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result; and
- as a consequence, to improve inter-agency working and better safeguard and promote the welfare of children.

6.4. Serious case reviews are not inquiries into how a child died or who is culpable; that is a matter for Coroners and Criminal Courts respectively to determine, as appropriate.

When Should a LSCB Undertake a Serious Case Review?

6.5. Where more than one LSCB has knowledge of a child, the LSCB for the area in which the child is/was normally resident should take lead responsibility for conducting any review. Any other LSCBs that have an interest or involvement in the case should be included as partners in jointly planning and undertaking the review. In the case of looked after children, the responsible authority should exercise lead responsibility for conducting any review, again involving other LSCBs with an interest or involvement.

6.6. A LSCB should always undertake a serious case review when a child dies (including death by suicide), and abuse or neglect is known or suspected to be a factor in the child's death. This is irrespective of whether LA children's social care is or has been involved with the child or family.

6.7. A LSCB should always consider whether to undertake a serious case review where a child has sustained a potentially life-threatening injury through abuse or neglect, serious sexual abuse, or sustained serious and permanent impairment of health or development through abuse or neglect, and the case gives rise to concerns about the way in which local professionals and services work together to safeguard and promote the welfare of children. This includes situations where a parent has been killed in a domestic violence situation or where a child has been killed by a parent who has a mental illness.

6.8. Any professional may refer such a case to the LSCB if it is believed that there are important lessons for inter-agency working to be learned from the case. In addition, the Secretary of State for the Department for Education and Skills has powers to demand an inquiry be held under the Inquiries Act 2005.

6.9. The following questions may help in deciding whether or not a case should be the subject of a serious case review in circumstances other than when a child dies – the answer 'yes' to several of these questions is likely to indicate that a review could yield useful lessons:

- 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 (e.g. school, nursery, family centre, YOI, STC, Children's Home)?
- 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?

- 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?

Instigating a Serious Case Review

Does the Case Meet Serious Case Review Criteria?

6.10. The LSCB should first decide whether or not a case should be the subject of a serious case review, applying the criteria at paragraphs 6.6 and 6.7 above. LSCBs should establish a Serious Case Review Panel, involving at least LA children's social care, health, education and the police, to consider questions such as whether a serious case review should take place. In some cases, it may be valuable to conduct individual management reviews, or smaller-scale audit of individual cases which give rise to concern but which do not meet the criteria for a full serious case review. In such cases, arrangements should be made to share relevant findings with the Review Panel.

6.11. The Review Panel's decision should be forwarded as a recommendation to the Chair of the LSCB, who has ultimate responsibility for deciding whether or not to conduct a serious case review. Local authorities should always inform the local region of the Commission for Social Care Inspection of every case that becomes the subject of a serious case review.

Determining The Scope of The Review

6.12. The Review Panel should consider, in the light of each case, the scope of the review process, and draw up clear terms of reference. Relevant issues include:

- what appear to be the most important issues to address in trying to learn from this specific case? How can the relevant information best be obtained and analysed?

- who should be appointed as the independent author for the overview report?

- are there features of the case which indicate that any part of the review process should involve, or be conducted by, a party independent of the professionals/organisations who will be required to participate in the review?

Might it help the review panel to bring in an outside expert at any stage, to shed light on crucial aspects of the case?

- over what time period should events be reviewed, i.e. how far back should enquiries cover, and what is the cut-off point? What family history/background information will help better to understand the recent past and present?

- which organisations and professionals should contribute to the review, including, where appropriate, for example, the proprietor of independent school, playgroup leader should be asked to submit reports or otherwise contribute?

- how should family members contribute to the review and who should be responsible for facilitating their involvement?

- will the case give rise to other parallel investigations of practice, for example, independent health investigations or multi-disciplinary suicide reviews, a homicide review where a parent has been murdered**,** YJB Serious Incident Review and a Prisons and Probation Ombudsman investigation where the child has died in a custodial setting?

- and if so, how can a co-ordinated or jointly commissioned review process best address all the relevant questions which need to be asked, in the most economical way?

- is there a need to involve organisations/professionals in other LSCB areas (see 6.5 above), and what should be the respective roles and responsibilities of the different LSCBs with an interest?

- how should the review process take account of a Coroner's inquiry, and (if relevant) any criminal investigations or proceedings related to the case? Is there a need to liaise with the Coroner and/or the Crown Prosecution Service?

- how should the serious case review process fit in with the processes for other types of reviews e.g. for homicide, mental health or prisons?

- who will make the link with relevant interests outside the main statutory organisations e.g. independent professionals, independent schools, voluntary organisations?

- when should the review process start and by what date should it be completed?

- how should any public, family and media interest be handled, before, during, and after the review?

- does the LSCB need to obtain independent legal advice about any aspect of the proposed review?

6.13. Some of these issues may need to be re-visited as the review progresses and new information emerges.

Timing

6.14. Reviews will vary widely in their breadth and complexity, but in all cases, lessons should be learned and acted upon as quickly as possible. Within one month of a case coming to the attention of the LSCB Chair, the decision should have been made by the LSCB Chair, following a recommendation from the Review Panel, on whether a review should take place. Individual organisations should secure case records promptly and begin work quickly to draw up a chronology of involvement with the child and family.

6.15. Reviews should be completed within a further four months, unless an alternative timescale is agreed with the Commission for Social Care Inspection Region at the outset. Sometimes the complexity of a case does not become apparent until the review is in progress. As soon as it emerges that a review can not been completed within four months of the LSCB Chair's decision to initiate it, there should be a discussion with Commission for Social Care Inspection Region to agree a timescale for completion.

6.16. In some cases, criminal proceedings may follow the death or serious injury of a child. Those co-ordinating the review should discuss with the relevant criminal justice agencies how the review process should take account of such proceedings, e.g. how does this affect timing, the way in which the review is conducted (including interviews of relevant personnel), 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. Much useful work to understand and learn from the features of the case can often proceed without risk of contamination of witnesses in criminal proceedings. In some cases it may not be possible to complete or to publish a review until after Coroners or criminal proceedings have been concluded but this should not prevent early lessons learned from being implemented.

Who Should Conduct Reviews?

6.17. The initial scoping of the review should identify those who should contribute, although it may emerge, as information becomes available, that the involvement of others would be useful. In particular, information of relevance to the review may become available through criminal proceedings.

6.18. Each relevant service should undertake a separate management review of its involvement with the child and family. This should begin as soon as a decision is taken to proceed with a review, and even sooner if a case gives rise to concerns within the individual organisation. Relevant independent professionals (including GPs) should contribute reports of their involvement. Designated professionals should review and evaluate the practice of all involved health professionals and providers within the PCT area. This may involve reviewing the involvement of individual practitioners and Trusts and also advising named professionals and managers who are compiling reports for the review. Designated professionals have an important role in providing guidance on how to balance confidentiality and disclosure issues. Where a children's guardian contributes to a review, the prior agreement of the courts should be sought so that the guardian's duty of confidentiality under the court rules can be waived to the degree necessary.

6.19. The LSCB should commission an overview report which brings together and analyses the findings of the various reports from organisations and others, and which makes recommendations for future action.

6.20. Those conducting management reviews of individual services should not have been directly concerned with the child or family, or the immediate line manager of the practitioner(s) involved. The overview report should be commissioned from a person who is independent of all the agencies/professionals involved.

Individual Management Reviews

6.21. Once it is known that a case is being considered for review, each organisation should secure records relating to the case to guard against loss or interference.

6.22. The aim of management reviews should be to look openly and critically at individual and organisational practice to see whether the case indicates that changes could and should be made, and if so, to identify how those changes will be brought about. The findings from the management review reports should be accepted by the senior officer in the organisation who has commissioned the report and who will be responsible for ensuring that recommendations are acted upon.

6.23. Upon completion of each management review report, there should be a process for feedback and de-briefing for staff involved, in advance of completion of the overview report by the LSCB. There may also be a need for a follow-up feedback session if the LSCB overview report raises new issues for the organisation and staff members.

6.24. Serious case reviews are not a part of any disciplinary enquiry or process, but information that emerges in the course of reviews may indicate that disciplinary action should be taken under established procedures. Alternatively, reviews may be conducted concurrently with disciplinary action. In some cases (e.g. alleged institutional abuse) disciplinary action may be needed urgently to safeguard and promote the welfare of other children.

6.25. Where a child dies in a custodial setting (prison, young offender institution or secure training centre) the Prisons and Probation Ombudsman investigates and reports on the circumstances surrounding the death of that child. The investigation examines the child's period in custody, including an assessment of the clinical care they received. The report would normally be made available to assist any serious case review process.

6.26. The following outline format should guide the preparation of management reviews, to help ensure that the relevant questions are addressed, and to provide information to LSCBs in a consistent format to help with preparing an overview report. The questions posed do not comprise a comprehensive check-list relevant to all situations. Each case may give rise to specific questions or issues which need to be explored, and each review should consider carefully the circumstances of individual cases and how best to structure a review in the light of those particular circumstances.

6.27. Where staff or others are interviewed by those preparing management reviews, a written record of such interviews should be made and this should be shared with the relevant interviewee.

Management Reviews

What Was Our Involvement with This Child and 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 heard and addressed? 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 organisation and LSCB 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 multi-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 they have been achieved?

The LSCB Overview Report

6.28. The LSCB overview report should bring together, and draw overall conclusions from, the information and analysis contained in the individual management reviews, 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 terms of reference of review.
- List contributors to review and the nature of their contributions (e.g. management review by LA, 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 views and wishes sought or expressed.
- Prepare an overview which summarises 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 also 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 be limited to, the recommendations made in individual reports form 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.

LSCB Action on Receiving Reports

6.29. On receiving an 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;

- 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. The plan should set out who will do what, by when, and with what intended outcome. The plan should set out by what means improvements in practice/systems will be monitored and reviewed;

- clarify to whom the report, or any part of it, should be made available;

- disseminate report or key findings to interests 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, action plan and individual management reports to the CSCI and DfES.

Reviewing Institutional Abuse

6.30. When serious abuse takes place in an institution, or multiple abusers are involved, the same principles of review apply but reviews are likely to be more complex, on a larger scale, and may require more time. Terms of reference need to be carefully constructed to explore the issues relevant to the specific case. For example, if children had been abused in a residential school, it would be important to explore whether and how the school had taken steps to create a safe environment for children, and to respond to specific concerns raised.

6.31. There needs to be clarity over the interface between the different processes of investigation (including criminal investigations); case-management, including help for abused children and immediate measures to ensure that other children are safe; and review, i.e. learning lessons from the case to reduce the chance of such events happening again. The different processes should inform each other. Any proposals for review should be agreed with those leading criminal investigations, to make sure that they do not prejudice possible criminal proceedings.

Accountability and Disclosure

6.32. LSCBs should consider carefully who might have an interest in reviews – e.g. elected and appointed members of authorities, staff, members of the child's family, the public, the media – and what information should be made available to each of these interests. There are difficult interests to balance, among them:

- the need to maintain confidentiality in respect of personal information contained within reports on the child, family members and others;

- the accountability of public services and the importance of maintaining public confidence in the process of internal review;

- the need to secure full and open participation from the different agencies and professionals involved;

- the responsibility to provide relevant information to those with a legitimate interest;

- constraints on sharing information when criminal proceedings are outstanding, in that access to the contents of information may not be within the control of the LSCB.

6.33. It is important to anticipate requests for information and plan in advance how they should be met. For example, a lead agency may take responsibility for de-briefing family members, or for responding to media interest about a case, in liaison with contributing agencies and professionals. In all cases, the LSCB overview report should contain an executive summary which will be made public, which includes as a minimum, information about the review process, key issues arising from the case and the recommendations which have been made. Such publication will need to be timed in accordance with the conclusion of any related court proceedings. The content will need to be suitably anonymised in order to protect the confidentiality of relevant family members and others.

Learning Lessons Locally

6.34. Reviews are of little value unless lessons are learned from them. At least as much effort should be spent on acting upon recommendations as on conducting the review. The following may help in getting maximum benefit from the review process:

- as far as possible, conduct the review in such a way that the process is a learning exercise in itself, rather than a trial or ordeal;

- consider what information needs to be disseminated, how, and to whom, in the light of a review. Be prepared to communicate both examples of good practice and areas where change is required;

- focus recommendations on a small number of key areas, with specific and achievable proposals for change and intended outcomes;

- the LSCB should put in place a means of auditing action against recommendations and intended outcomes;

- seek feedback on review reports from the Commission for Social Care Inspection who should use reports to inform inspections and performance management.

6.35. Day to day good practice can help ensure that reviews are conducted successfully and in a way most likely to maximise learning:

- establish a culture of audit and review. Make sure that tragedies are not the only reason inter-agency work is reviewed;

- have in place clear, systematic case recording and record keeping systems;

- develop good communication and mutual understanding between different disciplines and different LSCB members;

- communicate with the local community and media to raise awareness of the positive and 'helping' work of statutory services with children, so that attention is not focused disproportionately on tragedies;

- make sure staff and their representatives understand what can be expected in the event of a child death/case review.

Learning Lessons Nationally

6.36. Taken together, child death and serious case reviews should be an important source of information to inform national policy and practice. The Department for Education and Skills is responsible for identifying and disseminating common themes and trends across review reports, and acting on lessons for policy and practice. The Department for Education and Skills will commission overview reports at least every two years, drawing out key findings of serious case reviews and their implications for policy and practice. It is considering how best to collate the findings from the work of the local child death overview teams.

CHAPTER 7 – Inter-agency Training and Development

Introduction

7.1 In order to safeguard and promote the welfare of children and young people all those working with children and with adults who are parents or carers must have the knowledge and skills to carry out their own roles. This includes being able to recognise and raise safeguarding concerns about the welfare of a child. They must also be able to work effectively with others both within their own agency and across organisational boundaries. This will be best achieved by a combination of single agency and multi-agency training.

7.2 Individual agencies are responsible for ensuring that their staff are competent and confident to carry out their responsibilities for safeguarding and promoting children's welfare. The Common Core of Skills and Knowledge for the Children's Workforce [11]sets out six areas of expertise that everyone working with children, young people and families, including those who work as volunteers, should be able to demonstrate. These are:

- effective communication and engagement with children, young people and their families and carers;
- child and young person development;
- safeguarding and promoting the welfare of the child;
- supporting transitions;
- multi-agency working;
- sharing information.

7.3 Inter-agency work is an essential feature of all training in safeguarding and promoting the welfare of children including that provided on a single agency basis or in professional settings. Specific training and development for inter-agency work should complement such training and should be consistent with the Common Core of Skills and Knowledge, with a particular focus on safeguarding and promoting children's welfare, sharing information, and inter-agency work. Training delivered on a multi-agency basis is a highly effective way of promoting a common and shared understanding of the respective roles and responsibilities of different professionals and contributes to effective working relationships.

7.4 All training in safeguarding and promoting the welfare of children should create

[11] Footnote; Common Core of Skills and Knowledge for the Children's Workforce can be accessed on-line at http://www.everychildmatters.gov.uk

an ethos which values working collaboratively with others, respects diversity (including culture, race and disability), promotes equality, is child centred and promotes the participation of children and families in the processes.

The purpose of training for inter-agency work

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

- a shared understanding of the tasks, processes, principles, and roles and responsibilities outlined in national guidance and local arrangements for safeguarding children and promoting their welfare;

- more effective and integrated services at both the strategic and individual case level;

- improved communications between professionals including a common understanding of key terms, definitions, and thresholds for action;

- effective working relationships, including an ability to work in multi-disciplinary groups or teams; and,

- sound decision making based on information sharing, thorough assessment, critical analysis, and professional judgement.

Target Audiences

7.6 Training and development for inter-agency work should be targeted at the following groups from voluntary, statutory and independent agencies:

- those in **regular contact** with children and young people and with adults who are parent/s or carers. These will be people who are in a position to identify concerns about maltreatment, including those which may arise from use of the Common Assessment Framework (CAF). This includes housing, leisure and sport, youth workers, child minders, learning support staff;

- those who **work regularly** with children and young people, and with adults who are carers, including practitioners contributing to assessments of children in need. This includes GPs, hospital and community health staff, family centre workers, teachers, education welfare officers, social workers, mental health and learning disability staff, probation officers;

- those with a **particular responsibility** for safeguarding children, such as designated health and education professionals, police, social workers, and other professionals undertaking section 47 enquires or working with complex cases, including fabricated and induced illness;

- **Operational managers** who supervise practitioners and volunteers in the above groups and who have responsibility for commissioning or delivering services;

- those who have a **strategic and managerial responsibility** for commissioning and delivering services for children and families. This includes those in each of the agencies listed in section 11 of the Children Act 2005, any other members of LSCBs, school governors and trustees.

7.7 The audiences for training are large and strategic. Choices are required on priorities, as part of or taking account of the local workforce strategy, and with input from the LSCB. (Alternatively, the LSCB may be asked to decide on priorities on behalf of the wider children's trust arrangements). When making such choices, local partners should be mindful of their responsibility to raise awareness in the wider community, for example with local community and faith groups.

Roles and responsibilities for training

7.8 Partners in each local area, through the children's trust arrangements and in discussion with the LSCB, should decide which bodies are best placed to:

- **scope the requirement** for single and multi-agency training on safeguarding and promoting the welfare of children

- **decide on priorities** and **allocate resources**

- **commission** or **carry out** the training

- **evaluate** the training and take that into account in specifying requirements and in commissioning / carrying out training.

7.9 In some areas the synergies will mean that it is best to plan and commission multi-agency training in safeguarding and promoting the welfare of children together with other workforce development or multi-agency training work. In other areas it may be decided that the responsibility for organising this training should be delegated to the LSCB.

7.10 It is important to ensure that the training involves and is available to all relevant partners. Not all key agencies involved in safeguarding and promoting the welfare of children will necessarily be part of a local children's trust.

7.11 In all areas it is the responsibility of the LSCB to ensure that single-agency and multi-agency training on safeguarding and promoting welfare that meets local needs is provided. Where the LSCB is not itself organising the training, it will still wish to:

- comment on the requirements and priorities;and,

- contribute to the evaluation of the training – in particular, on whether the training is helping to improve safeguarding and promoting welfare in practice.

Framework for training

7.12 Training on safeguarding and promoting the welfare of children can only be fully effective if it is embedded within a wider framework of commitment to inter-agency working, underpinned by shared goals, planning processes, and values. It is most likely to be effective if it is delivered within a framework that includes:

- a clear mandate from senior managers (for example, through the LSCB), with endorsement and commitment from member agencies;
- adequate resources and capacity to deliver or commission training;
- standards of practice[12];
- policies, procedures, and practice guidelines to inform and support these standards;
- opportunities to consolidate learning made available within agencies;
- the identification and periodic review of local training needs using standards for practice, followed by decisions about priorities;
- a training strategy that makes clear the difference between single agency and multi-agency training responsibilities and which partnerships or bodies are responsible for commissioning and delivery of training;
- structures and processes for organising and coordinating delivery;
- systems for the delivery of inter-agency training; and
- quality assurance processes (for example, as part of evaluation processes put in place by the LSCB).

7.13 Systems for the delivery of single agency and multi-agency training on safeguarding and promoting the welfare of children should be established as part of wider local partnership arrangements, with LSCBs involved ensuring that the training takes place and meets local needs. The systems should foster collaboration across agencies and disciplines in relation to planning, design, delivery, and administration of the training. They should be efficient as well as being designed to promote co-operation and shared ownership of the training. Training may be delivered more effectively if there is collaboration across local areas, especially where police or health boundaries embrace more than one local authority area.

The Role of the LSCB

7.14 Effective high quality training on safeguarding and promoting the welfare of children is most likely to be achieved if there is a member of the Board with lead

[12] Footnote: Standards for Inter-Agency Working, Education and Training have been developed by Salford University see www.chscc.salford.ac.uk/scswr/projects/interagency working shtml.

responsibility for training, a training sub-group on which this Board member sits, and suitably skilled staff to take forward the training and development work of the LSCB. These arrangements will be useful if the LSCB is carrying out just its core role of commenting on requirements and priorities and contributing to evaluation. They will be essential if the LSCB itself is given the role of commissioning or delivering the training. It is also helpful if the LSCB is strategically involved in the following:

- ensuring training needs are identified and met within the context of local and national policy and practice developments. This should be achieved by an established system for identifying training needs, and systems for the evaluation of training to ensure it is meeting local needs; and

- including training as a standard LSCB agenda item. Regular consideration should be given by the LSCB to ensuring that: recommendations from inspections, audits, and serious case reviews are reflected in LSCB inputs to training; training addresses current LSCB priorities and strategies; and single and inter-agency training responsibilities are negotiated and agreed upon.

7.15 The LSCB, or training sub-group acting on its behalf, is responsible for ascertaining local training needs, ensuring that appropriate training is provided, and taking a strategic overview of inter-agency training to promote effective practice to safeguard and promote the welfare of children.

7.16 Processes should be in place to determine whether member agencies are providing adequate support to enable their staff to fulfil their responsibility for safeguarding and promoting the welfare of children, and where necessary the LSCB should challenge and hold agencies to account for their training provision.

The Role of the Training Sub-Group

7.17 The LSCB training sub-group is responsible for managing the identification of training needs; feeding those into the planning and commissioning of training; and evaluation of multi-agency training to ensure it is meeting local needs. If it is to be effective, membership of the training sub-group should include people with organisational responsibility for those who will participate in training and with sufficient authority to make decisions in relation to training. It should also include members with sufficient knowledge of training processes to enable them to make informed decisions regarding the development and evaluation of a training strategy.

Quality Assurance and Effectiveness

7.18 In order to be effective the LSCB should ensure that it is appropriately staffed and has sufficient capacity to take forward any training and development work it carries out. Capacity for training and development, taking account of the local workforce strategy, should include administrative support, and adequate resources to contribute to the planning of training and development, and to evaluate it. Clearly, appropriate resources will be needed if the LSCB is to commission or deliver training itself.

7.19 Many areas maintain a multi-agency training panel of suitably skilled and experienced practitioners and managers from LSCB member agencies who work together to design, deliver and evaluate multi-agency training. The effectiveness of this

approach relies on having a skilled person to co-ordinate and develop the panel, and on the allocation of time to enable panel members to undertake this work.

7.20 The LSCB, or the training sub-group acting on its behalf, has a responsibility to ensure that the training is delivered to a consistently high standard, and that a process exists for evaluating the effectiveness of training. This responsibility includes ensuring that all training:

- is 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;

- is informed by current research evidence, lessons from serious case reviews, and local and national developments;

- reflects understanding of the rights of the child and is informed by an active respect for diversity and the experience of service users, and a commitment to ensuring equality of opportunity;

- is regularly reviewed to ensure that it meets the agreed learning outcomes; and that

- outcomes from evaluation inform the training strategy .

Role of Employers

7.21 Before attending multi-agency training, employers should ensure their employees are aware of how to recognise and respond to safeguarding concerns, including signs of possible maltreatment. They should also understand and have the necessary knowledge, skills and values to carry out their own roles and responsibilities and be aware of safe practice within their work setting.

7.22 Employers also have a responsibility to identify adequate and reliable resources and support for multi-agency training by:

- providing staff who have the relevant expertise to sit on the LSCB training sub-group and contribute to training;

- allocating the time needed to complete multi-agency training tasks effectively;

- releasing staff to attend the appropriate multi-agency training courses, and ensuring that members of staff receive relevant in-house training which enables them to maximise the learning derived from inter-agency training. In addition, staff should have opportunities to consolidate learning from multi-agency training; and

- contributing to the planning, resourcing, delivery and evaluation of training.

Audience, Levels and Outcomes of Training

7.23 Training should be available at a number of levels to address the learning needs of different staff. The framework set out in *Safeguarding Children – a shared responsibility (2005)* (see para 7.26 below) outlines three stages of training and matches them with target audiences who have different degrees of involvement or decision making responsibility for safeguarding and promoting the welfare of children. Decisions should be made locally about how the stages are most appropriately delivered and this should form part of the local training strategy.

7.24 The detailed content of training at each level of the framework shown should be specified locally. The content should reflect the principles, values and processes set out in this guidance on work with children and families. Steps should be taken to ensure the relevance of the content to different groups from the statutory, voluntary, and independent sectors. The content of training programmes should be regularly reviewed and updated in the light of research and practice experience.

7.25 There are significant numbers of people who are in contact with children away from their families, for example youth workers, child minders, private foster carers, those working with children in residential and day care settings and those working in sport and leisure settings in both a paid and unpaid capacity. All of these should, as a minimum, be provided with an introductory level of training on safeguarding and promoting the welfare of children. Given the large numbers and work patterns of those involved, creative methods should be used to provide them with the essential training. For example, open learning materials may be helpful, or the inclusion of designated people from sport, community or faith groups within the training, who are able to support others using open learning materials or to facilitate training within their own organisation.

7.26 Operational managers at all levels, within organisations employing staff to work with children and families, benefit from specific training on inter-agency practice to safeguard and promote the welfare of children. Practice supervisors, professional advisers/designated child protection specialists and service managers need not only a foundation level of training, but may also need training on joint planning and commissioning, managing joint services and teams; chairing multi-disciplinary meetings; negotiating joint protocols and mediating where there is conflict and difference. Specific training on the conduct of serious case reviews will be relevant to some.

7.27 In order to be effective LSCBs and other local bodies such as Children and Young People strategic partnerships should consider their own collective development needs as a group. There are significant benefits to be derived from periodically undertaking facilitated development work in order to improve effectiveness. Provision should also be made for the induction and development as necessary of members so that they have the necessary understanding, up to date knowledge and skills to fulfil the roles.

7.28 The government has commissioned a number of training resources which are suitable for multi-agency training. These include materials to support the implementation of *What To Do If You're Worried a Child is Being Abused (2003). Safeguarding Children – a shared responsibility (2005)* is a multi-media training resource to support learners to:

- have a clear understanding of what to do when they have concerns about a child's welfare;
- know how to work as part of a multi-agency or multi-disciplinary team when following the processes set out in this guidance;
- be clear of their roles and responsibilities during assessment, planning, intervention and reviewing processes for children in need, including those requiring safeguarding; and
- understand the statutory requirements governing consent, confidentiality, and information sharing, and how to apply these in relation to a particular child about whom they have concerns.

Part Two – Non-Statutory Practice Guidance

CHAPTER 8 – Lessons from Research and Inspection

Introduction

8.1 Our knowledge and understanding of children's welfare - and how to respond in the best interests of a child to concerns about maltreatment (abuse and neglect)- develops over time, informed by research, experience and the critical scrutiny of practice. Sound professional practice involves making judgements supported by evidence: evidence derived from research and experience about the nature and impact of maltreatment, and when and how to intervene to improve outcomes for children; and evidence derived from thorough assessment about a specific child's health, development and welfare, and his or her family circumstances.

8.2 This chapter begins by summarising what is known about the impact of maltreatment on children's health and development and sources of stress in families which may also have an impact on children's developmental progress. It goes on to set out some of the key messages from research and inspection which have informed this guidance, and draws out some messages that have important and enduring implications for policy and practice.

The Impact of Maltreatment on Children

8.3 The sustained maltreatment of children physically, emotionally, sexually or through neglect can have major long-term effects on all aspects of a child's health, development and well-being. Sustained maltreatment is likely to have a deep impact on the child's self-image and self-esteem, and on his or her future life. Difficulties may extend into adulthood: the experience of long-term abuse may lead to difficulties in forming or sustaining close relationships, establishing oneself in work, and to extra difficulties in developing the attitudes and skills which are necessary to be an effective parent.

8.4 It is not only the stressful events of maltreatment that have an impact, but also the context in which they take place. Any potentially abusive incident has to be seen in context to assess the extent of harm to a child and decide on the most appropriate intervention. Often, it is the interaction between a number of factors which serve to increase the likelihood or level of significant harm.

8.5 For every child and family, there may be factors that aggravate the harm caused to the child, and those that protect against harm. Relevant factors include the individual child's means of coping and adapting, support from a family and social network, and the impact of any interventions. The effects on a child are also influenced by the quality of the family environment at the time of maltreatment, and subsequent life events. The way in which professionals respond also has a significant bearing on subsequent outcomes.

Physical Abuse

8.6 Physical abuse can lead directly to neurological damage, physical injuries, disability or – at the extreme – death. Harm may be caused to children both by the abuse itself, and by the abuse taking place in a wider family or institutional context of conflict and aggression. Physical abuse has been linked to aggressive behaviour in

children, emotional and behavioural problems, and educational difficulties. Violence is pervasive and the physical abuse of children frequently coexists with domestic violence.

Emotional Abuse

8.7 There is increasing evidence of the adverse long-term consequences for children's development where they have been subject to sustained emotional abuse. Emotional abuse has an important impact on a developing child's mental health, behaviour and self-esteem. It can be especially damaging in infancy. Underlying emotional abuse may be as important, if not more so, than other more visible forms of abuse in terms of its impact on the child. Domestic violence, adult mental health problems and parental substance misuse may be features in families where children are exposed to such abuse.

Sexual Abuse

8.8 Disturbed behaviour including self-harm, inappropriate sexualised behaviour, depression and a loss of self-esteem, have all been linked to sexual abuse. Its adverse effects may endure into adulthood. The severity of impact on a child is believed to increase the longer abuse continues, the more extensive the abuse, and the older the child. A number of features of sexual abuse have also been linked with severity of impact, including the relationship of the abuser to the child, the extent of premeditation, the degree of threat and coercion, sadism, and bizarre or unusual elements. A child's ability to cope with the experience of sexual abuse, once recognised or disclosed, is strengthened by the support of a non-abusive adult carer who believes the child, helps the child understand the abuse, and is able to offer help and protection. The reactions of practitioners also have an impact on the child's ability to cope with what has happened, and his or her feelings of self worth.

8.9 A proportion of adults who sexually abuse children have themselves been sexually abused as children. They may also have been exposed as children to domestic violence and discontinuity of care. However, it would be quite wrong to suggest that most children who are sexually abused will inevitably go on to become abusers themselves.

Neglect

8.10 Severe neglect of young children has adverse effects on children'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 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.

Sources of Stress for Children and Families

8.11 Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child's needs are met. Sources of stress within families may, however, have a negative impact on a child's health, development and well-being, either directly, or because when experienced during pregnancy it may result in delays in the physical and mental development of

infants, or because they affect the capacity of parents to respond to their child's needs. This is particularly so when there is no other significant adult who is able to respond to the child's needs.

8.12 Undertaking assessments of children and families requires a thorough understanding of the factors which influence children's development: the developmental needs of children; the capacities of parents or caregivers to respond appropriately to those needs; and the impact of wider family and environmental factors on both children's development and parenting capacity. An analysis of how these three domains of children's lives interact will enable practitioners to understand the child's developmental needs within the context of the family and to provide appropriate services to respond to those needs (Department of Health et al, 2000).

8.13 The following sections summarise some of the key research findings which should be drawn on when assessing children and families, providing services to meet their identified needs and reviewing whether the planned outcomes for each child have been achieved.

Social Exclusion

8.14 Many of the families who seek help for their children, or about whom others raise concerns about a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime, poor housing, childcare, transport and education services, and limited employment opportunities. Many lack a wage earner. Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. Racism and racial harassment is an additional source of stress for some families and children. Social exclusion can also have an indirect affect on children through its association with parental depression, learning disability, and long term physical health problems.

Domestic Violence

8.15 Prolonged and/or regular exposure to domestic violence can have a serious impact on a child's development and emotional well-being, despite the best efforts of the victim parent to protect the child. Domestic violence has an impact in a number of ways. It can pose a threat to an unborn child, because assaults on pregnant women frequently involve punches or kicks directed at the abdomen, risking injury to both mother and foetus. Older children may also suffer blows during episodes of violence. Children may be greatly distressed by witnessing the physical and emotional suffering of a parent. Both the physical assaults and psychological abuse suffered by adult victims who experience domestic violence can have a negative impact on their ability to look after their children. The negative impact of domestic violence is exacerbated when the violence is combined with drink or drug misuse; children witness the violence; children are drawn into the violence or are pressurised into concealing the assaults. Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress.

The Mental Illness of a Parent or Carer

8.16 Mental illness in a parent or carer does not necessarily have an adverse impact on a child, but it is essential always to assess its implications for each child in the family. Parental illness may markedly restrict children's social and recreational

activities. With both mental and physical illness in a parent, children may have caring responsibilities placed upon them inappropriate to their years, leading them to be worried and anxious. If they are depressed, parents may neglect their own and their children's physical and emotional needs. In some circumstances, some forms of mental illness may blunt parents' emotions and feelings, or cause them to behave towards their children in bizarre or violent ways. Unusually, but at the extreme, a child may be at risk of severe injury, profound neglect, or even death. 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 one-third of cases[13] In addition, postnatal depression can also be linked to both behavioural and physiological problems in the infants of such mothers.

8.17 The adverse effects on children of parental mental illness are less likely when parental problems are mild, last only a short time, are not associated with family disharmony, and do not result in the family breaking up. Children may also be protected from harm when the other parent or a family member can help respond to the child's needs. Children most at risk of significant harm are those who feature within parental delusions, and children who become targets for parental aggression or rejection, or who are neglected as a result of parental mental illness.

Drug and Alcohol Misuse

8.18 As with mental illness in a parent, it is important not to generalise, or make assumptions about the impact on a child of parental drug and alcohol misuse. Their effects on children are complex and require a thorough assessment. Maternal substance misuse in pregnancy can have serious effects on the health and development of an unborn child, often because of the mother's poor nutrition and lifestyle. Newborn babies may experience withdrawal symptoms which may interfere with the parent/child bonding process. Babies may experience a lack of basic health care and poor stimulation and older children may experience poor school attendance, anxiety about their parents' health and taking on caring roles for siblings. Substance misuse can affect parent's practical caring skills: perceptions, attention to basic physical needs, control of emotion, judgement and attachment to or separation from the child. Some substance misuse may give rise to mental states or behaviour that put children at risk of injury, psychological distress or neglect. Children are particularly vulnerable when parents are withdrawing from drugs. The risk will be greater when the adult's substance misuse is chaotic or otherwise out of control and when both parents are involved. Some substance misusing parents may find it difficult to give priority to the needs of their children, and finding money for drugs and/or alcohol may reduce the money available to the household to meet basic needs, or may draw families into criminal activities. Children may be at risk of physical harm if drugs and paraphernalia (for example, needles) are not kept safely out of reach. Some children have been killed through inadvertent access to drugs (for example, methadone stored in a fridge). In addition, children may be in danger if they are a passenger in a car whilst a drug/ alcohol misusing carer is driving. The children of substance misusing parents are at increased risk of developing alcohol and drug use problems themselves, and of being separated from their parents. Children who start drinking at an early age are at greater risk of unwanted sexual encounters, and injuries through accidents and fighting.

Parental Learning Disability

[13] Falkov, A (1996) *A Study of Working Together "Part 8" Reports: Fatal child abuse and parental psychiatric disorder*, DOH-ACPC Series, 1, London.

8.19 Where a parent has a learning disability it should not be equated with abusive parenting or wilful neglect. 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. Caring for a disabled child will demand more from parents, and those with learning disabilities will rarely have the necessary well developed parenting competencies.

8.20 Children of parents with learning disabilities are at increased risk from inherited learning disability and more vulnerable to psychiatric disorders and behavioural problems. From an early age children may assume the responsibility of looking after their parent and in many cases other siblings, one or more of whom may be learning disabled. Unless parents with learning disabilities are comprehensively supported, for example by a capable non-abusive 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.

8.21 A comparative study of referrals to LA children's social care services showed children living with learning disabled parents were particularly disadvantaged. Twice as many children had severe developmental needs, and five times as many had parents who were experiencing severe difficulties in meeting their children's needs[14] .

Safeguarding and promoting children's welfare - findings from research and Inspections

8.22 The introduction of legislation and the publication of government guidance do not necessarily bring about changes in the values of practitioners and their managers and the way services are provided and managed. In order to understand the impact of legislation and guidance on safeguarding and promoting children's welfare the Department of Health commissioned a number of research programmes and individual studies[15] . Important themes emerged from this body of work that reflect the findings from a series of Social Services Inspectorate inspection reports[16] and from the joint Chief Inspectors' Report on Arrangements to Safeguard Children[17].

- The identification of children in need is frequently restricted to children at risk of suffering significant harm. The refocusing debate in the late 90s helped shift away from s47 enquiries as the primary route to provision of services, but more matching of children's needs to family support services is required.

[14] Cleaver, H and Nicholson, D (2005) *Children living with learning disabled parents*, report submitted to Department for Education and Skills.
[15] Department of Health (1995) *Child Protection: Messages from Research,* London, HMSO; *The Children Act Now: Messages from Research* (2001). Social Services Inspectorate (1997) *Assessment, planning and Decision-making in Family Support Services*, London; Cleaver, H and Walker, S with Meadows, P (2004) *Assessing Children's Needs and Circumstances: The Impact of the Assessment Framework*, London, Jessica Kingsley Publishers.
[16] Department of Health, and Social Services Inspectorate (1997) *Messages from Inspections: Child Protection Inspections 1992/1996,* London Department of Health.
[17] Joint Chief Inspectors (2002) *Safeguarding Children. A joint Chief Inspectors' Report on Arrangements to Safeguard Children.* Department of Health, London.

- Difficulties in recruiting and retaining staff have, in many authorities, continued the emphasis on identifying acts of abuse rather than on understanding its effect on the child's welfare.

- Too often assessments and s47 enquiries are restricted to discovering whether abuse or neglect has occurred, without considering the wider needs and circumstances of the child and family. There is an urgent requirement for staff to have a common understanding that safeguarding and promoting the welfare of children has a wider focus than child maltreatment, and that safeguarding and promoting children's welfare go hand in hand, rather than being separate entities.

- There is inconsistent use made of the child protection register, which was not consulted for 60% of children for whom there were child protection concerns.

- Practitioners experience difficulties in analysing the information gathered during the assessment, consequently plans and services do not always relate to the child's developmental needs. Some children are not being properly safeguarded from harm; others are denied access to family support services. Many practitioners need additional support and training in analysing information and developing plans with specified or detailed outcomes, on the legislative framework, and information sharing.

- Discussions at child protection conferences tend to focus too heavily on decisions about registration and removal, rather than on future plans to safeguard and promote the welfare of the child and support the family in the months after the conference.

- Enquiries into suspicions of child abuse or neglect can have traumatic effects on families. Good professional practice can ease parents' anxiety and lead to co-operation that helps to safeguard the child. The implementation of the Assessment Framework has increased parental involvement in the assessment process, but more could still be done to work in partnership with parents, children and young people.

- Inter-agency collaboration during the assessment process has improved since the implementation of the Assessment Framework (though this declines once plans have been made, with LA children's social care services frequently left with sole responsibility for implementing plans). The improvements in collaboration during the assessment is attributed to greater clarity over the roles and responsibility of agencies, the structured way information is recorded, the emergence of a common language to describe children's needs and circumstances, and a greater willingness to share information.

- The implementation of the Assessment Framework has improved the quality of social workers' record keeping and, as a result, managers have greater confidence in their own decision making and planning for children in need.

- Staff need to have sufficient IT skills to allow them to competently use electronic systems for recording and managing data on children in need.

The Inquiry into the Death of Victoria Climbié

8.23 Shortcomings when working to safeguard and promote children's welfare were brought into the spotlight most clearly in recent years with the death of Victoria

Climbié and the subsequent government Inquiry. The Inquiry revealed themes identified by past inquiries which resulted in a failure to intervene early enough. These included:

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

8.24 The examination of the legislative framework for safeguarding and promoting the welfare of children set out in the Children Act 1989 was found to be basically sound: the difficulties lay not in relation to the law but in its interpretation, resources and implementation. The recommendations from the Inquiry upheld the principles of the Children Act 1989 and made it clear that support services for children and families cannot be separated from services designed to make enquiries and protect children from harm.

Some Implications for Policy and Practice

8.25 The research and inspection findings summarised in this chapter give rise to some important lessons for policy and practice. They have informed the development of this guidance and are set out here to assist local policy makers, managers and practitioners implement it effectively.

Organisational factors

- ensure that in all relevant agencies senior management is committed to the importance of safeguarding and promoting children's welfare;

- develop training programmes to cover both the evidence base for working with children and families and IT skills. Particular focus is required on: improving analytical skills, knowledge of child development, and knowledge of relevant legislation, regulations, guidance and information sharing;

- implement government guidance on the processes of assessment, planning, intervention and review such that each stage in the process relates directly to the next one. This process should be reflected in inter-agency procedures and practice, information sharing, recording policies and procedures, and involving children and families;

Focus on Outcomes for the Child

- consider what interventions are intended to achieve, the most effective interventions, and what will be the benefits to the child's long-term well-being;

- invest sufficient time and resources across all relevant agencies in planning and implementing interventions to safeguard and promote the welfare of children at continuing risk of significant harm. Aim for good long-term outcomes in terms of health, development and educational achievement for children about whom there are welfare concerns;

Safeguarding and promoting the welfare Children in Context

- promote access to a range of services for children who have additional needs without inappropriately triggering child protection processes;

- consider the wider needs of children and families involved in child protections processes, whether or not concerns about abuse and/or neglect are substantiated;

Work with Children and Families

- it is essential to always see the child when carrying out an assessment and to ascertain their wishes and feelings (as required by the Children Act 1989, amended by section 53 of the Children Act 2004). The child's behaviour and interactions with family members and peers should be observed, and the child's thoughts and concerns discovered through direct work, and taken into account when making decisions or plans that affect the child. Practitioners require specific skills to communicate effectively with children in their preferred language and method of communication using interpreters where necessary, and to facilitate children's expressions of their wishes and feelings;

- enable parents and other family members to be as fully involved in the work as practicable, whilst ensuring the child's safety and welfare;

- set a constructive tone for future intervention through the quality of work undertaken when concerns are first raised about a child's welfare as negative initial experiences influence parents' future relationships with the professionals;

- promote a positive but realistic image of services to encourage and enable people to gain access to the help and advice they need. This should counter the fear of many families that revealing their problems will lead to punitive reactions by service providers. Families need information on how to gain access to services and what to expect if and when they approach services for help. Information about assessments and services must be provided in a format that is easily accessible to people with disabilities and those for whom English is not their preferred language;

Skilled Assessment

- look at the whole picture – not only what has happened to the child, but also the child's health and developmental needs, and parents' capacity to meet their child's developmental needs within the context of the wider family and environment;

- working with parents and children with communication impairments can require expert skills. Practitioners in children's services should have access to experts who have specialist skills in communicating and working with adults, for example, staff in adult learning disability teams;

- be aware of the many factors that may affect a parent's capacity to care for a child, and that these can have an impact on children's welfare in many different ways;

- build on families' strengths, while addressing difficulties;

- consider and make best use of the resources within the wider family and the community;

- make full use of existing sources of information, including the case records;

- work with relevant practitioners in each organisation working with the child and family;

- remember that safeguarding and promoting the welfare of children is the responsibility of every service;

- the impact of services on the planned outcomes for **each** child must be regularly reviewed;

Working across Adult and Children's Services

- while recognising that the child's safety and welfare are paramount, give due consideration to the needs of all family members;

- recognise the complementary of roles in adult and children's services. For example, understanding the implications for a patient suffering from severe depression who is also a parent should be the responsibility of both adult mental health staff and children's services staff. Pool expertise to strengthen parents' capacity to respond to their children's needs, where this is in the best interests of the child;

- the division between adult and children's services means young carers are rarely consulted about their needs as children or as carers. Carers who are children should be included in discussions with professionals from adult services. Where a child is providing a substantial amount of care on a regular basis for a parent, the child will be entitled to an assessment of their ability to care under section of the Carers (Recognition and Services) Act 1995 and the local authority take that assessment into account in deciding what community care services to provide for the parents. In addition, consideration must be given as to whether a young carer is a child in need under the Children Act 1989.

- professionals who work primarily with children may require training to recognise and identify parents' problems and the effects these may have on children. Equally, training for professionals working with adults should cover the impact parental problems may have on children. Joint training between adult and children's services staff can be useful;

- even among staff who work with children, there can be gaps (in particular between those working in referral and assessment teams and those working in specialist teams for disabled children) which need to be bridged;

- information sharing and collaborative work between adult and children's services during child and family assessments is hampered by the different thresholds for services and the diverse legal and ethical considerations that exist within the different services;

- inter-agency and inter-disciplinary training on the safeguarding and promoting the welfare of children should have the full involvement of professionals working in adult as well as in children's services.

CHAPTER 9 – Implementing the Principles on Working with Children and their Families

Working with Children and Families when there are concerns about possible maltreatment

The Importance of Working with children and families

9.1 Family members have a unique role and importance in the lives of children, who attach great value to their family relationships. Family members know more about their family than any professional could possibly know, and well-founded decisions about a child should draw upon this knowledge and understanding. Family members should normally have the right to know what is being said about them, and to contribute to important decisions about their lives and those of their children. Research findings (see Chapter 8) endorse the importance of good relationships between professionals and families in helping to bring about the best possible outcomes for each child.

What is meant by working with children and families when there are concerns about significant harm?

9.2 Where there are concerns about significant harm to a child, LA children's social care have a statutory duty to make s47 enquiries and if necessary, statutory powers to intervene to safeguard the child and promote his or her welfare. Where there is compulsory intervention in family life in this way, parents should still be helped and encouraged to play as full a part as possible in decisions about their child. Children, in accordance with their age and understanding, should be kept fully informed of processes involving them, should be consulted sensitively, and decisions about their future must take account of their views (Children Act 1989 as amended by s53 of the Children Act 2004).

9.3 Working with children and families does not mean always agreeing with parents or other adult family members, or always seeking a way forward which is acceptable to them. The aim of all interventions is to ensure the safety and welfare of a child, and the child's interests should always be paramount. Some parents may feel hurt and angry and refuse to co-operate with professionals. Not all parents will be able to safeguard their children from harm, even with help and support. Especially in child sexual abuse cases, some may be vulnerable to manipulation by a perpetrator of abuse. A minority of parents are actively dangerous to their children, (see Chapter 11) other family members, or professionals, and are unwilling and/or unable to change. Always maintain a clear focus on the child's safety and what is in the best interests of the child.

Working with children and families

9.4 Where there are concerns about a child suffering harm, those working together should agree a common understanding in each case, and at each stage of work, of how children and families will be involved in the safeguarding children processes, and what information is shared with them. There should be a presumption of openness, joint decision-making, and a willingness to listen to families and

capitalise on their strengths, but the overarching principle should always be to act in the best interests of the child. Some information known to professionals should be treated confidentially and should not be shared in front of some children or some adult family members. Such information might include personal health information about particular family members[18], unless consent has been given, or information which, if disclosed, could compromise criminal investigations or proceedings.

9.5 Agencies and professionals should be honest and explicit with children and families about professional roles, responsibilities, powers and expectations, and about what is and is not negotiable.

9.6 Working relationships with families should develop according to individual circumstances. From the outset, professionals should assess if, when and how the involvement of different family members – both children and adults – can contribute to safeguarding and promoting the welfare of a particular child or group of children. This assessment may change over time as more information becomes available or as families feel supported by professionals. Professional supervision and peer group discussions are important in helping to explore knowledge and perceptions of families' strengths and weaknesses and the safety and welfare of the child within the family.

9.7 Family structures are increasingly complex. In addition to those adults who have daily care of a child, absent parents (e.g. birth fathers), grandparents, or other family members may play a significant part in the child's life, and some may have parental responsibility even if they are not involved in day to day care. Some children may have been supported during family difficulties by adults from outside the family. Professionals should make sure that they pay attention to the views of all those who have something significant to contribute to decisions about the child's future. Children can provide valuable help in identifying adults they see as important supportive influences in their lives.

9.8 Occasions may arise where relationships between parents, or other family members, are not productive in terms of working to safeguard and promote the welfare of their children. In such instances, agencies should respond sympathetically to a request for a change of worker, provided that such a change can be identified as being in the interests of the child who is the focus of concern.

Involving Children

9.9 Children of sufficient age and understanding often have a clear perception of what needs to happen to ensure their safety and welfare. Listening to children and hearing their messages requires training and special skills, including the ability to win their trust and promote a sense of safety (see Jones (2003) on communicating with vulnerable children). Most children feel loyalty towards those who care for them, and have difficulty saying anything against them. Many do not wish to share confidences, or may not have the language or concepts to describe what has happened to them. Some may fear reprisals or their removal from home.

9.10 Children and young people need to understand how they will be involved in decision-making and planning processes. They should be helped to understand what the key processes are, how they work and that they can contribute to decisions about their future in accordance with their age and understanding. However, they should

[18] ***Confidentiality:Protecting and Providing Information (*** **GMC, 2004) and *Confidentiality* (Nursing and Midwifery Council, 2002)**

understand that whilst their wishes and feelings will be taken into account, ultimately, decisions will be taken in the light of all the available information contributed by themselves, professionals, their parents and other family members, and other significant adults.

Family Group Conferences

9.11 Family Group Conferences (FGCs) may be appropriate in a number of contexts where there is a plan or decision to be made. FGCs do not replace or remove the need for child protection conferences, which should always be held when the relevant criteria are met see para 4.66. They may be valuable, for example:

- for children in need, in a range of circumstances where a plan is required for the child's future welfare;

- where s47 enquiries do not substantiate concerns about significant harm but where support and services are required;

- where s47 enquiries progress to a child protection conference, the conference may agree that a FGC is an appropriate vehicle for the core group to use to develop the outline child protection plan into a fully worked-up plan.

9.12 It is essential that all parties are provided with clear and accurate information, which will make effective planning possible. The family is the primary planning group in the process. Family members need to be able to understand what the issues are from the perspective of the professionals. The family and involved professionals should be clear about:

- what are the professional findings from any core assessment of the child and family;

- what the family understand about their current situation;

- what decisions are required;

- what decisions have already been taken;

- what is the family's scope of decision-making, and whether there are any issues/decisions which are not negotiable; and

- what resources are or might be available to implement any plan. Within this framework, agencies and professionals should agree to support the plan if it does not place the child at risk of significant harm, and if the resources requested can be provided.

9.13 Where there are plans to use FGCs in situations where there are concerns about possible harm to a child, they should be developed and implemented under the auspices of the LSCB. This will involve all relevant organisations and individuals in their development and relate their use to other relevant LSCB policies and procedures. Inter-agency training will be necessary to build the relevant skills required to work with children and families in this way, and to promote confidence in and develop a shared understanding of the process.

Support, Advice and Advocacy to Children and Families

9.14 However sensitively enquiries are handled, many families perceive unasked for professional involvement in their lives as painful and intrusive, particularly if they feel that their care of their children is being called into question. This should always be acknowledged. Agencies and professionals can do a considerable amount to make safeguarding children processes less stressful for families by adopting the principles set out above. Families will also feel better supported if it is clear that interventions in their lives, while firmly focused on the safety and welfare of the child, are concerned also with the wider needs of the child and family.

9.15 Children and families may be supported through their involvement in safeguarding children processes by advice and advocacy services, and they should always be informed of those services which exist locally and nationally (such as those provided by the Family Rights Group). Independent Advocates can play a vital role in ensuring children have appropriate information and support to communicate their views in formal settings such as child protection conferences and court proceedings (Department of Education and Skills, 2004).

9.16 Where children and families are involved as witnesses in criminal proceedings, the police, witness support services and other services such as those provided by Victim Support, can do a great deal to explain the process, make it feel less daunting and ensure that children are prepared for and supported in the court process. The practice guidance *Provision of Therapy for Child Witnesses prior to a Criminal Trial* (2001) makes it clear that the best interests of a child are paramount when deciding whether, and in what form, therapeutic help is given to child witnesses. Information about the Criminal Injuries Compensation Scheme should also be provided in relevant cases.

Communication and Information

9.17 The local authority has a responsibility to make sure children and adults have all the information they require to help them understand the processes that will be followed when there are concerns about a child's welfare. Information should be clear and accessible and available in the family's preferred language.

9.18 If a child and/or family member has specific communication needs, because of language or disability, it may be necessary to use the services of an interpreter or specialist worker, or to make use of other aids to communication. Particular care should be taken in choosing an interpreter, having regard to their language skills, their understanding of the issues under discussion, their commitment to confidentiality, and their position in the wider community. There can be difficulties in using family members or friends as interpreters and this should be avoided. Children should not be used as interpreters.

Race, Ethnicity and Culture

9.19 Children from all cultures are subject to abuse and neglect. All children have a right to grow up safe from harm. In order to make sensitive and informed professional judgements about a child's needs, and parents' capacity to respond to their child's needs, it is important that professionals are sensitive to differing family patterns and lifestyles and to child rearing patterns that vary across different racial, ethnic and cultural groups. Professionals should also be aware of the broader social factors that serve to discriminate against black and minority ethnic people. Working in a multiracial and multi-cultural society requires professionals and organisations to 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 or misinterpretation.

9.20 The assessment process should maintain a focus on the needs of the individual child. It should always include consideration of the way religious beliefs and cultural traditions in different racial, ethnic and cultural groups influence their values, attitudes and behaviour, and the way in which family and community life is structured and organised. Cultural factors neither explain nor condone acts of omission or commission which place a child at risk of significant harm. Professionals should be aware of and work with the strengths and support systems available within families, ethnic groups and communities, which can be built upon to help safeguard children and promote their welfare.

9.21 Professionals should guard against myths and stereotypes – both positive and negative – of black and minority ethnic families. Anxiety about being accused of racist practice should not prevent the necessary action being taken to safeguard and promote a child's welfare. Careful assessment – based on evidence – of a child's needs, and a family's strengths and difficulties, understood in the context of the wider social environment, will help to avoid any distorting effect of these influences on professional judgements.

Supervision and Support

9.22 Working to ensure children are protected from harm requires sound professional judgements to be made. It is demanding work that can be distressing and stressful. All of those involved should have access to advice and support from, for example, peers, managers, named and designated professionals.

9.23 For many practitioners involved in day-to-day work with children and families, effective supervision is important to promoting good standards of practice and to supporting individual staff members. Supervision should help to ensure that practice is soundly based and consistent with LSCB and organisational procedures. It should ensure that practitioners fully understand their roles, responsibilities and the scope of their professional discretion and authority. It should also help identify the training and development needs of practitioners, so that each has the skills to provide an effective service.

9.24 Supervision should include reflecting on and scrutinising and evaluating the work carried out, assessing the strengths and weaknesses of the practitioner and providing coaching development and pastoral support. Supervisors should be available to practitioners as an important source of advice and expertise and may be required to endorse judgements at certain key points in time. Supervisors should also record key decisions within the child's case records.

CHAPTER 10 – Safeguarding and Promoting the Welfare of Children who may be Particularly Vulnerable

Introduction

10.1 This chapter outlines the circumstances of children who may be particularly vulnerable. The purpose of this chapter is to help inform rather than substitute the procedures in chapter 4, which sets out the basic framework of action to be taken in **all** circumstances when a parent, professional, or any other person has concerns about the welfare of a child.

Children Living Away From Home

General

10.2 Revelations of the widespread abuse and neglect of children living away from home have done much to raise awareness of the particular vulnerability of children living away from home. Many of these have focused on sexual abuse, but physical and emotional abuse and neglect – including peer abuse, bullying and substance misuse – are equally a threat in institutional settings. There should never be complacency that these are problems of the past – there is a need for continuing vigilance.

10.3 Concern for the safety of children living away from home has to be put in the context of attention to the overall developmental needs of such children, and a concern for the best possible outcomes for their health and development. Every setting in which children live away from home should provide the same basic safeguards against abuse, founded on an approach which promotes their general welfare, protects them from harm of all kinds, and treats them with dignity and respect.

10.4 LSCB procedures should include a clear policy statement that local procedures for safeguarding and promoting the welfare of children apply in every situation, and apply to all settings, including where children are living away from home. Individual agencies that provide care for children living away from home should have clear and unambiguous procedures to respond to potential matters of concern about children's welfare in line with the LSCB's arrangements.

Essential Safeguards

10.5 There are a number of essential safeguards which should be observed in all settings in which children live away from home, including foster care, residential care, private fostering, healthcare, boarding schools (including residential special schools), prisons, young offenders institutions, secure training centres, secure units and army bases. Where services are not directly provided, essential safeguards should be explicitly addressed in contracts with external providers. These safeguards should ensure that:

- children feel valued and respected and their self-esteem is promoted;

- there is an openness on the part of the institution to the external world and external scrutiny, including contact with families and the wider community;
- staff and foster carers are trained in all aspects of safeguarding children; alert to children's vulnerabilities and risks of harm; and knowledgeable about how to implement safeguarding children procedures;
- children have ready access to a trusted adult outside the institution, e.g. a family member, the child's social worker, independent visitor, children's advocate. Children should be made aware of the help they could receive from independent advocacy services, external mentors, and ChildLine;
- Staff recognise the importance of ascertaining the wishes and feelings of children and understand how individual children communicate by verbal or non-verbal means;
- clear procedures for referring safeguarding concerns about a child to the relevant local authority;
- complaints procedures are clear, effective, user friendly and are readily accessible to children and young people, including those with disabilities and those for whom English is not their preferred language. Procedures should address informal as well as formal complaints. Systems that do not promote open communication about 'minor' complaints will not be responsive to major ones, and a pattern of 'minor' complaints may indicate more deeply seated problems in management and culture which need to be addressed. Records of complaints should be kept by providers of children's services, for example there should be a complaints register in every children's home which records all representations or complaints, the action taken to address them, and the outcomes;
- recruitment and selection procedures are rigorous and create a high threshold of entry to deter abusers (see Chapter 4);
- clear procedures and support systems are in place for dealing with expressions of concern by staff and carers about other staff or carers. Organisations should have a code of conduct instructing staff on their duty to their employer and their professional obligation to raise legitimate concerns about the conduct of colleagues or managers. There should be a guarantee that procedures can be invoked in ways which do not prejudice the 'whistle-blower's' own position and prospects;
- there is respect for diversity and sensitivity to race, culture, religion, gender, sexuality and disability;
- there is effective supervision and support, which extends to temporary staff and volunteers; and
- staff and carers are alert to the risks of harm to children in the external environment from people prepared to exploit the additional vulnerability of children living away from home.

Foster Care

10.9 Foster care is undertaken in the private domain of carers' own homes. It is important that children have a voice outside the family . Social workers are required to see children in foster care on their own (taking appropriate account of the child's views), and evidence of this should be recorded.

10.10 Foster carers should be provided with full information about the foster child and his/her family, including details of abuse or possible abuse, both in the interests of the child and of the foster family.

10.11 Foster carers should monitor the whereabouts of their foster children, their patterns of absence and contacts. Foster carers should follow the recognised procedure of their agency whenever a foster child is missing from their home[19]. This will involve notifying the placing authority and where necessary the police of any unauthorised absence by a child.

10.12 The Local Authority's duty to undertake s47 enquiries, when there are concerns about significant harm to a child, applies on the same basis to children in foster care as it does to children who live with in their own families. Enquiries should consider the safety of any other children living in the household, including the foster carers' own children. The LA in which the child is living has the responsibility to convene a strategy discussion, which should include representatives from the responsible LA that placed the child. At the strategy discussion it should be decided which LA should take responsibility for the next steps, which may include a s47 enquiry. Further details on this see Chapter 4 on *Managing Individual Cases.*

Private Fostering

10.13 A private fostering arrangement is essentially one that is made privately (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if disabled) by someone other than a parent or close relative for 28 days or more.

10.14 Privately fostered children are a diverse, and sometimes vulnerable, group. Groups of privately fostered children include children sent from abroad to stay with another family usually to improve their educational opportunities; asylum seeking and refugee children; teenagers who, having broken ties with their parents, are staying in short term arrangements with friends or other non-relatives; and language students living with host families.

10.15 The legislation relevant to private fostering arrangements and the role of local authorities with respect to them is set out in Part 9 of, and Schedule 8 to, the Children Act 1989 and in the Children (Private Arrangements for Fostering) Regulations 1991. Schedule 8 sets out a number of exemptions from the above broad definition

10.16 Under the Children Act 1989 private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered, or where a child is privately fostered in an emergency. Teachers, health and other professionals should notify the local authority of a private fostering arrangement that comes to their attention, where the are not satisfied that the local authority have been or will be notified of the

[19] **Fostering Services: National Minimum Standards – 9.8.**

arrangement.

10.17 It is the duty of every local authority to satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted, and to ensure that such advice as appears to be required is given to private foster carers. In order to do so, they must visit privately fostered children at regular intervals. The minimum visiting requirements are set out in the regulations.

10.18 Local authorities must satisfy themselves as to such matters as the suitability of the private foster carer, and the private foster carer's household and accommodation. They have the power to impose requirements on the private foster carer or, if there are serious concerns about an arrangement, to prohibit it.

10.19 The Children Act 1989 creates a number of offences in connection with private fostering, including for failure to notify an arrangement or to comply with any requirement or prohibition imposed by the authority. Certain people are disqualified from being private foster carers.

10.20 For some years the notification scheme under the Children Act 1989 has been criticised for its failure effectively to protect vulnerable children living in private fostering arrangements. A number of problems have been identified with the implementation of the scheme. These include:

- Low notification rates – because parents and private foster carers do not wish to notify or are unaware of their responsibility to notify;

- Late notification, which means that local authorities do not get to check out arrangements in advance, making it harder in practice to impose requirements and prohibitions; and

- Lack of local authority commitment to private fostering and a lack of levers to encourage local authorities to actively seek out private fostering arrangements.

10.21 With effect from July 2005, amendments to section 67 of, and Schedule 8 to, the Children Act 1989 (made by Section 44 of the Children Act 2004) will require local authorities to promote awareness in their area of requirements as to notification, and to ensure that such advice as appears to be required is given to those concerned with children who are, or are proposed to be, privately fostered. This will include private foster carers (proposed and actual) and parents.

10.22 Also with effect from July 2005, replacement private fostering regulations (the Children (Private Arrangements for Fostering) Regulations 2005) require local authorities to satisfy themselves of the suitability of a proposed arrangement before it commences (where advance notice is given).

10.23 The replacement private fostering regulations will require local authorities to monitor their compliance with all their duties and functions in relation to private fostering, and will place a duty on them to appoint an officer for this purpose.

10.24 In addition, local authorities will be inspected against the National Minimum Standards (NMS) for private fostering will be introduced in July 2005 against which local authorities will be inspected.

10.25 The new measures in the Children Act 2004 and the replacement regulations strengthen and enhance the existing private fostering notification scheme, and provide additional safeguards for privately fostered children. They, along with new National Minimum Standards, and the new role for Local Safeguarding Children Boards in looking at private fostering, focus local authorities' attention on private fostering and require them to take a more proactive approach to identifying arrangements in their area. They are expected to improve notification rates and compliance with the existing legislative framework for private fostering, and to significantly increase the number of arrangements checked out before a child is privately fostered – and, therefore, to address the key problems identified with the scheme.

10.26 Replacement Children Act 1989 guidance on private fostering issued in July 2005 updates the previous guidance and reflects the new measures on private fostering in the Children Act 2004 and replacement regulations.

Children in Hospital

10.27 The National Service Framework for Children, Young People and Maternity Services (NSF), published on 15 September 2004, sets out standards for hospital services. The NSF is expected to be implemented in health, social care and education settings over ten years.

10.28 When children are in hospital, this should not in itself jeopardise the health of the child or young person further. The NSF requires hospitals to ensure that their facilities are secure, and regularly reviewed. There should be policies relating to breaches of security and involving the police.

10.29 Children should not be cared for on an adult ward. The NSF Standard for Hospital Services requires care to be provided in an appropriate location and in an environment that is safe and well-suited to the age and stage of development of the child or young person. Hospitals should be child friendly, safe and healthy places for children. Wherever possible, children should be consulted about where they would prefer to stay in hospital and their views should be taken into account and respected. Hospital admission data should include the age of children so that hospitals can monitor whether they are being given appropriate care in appropriate wards.

10.30 Additionally, section 85 of the Children Act 1989 requires PCTs to notify the 'responsible authority' – i.e. the local authority for the area where the child is ordinarily resident or where the child is accommodated if this is unclear, when a child has been or will be accommodated by the PCT for three months or more (for example in hospital), so that the welfare of the child can be assessed if necessary and kept under review.

Children in Custody

10.31 Following the judgement of Munby, J in November 2002[20] which found that local authorities continue to have obligations to children held in custody, it has been agreed that the Youth Justice Boards (YJB) will fund for 2 years, approximately 25 LA staff across all the juvenile Young Offenders Institutions (YOI), to undertake Children Act 1989 duties. A significant part of these duties will be in relation to safeguarding and promoting the welfare of children. In particular, these staff will be

[20] R v Secretary of State for the Home Department, ex parte Howard League for Penal Reform [2002] EWHC 2497.

responsible for overseeing procedures to safeguard and promote the welfare of children within the secure estate, and helping to ensure that appropriate links are made between the YOI and its LSCB The Local Authority Circular (LAC) 2004(26) which sets out the local authorities responsibilities to children in custody can be found at:
www.dh.gov.uk/PublicationsAndStatistics/LettersAndCirculars/LocalAuthorityCirculars/AllLocalAuthorityCirculars/LocalAuthorityCircularsArticle

Abuse of Disabled Children

10.32 The available UK evidence on the extent of abuse among disabled children suggests that disabled children are at increased risk of abuse, and that the presence of multiple disabilities appears to increase the risk of both abuse and neglect (see standard 7 of the *National Service Framework for Children, Young People and Maternity Services*). Disabled children may be especially vulnerable to abuse for a number of reasons. Some disabled children may:

- have fewer outside contacts than other children;
- receive intimate personal care, possibly from a number of carers, which may both increase the risk of exposure to abusive behaviour, and make it more difficult to set and maintain physical boundaries;
- have an impaired capacity to resist or avoid abuse;
- have communication difficulties which may make it difficult to tell others what is happening;
- be inhibited about complaining because of a fear of losing services;
- be especially vulnerable to bullying and intimidation; and/or
- be more vulnerable than other children to abuse by their peers.

10.33 Safeguards for disabled children are essentially the same as for non-disabled children. Particular attention should be paid to promoting a high level of awareness of the risks of harm and high standards of practice, and strengthening the capacity of children and families to help themselves. Measures should include:

- making it common practice to help disabled children make their wishes and feelings known in respect of their care and treatment;
- ensuring that disabled children receive appropriate personal, health, and social education (including sex education);
- making sure that all disabled children know how to raise concerns if they are worried or angry about something, and giving them access to a range of adults with whom they can communicate. Those disabled children with communication impairments should have available to them at all times a means of being heard;
- an explicit commitment to, and understanding of disabled children's safety and welfare among providers of services used by disabled children;

- close contact with families, and a culture of openness on the part of services; and

- guidelines and training for staff on good practice in intimate care; working with children of the opposite sex; handling difficult behaviour; consent to treatment; anti-bullying strategies; and sexuality and sexual behaviour among young people, especially those living away from home.

10.34 Where there are concerns about the welfare of a disabled child, they should be acted upon in accordance with the guidance in Chapter 4, in the same way as with any other child. The same thresholds for action apply. It would be unacceptable if poor standards of care were tolerated for disabled children which would not be tolerated for non disabled children. Expertise in both safeguarding and promoting the welfare of child and disability has to be brought together to ensure that disabled children receive the same levels of protection from harm as other children.

10.35 Where a disabled child has communication impairments or learning disabilities, special attention should be paid to communication needs, and to ascertain the child's perception of events, and his or her wishes and feelings. In every area, children's social care and the police should be aware of non-verbal communication systems, when they might be useful and how to access them, and should know how to contact suitable interpreters or facilitators. Agencies should not make assumptions about the inability of a disabled child to give credible evidence, or to withstand the rigours of the court process. Each child should be assessed carefully, and helped and supported to participate in the criminal justice process when this is in the child's best interest and the interests of justice.

10.36 In criminal proceedings witnesses aged under 17 are automatically eligible for assistance with giving their evidence. The special measures they may be provided with include: screens around the witness box so they do not see the defendant, video recorded evidence in chief and live video links so that they may not have to go into the courtroom at all, and intermediaries and aids to communication to facilitate good communication. *'Achieving Best Evidence'* guidance for investigators includes comprehensive guidance on planning and conducting interviews with children and a specific section about interviewing disabled children.

10.37 LSCBs have an important role in safeguarding and promoting the welfare of disabled children through:

- raising awareness among children, families and services;

- identifying and meeting inter-agency training needs, which encourage the 'pooling' of expertise between those with knowledge and skills in respect of disabilities, and those with knowledge and skills in respect of safeguarding and promoting the welfare of children;

- ensuring that local policies and procedures for safeguarding and promoting the welfare of children meet the needs of disabled children.

Abuse by Children and Young People

Peer Abuse

10.38 Children, particularly those living away from home, are also vulnerable to abuse by their peers. Such abuse should always be taken as seriously as abuse perpetrated by an adult. It should be subject to the same safeguarding children procedures as apply in respect of any child who is suffering, or at risk of suffering significant harm from an adverse source. A significant proportion of sex offences are committed by teenagers and, on occasion, by younger children. Staff and carers of children living away from home need clear guidance and training to identify the difference between consenting and abusive, appropriate or exploitative peer relationships. Staff should not dismiss some abusive sexual behaviour as 'normal' between young people and should not develop high thresholds before taking action.

10.39 Work with children and young people who abuse others – including those who sexually abuse/offend – 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 abuse 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 and young people 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.

10.40 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. Work with adult abusers has shown that many of them began committing abusing acts during childhood or adolescence, and that significant numbers themselves have been subjected to abuse. Early intervention with children and young people who abuse others may, therefore, play an important part in protecting the public by preventing the continuation or escalation of abusive behaviour.

10.41 Three key principles should guide work with children and young people who abuse others:

- there should be a co-ordinated approach on the part of youth justice, child welfare, education (including educational psychology) and health (including child and adolescent mental health) agencies;

- the needs of children and young people who abuse others should be considered separately from the needs of their victims; and

- an assessment should be carried out in each case, appreciating that these children may have considerable unmet developmental needs, as well as specific needs arising from their behaviour.

10.42 LSCBs and Youth Offending Teams should ensure that there is a clear operational framework in place within which assessment, decision-making and case management take place. Neither child welfare nor criminal justice agencies should embark upon a course of action that has implications for the other without appropriate consultation.

10.43 In assessing a child or young person who abuses another, relevant considerations include:

- the nature and extent of the abusive behaviours. In respect of sexual abuse,

there are sometimes perceived to be difficulties in distinguishing between normal childhood sexual development and experimentation and sexually inappropriate or aggressive behaviour. Expert professional judgement may be required, within the context of knowledge about normal child 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 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.

10.44 Decisions for local agencies (including the Crown Prosecution Service where relevant), according to the responsibilities of each, include:

- the most appropriate course of action within the criminal justice system, if the child is above the age of criminal responsibility;
- whether the young abuser should be the subject of a child protection conference; and
- what plan of action should be put in place to address the needs of the young abuser, detailing the involvement of all relevant agencies.

10.45 A young abuser should be the subject of a child protection conference if he or she is considered personally to be at risk of continuing significant harm. Where there is no reason to hold a child protection conference, there may still be a need for a multi-agency approach if the young abuser's needs are complex. Issues regarding suitable educational and accommodation arrangements often require skilled and careful consideration.

Bullying

10.46 Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g. hitting, kicking, theft), verbal (e.g. racist or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). The damage inflicted by bullying can frequently be underestimated. It can cause considerable distress to children, to the extent that it affects their health and development or, at the extreme, causes them significant harm (including self-harm). All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies.

Race and Racism

10.47 Children from black and minority ethnic groups (and their parents) are likely to have experienced harassment, racial discrimination and institutional racism. Although racism can cause significant harm it is not, in itself, a category of abuse. The experience of racism is likely to affect the responses of the child and family to assessment and enquiry processes. Failure to consider the effects of racism will undermine efforts to protect children from other forms of significant harm. The effects of racism differ for different communities and individuals, and should not be assumed to be uniform. The specific needs of children of mixed parentage and refugee children should be given attention. In particular, the need for neutral, high quality, gender-appropriate translation or interpretation services should be taken into account when working with children and families whose preferred language is not English. All organisations working with children, including those operating in areas where black and minority ethnic communities are numerically small, should address institutional racism, defined in the Macpherson Inquiry Report on Stephen Lawrence as “the collective failure by an organisation to provide an appropriate and professional service to people on account of their race, culture and/or religion”.

Domestic Violence

10.48 As outlined in Chapter 8, children may suffer both directly and indirectly if they live in households where there is domestic violence. Domestic violence is likely to have a damaging effect on the health and development of children, and it will often be appropriate for such children to be regarded as children in need. Children living in families where they are exposed to domestic violence have been shown to be at risk for behavioural, emotional, physical, cognitive functioning, attitudes and long term developmental problems. Everyone working with women and children should be alert to the frequent inter-relationship between domestic violence and the abuse and neglect of children. There may be serious effects of children witnessing domestic violence, which often result in behavioural issues, absenteeism, ill health, bullying, anti-social behaviour, drug and alcohol misuse, self-harm and psychosocial impacts. 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 may be harmed by witnessing or overhearing the violence. Conversely, where it is believed that a child is being abused, those involved with the child and family should be alert to the possibility of domestic violence within the family.

10.49 The police are often the first point of contact with families in which domestic violence takes place. When responding to incidents of violence, the police should find out whether there are any children living in the household. They should see any children present in the house to assess their immediate safety. There should be arrangements in place between police and children’s social care, to enable the police to find out whether any such children are the subject of a child protection plan. The police are already required to determine whether any court orders or injunctions are in force in respect of members of the household. It is good practice for the police to notify children’s social care promptly when they have responded to an incident of domestic violence and it is known that a child is a member of the household. If the police have specific concerns about the safety or welfare of a child, they should make a referral to children’s social care citing the basis for their concerns. It is also important that there is clarity about whether the family is aware that a referral is to be made. Any response by children’s social care to such referrals should be discreet, in terms of making contact with women in ways will not further endanger them or their children. In some cases, a child may be in need of immediate protection. The

amendment made in section 120 of the Adoption and Children Act 2002 to the Children Act 1989 clarifies the meaning of "harm" in the Children Act, to make explicit that "harm" includes, for example, impairment suffered from seeing or hearing the ill-treatment of another.

10.50 Normally, one serious or several lesser incidents of domestic violence where there is a child in the household would indicate that children's social care should carry out an initial assessment of the child and family, including consulting existing records. It is important to include in assessments agreed arrangements for contact between children and the non resident parent. Children who are experiencing domestic violence may benefit from a range of support and services, and some may need safeguarding from harm. Often, supporting a non-violent parent is likely to be the most effective way of promoting the child's welfare. The police and other agencies have defined powers in criminal and civil law which can be used to help those who are subject to domestic violence. Health visitors and midwives can play a key role in providing support and need access to information shared by the police and children's social care.

10.51 There is an extensive range of services for women and children delivered through refuge projects operated by Women's Aid and probation service provision of Women's Safety Workers, for partners of male perpetrators of domestic abuse, where they are on a domestic abuse treatment programme (in custody or community). These have a vital role in contributing to an inter-agency approach to children where domestic violence is an issue. In responding to situations where domestic violence may be present, considerations include:

- 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 post-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.

10.52 Domestic Violence Forums have been set up in many areas, to raise

awareness of domestic violence, to promote co-ordination between agencies in preventing and responding to violence, and to encourage the development of services for those who are subjected to violence or suffer its effects. Each Domestic Violence Forum and LSCB should have clearly defined links, which should include cross-membership and identifying and working together on areas of common interest. The Domestic Violence Forum and LSCB should jointly contribute – in the context of the CYPP plan – to an assessment of the incidence of children caught up in domestic violence, their needs, the adequacy of local arrangements to meet those needs, and the implications for local services. Other work might include developing joint protocols, safe information sharing arrangements and training.

Children of Drug Misusing Parents

10.53 The Advisory Council on the Misuse of Drugs's (ACMD) report 'Hidden Harm - responding to the needs of children of problem drug users' estimated that there are between 200,000- 300,000 children of problem drug users in England and Wales, i.e. 2-3% of all children under the age of 16. The report also concludes that parental problem drug use can and does cause serious harm to children at every age from conception to adulthood. Parental problem drug use is characterised by the use of multiple drugs, often by injection and is strongly associated with economic deprivation and other factors that affect parenting capacity. The adverse consequences for the child are typically multiple and cumulative and will vary according to the child's age of development and other factors about their life experience. Some of the key features of the impact of parental drug misuse are;

- Physical and emotional abuse and neglect;
- Dangerously inadequate supervision and other inappropriate parenting practices;
- Intermittent and permanent separation;
- Inadequate accommodation and frequent changes in residence;
- Toxic substances in the home;
- Interrupted and unsatisfactory education;
- Exposure to criminal or other inappropriate adult behaviour.

10.54 An appropriate response to these children often requires the close collaboration of a number of agencies including health, maternity services, adult's and children's social care, adult treatment, courts, prisons and probation services.

Child Pornography and the Internet

10.55 The internet has now become a significant tool in the distribution of child pornography. Adults are now using the internet to try to establish contact with children with a view to 'grooming' them for inappropriate or abusive relationships.

10.56 As part of their role in preventing abuse and neglect, LSCBs should consider activities to raise awareness about the safe use of the internet by children, for

example, by distributing information through education staff to parents, in relation to both school and home-based use of computers by children.

10.57 When somebody is discovered to have placed or accessed child pornography on the internet, the police should normally consider whether that individual might also be involved in the active abuse of children. In particular, the individual's access to children should be established, within the family and employment contexts and in other settings (e.g. work with children as a volunteer). If there are particular concerns about one or more specific children, there may be a need to carry out s47 enquiries in respect of those children.

Children and Families Who Go Missing

10.58 Local agencies and professionals should bear in mind when working with children and families where there are outstanding concerns about the children's safety and welfare (including where the concerns are about an unborn child who may be at future risk of significant harm) that a series of missed appointments may indicate that the family has moved out of the area or overseas. Children's social care and the police should be informed immediately such concerns arise. In the case of children taken overseas it may be appropriate to contact the Consular Directorate at the Foreign and Commonwealth Office which offers assistance to British nationals in distress overseas (www.fco.gov.uk 020 7008 1500). They may be able to follow up a case through their consular post(s) in the country concerned.

10.59 Particular consideration needs to be given to appropriate legal interventions, where it appears that a child, for whom there are outstanding child protection concerns about their safety and welfare, may be removed from the UK by his/her family in order to evade the involvement of agencies with safeguarding responsibilities. Particular consideration should also be given to appropriate legal interventions, when a child, who is subject to a care order, has been removed from the UK. Children's social care, the Police Child Protection Unit and the Child Abduction Section at the Foreign and Commonwealth Office should be informed immediately.

10.60 Looked after children may run away or go missing from their care placement. The various agencies responsible for the care of looked after children should understand their respective roles in these circumstances. These should be set out in standard protocols describing arrangements for managing missing person's investigations developed by the local police force. It will be important to understand the reasons that lead children to go missing from their care placement. Where there is the possibility that this behaviour is a result of child protection concerns, then the responsible local authority (or others concerned for the child) must follow its procedures to safeguard and promote the welfare of children in the area where the child is living.

10.61 If a child or young person is receiving an education, not only do they have the opportunity to fulfil their potential, they are also in an environment which enables local agencies to safeguard and promote their welfare. If a child goes missing from education they could be at risk of significant harm.

10.62 There are a number of reasons why children go missing from education and these can include that they:

- fail to start appropriate provision and hence never enter the system;

- cease to attend, due to exclusion (e.g. illegal unofficial exclusions) or withdrawal; or

- fail to complete a transition between providers (e.g. being unable to find a suitable school place after moving to a new local authority area).

10.63 Their personal circumstances or those of their families may contribute to the withdrawal process and the failure to make a transition.

10.64 There are certain groups of vulnerable children who are more likely than others to become missing from education:

- young people who have committed offences;

- children living in women's refuges;

- children of homeless families perhaps living in temporary accommodation;

- young runaways;

- children with long term medical or emotional problems;

- looked after children;

- children with a Gypsy/Traveller background;

- young carers;

- children from transient families;

- teenage mothers;

- children who are permanently excluded from school;

- migrant children whether in families seeking asylum or economic migrants.

10.65 There is a Child Missing Education (CME) named point of contact in every local authority. Every practitioner working with a child has a responsibility to inform their CME contact if they know or suspect that a child in not receiving education. To help local agencies and professionals find children who are missing from education and identify those at risk of going missing from education, guidance was issued in July 2004, *"Identifying and maintaining contact with children missing, or at risk of going missing, from education".* The guidance can be found on the Every Child Matters website www.everychildmatters.gov.uk.

Children of Families Living in Temporary Accommodation

10.66 Placement in temporary accommodation, often at a distance from previous support networks or involving frequent moves, can lead to individuals and families falling through the net and becoming disengaged from health, education, social care and welfare support systems. Some families who have experienced homelessness and are placed in temporary accommodation by local authorities under the main homeless duty can have very transient lifestyles.

10.67 It is important that effective systems are in place to ensure that the children from homeless families receive services from health and education as well as any other specific types of services because these families move regularly and maybe at risk of becoming disengaged from services. Where there are concerns about a child or children the procedures set out in chapter 4 should be followed.

10.68 Statutory guidance on making arrangements under Section 11 of the Children Act 2004 to safeguard and promote the welfare of children sets out the local authority responsibilities for homeless families see para 3.1.9.

Migrant Children

10.69 Over recent years the number of migrant children in the UK has increased for a variety of reasons, including the expansion of the global economy and incidents of war and conflict. Safeguarding and promoting the welfare of these children must remain paramount with agencies in their dealings with this group.

10.70 Local agencies should give particular consideration to the following groups:

Child victims of trafficking

10.71 Trafficking in people involves a collection of crimes, spanning a variety of countries and involving an increasing number of victims – resulting in considerable suffering for those trafficked. It includes the exploitation of children through force, coercion, threat and the use of deception and human rights abuses such as debt bondage, deprivation of liberty and lack of control over one's labour. Exploitation occurs through prostitution and other types of sexual exploitation, and through labour exploitation. It includes the movement of people across borders and also the movement and exploitation within borders.

10.72 The UK is a destination country for trafficked children and young people. There is thought to be some exploitation of children in situations of domestic service or for the purpose of benefit fraud. There have been occasional instances of minors (mainly 16 and 17 year olds) being exploited in the sex industry. Although there is no evidence of other forms of exploitation such as 'organ donation, or 'harvesting' all agencies should remain vigilant.

10.73 Such children enter the UK through various means. Some enter as unaccompanied asylum seekers, or students or as visitors. Children are also brought in by adults who state that they are their dependents, or are met at the airport by an adult who claims to be a relative. It has been suggested that children have been brought in via internet transactions, foster arrangements, and contracts as domestic staff. In some cases girls aged 16 or 17 will have been tricked into a bogus marriage for the purpose of forcing them into prostitution.

10.74 If it is suspected that a child is the victim of trafficking the police or children's social care should be informed. The Trafficking Toolkit (details of which can be found at www.crimereduction.gov.uk/toolkits/) provides helpful guidance on dealing with trafficking. Agencies should work together to ensure a joined-up response.

Unaccompanied asylum seeking children (UASC)

10.75 A UASC is an asylum seeking child under the age of 18, who is not living with their parent, relative or guardian in the UK.

10.76 Most UASCs are referred to Local Authorities by the immigration authorities and should be supported by Local Authorities under the Children Act 1989.

10.77 These children may be particularly traumatized having been separated from their families, possibly against their will. Some may have come from abusive situations. As well as the forms of child abuse which are known to social workers in the UK, these children could have been forced to become child soldiers, or have been subjected to female genital mutilation. Abuse could have been perpetrated by those in authority in their own country as well as in the home.

10.78 In cases where children have been moved illegally they are likely to come under severe pressure to give a false account of themselves and/or to keep secrets. These factors can add substantially to the risk that they face in the UK. In addition there may be cultural and language barriers that need to be overcome before a child may talk about their experiences and the protection they need can be properly identified.

Female Genital Mutilation

10.79 Female genital mutilation (FGM) is a collective term for procedures which include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious health consequences, both at the time when the mutilation is carried out and in later life. The procedure is typically performed on girls aged between 4 and 13, but in some cases FGM is performed on new born infants or on young women before marriage or pregnancy. A number of girls die as a direct result of the procedure, from blood loss or infection.

10.80 FGM has been a criminal offence in the UK since the Prohibition of Female Circumcision Act 1985 was passed. The Female Genital Mutilation Act 2003 replaced the 1985 Act and makes it an offence for the first time for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal. Further information about the Act can be found in *Home Office Circular 10/2004* which is available on www.homeoffice.gov.uk.

10.81 FGM is much more common than most people realise, both worldwide and in the UK. It is reportedly practised in 28 African countries and in parts of the Middle and Far East but is increasingly found in Western Europe and other developed countries, primarily amongst immigrant and refugee communities. There are substantial populations from countries where FGM is endemic in London, Liverpool, Birmingham, Sheffield and Cardiff but it is likely that communities in which FGM is practised reside throughout the UK.

10.82 Suspicions may arise in a number of ways that a child is being prepared for FGM to take place abroad. These include knowing that the family belongs to a community in which FGM is practised and are making preparations for the child to take a holiday, arranging vaccinations or planning absence from school, and the child may talk about a ‘special procedure’ taking place. Indicators that FGM may have

already occurred include prolonged absence from school with noticeable behaviour change on return and long periods away from classes or other normal activities, possibly with bladder or menstrual problems. Midwives and doctors may become aware that FGM has been practised on an older woman and this may prompt concern for female children in the same family.

10.83 A local authority may exercise its powers under s47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. However, despite the very severe health consequences, parents and others who have this done to their daughters do not intend it as an act of abuse. They genuinely believe that it is in the girl's best interests to conform with their prevailing custom. So, where a family has been identified as at risk, it may not be appropriate to consider removing the child from an otherwise loving family environment. Where a child appears to be in immediate danger of mutilation, consideration should be given to getting a prohibited steps order. If a child has already undergone FGM, particular attention should be paid to the potential risk to other female children in the same family.

10.84 In local areas where there are communities who traditionally practise FGM, consideration should be given to incorporating more detailed guidance on responding to concerns about FGM into existing procedures to safeguard and promote the welfare of children. LSCB policy should focus on a preventive strategy involving community education. Further information in support of these guidelines can be found in *Local Authority Social Services Letter LASSL (2004)4* which is available on www.dfes.gov.uk.

Forced Marriage

10.85 A forced marriage is a marriage conducted without the full consent of both parties and where duress is a factor.

10.86 In 2004 the Government's definition of domestic violence was extended to include acts perpetrated by extended family members as well as intimate partners. Consequently, acts such as forced marriage and other so-called 'honour crimes' which can include abduction and homicide, can now come under the definition of domestic violence. Many of these acts are committed against children. The Government's Forced Marriage Unit produced guidelines in conjunction with children's social care and the Department for Education and Skills on how to identify and support young people threatened by forced marriage. The guidelines are available at http://www.adss.org.uk/publications/guidance/marriage.pdf and http://www.homeoffice.gov.uk/comrace/race/forcedmarriage/index.html.

10.87 If there are concerns that a child (male or female) is in danger of a forced marriage local agencies and professionals should contact the Forced Marriage Unit where experienced caseworkers will be able to offer support and guidance (www.fco.gov.uk 020 7008 0230). The police and children's social care should also be contacted. All those involved will want to bear in mind that *mediation as a response to forced marriage can be extremely dangerous.* Refusal to go through with a forced marriage has, in the past, been linked to so-called 'honour crimes'.

CHAPTER 11 – Managing Individuals who pose a risk of harm to children

11.1 This section provides practice guidance and information about a range of mechanisms that are available when managing people who have been identified as presenting a risk or potential risk of harm to children. Areas covered include:

- collaborative working between organisations and agencies to identify and manage people who present a risk of harm to children;
- the Multi-Agency Public Protection Arrangements (MAPPA) which enable agencies to work together when dealing with people who require a greater degree of resources to manage the risk of harm they present to the public; and
- Other processes and mechanisms for working with people who present a risk to children.

Collaborative Working

11.2 The Children Act 1989 recognised that the identification and investigation of child abuse together with the protection and support of victims and their families requires multi-agency collaboration. This has rightly focussed on the child and the supporting parent/carer. As part of that protection, action has been taken, usually by the police and social service, to prosecute known offenders or control their access to vulnerable children.

11.3 This work, whilst successful in addressing the safety of particular victims has not always acknowledged the on-going risk of harm that an individual perpetrator may present to other children in the future.

Use of the term 'Schedule One Offender'

11.4 The term 'Schedule One offender' and 'Schedule One offence' has been commonly used for anyone convicted of an offence against a child listed in Schedule One of the Children and Young Person's Act 1933. However, a conviction for an offence in Schedule One does not trigger any statutory requirement in relation to child protection issues and inclusion on the schedule was determined solely by the age of the victim and offence for which the offender was sentenced and not by an assessment of future risk of harm to children.

11.5 **Therefore the term 'Schedule One offender' is no longer used. It has been replaced with 'Risk to Children'.** This clearly indicates that the person has been identified as presenting a risk or potential risk of harm to children.

11.6 Interim guidance ("Guidance on offences against children" Home Office Circular 16/2005) has been issued explaining how those people who present a potential risk or risk of harm to children should be identified. The Circular explains that the present method of automatically identifying an offender, who has been convicted of an offence listed in Schedule One of the Children and Young Person's Act 1933, as a risk to children, fails to focus on those who continue to present a risk. For a copy of the circular please access the Home Office website.

11.7 Practitioners working in this area should use the new list of offences as a 'trigger' to a further assessment to determine if an offender should be regarded as presenting a continued risk of harm to children. This allows agencies to focus resources on the correct group of individuals and not include those who have been identified solely because a child was harmed during the offence, for example as in the case of a road traffic accident. An offender who has harmed a child might not continue to present a risk towards that child or other children. Practitioners should also consider that where a juvenile offender (aged under 18 years) offends against a child it is possible that there is little or no future risk of harm to other children, and the stigma of being identified as presenting a continued risk of harm to children is potentially damaging to the development of the juvenile offender.

11.8 Once an individual has been sentenced and identified as presenting a risk to children, agencies have a responsibility to work collaboratively to monitor and manage the risk of harm to others. Where the offender is given a community sentence, Offender Managers (or Youth Offending Team workers) will monitor the individual's risk to others and behaviour and liaise with partner agencies as appropriate.

11.9 In cases where the offender has been sentenced to a period of custody, prison establishments will undertake a similar responsibility, and in addition, notify other agencies prior to any period of release.

New offences targeted at those who abuse children through prostitution

11.10 Those who abuse or exploit children through prostitution should feel the full force of the law. The Sexual Offences Act 2003 introduced a number of new offences to deal with those who abuse and exploit children in this way. They protect children up to the age of 18 and can attract tough penalties. They include:

- paying for the sexual services of a child;
- causing or inciting child prostitution;
- arranging or facilitating child prostitution;
- controlling a child prostitute.

11.11 These are not the only charges that may be brought against those who use or abuse children through prostitution. Abusers and coercers often physically, sexually and emotionally abuse these children and may effectively imprison them. If a child is victim of serious offences, the most serious charge that the evidence will support should always be used.

MAPPA

11.12 Multi Agency Public Protection Arrangements provide a national framework in England and Wales for the assessment and management of risk posed by serious and violent offenders. This includes individuals who are considered to pose a risk, or potential risk of harm to children. The arrangements impose statutory requirements on the police and probation services (the "Responsible Authorities") to make these arrangements under Sections 67 and 68 of the Criminal Justice and Court Services Act of 2000. Section 325-327 of the Criminal Justice Act 2003 extended and

strengthened these public protection arrangements by:

- including the Prison Service as part of the Responsible Authorities;

- placing a duty to co-operate with the Responsible Authority on a number of agencies providing services to offenders including health, housing, social services, education, youth offending teams, jobcentre plus, and electronic monitoring providers; and

- increasing the public engagement with MAPPA by appointing two lay advisers to assist the responsible Authority in each area to monitor and review those arrangements locally.

11.13 While MAPPA will not address the concerns of further serious harm posed by all perpetrators of child abuse, its purpose is to focus on convicted sexual and violent offenders returning to and in the community. The development of national databases will significantly enhance the capability to track offenders who move between communities and across organisational boundaries.

11.14 Practitioners, through rigorous risk assessment on an individual case basis, refer offenders to the MAPPA process. Most area's now have a Co-ordinator who can be contacted via any of the local Responsible Authorities. The Area MAPPA Strategic Management Board will be in place and comprises of lead managers from Police, Probation and Prison, a number of agencies with a Duty to Co-operate and two Lay Advisors.

11.15 The full MAPPA Guidance and the Local Area Annual Reports, which include examples of Case Studies, are available on the following website. http://www.probation.homeoffice.gov.uk/output/page30.asp

Identification of MAPPA offenders

11.16 Offenders falling within the remit of MAPPA in each area are categorised as follows :

- Category 1: registered sex offenders - as defined by the Sex Offenders Act 1997, and amended by the Criminal Justice and Court Services Act 2000 and the Sexual Offences Act 2003.

- Category 2:violent and other sex offenders – violent and sexual offenders who receive a custodial sentence of 12 months or more, those detained under hospital or guardianship orders and those who have committed specific offences against children.

- Category 3: other offenders – offenders not in Category 1 or 2 but who are considered by the responsible Authority to pose a serious risk to the public.

Sharing of relevant information

11.17 Exchange of information is essential for effective public protection. The Guidance clarifies how MAPPA agencies may exchange information amongst themselves, and to other persons or organisations outside the MAPPA. Multi-agency Public Protection Panels (MAPPP) can recommend that agencies disclose information about offenders to a number of organisations including schools and

voluntary groups.

Assessment of the risk of serious harm

11.18 The National Offender Management Service (NOMS) assess risk of harm using the Offender Assessment System (OASys). The Youth Justice Board use ASSET for under eighteen year olds. The following describe each level of risk.

- **Low:** no significant, current indicators of risk of harm.

- **Medium:** there are identifiable indicators of risk of harm. The offender has the potential to cause harm but is unlikely to do so unless there is a change in circumstances, e.g. failure to take medication, loss of accommodation, relationship breakdown, drug or alcohol misuse.

- **High:** there are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

- **Very high:** there is an imminent risk of harm. The potential event is more likely than not to happen imminently and the impact would be serious.

11.19 Risk is categorised by reference to who may be the subject of that harm. This includes children who may be vulnerable to harm of various kinds, including violent or sexual behaviour, emotional harm or neglect. In this context, MAPPA will work closely with LSCBs to ensure the best, local joint arrangements can be made for any individual child being considered by either setting.

Managing Risk

11.20 The Responsible Authority needs to ensure that strategies to address risk are identified and plans developed, implemented and reviewed on a regular basis. Those plans must include action to monitor the behaviour and attitudes of the offender and to intervene in their life in order to control and minimise the risk of serious harm to others.

11.21 The MAPPA framework identifies three separate, but connected, levels at which risk is managed:

- **Level 1** – **ordinary risk management:** this would be where the risks posed by the offender can be managed by one agency without significantly involving other agencies.

- **Level 2** - **local inter-agency risk management:** this is used where significant involvement from more than one agency is required but where either the level of risk or the complexity of managing the risk is not so great as to require referral to level 3.

- **Level 3 - MAPPP – Multi Agency Public Protection Panels:** This relates to the "critical few" and would include an offender who:

  i) Presents risks that can only be managed by a plan which requires close co-operation at a senior level due to the complexity of the case and/or because of the unusual resource commitments it requires; **AND**

ii) Although not assessed as being a high or very high risk, the case is exceptional because of the likelihood of a high level of media scrutiny and/or public interest in the management of the case and there is a need to ensure that public confidence in the criminal justice system is sustained.

Other Processes and Mechanisms

Offending Behaviour Programmes

11.22 Rehabilitation of offenders is the best guarantee of long-term public protection. A range of treatment programmes have been 'tried and tested' at a national level, which have been developed or commissioned by the prison and probation service. Examples include, Sex Offender Treatment Programmes, programmes for offenders convicted of Internet sexually related offences, and for perpetrators of domestic abuse.

Disqualification from Working with Children

11.23 The Criminal Justice and Court Services Act 2000 (CJCSA), as amended by the Criminal Justice Act 2003, provides for people to be disqualified from working with children. A person is disqualified by either:

- a Disqualification Order, made by the Crown Court when a person is convicted for an offence against a child (under 18) listed in Schedule 4 to the CJCSA. Schedule 4 includes sexual offences, violent offences and offences of selling Class A drugs to a child; or

- being included in a permanent capacity on the list of people who are unsuitable to work with children that is kept under s1 of the Protection of Children Act 1999 (see paragraph 11.29 below); or,

- being included on DfES List 99 on the ground of being unsuitable to work with children (see paragraph 11.33 below).

11.24 When making a Disqualification Order the court applies different provisions depending on the age of the offender and the sentence received:

- Adult offender who receives a qualifying sentence (12 months or more or equivalent) or relevant order for a specified offence: a Disqualification Order *must* be made *unless* the court is satisfied that it is *unlikely* that the individual will commit any further offence against a child.

- Juvenile offender who receives a qualifying sentence or relevant order: a Disqualification Order *must* be made *if* the court is satisfied that it is *likely* that the individual will commit a further offence against a child.

- Adult or Juvenile offender who does not receive a qualifying sentence or relevant order: a Disqualification Order *may* be made *if* the court is satisfied that the offender is *likely* to commit a further offence against a child.

11.25 A Disqualification Order is of indefinite duration (i.e. for life) but application can be made for an order to be reviewed by the Care Standards Tribunal after 10 years (or 5 years in the case of a juvenile).

11.26 Disqualification Orders are made as part of the sentence and, therefore, cannot be made on application. However, the Criminal Justice Act 2003 has provides that the Crown Prosecution Service may refer cases back to the courts where it appears that the court should have considered making a Disqualification Order but failed to do so. Therefore, if an offender is identified who it seems should have been made subject to a Disqualification Order the case should be discussed with other MAPPA agencies and the Crown Prosecutions Service.

11.27 People who are disqualified from working with children are prohibited from applying for, offering to do, accepting, or doing, any work in a "regulated position". The positions covered are specified in s.36 of the CJCSA and are broadly defined. They includes working with children in paid or unpaid positions whose normal duties involve caring for, training, supervising or being in sole charge of children, and positions whose normal duties involve unsupervised contact with children under arrangements made by a responsible person, for example, a parent, and include a broad range of work with children from babysitting to working as a schoolteacher and from working in a local authority education or social services department to voluntary work at a boys' football club. School governor is a regulated position, as are other positions whose normal duties include the supervision or management of another individual who works in a regulated position.

11.28 A person who is disqualified commits an offence if he/she knowingly applies for, offers to do, accepts, or does, any work with children. It is also an offence for an individual knowingly to offer work with children to, or procure work with children for, an individual who is disqualified from working with children, or to allow such an individual to continue in such work. The police should be contacted if such an offence is committed. The maximum penalty for breach is 5 years imprisonment.

The Protection of Children Act List

11.29 This Act gives the Secretary of State power to keep a list of people who are unsuitable to work with children in childcare positions. Child care organisations in the regulated sector are required to make a report to the Secretary of State in specified circumstances, principally if they dismiss a person for misconduct which has harmed a child or put a child at risk of harm, or if a person resigns in circumstances where s/he might have been dismissed for that reason. Other organisations that employ childcare workers can also make reports in those circumstances, but do not have to.

11.30 If there appear to be grounds for including the person on the List his/her name will be added provisionally while further enquiries are made, and the person will be given the opportunity to make written observations about the case. If, at the end of that process the Secretary of State is of the opinion that:

- the referring organisation reasonably believed that the person was guilty of misconduct that harmed a child, or put a child at risk of harm; and,

- the person is unsuitable to work with children,

the person will be added to the List on a permanent basis.

11.31 Anyone who is included on the List on a permanent basis can appeal to an independent tribunal, the Care Standards Tribunal, within 3 months of the decision.

11.32 Childcare organisations must check the List (and List 99) before employing someone in a childcare position.

DfES List 99

11.33 List 99 is a confidential list of people who the Secretary of State has directed may not be employed by Local Education Authorities (LEAs), schools (including independent schools) or Further Education (FE) institutions as a teacher or in work involving regular contact with children under 18 years of age The List also includes details of people the Secretary of State has directed can only be employed subject to specific conditions. Employers in the education sector are under a duty not to use a person who is subject to a direction in contravention of that direction.

11.34 LEAs, schools, FE institutions and other employers have a statutory duty to make reports to DfES if they cease to use a person's services on grounds of misconduct or unsuitability to work with children, or someone leaves in circumstances where the employer might have ceased to use their services on one of those grounds. The police also make reports to DfES if a teacher or other member of staff at a school is convicted of a criminal offence.

11.35 People who are convicted of one of a number of sexual offences against a child under16 years of age are automatically deemed unsuitable to work with children and included on List 99. Those subject to a disqualification order and those permanently included on the Protection of Children Act List are also included on List 99 automatically. In other cases the Secretary of State has power to direct that a person be prohibited from employment and added to the List, but must consider the circumstances of the individual case and give the person concerned an opportunity to make representations before reaching a decision.

11.36 People included on List 99, other than those included automatically, can appeal to the Care Standards Tribunal against the decision within 3 months of the decision

The Sex Offender Register

11.37 The notification requirements of Part 2 of the Sexual Offences Act 2003 (known as the Sex Offenders Register) are an automatic requirement on offenders who receive a conviction or caution for certain sexual offences. The notification requirements are intended to ensure that the police are informed of the whereabouts of offenders in the community. The notification requirements do not bar offenders from certain types of employment, from being alone with children etc.

11.38 Offenders must notify the police of certain personal details within three days of their conviction or caution for a relevant sexual offence (or, if they are in prison on this date, within three days of their release.)

11.39 Such an offender must then notify the police, within three days, of any change to the notified details and whenever they spend 7 days or more at another address.

11.40 All offenders must reconfirm their details at least once every twelve months and notify the police, 7 days in advance of any travel overseas for a period of 3 days or more.

11.41 The period of time that an offender must comply with these requirements depends on whether they received a conviction or caution for their offence and,

where appropriate, the sentence they received.

11.42 Failure to comply with these requirements is a criminal offence with a maximum penalty of 5 years' imprisonment. The police should be contacted if such an offence is committed.

Notification Orders

11.43 Notification Orders are intended to ensure that British citizens or residents, as well as foreign nationals, can be made subject to the notification requirements (the Sex Offenders Register) in the UK if they receive convictions or cautions for sexual offences overseas.

11.44 Notification Orders are made on application from the police to a Magistrates' Court. Therefore, if an offender is identified who has received a conviction or caution for a sexual offence overseas the case should be referred to the local police for action.

11.45 If a Notification Order is in force then the offender becomes subject to the requirements of Sex Offender Registration (see above).

11.46 For example: a Notification Order could ensure that the notification requirements will apply to a British man who, while on holiday in South East Asia, received a caution for a sexual offence on a child.

11.47 Any information that an individual has received a conviction or caution for a sexual offence overseas should, where appropriate, be shared with the police.

Sexual Offences Prevention Orders (SOPOs)

11.48 Introduced by the Sexual Offences Act 2003, SOPOs are civil preventative orders designed to protect the public from serious sexual harm. A court may make a SOPO when it deals with an offender who has received a conviction for an offence listed at Schedule 3 (sexual offences), or Schedule 5 (violent and other offences), to the Act who is assessed as posing a risk of serious sexual harm. Also, the police can apply for a SOPO to a Magistrates' court in respect of an offender who has a previous conviction or caution for a Schedule 3 or 5 offence who poses a risk of serious sexual harm.

11.49 SOPOs include such prohibitions, as the court considers appropriate. For example, a child sex offender who poses a risk of serious sexual harm could be prohibited from loitering near schools or playgrounds. The offender will also, if s/he isn't already, become subject to the notification requirements for the duration of the order.

11.50 SOPOs can be made on application from the police, so any violent or sex offender who poses a risk of serious sexual harm should be referred to MAPPA agencies and the police in particular. In an application for an order the police can set out the prohibitions they would like the court to consider.

11.51 Breach of any of the prohibitions in a SOPO is a criminal offence with a maximum punishment of 5 years' imprisonment. Therefore, the police should be contacted whenever a SOPO is breached.

11.52 SOPO's can be particularly helpful in the management of sex offenders who

are assessed as continuing to pose a high risk of harm but are no longer subject to statutory supervision.

Risk of Sexual Harm Orders (RSHOs)

11.53 Introduced by the Sexual Offences Act 2003, RSHOs are civil preventative orders used to protect children from the risks posed by individuals who do not necessarily have a previous conviction for a sexual or violent offence but who have, on at least two occasions, engaged in sexually explicit conduct or communication with a child or children and who pose a risk of further such harm. For a RSHO to be made it is not necessary for there to be a risk that the defendant will commit a sexual offence against a child – the risk may be that s/he intends to communicate with children in a sexually explicit way. The RSHO can contain such prohibitions, as the court considers necessary. For example, an adult could be found regularly communicating with young children in a sexual way in Internet chat rooms. A RSHO could be used to prohibit the person from using the Internet in order to stop him/her from such harmful activity.

11.54 RSHOs are made on application from the police, so any person who is thought to pose a risk of sexual harm to children should be referred to the police. In an application for an order the police can set out the prohibitions they would like the court to consider.

11.55 Breach of any of the prohibitions in a RSHO is a criminal offence with a maximum punishment of 5 years' imprisonment. It is also an offence, which makes the offender subject to the notification requirements (see above). The police should be contacted whenever a RSHO is breached.

CHAPTER 12 – Information Sharing

12.1 Effective arrangements for safeguarding and promoting the welfare of children should include having in place agreed systems, standards and protocols for sharing information about a child and their family within each organisation and between organisations. These local protocols should be in accordance with this guidance. The following paragraphs in this Chapter are reproduced from the Appendix on *Information Sharing*. They were published in *What To Do If you are Worried that A Child is Being Abused (*Department of Health et al, 2003) to assist practitioners and managers understand the legal and ethical considerations when sharing information for the purpose of safeguarding and promoting the welfare of children in need. All those whose work brings them into contact with children should understand the purpose of sharing information in order to safeguard and promote children's welfare. They need to be confident about what they can and should do under the law, including how to obtain consent to share information, and when information may be shared even though consent has not been obtained or when to seek consent would place the child at risk of increased harm.

12.2 Research and experience have shown repeatedly that keeping children safe from harm requires professionals and others to share information: about a child's health and development and exposure to possible harm; about a parent who may need help to, or may not be able to, care for a child adequately and safely; and about those who may pose a risk of harm to a child. Often, it is only when information from a number of sources has been shared and is then put together and evaluated that it becomes clear that a child is at risk of or is suffering harm, or that someone may pose a risk of harm to children.

12.3 Those providing services to adults and children will be concerned about the need to balance their duties to protect children from harm and their general duty towards their patient or service user. Some professionals and staff face the added dimension of being involved in caring for, or supporting, more than one family member – the abused child, siblings, an alleged abuser. Where there are concerns that a child is, or may be at risk of significant harm, however, the needs of that child must come first. In these circumstances, the overriding objective must be to safeguard and promote the child's welfare. In addition, there is a need for all organisations to hold information securely.

12.4 In order to safeguard and promote children's welfare, the LSCB should ensure that its partner agencies have in place arrangements under s11 of the Children Act 2004 whereby:

a. all staff in contact with children understand what to do and the most effective ways of sharing information if they believe that a child and family may require additional services in order to achieve their optimal outcomes;

b. all staff in contact with children understand what to do and when to share information if they believe that a child may be a child in need, including those children suffering or at risk of suffering harm;

c. appropriate organisation-specific guidance is produced to complement guidance issued by central Government [21] [22], and such guidance and

[21] The Government will publish guidance later in 2005, endorsed by all relevant Government Departments, for practitioners on information sharing practice and the legal framework

appropriate training is made available to existing and new staff as part of their induction;

d. guidance and training specifically covers the sharing of information between professions, organisations and agencies, as well as within them, and arrangements for training take into account the value of multi-agency training as well as single agency training;

e. managers in children's services are fully conversant with the legal framework and good practice guidance issued for practitioners working with children.

The following guidance on information sharing is also included in the practice guidance "What to do if you are worried a child is being abused?" It will be superseded by comprehensive information sharing guidance which the Government intends to launch in late 2005.

12.5 This guidance is about sharing information for the purposes of safeguarding and promoting the welfare of children. Sharing of information amongst practitioners working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be in need or at risk of harm.

12.6 You may be anxious about the legal or ethical restrictions on sharing information, particularly with other agencies. You should be aware of the law and should comply with the code of conduct or other guidance applicable to your profession. But these rarely provide an absolute barrier to disclosure. You should be prepared to exercise your judgement. A failure to pass on information that might prevent a tragedy could expose you to criticism in the same way as an unjustified disclosure.

12.7 A decision whether to disclose information may be particularly difficult if you think it may damage the trust between you and your patient or client. Wherever possible you should explain the problem, seek agreement and explain the reasons if you decide to act against a parent or child's wishes. It is often helpful to discuss such concerns with a senior colleague, designated professional or, if you are a working in the NHS or local authority social services, your Caldicott Guardian.

What are the legal restrictions?

12.8 The decision whether to disclose information may arise in various contexts. You may have a niggling concern about a child that might be allayed or confirmed if shared with another agency. You may be asked for information in connection with an

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governing it. Pending this, managers and practitioners should refer to:

Appendix X on *Information Sharing which was published* in *What To Do If You Are Worried A Child Is Being Abused* (DH et al 2003). The legal framework explained here is relevant to sharing information for the purpose of safeguarding and promoting the welfare of children as well as to protect a child at risk of abuse or neglect. Website: http://www.dh.gov.uk/assetRoot/04/06/13/03/04061303.pdf

[22] The Government will publish statutory and other guidance under s.12 of the Children Act 2004 to support the establishment and operation of information sharing indexes.

assessment of a child's needs under section 17 of the Children Act 1989 or an enquiry under section 47 of that Act or in connection with court proceedings. In all cases the main restrictions on disclosure of information are:

- common law duty of confidence;
- Human Rights Act 1998;
- Data Protection Act 1998.

12.9 Each of those has to be considered separately. Other statutory provisions may also be relevant. But in general, the law will not prevent you from sharing information with other practitioners if:

- those likely to be affected consent; or
- the public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or
- disclosure is required under a court order or other legal obligation.

Common Law Duty of Confidence

12.10 The circumstances in which a common law duty of confidence arises have been built up in case law over time. The duty arises when a person shares information with another in circumstances where it is reasonable to expect that the information will be kept confidential.

The courts have found a duty of confidence to exist where-

- *a contract provides for information to be kept confidential;*
- *there is a special a relationship between parties such as patient and doctor, solicitor and client, teacher and pupil;*
- *an agency or government department such as Inland Revenue collects and holds personal information for the purposes of its functions.*

The duty is not absolute. Disclosure can be justified if-

- *the information is not confidential in nature;*
- *the person to whom the duty is owed has expressly or implicitly authorised the disclosure;*
- *there is an overriding public interest in disclosure;*
- *disclosure is required by a court order or other legal obligation.*

Is the information confidential?

12.11 Some kinds of information, such as medical records and communications between doctor and patient, are generally recognised as being subject to a duty of confidence. Other information may not be, particularly if it is trivial or readily available from other sources or if the person to whom it relates would not have an interest in keeping it secret. For example a social worker who was concerned about a child's whereabouts might telephone the school to establish whether the child was in school that day.

Maintaining confidentiality

12.12 As a general rule you should treat all personal information you acquire or hold in the course of working with children and families as confidential and take particular care with sensitive information.

Disclosure by consent

12.13 There will be no breach of confidence if the person to whom a duty of confidence is owed consents to the disclosure. Consent can be express (that is orally or in writing) or can be inferred from the circumstances in which the information was given (implied consent).

- **Whose consent is required?** The duty of confidence is owed to the person who has provided information on the understanding it is to be kept confidential or, in the case of medical or other records, the person to whom the information relates.

- **Has consent been given?** You do not need express consent if you have reasonable grounds to believe that the person to whom the duty is owed understands and accepts that the information will be disclosed. For example a person who refers an allegation of abuse to a social worker would expect that information to be shared on a "need to know" basis with those responsible for following up the allegation. Any one who receives information, knowing it is confidential, is also subject to duty of confidence. Whenever you give or receive information in confidence you should ensure there is a clear understanding as to how it may be used or shared.

- **Should I seek consent?** If you are in doubt as to whether a disclosure is authorised it is best to obtain express consent. But you should not do so if you think this would be contrary to a child's welfare. For example, if the information is needed urgently the delay in obtaining consent may not be justified. Seeking consent may prejudice a police investigation or may increase the risk of harm to the child.

- **What if consent is refused?** You will need to decide whether the circumstances justify the disclosure, taking into account what is being disclosed, for what purposes and to whom.

Disclosure in the absence of consent

12.14 The law recognises that disclosure of confidential information without consent or a court order may be justified in the public interest to prevent harm to others.

12.15 The key factor in deciding whether or not to disclose confidential information is **proportionality**: is the proposed disclosure a proportionate response to the need to protect the welfare of the child. The amount of confidential information disclosed, and the number of people to whom it is disclosed, should be no more than is strictly necessary to meet the public interest in protecting the health and well-being of a child. The more sensitive the information is, the greater the child-focused need must be to justify disclosure and the greater the need to ensure that only those professionals who have to be informed receive the material ("the need to know basis").

The 'Need to Know' Basis

Relevant Factors:

- *what is the purpose of the disclosure?*
- *what are the nature and the extent of the information to be disclosed?*
- *to whom is the disclosure to be made (and is the recipient under a duty to treat the material as confidential)?*
- *is the proposed disclosure a proportionate response to the need to protect the welfare of a child to whom the confidential information relates?*

Is there a difference between disclosing information within your own organisation or to another organisation?

12.16 The approach to confidential information should be the same whether any proposed disclosure is internally within one organisation (e.g. within a school, or within social services) or between agencies (e.g. from a teacher to a social worker).

12.17 The need to disclose confidential information to others within your own organisation will arise more frequently than will be the case for inter-agency disclosure. For example a teacher will need to discuss confidential information with the Year Head and the Head Teacher more frequently than with a social worker. Pupils and their parents would expect such discussions to take place within the school, so there will usually be implied consent. But if not (e.g. if you disclose information that a child has asked you to keep secret) you will have to decide whether the circumstances justify the disclosure.

What if the duty is to a child or young person?

12.18 A duty of confidence may be owed to a child or young person in their own right. A young person aged 16 or over, or a child under 16 who has the capacity to understand and make their own decisions, may give (or refuse) consent to a disclosure. Otherwise a person with parental responsibility should consent on their behalf.

THE HUMAN RIGHTS ACT 1998

12.19 Article 8 of the European Convention on Human Rights (which forms part of UK law under the Human Rights Act 1998) recognises a right to respect for private and family life.

8.1 Everyone has the right to respect for his private and family life, his home and his correspondence.

8.2 There shall be no interference by a public authority with exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of disorder or crime, protection of health or morals or for the protection of rights and freedom of others.

Article 8 ECHR

12.20 The right is not absolute. Disclosing confidential information to protect the welfare of a child could cause considerable disruption to a person's private or family life. This may, however, be justified by Article 8(2) if it is necessary to prevent crime or to protect the health and welfare of a child. Essentially it is same 'proportionality' test as applies to the common law duty of confidence.

12.21 If sharing information is justified under the common law duty of confidence and does not breach the data protection requirements or any other specific legal requirements, it should satisfy Article 8.

THE DATA PROTECTION ACT 1998

12.22 The Data Protection Act 1998 regulates the handling of personal data. Essentially, this is information kept about an individual on computer or on a manual filing system. The Act lays down requirements for the processing of this information, which includes obtaining, recording, storing and disclosing it.

12.23 If you are making a decision to disclose personal data you must comply with the Act, which includes the eight data protection principles. These should not be an obstacle if:

- you have particular concerns about the welfare of a child;
- you disclose information to social services or to another professional; and
- the disclosure is justified under the common law duty of confidence.

12.24 The first and second data protection principles are the most relevant.

The First Principle

Personal data shall be processed fairly and lawfully and, in particular shall not be processed unless-

(a) at least one of the conditions in Schedule 2 is met and,

(b) in the case of sensitive personal data, at least one of the conditions in Schedule 3 is met.

The Second Principle

Personal data shall be obtained only for one or more specified lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

12.25 "Fairness" is being open with people about how information about them is to be used and the circumstances in which it might be disclosed. Most organisations take steps to make people aware of their policy when they first obtain information from them e.g. by including it on forms or leaflets or by notices in waiting areas. There are a number of exceptions to this requirement, in particular, if the disclosure is for the prevention or detection of crime (which includes neglect or abuse of a child) or is required by a court order or a statute.

12.26 A condition in Schedule 2 must be met. Those conditions establish whether there is a legitimate reason for sharing information. They include:

- the data subject (the person to whom the data relates) consents;
- the disclosure is necessary for compliance with a legal obligation;
- it is necessary to protect the vital interests of the data subject;
- it is necessary for the exercise of a statutory function, or other public function exercised in the public interest (e.g. for the purposes of a section 17 assessment or section 47 enquiry);
- it is necessary for the purposes of legitimate interests pursued by the person sharing the information, except where it is unwarranted by reason of prejudice to the rights and freedoms or legitimate interests of the data subject.

12.27 There is a condition to cover most situations where a practitioner shares information to safeguard a child's welfare. In particular, the last condition (legitimate interest) is relevant in all cases and involves a proportionality test very similar to that applied to breaches of confidence.

12.28 If the information being shared is sensitive personal data, then a condition in Schedule 3 must also be met. Sensitive personal data relates to the data subject's:

- racial or ethnic origins;
- political opinions;
- religious beliefs;
- membership of a trade union;
- physical or mental health or condition;
- sexual life;
- criminal offences.

12.29 The relevant conditions in Schedule 3 are:

- the data subject has explicitly consented to the disclosure;
- it is necessary to protect the vital interests of the data subject or another person where the data subject's consent cannot be given or is unreasonably withheld or cannot reasonably be expected to be obtained;
- it is necessary to establish, exercise or defend legal rights;
- it is necessary for the exercise of any statutory function.

12.30 "Legal rights" include a child's rights under the Human Rights Act and defending those rights could include disclosures between professionals to establish whether a child's welfare needed to be safeguarded. Exercise of a statutory function would cover sharing of information amongst social services and other agencies in connection with a section 17 assessment or section 47 enquiry.

12.31 The second data protection principle requires that the purpose of the disclosure is not incompatible with the purpose for which the information was obtained. Most organisations include disclosures to other agencies in the purposes notified to the Information Commissioner. Disclosures for prevention or detection of crime or required by a court order or a statute are also exempt from this principle.

12.32 If you need advice about the data protection requirements, you should contact the data protection compliance officer in your organisation or, if you do not have one, you can contact the Information Commissioner (www.dataprotection.gov.uk).

Other Statutory Provisions

12.33 Sections 27 and 47 of the Children Act 1989 enable local authorities to request help from specified authorities (other local authorities, education authorities, housing authorities, NHS bodies) and places an obligation on those authorities to co-operate. A request could be for information in connection with a section 17 assessment or a section 47 enquiry. Neither provision would require an unjustified breach of confidence. But an authority should not refuse a request without considering all the circumstances.

12.34 Section 115 of the Crime and Disorder Act 1998 enables any person to disclose information to a relevant authority for any purposes of the Act if they would not otherwise have the power to do so. Relevant authorities include local authorities, NHS bodies and police authorities. The purposes of the Act broadly cover the prevention and reduction of crime and the identification or apprehension of offenders.

Appendix 1 – Statutory Framework

1. All organisations that work with children and families share a commitment to safeguard and promote their welfare, and for many agencies that is underpinned by a statutory duty or duties.

2. This Appendix briefly explains the legislation most relevant to work to safeguard and promote the welfare of children.

CHILDREN ACT 2004

3. **Section 10** requires each Local Authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners (see the table below) and such other persons or bodies, working with children in the local authority's area, as the authority consider appropriate. The arrangements are to be made with a view to improving the well-being of children in the authority's area - which includes protection from harm or neglect alongside other outcomes. This Section of the Children Act 2004 is the legislative basis for children's trust arrangements.

4. **Section 11** requires a range of organisations (see table) to make arrangements for ensuring that their functions, and services provided on their behalf, are discharged having regard to the need to safeguard and promote the welfare of children.

5. **Section 12** enables the Secretary of State to require local authorities to establish and operate databases relating to the section 10 or 11 duties (above) or the section 175 duty (below), or to establish and operate databases nationally. The section limits the information that may be included in those databases and sets out which organisations can be required to, and which can be enabled to, disclose information to be included in the databases.

6. **Section 13 of the Children Act 2004** requires a range of organisations (see table) to take part in Local Safeguarding Children Boards. Sections 13-16 set out the framework for LSCBs, and the LSCB regulations, issued for consultation alongside this document, set out the requirements in more detail in particular on LSCB functions.

EDUCATION ACT 2002

7. **Section 175** puts a duty on local education authorities, maintained (state) schools, and further education institutions, including sixth form colleges, to exercise their functions with a view to safeguarding and promoting the welfare of children – children who are pupils, and students under 18 years of age, in the case of schools and colleges.

8. And the same duty is put on Independent schools, including Academies, by regulations made under s157 of that Act.

Table: Bodies covered by key duties

Body (in addition to Local Authorities)	CA 2004 Section 10 (duty to co-operate)	CA 2004 Section 11 (duty to safeguard & promote welfare)	Ed Act 2002 Section 175 (duty to safeguard & promote welfare) and regulations	CA 2004 Section 13 (statutory partners in LSCBs)	CA 1989 Section 27 (help with children in need)	CA 1989 Section 47 (help with enquiries about significant harm)
District councils	X	X		X	X	X
Police authority	X	X				
Chief officer of police	X	X		X		
Local probation board	X	X		X		
Youth offending team	X	X		X		
Strategic Health Authority	X	X		X	X	X
Primary Care Trust	X	X		X	X	X
Connexions Service	X	X		X		
Learning and Skills Council	X					
Special Health Authority		X (as designated by the Secretary of State)			X	X
NHS trust		X		X	X	X
NHS foundation trust		X		X	X	X
British Transport Police		X				
Prison or secure training centre		X		X (which detains children)		
CAFCASS				X		
Maintained schools			X			
FE colleges			X			

Independent schools			X			
Contracted services	X		x			

CHILDREN ACT 1989

9. The Children Act 1989 places a duty on Councils with Social Services Responsibilities (CSSRs) to promote and safeguard the welfare of children in need in their area.

It shall be the general duty of every local authority –

- To safeguard and promote the welfare of children within their area who are in need; and
- So far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children's needs.

Children Act 1989 s17(1)

10. The primary focus of legislation about children in need is on how well they are progressing and whether their development will be impaired without the provision of services (s17(10) Children Act 1989).

11. It also places a specific duty on other local authority services and health bodies to co-operate in the interests of children in need in s27. Section 322 of the Education Act 1996 places a duty on social services to assist the local education authority where any child has special educational needs.

Where it appears to a local authority that any authority or other person mentioned in sub-section (3) could, by taking any specified action, help in the exercise of any of their functions under this Part, they may request the help of that other authority or persons, specifying the action in question. An authority whose help is so requested shall comply with the request if it is compatible with their own statutory or other duties and obligations and does not unduly prejudice the discharge of any of their functions.

The persons are –

a. *Any local authority;*

b. *Any local education authority;*

c. *Any local housing authority;*

d. *Any health authority, special health authority, Primary Care Trust or National Health Services Trust; and*

e. *Any person authorised by the Secretary of State for the purpose of this section.*

Children Act 1989 s27

12. Under s47 of the Children Act 1989, the same agencies are placed under a similar duty to assist local authorities in carrying out enquiries into whether or not a child is at risk of significant harm.

13. Section 47 also sets out duties for the local authority itself, around making enquiries in certain circumstances to decide whether they should take any action to safeguard or promote the welfare of a child.

Where a local authority:

(a) are informed that a child who lives, or is found, in their area is the subject of an emergency protection order, or is in police protection;

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or likely to suffer, significant harm:

The authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Children Act 1989 s47(1)

14. Under s17 of the Children Act 1989, CSSRs carry lead responsibility for establishing whether a child is in need and for ensuring services are provided to that child as appropriate. This does not require CSSRs themselves necessarily to be the provider of such services.

15. Section 17(5) of the Children Act 1989 enables the CSSR to make arrangements with others to provide services on their behalf.

Every local authority –

a. *Shall facilitate the provision by others (including in particular voluntary organisations) of services which the authority have power to provide by virtue of this section, or section 18, 20, 23 or 24; and*

b. *May make such arrangements as they see fit for any person to act on their behalf in the provision of any such service.*

Children Act 1989 s17(5)

<u>Emergency protection powers</u>

16. There are a range of powers available to local authorities and their statutory partners to take emergency action to safeguard children:

Emergency Protection Orders

The court may make an emergency protection order under s44 of the Children Act 1989 if it is satisfied that there is reasonable cause to believe that a child is likely to suffer significant harm if:

- he is not removed to accommodation; or
- he does not remain in the place in which he is then being accommodated.

An emergency protection order may also be made if s47 enquiries are being frustrated by access to the child being unreasonably refused to a person authorised to seek access, and the applicant has reasonable cause to believe that access is needed as a matter of urgency.

- An emergency protection order gives authority to remove a child, and places the child under the protection of the applicant for a maximum of eight days (with a possible extension of up to seven days).

Exclusion Requirement

The Court may include an exclusion requirement in an emergency protection order or an interim care order (section 38A and 44A of the Children Act 1989). This allows a perpetrator to be removed from the home instead of having to remove the child. The Court must be satisfied that :

- there is reasonable cause to believe that if the person is excluded from the home in which the child lives, the child will cease to suffer, or cease to be likely to suffer, significant harm or that enquires will cease to be frustrated; and
- another person living in the home is able and willing to give the child the care which it would be reasonable to expect a parent to give, and consents to the exclusion requirement.

Police Protection Powers

Under s46 of the Children Act 1989, where a police officer has reasonable cause to believe that a child would otherwise be likely to suffer significant harm, s/he may:

- remove the child to suitable accommodation and keep him or her there; *or*
- take reasonable steps to ensure that the child's removal from any hospital, or other place in which the child is then being accommodated is prevented.

No child may be kept in police protection for more than 72 hours

HOMELESSNESS ACT 2002

17. Under **section 12**, housing authorities are required to refer homeless persons with dependent children who are ineligible for homelessness assistance or are intentionally homeless, to social services, as long as the person consents. If homelessness persists, any child in the family could be in need. In such cases, if social services decides the child's needs would be best met by helping the family to obtain accommodation, they can ask the housing authority for reasonable assistance in this and the housing authority must respond.

Appendix 2 – Framework for the Assessment of Children in Need

1. The *Framework for the Assessment of Children in Need and their Families* (outlined at Figure 1) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. Practitioners should use the framework to gain an understanding of a child's developmental needs; the capacity of parents or caregivers to respond appropriately to those needs, including their capacity to keep the child safe from harm; and the impact of wider family and environmental factors on the parents and child. Each of the three main aspects of the framework – the child's developmental needs; parenting capacity; and wider family and environmental factors – is outlined in more detail in Boxes 1, 2 and 3 respectively.

2. The framework is to be used for the assessment of all children in need, including those where there are concerns that a child may be suffering significant harm. The process of engaging in an assessment should be viewed as being part of the range of services offered to children and families. Use of the framework should provide evidence to help, guide and inform judgements about children's welfare and safety from the first point of contact, through the processes of initial and more detailed core assessments, according to the nature and extent of the child's needs. The provision of appropriate services need not and should not wait until the end of the assessment process, but should be determined according to what is required, and when, to promote the welfare and safety of the child.

3. Evidence about children's developmental progress – and their parents' capacity to respond appropriately to the child's needs within the wider family and environmental context – should underpin judgements about:

- the child's welfare and safety;
- whether, and if so how, to provide help to children and family members; *and*
- what form of intervention will bring about the best possible outcomes for the child,
- and what the intended outcomes of intervention are.

DIMENSIONS OF CHILD'S DEVELOPMENTAL NEEDS

Health

4. Includes growth and development as well as physical and mental wellbeing. The impact of genetic factors and of any impairment need to be considered. Involves receiving appropriate health care when ill, an adequate and nutritious diet, exercise, immunisations where appropriate and developmental checks, dental and optical care and, for older children, appropriate advice and information on issues that have an impact on health, including sex education and substance misuse.

Education

5. Covers all areas of a child's cognitive development which begins from birth. Includes opportunities: for play and interaction with other children to have access to books; to acquire a range of skills and interests; to experience success and achievement. Involves an adult interested in educational activities, progress and achievements, who takes account of the child's starting point and any special educational needs.

Emotional and Behavioural Development

6. Concerns the appropriateness of response demonstrated in feelings and actions by a child, initially to parents and caregivers and, as the child grows older, to others beyond the family. Includes nature and quality of early attachments, characteristics of temperament, adaptation to change, response to stress and degree of appropriate self control.

Identity

7. Concerns the child's growing sense of self as a separate and valued person. Includes the child's view of self and abilities, self image and self esteem, and having a positive sense of individuality. Race religion, age, gender, sexuality and disability may all contribute to this. Feelings of belonging and acceptance by family, peer group and wider society, including other cultural groups.

Family and Social Relationships

8. Development of empathy and the capacity to place self in someone else's shoes. Includes a stable and affectionate relationship with parents or caregivers, good relationships with siblings, increasing importance of age appropriate friendships with peers and other significant persons in the child's life and response of family to these relationships.

Social Presentation

9. Concerns child's growing understanding of the way in which appearance, behaviour, and any impairment are perceived by the outside world and the impression being created. Includes appropriateness of dress for age, gender, culture and religion; cleanliness and personal hygiene; and availability of advice from parents or caregivers about presentation in different settings.

Self Care Skills

10. Concerns the acquisition by a child of practical, emotional and communication competencies required for increasing independence. Includes early practical skills of dressing and feeding, opportunities to gain confidence and practical skills to undertake activities away from the family and independent living skills as older children. Includes encouragement to acquire social problem solving approaches. Special attention should be given to the impact of a child's impairment and other vulnerabilities, and on social circumstances affecting these in the development of self care skills.

DIMENSIONS OF PARENTING CAPACITY

Basic Care

11. Providing for the child's physical needs, and appropriate medical and dental care. *Includes* provision of food, drink, warmth, shelter, clean and appropriate clothing and adequate personal hygiene.

Ensuring Safety

12. Ensuring the child is adequately protected from harm or danger. *Includes* protection from significant harm or danger, and from contact with unsafe adults/other children and from self-harm. Recognition of hazards and danger both in the home and elsewhere.

Emotional Warmth

13. Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity. *Includes* ensuring the child's requirements for secure, stable and affectionate relationships with significant adults, with appropriate sensitivity and responsiveness to the child's needs. Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement.

Stimulation

14. Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities. *Includes* facilitating the child's cognitive development and potential through interaction, communication, talking and responding to the child's language and questions, encouraging and joining the child's play, and promoting educational opportunities. Enabling the child to experience success and ensuring school attendance or equivalent opportunity. Facilitating child to meet challenges of life.

Guidance and Boundaries

15. Enabling the child to regulate their own emotions and behaviour. The key parental tasks are demonstrating and modelling appropriate behaviour and control of emotions and interactions with others, and guidance which involves setting boundaries, so that the child is able to develop an internal model of moral values and conscience, and social behaviour appropriate for the society within which they will grow up. The aim is to enable the child to grow into an autonomous adult, holding their own values, and able to demonstrate appropriate behaviour with others rather than having to be dependent on rules outside themselves. This includes not over protecting children from exploratory and learning experiences. *Includes* social problem solving, anger management, consideration for others, and effective discipline and shaping of behaviour.

Stability

16. Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development. Includes: ensuring secure attachments are not disrupted, providing consistency of emotional warmth over time and responding in a similar manner to the same behaviour. Parental responses change and develop according to child's developmental progress. In addition,

ensuring children keep in contact with important family members and significant others.

FAMILY AND ENVIRONMENTAL FACTORS

Family History and Functioning

17. Family history includes both genetic and psycho-social factors. Family functioning is influenced by who is living in the household and how they are related to the child; significant changes in family/household composition; history of childhood experiences of parents; chronology of significant life events and their meaning to family members; nature of family functioning, including sibling relationships and its impact on the child; parental strengths and difficulties, including those of an absent parent; the relationship between separated parents.

Wider Family

18. Who are considered to be members of the wider family by the child and the parents? This includes related and non-related persons and absent wider family. What is their role and importance to the child and parents and in precisely what way?

Housing

19. Does the accommodation have basic amenities and facilities appropriate to the age and development of the child and other resident members? Is the housing accessible and suitable to the needs of disabled family members? Includes the interior and exterior of the accommodation and immediate surroundings. Basic amenities include water, heating, sanitation, cooking facilities, sleeping arrangements and cleanliness, hygiene and safety and their impact on the child's upbringing.

Employment

20. Who is working in the household, their pattern of work and any changes? What impact does this have on the child? How is work or absence of work viewed by family members? How does it affect their relationship with the child? Includes children's experience of work and its impact on them.

Income

21. Income available over a sustained period of time. Is the family in receipt of all its benefit entitlements? Sufficiency of income to meet the family's needs. The way resources available to the family are used. Are there financial difficulties which affect the child?

Family's Social Integration

22. Exploration of the wider context of the local neighbourhood and community and its impact on the child and parents. Includes the degree of the family's integration or isolation, their peer groups, friendship and social networks and the importance attached to them.

Community Resources

23. Describes all facilities and services in a neighbourhood, including universal services of primary health care, day care and schools, places of worship, transport, shops and leisure activities. Includes availability, accessibility and standard of resources and impact on the family, including disabled members.

Appendix 3 – MOD Child Protection Contacts

1. Appendix offers points of contact for the relevant Service agencies in child protection matters.

Royal Navy

2. All child protection matters within the Royal Navy are managed by the Naval Personal and Family Service (NPFS), the Royal Navy's social work department. This provides a confidential and professional social work service to all Naval personnel and their families, liaising as appropriate with local authority social services departments. Child protection issues involving the family of a member of the Royal Navy should be referred to the relevant Area Officer, NPFS.

NPFS Eastern Area Portsmouth	(02392 722712)	Fax: 725803
NPFS Northern Area Helensburgh	(01436 672798)	Fax: 674965
NPFS Western Area Plymouth	(01752 555041)	Fax: 555647

Royal Marines

3. The Royal Marines Welfare Service is staffed by trained but unqualified Royal Marine senior non-commissioned officers (NCOs). They are accountable to a qualified social work manager at Headquarters Royal Marines, Portsmouth. For child protection matters involving Royal Marines families, social services departments should notify SO3 (WFS) at Portsmouth. Tel: (02392) 547542.

Army

4. Staffed by qualified civilian Social Workers and trained and supervised Army Welfare Workers, the Army Welfare Service (AWS) provides professional welfare support to Army personnel and their families. AWS also liaises with local authorities where appropriate, particularly where a child is subject to child protection concerns. Local Authorities who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an Army Family should contact the Senior Army Welfare Worker in the nearest AWS team location or:

Chief Personal Support Officer
HQ AWS
HQ Land Command
Erskine Barracks
Wilton
Salisbury
SP2 0AG

Tel: 01722 436564 Fax: 01722 436307
e-mail christine.blagbrough576@land.mod.uk

Royal Air Force

5. Welfare Support for families in the RAF is managed as a normal function of Command and co-ordinated by each Station's Personnel Officer, the Officer Commanding Personnel Management Squadron (OCPMS) or the Officer Commanding Administrative Squadron (OCA), depending on the size of the Station.

6. A number of qualified SSAFA Forces Help Social Workers and trained professionally supervised Personal and Family Support Workers are located throughout the UK to assist the chain of Command in providing welfare support.

7. Any Local Authority who have any enquiries or concerns regarding safeguarding or promoting the welfare of a child from an RAF family should contact the parent's unit, or if this is not known, contact the OC PMS/OCA of the nearest RAF Unit. Additionally, the
SSAFA Forces Help Head of Service RAF can be contacted at:

Head of Service
SSAFA-Forces Help Social Work Service RAF
HQ Personnel & Training Command
RAF Innsworth
Gloucester GL3 1 EZ

Tel: 01452 712612 ext 5815/5840 Fax: 01452 510875

Or

Director of Social Work SSAFA-Forces Help
19 Queen Elizabeth Street
London SE1 2LP

Tel: 020 7403 8783 Fax: 020 7403 8815

Overseas

The following should be consulted:

Royal Navy

Area Officer (NPFS) Eastern, HMS Nelson, Queen Street, Portsmouth, PO1 3HH
Tel: (02392) 722712 Fax: (02392) 725083

Army and Royal Air Force

Director of Social Work SSAFA-Forces Help, contact details shown above

*For **any** child being taken abroad and subject to child protection procedures or on a child protect register, the Director of Social Work SSAFA-Forces Help **must** be consulted, using the same contact details shown above.*